

MONTANA TOBACCO USE PREVENTION PROGRAM

STRATEGIC PLAN

2024 – 2029



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MONTANA
TOBACCO USE
PREVENTION PROGRAM

INTRODUCTION

The Montana Department of Public Health and Human Services (DPHHS) is committed to reducing the morbidity and premature mortality associated with commercial tobacco use. Montana's comprehensive approach to reducing tobacco use addresses the National Tobacco Control Program's four main goals:

1. Eliminate exposure to secondhand smoke;
2. Promote quitting among adults and youth;
3. Prevent initiation among youth and young adults; and
4. Identify and eliminate commercial tobacco-related disparities.

The Montana Tobacco Use Prevention Program (MTUPP) supports these goals through community capacity building, chronic disease program collaboration, high visibility media, policy development, and a comprehensive tobacco quitline for all Montanans. This plan identifies and prioritizes MTUPP's goals and strategies for the next five years (July 1, 2024 to June 30, 2029).

BACKGROUND

Nationally, the Centers for Disease Control and Prevention (CDC) guides tobacco control work across states and territories through the National Tobacco Control Program (NTCP). The CDC provides funding and guidance to state grantees for a 5-year period. MTUPP's overall budget is funded through this cooperative agreement with the CDC, as well as state special revenue from the Master Settlement Agreement and the JUUL settlement. The purpose of this Strategic Plan is to assist MTUPP in developing strategies, activities, and evaluation plans for the next 5 years.

MTUPP is positioned within the DPHHS Public Health and Safety Division. MTUPP delivers public health programming, funding, and technical assistance to 50 counties, 8 tribes, and 2 Urban Indian Centers across Montana. Local and tribal programs are overseen and implemented by Tobacco Education Specialists who ensure the program is responsive to their respective communities' unique health and wellness needs. MTUPP's core programs seek to reduce commercial tobacco use through the design, development, and implementation of statewide programs. These programs also acknowledge the long history of health disparities and inequities that impact vulnerable populations, including American Indians.

In addition to the collaboration with local and tribal health departments and Urban Indian Centers, MTUPP routinely coordinates with a variety of other public health programs. Within DPHHS, these relationships include the Behavioral Health and Developmental Disabilities Division, the Oral Health Program, Montana Medicaid, the Comprehensive Cancer Control Program, the Disability and Health Program, and the Asthma Control Program. Within the State of Montana, MTUPP works closely with the Department of Revenue, Department of Justice, Attorney General's Office and Gambling Control Division, Office of Public Instruction, and Cannabis Control Division.

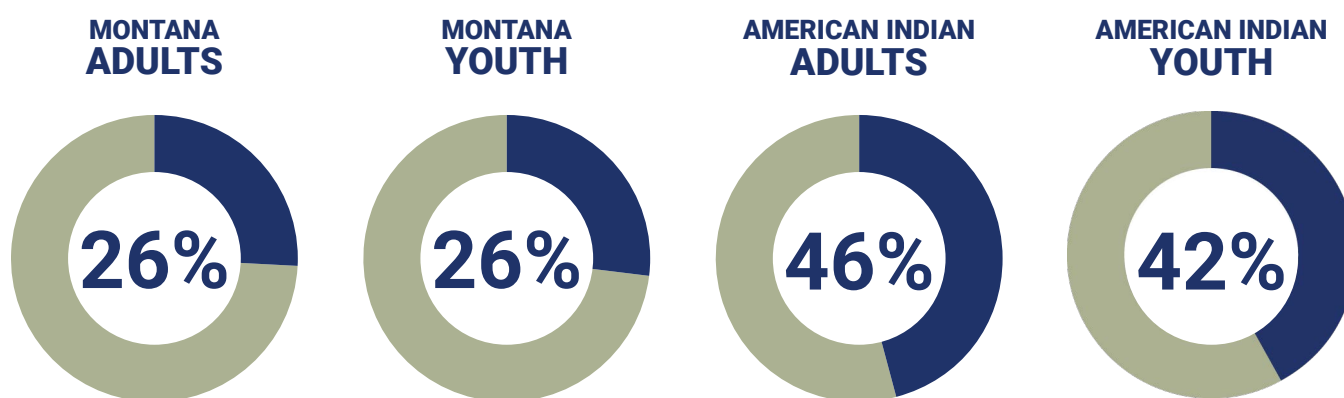
Additional collaborative partners include the Montana Cancer Coalition, Mountain Pacific Quality Health, Student Affairs Administrators in Higher Education (NASPA), National Jewish Health, Rocky Mountain Tribal Leaders Council, Montana Public Health Institute, the American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Parents Against Vaping E-cigarettes (PAVe), Preventing Tobacco Addiction Foundation/Tobacco 21, Campaign for Tobacco-Free Kids, American Nonsmokers' Rights Foundation, Montana Medical Association, Montana Hospital Association, Montana Primary Care Association, and other members of the Alliance for Healthy Montana..

