WISCONSIN'S COMMERCIAL TOBACCO PREVENTION & TREATMENT PLAN 2020-2025

MIDTERM UPDATE 2023

PARTNERSHIP FOR A TOBACCO FREE WISCONSIN

Background

In early 2019, a Core Planning Group created a strategic plan for the Wisconsin Tobacco Prevention and Control Movement (TPCM). The process incorporated feedback from the statewide coalition's standing committees and work groups (Sustaining States, Health Equity Work Group, Evaluation Work Group and Other Tobacco Products Work Group). The planning process resulted in a five-year strategic plan (referred to as the TPCM state plan) that addressed four components required by the Centers for Disease Control and Prevention (Disparities, Prevention, Secondhand Smoke and Treatment) and overarching strategic goals. This report serves as a midterm update to the state plan. Access the Original State Plan here. Note that the title of this plan changed from the Tobacco Prevention and Control Plan to the Commercial Tobacco Prevention and Treatment Plan to match the state program's 2024 name change.

The TPCM State Plan, its midterm report, and the Partnership for Tobacco Free Wisconsin (PTFW) coalition focuses on commercial tobacco - mass-produced products sold for profit by the tobacco industry that are highly addictive and contain cancer-causing chemicals and additives. The tobacco plant is considered a sacred gift by many American Indian and Alaska Native communities. Traditional tobacco has been used for spiritual and medicinal purposes by the communities for generations. The TPCM acknowledges the importance of traditional tobacco in American Indian communities and respects their sovereign relationship with sacred tobacco.

Communications about the Wisconsin 2020-2025 TPCM State Plan began in late 2019 prior to the start of the COVID-19 pandemic. Communications included coalition-wide emails, regional meetings and partnership meetings with the Comprehensive Cancer Council and Wisconsin Asthma Coalition to align relevant state plan objectives. However, the pandemic impacted follow-up on action items.

Now more than halfway through the implementation of the TPCM Plan, this Midterm Reporting Process presents an opportunity to:

1. Revisit objectives
2. Review current data
3. Align work throughout the Tobacco Prevention and Control Movement (TPCM)
4. Target interventions to impact objectives
5. Strive for benchmarks set in the plan, prior to its 2025 expiration

Midterm Report Development Process

To write this midterm report, PTFW contracted a consulting firm, Growing Violets, LLC, through the American Lung Association. Growing Violets, the PTFW Coordinator, and Wisconsin Tobacco Prevention and Control Program (TPCP) staff recruited the Core Planning Group, which included co-leads for each of the four Work Groups (Disparities, Prevention, Secondhand Smoke and Treatment). PTFW asked local tobacco prevention alliance coordinators to participate in this midterm report development process. Workgroups included TPCP-funded state and local partners, TPCP staff and external community partners. Workgroup membership lists can be found in Appendix A.

The Core Planning Group met four times. First, they finalized membership for each of the work groups, which were closely aligned with other TPCP-led work groups (e.g. Disparities included Health Equity workgroup members, Prevention included Youth and Young Adult workgroup members and Secondhand Smoke included Smoke-Free Housing workgroup members). Co-leads for the Prevention, Secondhand Smoke and Treatment work groups then identified external partners to serve on each work group. In 2019, the Disparities workgroup assisted with developing disparities-focused objectives within the Prevention, Secondhand Smoke and Treatment focus areas; therefore, for this midterm report, they assigned one Disparities work group member to serve on each of the other three work groups. Disparities objectives are denoted in green font for ease of identification.

To facilitate ease in the midterm report development process, the Core Planning Group created a worksheet template (Appendix B). It included the midterm report's purpose, directions about using the worksheet and accompanying tracker, reminders of the original vision and overarching goals of the plan, and a series of recommended discussion questions. Work group members could access the worksheet and tracker via Google Docs to work collaboratively with partners.

The Growing Violets consultant coordinated the Core Planning Group, created the midterm reporting tracker and worksheets, and drafted the midterm report in collaboration with Core Planning Group leadership and all partners in the four work groups. The tracker consisted of one tab for each of the three focus areas (Prevention, Secondhand Smoke and Treatment) and all Disparities objectives were consistently indicated in green font in each of the three focus areas. The

consultant and the Epidemiologist at the UW-Milwaukee Center for Urban Population Health collaboratively prepared the tracker with answers to questions for each objective [e.g. data source, baseline data, available data by year, original target, pandemic's impact on data collection, notes on sample size reliability and trend (yes, no, mixed, or level)]. After work group co-leads finalized their groups' membership, they convened each work group for at least two meetings to answer questions on the worksheet template and complete the tracker. This midterm report summarizes information entered into the worksheets and tracker for each work group.

Responding to Challenges

COVID-19 limited the capacity of the Wisconsin Tobacco Prevention and Control Movement. Social distancing, virtual schooling, job reassignments and economic contraction impacted everyone and Wisconsin lost 16,485 lives attributed to complications from COVID-19 (reported by The New York Times on March 23, 2023). Healthcare systems and public health agencies appropriately focused on COVID-19 response, so individuals in positions typically partnering on tobacco prevention and control strategies pivoted to COVID-19-related duties. Medical visits shifted away from routine care, impacting referrals to First Breath and the Wisconsin Tobacco Quit Line. Community-based organizational partners experienced uncertain staffing and budgeting throughout 2020, much of which continues today.

COVID-19 delayed initiation of prenatal care (and thus enrollment in tobacco treatment services for pregnant individuals). Research suggests tobacco users are more likely to delay prenatal care and have fewer contacts (even after adjusting for availability of care and prior to the pandemic), which limits the ability of prenatal providers to intervene early. Due to the pandemic, high referral volume sites (e.g. Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Prenatal Care Coordination (PNCC)) ceased services or switched to telehealth, thus impacting their ability to implement First Breath. First Breath transitioned from conducting home visits to the virtual provision of counseling. Due to the pandemic and the change from in-person to virtual services, there was limited interaction with support people during the referral process. First Breath changed efforts to provide intervention to support people via text message.

The pandemic prevented healthcare provider interactions and referrals to the quitline and it slowed transitions to eReferral, a health system, EHR-based referral to the Wisconsin Tobacco Quit Line. Health systems transitioning to eReferral require leaders as champions, clinical buy-in, and IT

resources to prioritize tobacco use assessment and cessation treatment interventions. New eReferral systems drive more patients to the Quitline, but those individuals enroll less often than those referred by the old fax referral systems. Overall enrollment rates decrease as eReferrals increase. Provider referral acceptance rates across all states and service providers are similarly low; the decrease in calls is a national data trend. Calls decreased across the country about 25% during the pandemic.

In 2018, Wisconsin declared racism as a public health crisis, and it was then that TPCP shifted its focus to health equity. Thus, tobacco prevention alliance contracts had realigned their work to focus on populations disparately impacted by tobacco use. Given the intersections between COVID-19 illness and mortality, racism and tobacco, a document was created with talking points and infographics to inform coalition partners, elected leaders and the public. Find the document in Appendix C.

In the past three years, youth tobacco prevention coalitions dwindled from 84 to 15 throughout the state. Trends in youth engagement have moved away from tobacco to more broad issues (e.g., social justice, climate change, etc.).

In 2021, the Surgeon General declared a youth mental health crisis. School partners stretched to support children across Wisconsin. Youth and adults lack access to mental health services and other essential services, a serious problem everywhere, but particularly in rural areas of the state. Recommendations for the next planning cycle include the engagement of youth in the state planning process.

