



# TOBACCO-FREE LOUISIANA COALITION



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**5-YEAR STRATEGIC FRAMEWORK**

**JULY 2021-JUNE 2026**

# Tobacco-Free Louisiana Coalition

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# Tobacco-Free Louisiana Coalition

## LETTER FROM THE LOUISIANA DEPARTMENT OF HEALTH



### Colleagues,

With great enthusiasm, I present to you the **Louisiana State Tobacco Control Strategic Framework for 2021-2026**, which provides the roadmap for strengthening the health of all communities in our state. This planning process builds on an enormous amount of hard work, and follows our collective accomplishments. It also comes at an unprecedented time, at the end of the first year of the global coronavirus pandemic, when public health resources have been taxed beyond anything we have experienced previously. Smoking remains the leading cause of preventable death and disease in the United States,<sup>1</sup> and Louisiana has some of the highest tobacco use rates in the country, especially for certain portions of our population. In addition, the disparities in tobacco-related health outcomes require urgent attention. Youth vaping is also at an all-time high, threatening to undo our progress in removing nicotine addiction from the lives of our future generations. All the while, COVID-19, disaster relief, and other public health needs have, and will continue to, compete for our attention and resources.

The past year has challenged us as a public health community, and as professionals engaged in tobacco control, like never before. Unemployment and job insecurity, combined with social isolation and the very real threat to our physical health, contributed to financial stress, food insecurity, and a host of mental health issues including anxiety and depression. While smoking or vaping during a global pandemic of a respiratory illness such as COVID-19 might serve as motivation to quit for some, the increase in stress, anxiety, and uncertainty served as triggers for others. Nationally, demand for quitting services declined, while tobacco purchases increased. The pandemic shone a bright and unflattering light on the inequities in our health systems, employment practices, and social safety nets.

Rather than becoming overwhelmed and paralyzed by the challenges we face, our colleagues and partners have risen to the challenge. In addition to COVID-19 and storm-related crisis response assignments, we have continued our tobacco control work, based on evidence and best practices. The strategic framework presented here builds not only on our past successes but also on the lessons we have learned from our most challenging moments. The importance of investing in our public health infrastructure. The critical nature of authentic relationships with community leaders. The value of every life, in every parish, in every region and community in Louisiana.

Our accomplishments are many. In the past five years, we have lowered the smoking rate among adults from 24% to 21.9%.<sup>2</sup> Youth smoking declined from 18% to 12%. (YTS) Evidence-based cessation services are available to every Louisiana resident, regardless of insurance status. Between July 2016 and June 2020, Our Louisiana Tobacco Quitline has served 20,147 individuals, and TCI clinics served 3,044 more (Optum FY2021 reports). Approximately 31% of Louisiana residents are now covered by comprehensive smoke-free policies at home and work, including bars and gaming establishments. In addition, through Next Era youth work, the Louisiana Campaign for Tobacco-Free Living (TFL) regional managers, and Well-Ahead Louisiana Regional representatives, we have boots on the ground in every parish.

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<sup>1</sup> U.S. Department of Health and Human Services, *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*, National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health, Editor. 2014, Centers for Disease Control and Prevention (US): Atlanta, GA.

<sup>2</sup> Centers for Disease Control and Prevention, N.C.f.C.D.P.a.H.P., Division of Population Health., *BRFSS Prevalence & Trends Data [online]* 2019 [cited 2021 August 19]; Available from: <https://www.cdc.gov/brfss/brfssprevalence/>.

Despite all our achievements, we know there are populations and communities in Louisiana that continue to be disproportionately impacted by tobacco and the resulting negative health impacts—our “priority populations.” The term “priority population” refers to groups of people or communities that disproportionately experience negative health outcomes due to the use of tobacco products, and/or have a higher rate of tobacco use than the general population. The term priority population is used rather than “disparities” to help remove or reduce negative connotations for the targeted population or community. Historically, priority populations in Louisiana have included African American men, people with lower socioeconomic status, rural and/or southern Louisiana communities, people who identify as LGBTQ+, musicians and hospitality workers, people with behavioral health diagnoses or disabilities, and youth/young adults (especially those without any post-secondary education, or who go “straight to work” from high school). The most current data for Louisiana indicates we still have work and improvements to make to ensure all Louisianans are free from the harms of tobacco.