Commercial tobacco includes any product that contains tobacco and/or nicotine in any form, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies such as nicotine patches or gum. Additionally, the term "e-cigarettes" refers to any electronic nicotine delivery device in this plan.

The sacred and ceremonial use of tobacco is an important aspect of cultural identity and tradition for many American Indian tribes in Montana. MTUPP respects the use of traditional tobacco for ceremonial purposes. Throughout this document, all references to reduce or quit tobacco imply the use of commercial tobacco products in non-traditional ways.

BURDEN OF TOBACCO IN MONTANA

Tobacco use remains the leading cause of preventable death, with approximately 1,600 tobacco-related deaths occurring in Montana each year.¹ Twenty-six percent of Montana adults and 26% of Montana youth currently use some type of tobacco product. This number is even higher for American Indians at 46% for adults and 42% for youth.²



Montana residents have significantly decreased cigarette consumption over the last decade, but the use of other tobacco products remains high. The tobacco industry spends almost \$30 million each year on marketing in Montana and their strategies specifically target youth by focusing on sports, celebrities, and tempting flavors.³ Moreover, nearly 90% of adult smokers started smoking prior to age 18.⁴

¹ CDC. Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC)

² Montana Behavioral Risk Factor Surveillance System, 2022 and Montana Youth Risk Behavior Survey, 2023

³ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Montana. <https://www.tobaccofreekids.org/problem/toll-us/montana>. Accessed April 2024

⁴ CDC. Youth and Tobacco Use. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm. Accessed April 2024

IMPORTANCE OF HEALTH EQUITY

Tobacco initiation and use disparately affect subsets of Montana's population at higher rates. MTUPP seeks to address the inequity of tobacco use in the following population groups in Montana:

- Individuals with mental health and substance use disorders (Behavioral Health)
- American Indians (AI)
- Youth and Young Adults
- Pregnant Women
- Individuals with Low-Socioeconomic Status (Low SES)
- LGBTQ+
- Veterans

Throughout the next five years, MTUPP will strive to embed cultural competence and health equity throughout all stages of this work. MTUPP will work to meaningfully engage stakeholders who reflect and represent the populations that the program is intending to impact. Whenever possible, goals and strategies will account for health inequities and will be tailored to populations experiencing disparities. MTUPP will make every effort to conduct culturally responsive activities that honor the cultural context in which they take place and to include input from those who will bring needed, shared life experience and understanding.

MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CESSATION

The strategies included in this Strategic Plan are based on:

- *The Best Practices for Comprehensive Tobacco Control Programs*, which provides an integrated programmatic structure for implementing interventions proven to be effective.
- *The Guide to Community Preventive Services for Tobacco Control Programs (the Community Guide)*, which provides evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: preventing tobacco product use initiation, increasing cessation, and reducing exposure to secondhand smoke.

EVALUATION

MTUPP's overarching evaluation objective is to reduce tobacco use prevalence, with the intent of reducing tobacco-related morbidity and mortality and alleviating the social and economic burdens caused by tobacco use. This plan also identifies evaluation objectives for each Strategic Goal. MTUPP's Evaluation Plan supplements this with specifics on how surveillance and evaluation will be conducted to measure progress on MTUPP's goals and objectives.

UPDATES

This Strategic Plan is intended to be dynamic and updated at least biennially, as progress is made or as change is indicated. The changes will be guided by the extensive evaluation that is ongoing for MTUPP.

SUPPORTING DOCUMENTS

This Strategic Plan is supported by additional plans and MTUPP documents. Together, these documents provide the foundation to prevent and reduce commercial tobacco use in Montana over the next 5 years.