The statewide political landscape can make it difficult to pass certain legislation. Prior to the pandemic, the federal government changed the tobacco purchase age from 18 to 21. However, Wisconsin has not passed legislation to align the state law with the federal government. State statute 254.92 states, "Purchase or possession of cigarettes or tobacco products by person under 18 prohibited." This gap means that WI WINS compliance checks track sales to youth ages 16 or 17. Local police departments lack legal authority to ticket retailers for selling to 18-, 19- and 20-year-olds, due in part to preemption in the youth access statute. Despite two state legislative sessions that saw a Tobacco 21 bill garner overwhelming bipartisan support and amass a powerful coalition of support from advocacy organizations, legislative leadership did not prioritize the bill. Given the

political environment at the statewide level, the 2023-24 Action Plan delayed the timeline on statewide policy goals, including adding Tobacco 21, e-cigarettes and cannabis to the smoke-free workplaces law; creating tax parity between conventional cigarettes and other tobacco products, including e-cigarettes and little cigars; increasing cigarette taxes; and removing preemption.

A Note about Data

Unfortunately, the pandemic impacted data collection. Data indicators sourced from Wisconsin's Youth Tobacco Survey (YTS) cannot be reliably measured due to the survey's suspension while in the field in March 2020 when schools closed, as well as very poor participation during the 2022 survey, due in part to the pandemic. Most of the Prevention-related objectives sourced data from this survey.

Additionally, Work Groups discussed several questions that may be considered in future data collection:

- Is housing type collected? Can it be stratified? What is the definition of public housing?
- Can all youth answer the questions about cigarettes looking cool or helping them fit in, instead of only ever users? How can we probe WHY youth start vaping or using nicotine? How can we better understand relationships between e-cigarette use and the youth mental health crisis?
- Regarding young adults, how are we tracking college e-cigarette use? Is there a mechanism like YTS? Since the UW System merged two-year campuses with 4-year campuses, is there a reliable source for the number of colleges in the state? Can we focus on the enrolled student population to measure the percentage of students covered by tobacco-free campus policies (https://nces.ed.gov/collegenavigator/)?

Social Determinants of Health

Overall, tobacco use has decreased in Wisconsin, but certain populations remain more likely to smoke and vape. The Disparities Work Group consulted with the Core Planning Group to ensure this midterm reporting process considered social determinants of health related to prevention, secondhand smoke and treatment. Specifically, the worksheet asked each work group to consider the following determinants for each objective: (1) economic stability, (2) education access and quality, (3) healthcare access and quality, (4) neighborhood and built environment, (5) social and

community context. Conversations centered on all five determinants' intersectional and overlapping nature and included how the pandemic further exacerbated inequities.

Tobacco industry marketing targets vulnerable communities and youth, leading to lifelong addiction. The Wisconsin Retail Assessment Project (2016-2019) showed how tobacco retailers in the built environment impact neighborhoods across Wisconsin. The project assessed tobacco retailer density, their proximity to schools, tobacco product placement and point-of-sale advertising of specific products (e.g., menthols, little cigars, smokeless tobacco, etc.). Marketing specifically targeted certain groups of people with tactics like discounting addictive products in low-income neighborhoods and advertising to communities of color. Research links these predatory tactics to increased youth tobacco initiation and access, as well as decreases in quit attempts.

Work groups reported anecdotal evidence that people experiencing food insecurity showed increased interest in tobacco cessation resources during the pandemic. They reported that youth experiencing food insecurity were more likely to vape, further supporting the data collection recommendation to link vaping with other health issues in future surveys (e.g. mental health, food insecurity, etc.).

Tobacco use also relates to health care access and quality. Too many Wisconsinites still lack access to a healthcare provider or do not have insurance. Healthcare access and quality directly impact access to cessation resources and services. Unfortunately, many healthcare providers do not screen for tobacco use, nor do they offer an intervention to support a quit attempt. Global prevalence of depression and anxiety increased during the pandemic and there is a documented mental healthcare provider shortage in Wisconsin. Work groups highlighted access to treatment and culturally competent education as a focus for how to engage populations disparately impacted by the burden of tobacco.

Healthcare access and quality intertwine with social and community context and neighborhood and built environment, as well. Youth may believe that everyone uses tobacco, depending on the prevalence of tobacco use in their family. Depending on where they live, they also may be exposed to retailer and industry marketing in their neighborhoods. Without access to quality healthcare and when under chronic stress, people adopt and continue an intergenerational cycle of unhealthy coping mechanisms like tobacco use.

Recommended Interventions

Prevention

- Youth engagement partnering on more prominent issues.
- Research further e-cigarette motivations for use, use patterns, exclusive use vs dual use patterns, trends by age group, etc.
- Continue to test and develop multimedia Quitline campaigns to drive low-income, minority communities to the Quitline.

Secondhand Smoke

- Continue to educate around secondhand aerosols.
- When a local ordinance is passed, use best practice language that includes cannabis.
- Pursue onsite culturally tailored cessation services, returning to Clear Gains strategy in multi-unit housing.

Treatment

- Continue expanding and modernizing Quit Line services.
    - The Wisconsin Tobacco Quit Line vendor launched services on a new web platform in March 2023, expanding coaching access from phone-based to digital options including live text, live chat and video coaching sessions.
    - The platform offers an interactive texting program for tobacco cessation support, too.
    - Participants can enroll in services via this web platform without having to speak on the phone.
- Continue health system outreach.
    - The UW-CTRI Outreach program works with health systems to integrate tobacco treatment, including eReferrals to the Quitline.
    - The Outreach Program works with mental health and substance use providers to integrate tobacco treatment into routine standards of care and establish tobacco-free campus and facility policies.
    - UW-CTRI Outreach speaks with multiple partners within health systems (clinical, quality, leadership) about making tobacco use assessment and the delivery of cessation interventions a priority.

    - UW-CTRI Outreach trains healthcare providers across the state in effective tobacco cessation treatment and Quitline referral, with a focus on reaching free clinics and other health professionals who serve disparately affected populations.
- Continue First Breath services to address tobacco use by pregnant and postpartum people.
    - First Breath continues to prioritize birthing people who identify as Black, Indigenous and People of Color (BIPOC) through community and prenatal care outreach, culturally responsive services and participant advisory groups.
    - First Breath will monitor reach rates to ensure services are accessible throughout the state and especially for BIPOC communities.
    - First Breath addresses root and systemic causes of tobacco use by screening for and addressing SDOH, mental health, poly-substance use, stress and social support.
    - First Breath evaluates relational, social and household-level influences on perinatal tobacco use.
    - First Breath explores strategies and funding mechanisms that would allow 1) services to extend into the pre-conception/interconception intervention and 2) services that address the co-use of tobacco with other substances.

Cross-cutting Marketing: Incorporate tobacco prevention/cessation key messages into general public health activities (related to other diseases and risk factors).

Training and Technical Assistance Needs

Work groups documented training and technical assistance needs. Specific training and technical assistance needs documented included:

- Social determinants of commercial tobacco use:
    - Addressing the connection between tobacco and other issues (e.g. substance use, housing, etc.)
    - Mental health and its relationship to commercial tobacco use
    - Low socioeconomic status and its relationship to commercial tobacco use
    - Culturally competent treatment services
- Alliance coordinators support local treatment providers' tobacco-free policies by connecting them to UW-CTRI Outreach. How can TPCM facilitate conversations between providers/CTRI and Alliance Coordinators to allow for a warm handoff, while engaging local treatment providers?

- Broaden the appeal and lessen barriers to using the WI Quitline.
- How do we address complaints about secondhand smoke from multi-unit housing tenants about neighbors smoking in residences not covered by HUD rule?
- Update the statewide school policy list tracker.