This framework was developed by the Louisiana Department of Health (LDH), working in partnership with fifteen organizations, operating as the Tobacco-Free Louisiana Coalition, all sharing a common goal: to eliminate the harm caused by tobacco in the state of Louisiana. This framework represents a set of goals, strategies, and objectives that serve to align our collective efforts so that together we can continue to rise to whatever challenges we face tomorrow in ways that are comprehensive, data-driven, evidence-informed, and community-led. I am encouraged by the dedication, determination, and continued commitment of our organization and our partners, and will do everything I can to ensure the progress we have made is sustained and continues to grow into the future.

Together, we can move Louisiana’s health forward.



**Kimberly L. Hood, JD, MPH**  
Assistant Secretary of the Office of Public Health  
Louisiana Department of Health

# Tobacco-Free Louisiana Coalition



## CREDITS AND ACKNOWLEDGEMENTS

### Strategic Planning Partner Organizations

#### Tobacco-Free Louisiana Coalition

The Tobacco-Free Louisiana Coalition is a collection of organizations working to protect everyone in our state from the dangers of secondhand smoke exposure and tobacco use. Coalition members involved in the development of the 2021 Strategic Framework include:

- American Cancer Society (ACS)
- American Cancer Society Cancer Action Network (ACS CAN)
- American Heart Association (AHA)
- American Lung Association (ALA)
- American Nonsmokers' Rights Foundation (ANSR)
- Campaign for Tobacco-free Kids (CTFK)
- Louisiana Cancer Prevention & Control Program
- Louisiana Healthy Communities Coalition
- Louisiana State University Pennington Biomedical Research Center
- March of Dimes
- Smoking Cessation Trust
- Southern University Agricultural Research & Extension Center
- Southwest Louisiana Area Health Education Center
- The Louisiana Campaign for Tobacco Free Living\*
- The Rapides Foundation
- Tobacco Control Initiative
- Well-Ahead Louisiana\*



**\*Well-Ahead Louisiana and The Louisiana Campaign for Tobacco-Free Living are Louisiana's two comprehensive tobacco control programs.** They served as lead organizations in the development of the strategic framework.

**Well-Ahead Louisiana (Well-Ahead):** is the Bureau of Chronic Disease Prevention and Healthcare Access found within the Louisiana Department of Health's Office of Public Health. Well-Ahead is the Bureau's outward-facing brand. Within the Bureau resides the Agency's Tobacco Control Program. For the purpose of this document, when Well-Ahead is referenced, it is referring to the Agency's Tobacco Control Program.

**The Louisiana Campaign for Tobacco-Free Living (TFL):** is the Louisiana Public Health Institute's Tobacco Prevention and Control program. For the purpose of this document, when TFL is referenced, it is referring to The Louisiana Campaign for Tobacco-Free Living.

# Tobacco-Free Louisiana Coalition



## KEY ACRONYMS AND DEFINITIONS

**Comprehensive smoke-free policies:** policies that prohibit the use of any lighted or heated tobacco product in all indoor spaces, including bars and gaming facilities.

**E-cigarettes:** E-cigarettes, or electronic cigarettes, produce an aerosol by heating a liquid that typically contains nicotine, flavorings and other chemicals that help create the aerosol vapor. Users inhale the aerosol into their lungs and expose bystanders to this aerosol upon exhaling. This process and the use of e-cigarettes is often called vaping. While these products most often contain a mixture of nicotine, flavorings and chemicals, they are sometimes used to administer marijuana and other drugs.

**Health equity:** the approach of addressing tobacco-related disparities due to socially determined circumstances and characteristics so that everyone in Louisiana has the chance to reach their full health potential regardless of their race, education, gender identity, sexual orientation, where they live or if they have a disability.