- The **Annual Work Plan** is a required CDC document that provides full details on MTUPP's strategies, priority populations, geographic areas, key deliverables, and details on the activities.
- The **Tobacco Education Specialist Work Plan** outlines the specific annual deliverables that are tasked to the 50 counties, 8 tribes, and 2 Urban Indian Centers across Montana.
- The **Tribal MTUPP Visionary Plan** aims to align and strengthen efforts of the American Indian Tobacco Education Workplan created by the 8 tribes and 2 Urban Indian Health Centers. The document provides the Tribal MTUPP vision and specific action steps to meet this vision.
- The **Evaluation Plan** provides specifics on how surveillance and evaluation will be conducted to measure progress on MTUPP's goals and objectives. It also describes what evaluation activities will take place, how these activities will be carried out, and how results will be disseminated and used.



STRATEGIC PLAN

VISION

All Montanans are free from tobacco addiction and environmental exposures to secondhand smoke and e-cigarette aerosol.

MISSION

Reduce the morbidity and premature mortality associated with commercial tobacco use in Montana.

PRIMARY EVALUATION METRIC

Reduce prevalence of adults who smoke cigarettes in Montana. (Baseline: 15%)⁵
Reduce prevalence of youth who use tobacco in Montana. (Baseline: 26%)⁶

STRATEGIC GOALS

Montana's comprehensive approach to reducing tobacco use addresses the National Tobacco Control Program's four main goals. Each goal includes specific strategies and tactics requiring a collective effort and continuous collaboration and involvement from advocates, healthcare providers, government and education sectors, non-government organizations, and individuals.

⁵ Montana Behavioral Risk Factor Surveillance System, 2022

⁶ Montana Youth Risk Behavior Survey, 2023

Goal 1: Eliminate exposure to secondhand smoke and e-cigarette aerosol

- Increase the number of expanded local Clean Indoor Air Act (CIAA) protocols (Baseline: 11)⁷
- Increase the number of smokefree multiunit housing facilities (Baseline: 513)⁷
- Increase the number of tobacco free college campuses (Baseline: 18)⁷

Strategies	Activities
Strategy 1.1: Increase and enhance comprehensive smokefree policies enhanced to include smoking distance provisions, e-cigarettes, outdoor areas, casinos, and/or other locations or emerging products	<ul style="list-style-type: none"> • Provide technical assistance to Tobacco Education Specialists (TES) to advance local smokefree protections. • Provide education to local businesses on the dangers of secondhand smoke and e-cigarette aerosol and offer technical assistance to increase the number of localities with expanded smokefree indoor air protections.
Strategy 1.2: Increase number of smokefree multiunit housing facilities	<ul style="list-style-type: none"> • Maintain a database of public and private multiunit housing facilities with smokefree policies and host an interactive map through ArcGIS displaying multiunit housing facilities across Montana with partial and 100% smokefree policies in place. • Serve as a resource to housing providers and residents needing assistance with smokefree housing policies or concerns. • Promote and regularly disseminate the virtual Smokefree Housing Course to property managers and the general public. • Support property managers with resources such as the model lease addendum for smokefree housing properties. • Provide signage and smoking cessation educational materials to multiunit housing facilities.
Strategy 1.3: Increase and strengthen tobacco-free policies (to prohibit tobacco product use in all indoor and outdoor areas of school grounds) on college/university campuses, community colleges, trade schools, and other academic settings	<ul style="list-style-type: none"> • Contract with NASPA to maintain a Student and Adult Advisor on college campuses to increase awareness and educate students and faculty about tobacco use, social norms, exposure to secondhand smoke, and the importance of tobacco-free campus policies.

Strategy 1.4: Strengthen K-12 tobacco-free policies to include prohibiting tobacco-related clothing/accessories, providing information to students about tobacco cessation programs that are available and prohibiting tobacco industry-related sponsorships

- Collaborate with the Montana Office of Public Instruction (OPI) to strengthen tobacco-free school policies and to advance e-cigarette education and awareness of youth quit resources among local school districts across Montana.
- Target education and resources to school districts that identify that they may need assistance with enforcement of tobacco-related policies and/or would like to consider alternative enforcement options (as opposed to out-of-school suspensions).

Strategy 1.5: Implement evidence-based, mass-reach health communication interventions to reduce exposure to secondhand smoke

- Work with media agency(ies) to develop and implement media campaigns related to secondhand smoke.
- Share all campaign materials (commercials, print, social media, etc.) with TES to use in their own communities.
- Utilize earned and paid media to increase awareness of e-cigarette use and the potential dangers of exposure to secondhand aerosol.
- Create and disseminate publications related to secondhand smoke exposure. These could include surveillance reports, quick stats, progress reports, infographics, or similar publications.