Partnership Engagement Opportunities

Work groups discussed opportunities for further partnership and movement building. Specific partnership recruitment and engagement opportunities documented included:

- The Division of Care and Treatment Services
- Landlords, property managers, housing coalitions and public housing (section 8, HUD)
- Healthcare systems, hospitals, clinicians, dental practices and behavioral health providers
- Wisconsin Asthma Coalition (Secondhand Smoke Objectives 36 and 37)
- Schools, colleges/universities, school resource officers and NEOLA
- Youth empowerment groups (FACT Movement and other youth-driven advocacy groups)
- Partners working in food insecurity (daycare/childcare providers, organizations serving people experiencing homelessness, WIC)

Success Stories

Despite challenges, the Tobacco Prevention and Control Movement continues to make strides to address the burden of tobacco across Wisconsin. Success stories shared during this Midterm Reporting process include:

- In February 2021, Wisconsin launched the American Indian Quit Line (a program of the Wisconsin Tobacco Quit Line), which offers free coaching and medication to quit commercial tobacco use. Program services include seven coaching sessions, twelve weeks of single or combination nicotine replacement therapy and 24/7 access to an interactive website. Through July 2023, 192 participants have enrolled in the program.
- Almost all tribal casinos went smoke-free during the pandemic, besides Saint Croix (three casinos) and Lac Courte Oreilles (one casino). Therefore, 83% of the 24 casinos in Wisconsin have temporary smoke-free policies (7/13/23.) The Wisconsin Native American Tobacco Network and its partners continue to advocate to tribal leadership groups to make these policies permanent.
- A published study on the impact of HUD's smoke-free ruling on multi-unit residents in Milwaukee found strong support for the policy, reduced exposure to tobacco smoke, the

need for continued education on the policy and a need for on-site culturally tailored tobacco cessation programs.

- The DHS 75 rule went into effect in 2022 and requires substance use facilities to have documentation about how they assess for tobacco use. As of October 2022, Wisconsin revised Administrative Code Chapter DHS 75 to require all Wisconsin behavioral health providers who treat substance use disorders to have plans in place to assess and treat tobacco use and to have a policy about smoke-free environments. CTRI partnered with the state to develop a dedicated website, free trainings, toolkits, fact sheets, case studies and technical assistance to help providers prepare for the new requirements. PTFW hosted two panel presentations to engage the TPCM in this transition - one featuring behavioral healthcare providers and administrators leading this system transformation and the other featuring a panel of peer specialists who told their tobacco stories. The Wisconsin peer specialist program now includes the Bucket Approach as an optional training for certification. Also, the DHS 75 rule was implemented in 2022 and the Bucket Approach has been promoted as a training to help providers learn about how to assess and treat tobacco use.
- TPCP fostered a relationship with NEOLA on updating their policy to include a comprehensive tobacco-free school policy, resulting in updating 75% of school policies in Wisconsin.
- WI Department of Public Instruction (DPI) updated skill-based tobacco educational units for younger populations.
- SPARK built relationships with campuses, passing three more tobacco-free campus policies since 2020 - UW-Platteville Baraboo Sauk County (2020), UW-Stevens Point at Wausau (2021) and UW-Stevens Point at Marshfield (2022) and
- Milwaukee passed a tobacco retailer zoning density ordinance in 2023.
- First Breath developed and launched a substance use expansion, allowing the program to address co-use of tobacco with other substances. Over 700 perinatal providers completed training on the new model, with 97% reporting they were confident in their ability to implement the model. Early participant results from the expansion show that most participants make positive changes to their substance use and 98% would recommend the program to others.

Emerging Issues that Need Additional Focus

1. Smoke-free multi-unit housing: The Secondhand Smoke Work Group discussed adding an objective around smoke-free multi-unit housing. BRFSS survey data includes information about smoke-free multi-unit housing (e.g. Do you live in MUH? Is smoking prohibited in the individual housing units? Do you prefer smoke-free MUH? for years 2014, 2015, 2016, 2017, 2019, 2021, 2023). By December 31, 2025, the rate of individuals living in smoke-free multi-unit housing will increase from XX% to XX%.
2. Alternative to Suspension: The Prevention Work Group discussed setting up a tracking system to establish baseline data for alternative to suspension measures within schools.
3. Young Adult E-cigarette Use: The Prevention Work Group discussed adding an objective around e-cigarette use amongst young adults (18-24). They noted that the Surgeon General declared a youth e-cigarette epidemic in 2018; those youth are now adults. The tobacco industry and e-cigarette companies targeted marketing toward the current generation of young adults and social media amplified it. Data exists to measure this objective if it's adopted: By December 31, 2025, the young adult ever used e-cigarette rate will decrease from XX% to XX%.

Communication of the Midterm Report and Alignment Next Steps

The Partnership for a Tobacco Free Wisconsin led a webinar to communicate this midterm report on November 1, 2023. Workgroups submitted ideas on how to communicate the findings of this midterm report. Recommendations included:

- CTRI and WWHF will communicate the report findings to their respective staff (UW-CTRI Outreach and WWHF First Breath programs) during their regularly scheduled staff meetings.
- CTRI will share major points relevant to health system partners as part of the monthly Quit Line email update.
- Leaders in the Secondhand Smoke Work Group will communicate with the Smoke-Free Housing Work Group and align the planning with their work.
- Leaders within the Prevention Work Group will communicate with the Youth and Young Adult Work Group and align the planning with their work.
- Other ideas to communicate to the Wisconsin's Tobacco Prevention and Control Movement:

- Create a fact sheet summing up wins and non-wins and a summary report for partners.
- Share the report as part of upcoming TPCP program meetings.
- Distribute the report via tobaccotalk.
- Post on tobwis.org. However, this will live on the PTFW website.

Objectives in the State Plan

KEY:

- All objectives from the 2020-2025 Plan are listed below.
- Disparities objectives are printed in green text; they are integrated into the other three sections.
- Work Groups recommended keeping, modifying, or removing each objective.
- Those objectives recommended for removal have been struck-through (e.g. ~~like this~~).
- Objectives with proposed modifications are duplicated to show the original wording.
- The proposed modified language is *italicized* and indented to highlight recommended amendments.
- Yellow highlighting denotes incomplete suggestions from the work group processes.

A full list of final objectives can be found in Appendix D.

PREVENTION OBJECTIVES LIST

(2021) Short Term SCHOOLS

By December 31, 2021 the percentage of middle school youth who have been taught in any of their classes about why they should not use tobacco products will increase from 50.9% in 2018 to 61.0%. Source: YTS

By December 31, 2021 the percentage of high school youth who have been taught in any of their classes about why they should not use tobacco products will increase from 36.9% in 2018 to 45.0%. Source: YTS

YOUTH ENGAGEMENT

~~By December 31, 2021 the percentage of middle school youth who have participated in any organized activities to keep people their age from using any form of tobacco product will increase from 12.8% in 2018 to 16.0%. Source: YTS~~

~~By December 31, 2021 the percentage of high school youth who have participated in any organized activities to keep people their age from using any form of tobacco product will increase from 9.6% in 2018 to 12.0%. Source: YTS~~

(2023) Intermediate POLICIES

~~By December 31, 2023, the cigarette tax will increase by at least $1.00. Source: DOR/Policy Coordinator~~

~~By December 31, 2023, all other tobacco products (including e-cigarette products, little cigars, cigarillos, all non-moist snuff tobacco products and paraphernalia) other than cigarettes will be taxed at 100% of the manufacturer's price. Source: DOR/TPCP Policy Coordinator~~

~~By December 31, 2023, a statewide law restricting the sale of flavored (including menthol) tobacco products will be passed. Source: TPCP Policy Coordinator~~

~~By December 31, 2023, a statewide law requiring retail licenses to sell e-cigarettes and related paraphernalia will be passed. Source: TPCP Policy Coordinator~~