**Priority populations:** populations or communities that disproportionately experience negative health outcomes due to the use of tobacco products, and/or have a higher rate of tobacco use than the general population. The term priority population is used rather than “disparities” to help remove or reduce negative connotations for the targeted population or community.

**Tobacco-free policy:** A policy that prohibits the use of any tobacco product, including combusted or heated products as well as smokeless tobacco (chewing tobacco or dip).

**Tobacco product:** any product made or derived from tobacco and intended for human consumption, including any component, part, or accessory of a tobacco product, including any product containing nicotine

**Vaping:** the process of using an e-cigarette to inhale heated aerosol into the lungs and expose bystanders to this aerosol upon exhaling

**Youth:** individuals under 18 years of age, sometimes further defined as middle school or high school students.  
Note: Starting in FY21-FY25, Well-Ahead will include grades K-5 in their definition of youth prevention efforts, per CDC funding.

**Young adults:** individuals 18 to 24 years old. For cessation, there are three types of young adults:

1. Straight to work
2. College/university students
3. Technical/trade students

# Tobacco-Free Louisiana Coalition



## SUMMARY AND DESCRIPTION

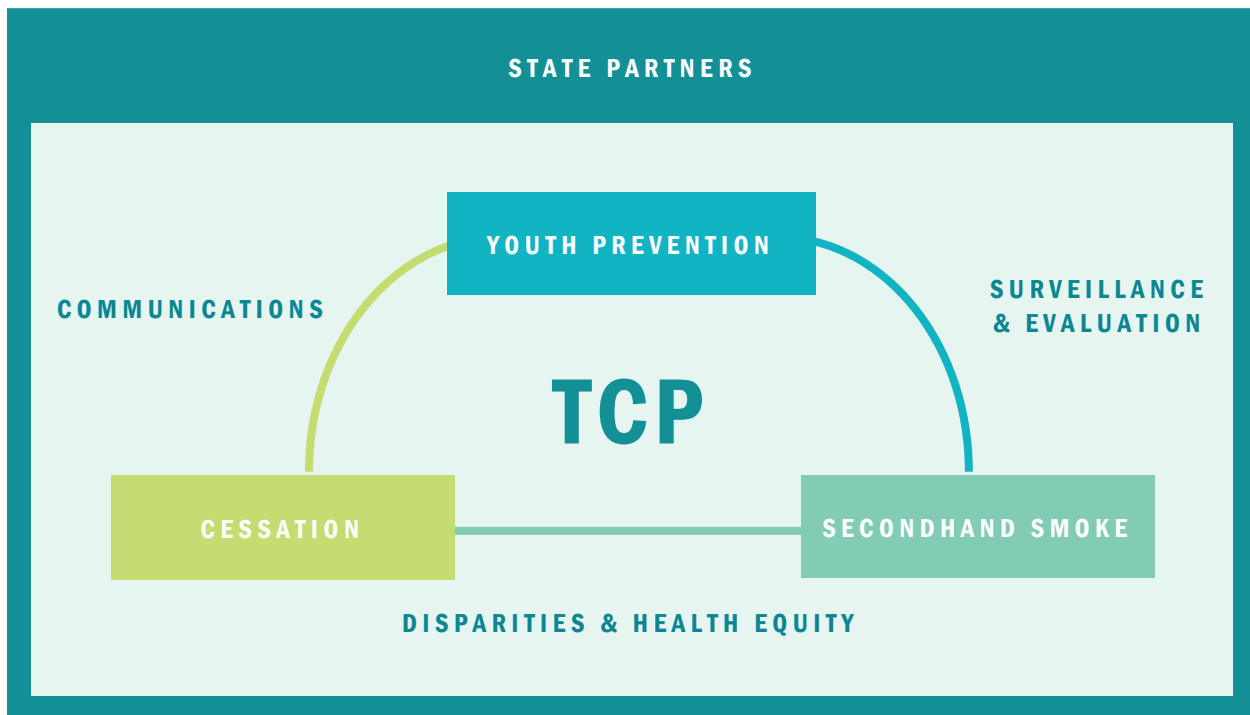
### Louisiana Tobacco Control and Prevention Strategic Framework