Strategy 1.6: Increase and strengthen tobacco-free policies related to parks, recreational areas, and community events (e.g. community parks, playgrounds, athletic fields, concerts, county fairs, farmers markets)

- Provide technical assistance to TES to advance tobacco-free parks, recreational areas, and community events.
- Provide tobacco-free park signage.

Goal 2: Promote quitting among adults and youth

- Maintain or increase Quit Now Montana participants who successfully quit (30% or above)⁸
- Maintain or increase Quit Now Montana intakes/year (2800 intakes/year or above)⁸
- Increase My Life, My Quit intakes/year (from 60/year)⁸

Strategies	Activities
Strategy 2.1: Ensure evidence-based tobacco cessation treatment is available	<ul style="list-style-type: none">• Continue to offer Quit Now Montana and its specialized programs tailored for populations more heavily burdened by tobacco use:<ul style="list-style-type: none">◦ The American Indian Commercial Tobacco Program◦ Quit Now Montana Pregnancy Program◦ My Life, My Quit◦ Behavioral Health Program
Strategy 2.2: Expand availability and promotion of comprehensive, barrier-free insurance coverage for evidence-based cessation treatment	<ul style="list-style-type: none">• Maintain a cost-sharing agreement with Montana Medicaid to reimburse for providing cessation services to Montana Medicaid recipients.• Maintain a contract with a statewide pharmacy to offer cessation medications, such as Varenicline and Bupropion.• Conduct outreach and provide strategies to employers to expand cessation coverage to employees and cover the cost of cessation medications for employees enrolled in Quit Now Montana.• Collaborate with the Montana Pharmacists Association and the Montana Board of Pharmacy to disseminate procedures and protocols for pharmacists prescribing cessation medication.

Strategy 2.3: Promote health system changes to support screening and treatment of tobacco use and dependence

- Encourage healthcare providers and health systems to expand tobacco use screening and delivery of tobacco education and treatment for youth and young adults, including for e-cigarettes.
- Educate healthcare providers on Quit Now Montana, referral options, brief cessation interventions, and billing options.
- Conduct targeted in-person outreach to specialty healthcare providers to increase awareness of Quit Now Montana's targeted programs and provide education on the burden of tobacco for the populations served by the specialty healthcare provider.
- Partner with the Montana Asthma Program and Mountain Pacific Quality Health to conduct quality improvement projects with healthcare clinics.
- Partner with National Jewish Health to identify clinics not currently referring to Quit Now Montana and conduct targeted education.

Strategy 2.4: Implement evidence-based, mass-reach health communication interventions to increase use of cessation treatment

- Develop and implement media campaigns to enhance promotion of Quit Now Montana through paid media placements (i.e., digital media, TV ads, billboards, and radio ads).
- Conduct regular media evaluation of Quit Now Montana advertisements to determine the impact these may be having on participants.
- Share all campaign materials (commercials, print, social media, etc.) with TES to use in their own communities.
- Utilize earned and paid media to increase awareness of Quit Now Montana and its services.

Goal 3: Prevent initiation among youth and young adults

- Reduce the prevalence of current youth e-cigarette use (Baseline: 26%)⁹
- Increase participation in Montana ReACT program (at least 75 students annually)¹⁰

Strategies	Activities
Strategy 3.1: Educate and engage stakeholders and decision makers on evidence-based strategies to prevent initiation of tobacco use, including e-cigarettes	<ul style="list-style-type: none"> • Provide education about the rapidly evolving tobacco product landscape to students, school personnel, parents, other community members and decision-makers. • Build relationships with key community stakeholders via outreach and engagement in education activities.
Strategy 3.2: Support ReACT, a teen-led movement that addresses youth and tobacco addiction issues, allowing teens to take a stand and speak out about tobacco having no place in their lives and dedicating themselves to living a healthier life by remaining free of tobacco	<ul style="list-style-type: none"> • Educate schools and communities on the ReACT program. • Provide continuous technical assistance to current ReACT coalitions. • Plan and host an annual ReACT Summit (three-day youth summit with action-packed competitions, inspirational stories, educational presentations, and advocacy training). • Continue to award ReACT mini grants to promote tobacco advocacy, education, and prevention at the community level. • Implement youth-led activities at the local level and Day of Action events (e.g. Take Down Tobacco Day, Red Ribbon week). • Sponsor youth events (e.g. High School Rodeo Finals) to increase awareness of the effect of tobacco products, the tobacco industry, and promote cessation resources in farming and ranching communities.