~~By December 31, 2023, a statewide law requiring all tobacco products be removed from the sales floor and placed behind sales counters will be passed. Source: TPCP Policy Coordinator~~

By December 31, 2023, the number of jurisdictions with policies that control the density of tobacco retail outlets will increase from 1 to 5. Source: TPCP Policy Coordinator

PERCEPTIONS

~~By December 31, 2023, the percentage of middle school youth who think smoking cigarettes makes young people look cool or fit in will decrease from 7.0% in 2018 to 5.65%. Source: YTS~~

~~By December 31, 2023, the percentage of high school youth who think smoking cigarettes makes young people look cool or fit in will decrease from 11.3% in 2018 to 8.8%. Source: YTS~~

By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 19.2% in 2018 to 15.4%. Source: YTS

By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 27.0% in 2018 to 21.6%. Source: YTS

By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 57.9% in 2018 to 46.3%. Source: YTS

By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 54.1% in 2018 to 43.3%. Source: YTS

By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 17.6% to 14.1%. Source: YTS

By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 31.1% in 2018 to 24.9%. Source: YTS

By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 16.1% in 2018 to 12.9% Source: YTS

By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 25.6% in 2018 to 20.5%. Source: YTS

SCHOOLS

By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. Source: SPARK

By December 31, 2023, all Wisconsin K-12 schools will have a comprehensive tobacco-free school policy. Source: TPCP Policy Coordinator

> Recommended Modification: *Increase K-12 schools with a comprehensive tobacco-free school policy (Baseline: Oct 2023 316/443 public school districts).*

YOUTH ACCESS

By December 31, 2023, the percentage of retailers selling tobacco products to youth will remain under 10%. Source: Synar

(2025) Long Term YOUTH USE

By December 31, 2025, the percentage of middle school youth who report ever using any form of tobacco will decrease from 13.7% in 2018 to 11.0%. Source: YTS

By December 31, 2025, the percentage of high school youth who report ever using any form of tobacco will decrease from 37.8% in 2018 to 30%. Source: YTS

By December 31, 2025, the prevalence of current tobacco use among middle school youth will decrease from 4.6% in 2018 to 3.7%. Source: YTS

By December 31, 2025, the prevalence of current tobacco use among high school youth will decrease from 23.6% in 2018 to 18.9%. Source: YTS

By December 31, 2025, the prevalence of current tobacco use among non-Hispanic African-American high school youth will decrease from 15.9%, 95% CI [10.0%, 21.8%] in 2014-2018 to ___%. Source: YTS

By December 31, 2025, the prevalence of current tobacco use among Hispanic/Latino high school youth will decrease from 17.5%, 95% CI [11.0%, 23.9%] in 2014- 2018 to 10.4%. Source: YTS

~~By December 31, 2025, the prevalence of current tobacco use among Asian high school youth will decrease from X.X%* in 2016-2018 to ____%. Source: YTS *Data from 2016-2018 has been suppressed to protect confidential data due to low sample size and large 95% CI.~~

By December 31, 2025, the prevalence of current cigarette use among LGBT high school youth will decrease from 17.3% in 2017 to 14%. Source: YRBS

By December 31, 2025, the prevalence of current tobacco use among 18-24 year olds will decrease from 12.6% in 2017 to 10.1%. Source: BRFSS

By December 31, 2025, the prevalence of ever using e-cigarettes among middle school youth will decrease from 11.0% in 2018 to 8.8%. Source: YTS

By December 31, 2025, the prevalence of ever using e-cigarettes among high school youth will decrease from 32.6% use in 2018 to 26.1%. Source: YTS

Recommended modification: *Change to YRBS data for ever use e-cigarettes for 2019 and 2021.*

By December 31, 2025, the prevalence of menthol cigarette use among high school current smokers will decrease from 62.1% in 2018 to 49.7%. Source: YTS

MISCELLANEOUS

By December 31, 2025, the percentage of middle school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from middle school 5.0% in 2018 to 4.0%. Source: YTS

By December 31, 2025, the percentage of high school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from 5.4% in 2018 to 4.3%. Source: YTS

SECONDHAND SMOKE OBJECTIVES LIST

By December 31, 2021, one smokefree policy will pass in tribal housing on the land of Wisconsin's eleven tribes. Source: WNATN/ GLITC

By December 31, 2021, electronic smoking devices will be prohibited in all indoor workplaces. Source: State Statute

Recommended Modification: *By December 31, 2025, the percentage of Wisconsin's population covered by a smoke-free workplaces ordinance that includes e-cigarettes / vaping will increase from 39.6% in 2023 to XX%.*

By December 31st, 2021, marijuana will be prohibited in all indoor workplaces.

Recommended Modification: *By December 31st, 2021, cannabis will be prohibited in all indoor workplaces.*

By December 31, 2023, complaints of noncompliance with the statewide smoke-free workplaces law will decrease from X.X% in 2019 to X.X%. Baseline will be determined by calculations in the clean indoor air compliance system in 2019.

Recommended Modification: *By December 31, 2023, complaints of noncompliance with the statewide smoke-free workplaces law that the public health system addresses will decrease from X.X% in 2019 to X.X%. Baseline will be determined by calculations in the clean indoor air compliance system in 2019.*

By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. Source: Spark/TPCP Policy Coordinator

By December 31, 2023, 80.0% of postpartum women who received First Breath services will report maintaining a smoke-free home at 1-year postpartum. Source: First Breath

Recommended Modification: *By December 31, 2023, 80.0% of postpartum women who received First Breath services will report maintaining a smoke-free home at six months postpartum. Source: First Breath*

By December 31, 2023, the percentage of individuals who enroll in the WTQL and are public housing residents will increase from 63% in 2019 to 65%. Source: WTQL Data Report (data only available to closest whole number)

By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older will decrease from 37.1 in 2018 to 30. Source: WI Dept. of Revenue

By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at home will decrease from 53.2% in 2018 to 45.2%. Source: YTS

By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in vehicles will decrease from 50.4% to 42.4%. Source: YTS

By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at home will decrease from 58.9% in 2018 to 50.9%. Source: YTS

By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in vehicles will decrease from 53.4% in 2018 to 45.4%. Source: YTS

By December 31, 2025, the percentage of adults who live in a home with a smoker and report exposure to secondhand smoke at home will decrease from 44.1% in 2017 to 42.1%. Source: BRFSS

By December 31, 2025, the adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. Source: BRFSS

By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. Source: BRFSS

By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to 32.0%. Source: BRFSS

By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% in 2013- 2017 to 21.0%. Source: BRFSS

By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. Source: BRFSS

By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. Source: WISH

By December 31, 2025, the prevalence of cigarette smoking for adults with four or more ACEs will decrease from 30.6% in 2017 to 26.9%. Source: BRFSS

By December 31, 2025, the prevalence of pregnant smokers living in a home with other smokers that report exposure to secondhand smoke at home will decrease from 53.8% in 2017 to 48%. Source: First Breath

By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke at home will decrease from 20.4% in 2017 to 15.4%. Source: BRFSS

By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke at home will decrease from 21.9% in 2017 to 16.9%. Source: BRFSS

~~By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke in vehicles will decrease from 28.0% in 2017 to 25.0%. Source: BRFSS~~

~~By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke in vehicles will decrease from 34.0% in 2017 to 29.0%. Source: BRFSS~~

TREATMENT OBJECTIVES LIST

By December 31, 2021, the number of calls to the Wisconsin Tobacco Quit Line will be maintained at 14,000 annually. Source: WTQL

> Recommended Modification: *By December 31, 2021, the number of calls to the Wisconsin Tobacco Quit Line will average 12,000 annually.*

By December 31, 2021, the number of health systems in Wisconsin with the capacity to refer patients to WTQL services via their electronic health record (EHR) will increase from 4 systems in 2018 to 6 systems. Source: WTQL

By December 31, 2021, the percentage of adult current smokers who received care from a health care provider in the last 12 months that are advised to quit smoking will increase from 66.9% in 2017 to 72.0%. Source: BRFSS

By December 31, 2021, the number of Wisconsin healthcare systems that have the capacity to refer patients to the First Breath Program via their electronic health record will increase from 1 to 3. Source: First Breath

By December 31, 2021, the number of 150 Wisconsin behavioral health clinicians and affiliated administrative/management staff who have earned continuing education (CE) credit by completing the Wisconsin Nicotine Treatment Integration Program (WiNTiP) free on-line training about how to integrate tobacco dependence treatment into their behavioral health practice will increase from 80 in 2019 to 225. Source: WiNTiP

~~By December 31, 2021, the total number of referrals per year to First Breath will increase from 1506 in 2018 to 1800. Source: First Breath~~

By December 31, 2021, the percentage of women in WI who report smoking on their baby's birth certificate that are referred to First Breath will increase from 13.7% in 2017 to 18.0%. Source: WISH; First Breath

By December 31, 2021, the number of referrals per year to First Breath for partners of pregnant/postpartum women and infant caregivers who smoke will increase from 180 in 2018 to 225. Source: First Breath referral data

Recommended Modification: *By December 31, 2021, the number of support people (partners and other caregivers) who receive services from First Breath will increase from 180 in 2018 to 225. Source: First Breath texting data*

By December 31, 2021, the percent of behavioral health treatment programs that assess patient tobacco use that provide cessation medications to patients who use tobacco will increase from 62% in 2014 to 70%. Source: WiNTiP Statewide Survey of Tobacco Integration (data only available to closest whole number)

By December 31, 2021, increase the number of pregnant non-Hispanic African American smokers referred to First Breath from 276 in 2018 to 300. Source: First Breath

Recommended Modification: *Increase First Breath's reach rate from 30 to 32% for NH African American tobacco users (total number of referrals for pregnant people who identify as NH Black over the total # of pregnant tobacco users who identify as NH Black (based on birth certificate data)*

By December 31, 2021, increase the number of pregnant non-Hispanic American Indian/Alaska Native smokers of commercial tobacco referred to First Breath from 48 in 2018 to 55. Source: First Breath

Recommended Modification: *Increase First Breath's reach rate from 10 to 12% for AIAN tobacco users (total number of referrals for pregnant people who identify as AIAN over the total # of pregnant tobacco users who identify as AIAN (based on birth certificate data)*

By December 31, 2023, the number of tobacco users/vapers who enroll in Wisconsin Tobacco Quit Line services will be maintained at 10,000 annually. Source: WTQL

Recommended Modification: *By December 31, 2023, the number of tobacco users/vapers who enroll in Wisconsin Tobacco Quit Line services will average 6,000 annually.*

By December 31, 2023, the percentage of patients referred to the Wisconsin Tobacco Quit Line by their health care provider (Fax-to Quit and eReferral) who enroll in services will increase from 25% in 2018 to 30%. Source: WTQL (data only available to closest whole number)

Recommended Modification: *By December 31, 2023, 15% of patients referred to the Wisconsin Tobacco Quit Line by their health care provider (Fax-to-Quit and eReferral) will enroll in services.*

By December 31, 2023, the percentage of adults who have stopped smoking cigarettes in the past year for one day or longer because they were trying to quit will increase from 50.9% in 2017 to 65.0%. Source: BRFSS; also in MMWR 7-19-2019

By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older in Wisconsin will decrease from 37.1 in 2018 to 34. Source: WI Dept. of Revenue

Recommended Modification: *By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older in Wisconsin will decrease from 37.1 in 2018 to 31.*

By December 31, 2025, adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. Source: BRFSS

By December 31, 2025, the percentage of adults who use e-cigarettes or other vaping products every day or some days will decrease from 4.3% in 2017 to 3.5%. Source: BRFSS

By December 31, 2025, the percentage of adult males who currently use smokeless tobacco (chewing tobacco, Snuff, or Snus) will decrease from 7.8% in 2017 to 6.0%. Source: BRFSS

By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. Source: WISH

By December 31, 2025, the prevalence of maternal cigarette smoking for non-Hispanic American Indian/Alaska Natives will decrease from 38.5% in 2017 to 33.5%. Source: WISH

By December 31, 2025, the prevalence of maternal smoking for non-Hispanic Multiracial women will decrease from 19.3% in 2017 to 15.3%. Source: WISH

By December 31, 2025, the prevalence of maternal smoking for rural mothers will decrease from 13.1% in 2017 to 10.1%. Source: WISH

By December 31, 2025, the prevalence of maternal smoking for non-Hispanic African Americans will decrease from 12.9% in 2017 to 10.9%. Source: WISH

By December 31, 2025, the maternal smoking rate for teen mothers (19 and younger) will decrease from 12.3% in 2017 to 9.3%. Source: WISH.

By December 31, 2025, the percent of low birthweight babies (< 2,500 g) born to non-Hispanic African American mothers will decrease from 15.4% in 2017 to 13% Source: WISH

Recommended Modification Unclear: *Note that racial disparities in LBW + racial disparities in tobacco use would be a better fit for this work plan. Ultimately, this objective was removed*

due to the numerous factors that impact low birth weights and cannot be solely attributed to tobacco use.

By December 31, 2025, the percent of Medicaid/ BadgerCare Plus adults who report smoking during pregnancy will decrease from 21.3% in 2017 to 18.0%. Source: WISH, Birth Counts Module

By December 31, 2025, the percent of pregnant women living with a smoker will decrease from 14.1% in 2017 to 11.0%. Source: WISH, Birth Counts Module

By December 31, 2025, the percent of pregnant women who quit smoking cigarettes during their first or second trimester will increase from 20.8% in 2017 to 24.0%. Source: WISH, Birth Counts Module

Recommended Modification: *By December 31, 2025, the percent of pregnant women who quit smoking cigarettes during their pregnancy will increase from 20.8% in 2017 to 24.0%. Source: WISH, Birth Counts Module*

~~By December 31, 2025, the incidence of lung cancer in African Americans will decrease from 92.8/100,000 in 2009-2013 to 80/100,000. Source: Wisconsin Cancer Reporting System~~

By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. Source: BRFSS

By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to 32.0%. Source: BRFSS

By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% from 2013-2017 to 21.0%. Source: BRFSS

By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. Source: BRFSS

By December 31, 2025, the smoking prevalence for adults with four or more ACEs will decrease from 31.9% in 2017 to 26.9%. Source: BRFSS

Recommended Modification: *By December 31, 2025, the smoking prevalence for adults with four or more ACEs will decrease from 30.6% in 2017 to 24%*.