⁹ Montana Youth Risk Behavior Survey, 2021
¹⁰ MTUPP data

Strategy 3.3: Educate the public and tobacco retailers on the federal Tobacco 21 law

- Make information available on Tobacco 21 on the MTUPP website and through local TES.
- Train local TES to provide presentations on Tobacco 21.
- Provide information, data, and research on the importance of increasing Montana’s minimum legal sales age from 18 to 21 to align with the federal law.
- Conduct targeted education of tobacco retailers on Tobacco 21.

Strategy 3.4: Implement evidence-based, mass-reach health communication interventions to prevent initiation of tobacco product use

- Develop and implement media campaigns to prevent initiation of tobacco product use.
- Expand, leverage, and localize CDC, state, and local media campaigns and resources, including communication activities, to promote the Surgeon General’s Reports and other scientific reports and materials.
- Share all campaign materials (commercials, print, social media, etc.) with TES to use in their own communities.
- Utilize earned and paid media to educate on preventing the initiation of tobacco products.
- Incorporate education on the tobacco industry’s predatory tactics (flavored tobacco products, the harms of flavored tobacco products, and evidence-based strategies to reduce initiation of tobacco product use) in TES activities including outreach, media, presentations, and community events.

Goal 4: Identify and eliminate tobacco-related disparities

- *American Indian: Reduce the prevalence of current AI youth who use tobacco (Baseline: 42%)¹¹*
- *American Indian: Reduce the prevalence of current AI adults who smoke (Baseline: 35%)¹²*
- *Pregnant Women: Reduce the prevalence of pregnant women who smoke (Baseline: 9%)¹³*
- *Behavioral Health: Maintain or increase behavioral health Quit Now Montana behavioral health participants/year (1000/year or above)¹⁴*

Strategies	Activities
Strategy 4.1 (American Indian): Support organizations serving American Indian communities to lead and co-create commercial tobacco prevention and cessation strategies that meet the unique cultural and geographic needs	<ul style="list-style-type: none"> • Provide funding to Tribal health departments and Urban Indian health centers. • Support the achievement of the Tribal MTUPP Visionary Plan. • Work with partners to promote use of the American Indian Commercial Tobacco Quit Program. • Work with partners to create innovative educational tools, media, and resources that include Native language and traditional tobacco use.
Strategy 4.3 (Pregnant Women): Increase the use of Quit Now Montana by pregnant women	<ul style="list-style-type: none"> • Promote the Quit Now Montana Pregnancy Program through earned media (i.e., social media, news releases, media interviews, and public service announcements) and paid media placements (i.e., digital media, TV ads, billboards, and radio ads). • Develop educational materials to increase awareness of the health effects of tobacco use during pregnancy. • Partner with organizations that engage with pregnant women to disseminate information and provide cessation resources. • Promote the Quit Now Montana Pregnancy Program through work with healthcare providers and media.

¹¹ Montana Youth Risk Behavior Survey, 2023

¹² Montana Behavioral Risk Factor Surveillance System, 2022

¹³ Montana DPHHS, Birth Certificate Data, 2022

¹⁴ National Jewish Health, Montana Tobacco Quit Line data, FY2023

<p>Strategy 4.4 (Behavioral Health): Increase tobacco-free policies in behavioral health facilities and campuses that prohibit smoking in all indoor and outdoor properties and grounds</p>	<ul style="list-style-type: none"> • Work with the Behavioral Health and Developmental Disabilities Division to identify collaboration opportunities that support the Governor’s HEART Fund initiative, which includes integrating tobacco cessation in behavioral health settings. • Develop relationships with and conduct outreach to behavioral health providers to increase collaboration. • Conduct outreach to behavioral health systems, providers, hospitals, outpatient facilities, residential facilities, and recovery residences to encourage adoption of tobacco-free policies. • Provide technical assistance on implementing tobacco-free campus policies, tobacco use and dependence screening, and assistance with and/or referral to tobacco use and dependence treatment.
<p>Strategy 4.7: Implement tailored and/or culturally appropriate and evidence-based mass-reach health communications to reach populations experiencing tobacco-related disparities</p>	<ul style="list-style-type: none"> • Engage organizations and those with lived experience in the development of mass-reach health communications.
<p>Strategy 4.8: Utilize surveillance data to make informed decisions</p>	<ul style="list-style-type: none"> • Monitor surveillance data to track changes in disparities over time to inform decision making. • Promote greater inclusivity in collection of surveillance data to ensure that data accurately represent populations disproportionately impacted by tobacco use. • Disseminate data to TES, partners, and decisions makers to inform program activities and direction.