By December 31, 2025, the rural adult smoking prevalence will decrease from 20.7% in 2017 to 12.0%. Source: BRFSS

APPENDIX A: WORK GROUP MEMBERSHIP LISTS

Core Planning Work Group

1. Co-Chairs from each of four work groups (8)
    - Disparities: Karen Conner (University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI)) and Charlie Leonard (City of Milwaukee Tobacco Free Alliance at Community Advocates Public Policy Institute)
    - Prevention: Emma Kane (Community Action for Health Living) and Kim Larson (American Lung Association)
    - Treatment: Tommi Thompson (Wisconsin Women's Health Foundation (WWHF)) and Kate Kobinsky (UW-CTRI)
    - Secondhand Smoke: Kayleigh Day (Partnership for a Tobacco Free Wisconsin (PTFW) /American Lung Association) and Wendy Vander Zanden (TPCP)
2. Vicki Huntington (TPCP)
3. Darcie Warren (PTFW Consultant from Growing Violets, LLC at American Lung Association)
4. Madison Alvarez (TPCP)
5. Karen Palmersheim (UW-Milwaukee, Center for Urban Population Health)

Disparities Work Group

- Karen Conner, work group co-lead (UW-CTRI)
- Charlie Leonard, work group co-lead (Community Advocates Public Policy Institute / City of Milwaukee Tobacco Free Alliance)
- Edgar Mendez (Jump at the Sun Consulting / Wisconsin Tobacco Prevention and Poverty Network)
- Madison Alvarez (TPCP)

Prevention Work Group

- Emma Kane, work group co-lead (Community Action for Healthy Living)
- Kim Larson, work group co-lead (American Lung Association)
- Luke Witkowski (TPCP)
- Laura Nakielski (Fond du Lac County Health Department/ East Central Alliance for Nicotine Prevention)

- Allison Bucheger (Juneau County Health Department / South Central Alliance for Tobacco Prevention)
- Bryan Bilse (Prevention and Response Columbia County)
- Myranda Phelps-McGuire (Public Health Madison & Dane County / Dane County Alliance Against Commercial Tobacco)
- Carri Ciske (REACH [DFC] and CAHL)
- Zach Wilks-Metrou (AHA)
- Kim MacGregor (AWY)

Secondhand Smoke Work Group

- Kayleigh Day, work group co-lead (American Lung Association / Partnership for a Tobacco Free Wisconsin Coordinator)
- Wendy Vander Zanden, work group co-lead (TPCP)
- Deb Fischer (Southwest Alliance for Tobacco Prevention)
- Myranda Phelps-McGuire (Public Health Madison & Dane County / Dane County Alliance Against Commercial Tobacco)
- Krissy Alaniz (WWHF)
- Cris Rameker (WI DHS Asthma Program)

Treatment Work Group

- Tommi Thompson, work group co-lead (WWHF)
- Kate Kobinsky, work group co-lead (UW-CTRI)
- Keri Schneider (TPCP)
- Laura Fischer (Marathon County Health Department / North Central Tobacco Free Alliance)
- Alysha Basel (Juneau County Health Department / South Central Tobacco Free Alliance)
- Rebecca Diener (WWHF)
- Dr. Brian Williams, (UW-CTRI)
- Angie Pero (Security Health Plan)
- Christine Ullstrup (Meta House)
- Karen Conner (UW-CTRI)

APPENDIX B: WORKSHEET TEMPLATE - MIDTERM REPORT PURPOSE

1. Refocus movement.
2. Assess progress since the creation of the plan.
3. Target objectives.
4. Restart dialogue with partners prior to the next planning process.
5. Engage the statewide coalition, local alliances, catalyst alliances and networks in reaching objective targets.

MIDTERM REPORT DIRECTIONS: Each Work Group should familiarize themselves with their respective tab of the Midterm Report Tracker, columns A thru L.

A. Objective numbering
B. Objective wording and source
C. Baseline data
D-H. Available data by year
I. Current target
J. Pandemic's impact on data collection
K. Notes on sample size reliability
L. Trend

Walk through the criteria listed on page two of this worksheet and then recommend to keep, remove, or modify each objective. Enter answers for questions I-VII in the Tracker and type directly into this worksheet to answer the remaining questions. Note that the Disparities Objectives are in green text. One Disparities Work Group member will serve on each of the other three Work Groups. Please begin by reviewing the shared vision and overarching goals in the original Plan.

Shared Vision from Wisconsin's Tobacco Prevention and Control Plan: *By 2025, the Wisconsin tobacco movement will be strong, proactive and driven by a range of partners who have a vested interest in treatment, prevention, secondhand smoke and disparities. Every part of the state will be supported by a comprehensive tobacco prevention and control program. Leadership and visionaries responsible for guiding the movement will reflect the populations experiencing disparities. The movement will create carefully targeted and compelling messages using a variety of approaches. Strategies will reflect an emphasis on nicotine addiction prevention, youth initiation, cessation and health disparities related to commercial tobacco. We will see decreased disparities related to tobacco, will have prevented vaping from becoming the social norm and will have developed clear positions on tobacco, nicotine and clean air as it relates to changes in marijuana legislation and use. The movement's policy agenda will be prioritized with special attention to disparities and will be rolled out in a way that inspires action from a range of partners.*

Overarching Goals:

1. Obtain additional financial resources.
2. Develop targeted secondhand smoke, prevention and cessation interventions for youth and communities of color, pregnant women and individuals with mental illness.
3. Establish recruitment, engagement and retention strategies that reflect diversity at all levels of the movement.
4. Improve timeliness, accuracy, relevance and usefulness of data.
5. Increase and maintain visibility of and political and community support for the movement at all levels.
6. Increase two-way communication within the movement.
7. Optimize training and accountability around health equity.
8. Actively involve authentic voices disparately impacted by tobacco in the development and execution of strategic goals and plans

RECOMMENDATION CRITERIA I-VII - ENTER INTO MIDTERM REPORT TRACKER

I. Consider any indicators trending in the wrong direction (see Column L / rows highlighted red). Does the Work Group have ideas of why?
   a. Enter specific challenges or factors to explain the trend (Column M).
   b. Explain any recommended interventions that could improve the trend (Column N).

II. Explain how specific circumstances may have impacted this indicator (e.g. the COVID-19 pandemic, Tobacco 21 Implementation, etc.) (Column O).

III. Are there other considerations that impact a decision to keep, remove, or modify this objective (Column P)?

IV. Which social determinants of health should be investigated or addressed to meet this metric (e.g., economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, social and community context)? (Column Q)?

V. Record the recommendation for this objective (keep, remove, or modify) in Column R.

VI. For any objectives your Work Group recommends modifying, in Column S type the new wording, highlighting revisions if possible.
Example: By December 31, 2025, electronic smoking devices will be prohibited in all indoor workplaces. Source: State Statute

VII. Please add any further notes into Column T, which already includes miscellaneous notes on each objective.

WORK GROUP DISCUSSION QUESTIONS - TYPE ANSWERS INTO THIS WORKSHEET

IV. For new objectives your Work Group recommends adding in the Midterm Report (if any), type them here, along with their data source, current rate and time-specific target.
   a. New objective #1:
   b. New objective #2:
   c. New objective #3:

V. Please share at least one success story since 2020. More than one is encouraged and appreciated!

VI. Discuss the impact of social determinants of health on the Secondhand Smoke objectives as a set. Are there any discussion points of note that have not been inputted into the Midterm Plan Tracker to be investigated or addressed to impact specific objectives? Please type them here.

XI. Who can we better engage to meet targets for this set of objectives or any specific objective in the list?

XII. Share any training or technical assistance needs to reach targets for this set of objectives or any specific objective in the list.

XIII. Who will communicate this information to the [name relevant TPCP Work Group or partners] to align the planning with their work? When? How?

XIV. Share any recommendations to communicate this Midterm Report to treatment partners and prevention partners like the statewide coalition, local alliances, catalyst alliances and networks.

Appendix C: COVID-RACISM-TOBACCO

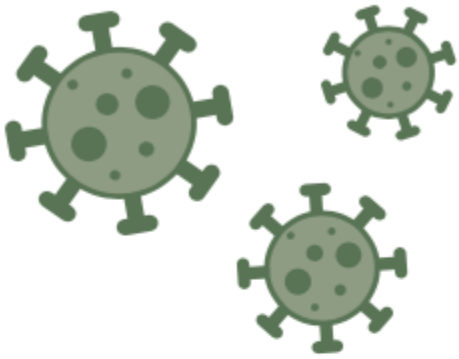
Tobacco, COVID-19, and Racism

Studies show links between commercial tobacco use and COVID-19 illness.

Smoking and secondhand smoke exposure **suppress immune system function**.

People with smoking-related chronic health conditions like heart disease, diabetes, and lung disease are at **greater risk for getting seriously ill from COVID-19**.

People who smoke have a **harder time recovering from COVID-19**.



Racism and other forms of discrimination have worsened inequities during the COVID-19 pandemic. Compared to white Wisconsin residents:

Hispanic or Latinx residents have **1.7 times** greater COVID-19 case rates

Black residents have **2.2 times** greater COVID-19 hospitalization rates

American Indian residents have **1.5 times** greater COVID-19 death rates

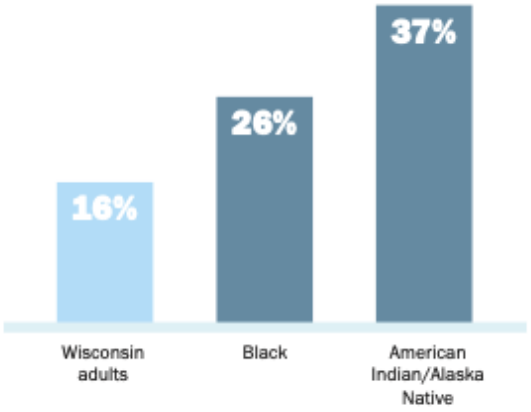
A person's social, economic, and physical environment shape their health more than any other factor.

For example, people of color are more likely to work in essential jobs and live in high-density housing.

Coupled with living in neighborhoods with more tobacco retailers, which increases smoking rates, these factors compound the risk of COVID infection.

The tobacco industry has long perpetuated racism in their marketing practices.

Communities of color have been targeted by the tobacco industry more than others, resulting in higher use rates, as seen to the right.



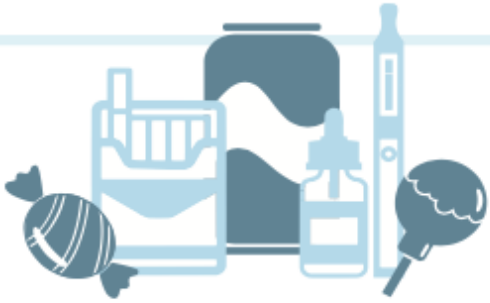
"We don't smoke that **, we just sell it. We reserve the right to smoke for the young, the poor, the Black, and the stupid."**

—Tobacco Executive quote from Tobacco Industry Documents

Although traditional tobacco has cultural significance for many Native American tribes, the tobacco industry's use of Native images to sell commercial tobacco products **reinforces harmful stereotypes**. Examples include Natural American Spirit Cigarettes and Red Man Chew.

Tobacco products are also more likely to be placed near candy and within three feet of the floor at retailers in **Black** and **Latinx** neighborhoods than in white neighborhoods in Milwaukee.

This makes them **more likely to catch the attention of youth**.



Inequitable enforcement of tobacco prevention and control policies also contributes to racial disparities by **criminalizing people of color** for the purchase, possession, sale, and distribution of tobacco products.

Learn more about how you can join the movement to declare racism a public health crisis in Wisconsin.

Visit the UW Population Health Institute's Racism Declaration Sign-On page: **https://bit.ly/3ot10gf**.

For free help quitting commercial tobacco, or staying tobacco-free, call 1 800 QUIT-NOW or visit www.WiQuitLine.org.

The American Indian Quit Line (1-888-7AI QUIT) provides culturally tailored and specific interventions that integrate the unique social context of American Indian culture.

Citations: **tinyurl.com/462xy8vx**

Appendix D: Updated List of Objectives

PREVENTION OBJECTIVES LIST

(2021) Short Term SCHOOLS

1. By December 31, 2021 the percentage of middle school youth who have been taught in any of their classes about why they should not use tobacco products will increase from 50.9% in 2018 to 61.0%. Source: YTS
2. By December 31, 2021 the percentage of high school youth who have been taught in any of their classes about why they should not use tobacco products will increase from 36.9% in 2018 to 45.0%. Source: YTS

(2023) Intermediate POLICIES

1. By December 31, 2023, the number of jurisdictions with policies that control the density of tobacco retail outlets will increase from 1 to 5. Source: TPCP Policy Coordinator

PERCEPTIONS

1. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 19.2% in 2018 to 15.4%. Source: YTS
2. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 27.0% in 2018 to 21.6%. Source: YTS
3. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 57.9% in 2018 to 46.3%. Source: YTS
4. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 54.1% in 2018 to 43.3%. Source: YTS
5. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 17.6% to 14.1%. Source: YTS

6. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 31.1% in 2018 to 24.9%. Source: YTS
7. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 16.1% in 2018 to 12.9% Source: YTS
8. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 25.6% in 2018 to 20.5%. Source: YTS

SCHOOLS

1. By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. Source: SPARK
2. Increase K-12 schools with a comprehensive tobacco-free school policy (Baseline: Oct 2023 316/443 public school districts). Source: TPCP Policy Coordinator

YOUTH ACCESS

1. By December 31, 2023, the percentage of retailers selling tobacco products to youth will remain under 10%. Source: Synar

(2025) Long-Term YOUTH USE

1. By December 31, 2025, the percentage of middle school youth who report ever using any form of tobacco will decrease from 13.7% in 2018 to 11.0%. Source: YTS
2. By December 31, 2025, the percentage of high school youth who report ever using any form of tobacco will decrease from 37.8% in 2018 to 30%. Source: YTS
3. By December 31, 2025, the prevalence of current tobacco use among middle school youth will decrease from 4.6% in 2018 to 3.7%. Source: YTS
4. By December 31, 2025, the prevalence of current tobacco use among high school youth will decrease from 23.6% in 2018 to 18.9%. Source: YTS

5. By December 31, 2025, the prevalence of current tobacco use among non-Hispanic African-American high school youth will decrease from 15.9%, 95% CI [10.0%, 21.8%] in 2014-2018 to ___%. Source: YTS
6. By December 31, 2025, the prevalence of current tobacco use among Hispanic/Latino high school youth will decrease from 17.5%, 95% CI [11.0%, 23.9%] in 2014- 2018 to 10.4%. Source: YTS
7. By December 31, 2025, the prevalence of current cigarette use among LGBT high school youth will decrease from 17.3% in 2017 to 14%. Source: YRBS
8. By December 31, 2025, the prevalence of current tobacco use among 18-24 year olds will decrease from 12.6% in 2017 to 10.1%. Source: BRFSS
9. By December 31, 2025, the prevalence of ever using e-cigarettes among middle school youth will decrease from 11.0% in 2018 to 8.8%. Source: YTS
10. By December 31, 2023, the prevalence of ever-using e-cigarettes among high school youth will decrease from 45.5% in 2019 to 32.6%. Source: YRBS
11. By December 31, 2025, the prevalence of menthol cigarette use among high school current smokers will decrease from 62.1% in 2018 to 49.7%. Source: YTS

MISCELLANEOUS

1. By December 31, 2025, the percentage of middle school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from middle school 5.0% in 2018 to 4.0%. Source: YTS
2. By December 31, 2025, the percentage of high school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from 5.4% in 2018 to 4.3%. Source: YTS

SECONDHAND SMOKE OBJECTIVES LIST

1. By December 31, 2021, one smokefree policy will pass in tribal housing on the land of Wisconsin's eleven tribes. Source: WNATN/ GLITC
2. By December 31, 2021, electronic smoking devices will be prohibited in all indoor workplaces. Source: State Statute
3. By December 31, 2025, the percentage of Wisconsin's population covered by a smoke-free workplaces ordinance that includes e-cigarettes/vaping will increase from 39.8% in 2022 to 52.5%.

4. By December 31st, 2021, cannabis will be prohibited in all indoor workplaces.
5. By December 31, 2023, complaints of noncompliance with the statewide smoke-free workplaces law that the public health system addresses will decrease 40% from 2019 (57 to 34 complaints). Source: WI clean indoor air compliance system
6. By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. Source: Spark/TPCP Policy Coordinator
7. By December 31, 2023, 80.0% of postpartum women who received First Breath services will report maintaining a smoke-free home at six months postpartum. Source: First Breath
8. By December 31, 2023, the percentage of individuals who enroll in the WTQL and are public housing residents will increase from 63% in 2019 to 65%. Source: WTQL Data Report (data only available to closest whole number)
9. By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older will decrease from 37.1 in 2018 to 30. Source: WI Dept. of Revenue
10. By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at home will decrease from 53.2% in 2018 to 45.2%. Source: YTS
11. By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in vehicles will decrease from 50.4% to 42.4%. Source: YTS
12. By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at home will decrease from 58.9% in 2018 to 50.9%. Source: YTS
13. By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in vehicles will decrease from 53.4% in 2018 to 45.4%. Source: YTS
14. By December 31, 2025, the percentage of adults who live in a home with a smoker and report exposure to secondhand smoke at home will decrease from 44.1% in 2017 to 42.1%. Source: BRFSS
15. By December 31, 2025, the adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. Source: BRFSS
16. By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. Source: BRFSS

17. By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to 32.0%. Source: BRFSS
18. By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% in 2013- 2017 to 21.0%. Source: BRFSS
19. By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. Source: BRFSS
20. By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. Source: WISH
21. By December 31, 2025, the prevalence of cigarette smoking for adults with four or more ACEs will decrease from 31.9% in 2017 to 26.9%. Source: BRFSS
22. By December 31, 2025, the prevalence of pregnant smokers living in a home with other smokers that report exposure to secondhand smoke at home will decrease from 53.8% in 2017 to 48%. Source: First Breath
23. By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke at home will decrease from 20.4% in 2017 to 15.4%. Source: BRFSS
24. By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke at home will decrease from 21.9% in 2017 to 16.9%. Source: BRFSS

TREATMENT OBJECTIVES LIST

1. By December 31, 2021, the number of calls to the Wisconsin Tobacco Quit Line will average 12,000 annually. Source; WTQL
2. By December 31, 2021, the number of health systems in Wisconsin with the capacity to refer patients to WTQL services via their electronic health record (EHR) will increase from 4 systems in 2018 to 6 systems. Source: WTQL
3. By December 31, 2021, the percentage of adult current smokers who received care from a health care provider in the last 12 months that are advised to quit smoking will increase from 66.9% in 2017 to 72.0%. Source: BRFSS
4. By December 31, 2021, the number of Wisconsin healthcare systems that have the capacity to refer patients to the First Breath Program via their electronic health record will increase from 1 to 3. Source: First Breath

5. By December 31, 2021, the number of 150 Wisconsin behavioral health clinicians and affiliated administrative/management staff who have earned continuing education (CE) credit by completing the Wisconsin Nicotine Treatment Integration Program (WiNTiP) free on-line training about how to integrate tobacco dependence treatment into their behavioral health practice will increase from 80 in 2019 to 225. Source: WiNTiP
6. By December 31, 2021, the percentage of women in WI who report smoking on their baby's birth certificate that are referred to First Breath will increase from 13.7% in 2017 to 18.0%. Source: WISH; First Breath
7. By December 31, 2021, the number of support people (partners and other caregivers) who receive services from First Breath will increase from 180 in 2018 to 225. Source: First Breath texting data
8. By December 31, 2021, the percent of behavioral health treatment programs that assess patient tobacco use that provide cessation medications to patients who use tobacco will increase from 62% in 2014 to 70%. Source: WiNTiP Statewide Survey of Tobacco Integration (data only available to closest whole number)
9. Increase First Breath's reach rate from 30 to 32% for NH African American tobacco users (total number of referrals for pregnant people who identify as NH Black over the total # of pregnant tobacco users who identify as NH Black (based on birth certificate data) Source: First Breath
10. Increase First Breath's reach rate from 10 to 12% for AIAN tobacco users (total number of referrals for pregnant people who identify as AIAN over the total # of pregnant tobacco users who identify as AIAN (based on birth certificate data) Source: First Breath
11. By December 31, 2023, the number of tobacco users/vapers who enroll in Wisconsin Tobacco Quit Line services will average 6,000 annually. Source: WTQL
12. By December 31, 2023, 15% of patients referred to the Wisconsin Tobacco Quit Line by their health care provider (Fax-to-Quit and eReferral) will enroll in services. Source: WTQL (data only available to closest whole number)
13. By December 31, 2023, the percentage of adults who have stopped smoking cigarettes in the past year for one day or longer because they were trying to quit will increase from 50.9% in 2017 to 65.0%. Source: BRFSS; also in MMWR 7-19-2019
14. By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older in Wisconsin will decrease from 37.1 in 2018 to 31. Source: WI Dept of Revenue

15. By December 31, 2025, adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. Source: BRFSS
16. By December 31, 2025, the percentage of adults who use e-cigarettes or other vaping products every day or some days will decrease from 4.3% in 2017 to 3.5%. Source: BRFSS
17. By December 31, 2025, the percentage of adult males who currently use smokeless tobacco (chewing tobacco, Snuff, or Snus) will decrease from 7.8% in 2017 to 6.0%. Source: BRFSS
18. By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. Source: WISH
19. By December 31, 2025, the prevalence of maternal cigarette smoking for non-Hispanic American Indian/Alaska Natives will decrease from 38.5% in 2017 to 33.5%. Source: WISH
20. By December 31, 2025, the prevalence of maternal smoking for non-Hispanic Multiracial women will decrease from 19.3% in 2017 to 15.3%. Source: WISH
21. By December 31, 2025, the prevalence of maternal smoking for rural mothers will decrease from 13.1% in 2017 to 10.1%. Source: WISH
22. By December 31, 2025, the prevalence of maternal smoking for non-Hispanic African Americans will decrease from 12.9% in 2017 to 10.9%. Source: WISH
23. By December 31, 2025, the maternal smoking rate for teen mothers (19 and younger) will decrease from 12.3% in 2017 to 9.3%. Source: WISH.
24. By December 31, 2025, the percent of Medicaid/ BadgerCare Plus adults who report smoking during pregnancy will decrease from 21.3% in 2017 to 18.0%. Source: WISH, Birth Counts Module
25. By December 31, 2025, the percent of pregnant women living with a smoker will decrease from 14.1% in 2017 to 11.0%. Source: WISH, Birth Counts Module
26. By December 31, 2025, the percent of pregnant women who quit smoking cigarettes during their pregnancy will increase from 20.8% in 2017 to 24.0%. Source: WISH, Birth Counts Module
27. By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. Source: BRFSS
28. By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to 32.0%. Source: BRFSS
29. By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% from 2013-2017 to 21.0%. Source: BRFSS

30. By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. Source: BRFSS
31. By December 31, 2025, the smoking prevalence for adults with four or more ACEs will decrease from 30.6% in 2017 to 24%.
32. By December 31, 2025, the rural adult smoking prevalence will decrease from 20.7% in 2017 to 12.0%. Source: BRFSS