Comprehensive tobacco control and prevention efforts in Louisiana occur in partnership with nearly 20 organizations, a list that continues to grow over time. Partners direct their actions collectively and independently in three primary areas, consistent with CDC recommendations and best practices:

1. Reducing exposure to secondhand smoke through policy initiatives
2. Improving awareness of and access to cessation resources
3. Preventing initiation of tobacco product use among youth and young adults

These core areas of work are shaped and supported by:

- **Health Equity:** our collective fundamental commitment to eliminating disparities among population groups, and approaching the work of tobacco control with an equity lens.
- **Surveillance & Evaluation:** to ensure our work is evidence-based and data-driven.
- **Communications:** to ensure we are consistent and culturally appropriate in our messaging, and that we are reaching our intended audiences.



**Figure 1.** Louisiana Tobacco Control and Prevention (TCP)

### Coordination and Annual Review

Because work in each area requires the collaboration and coordination of multiple partners, representatives from partner organizations meet regularly as the Tobacco-Free Louisiana Coalition to share updates, develop work plans, and review progress. In addition to these coordination meetings, LDH convenes all tobacco control partner organizations annually, to report on progress to date, review the strategic framework, and make adjustments to the work given any changes in the environment or opportunities that arise. By regularly



reviewing and reporting on progress, it is our intention that all partners will have the ability to share in our collective successes, and strive together to overcome challenges.

The six goal areas of the framework are listed and described in the following sections. Each goal area has a workgroup that is comprised of members of the Tobacco-Free Louisiana Coalition. The purpose of each workgroup is to coordinate, track, and report on the activities of the goal area back to the entire Coalition. A supporting activity for each workgroup is increasing the sustainability of the work and adding new partners who are participating actively in the workgroup.

# Tobacco-Free Louisiana Coalition



## GOAL AREA 1

### Prevent Initiation of Tobacco Use Among Young People

Adults who smoke are most likely to have tried their first cigarette by age 18.<sup>3</sup> This fact makes it critical to prevent the initiation of tobacco use among youth. As a result of policies, systems, and environmental changes over the past decade, cigarette smoking has declined for all age groups. Among adults, cigarette smoking went from 24.0% in 2014 to 21.9% in 2019.<sup>2</sup> Among high school youth, past 30-day use went from 18% in 2015 to 12% in 2019.<sup>4</sup> However, the emergence of e-cigarettes and other vaping products has created a threat to those gains among our youth and young adults. In 2015, just 9% of high school youth reported using e-cigarettes in the past 30 days. By 2019, 32% of high school youth reported past 30-day use of e-cigarettes, an increase of 250%.<sup>4</sup>



From 2015 to 2019, past 30-day use of e-cigarettes **increased by 250%** in high school youth.<sup>4</sup>

### The Positive Impact of Policies

Policies that have shown to be effective at reducing youth and young adult use of tobacco products and preventing them from starting are price increases, restricting the places where tobacco products can be used, restricting access by limiting sales to adult-only stores, or by increasing the age of legal purchase/use and eliminating the sale of flavored products.<sup>5</sup> Many studies have shown that cigarette taxes or price increases reduce smoking in both youth and adults.<sup>5</sup> Increasing the price of commercial tobacco products can also prevent relapse among people who have quit, reduce tobacco-related disparities among different income groups, and may reduce disparities among different racial and ethnic groups.<sup>5</sup> Effective December 20, 2019, it became illegal to sell tobacco products to anyone under 21 nationwide.<sup>6</sup>

### Youth Engagement

Continued and sustained progress is only possible through authentic engagement with the youth of Louisiana. By engaging youth directly, we are aligned with the approach of “not for us without us,” viewing youth as critical and central actors in the work of identifying messages and messengers that resonate with youth and young adults. To have an authentic approach we believe we must work and partner directly with the community. If our goal is to reach and influence youth, we must partner with youth directly as a way to ensure the voices youth hear are authentic. Through this engagement, we will expand the number of organizations and individuals with the knowledge and skills to identify opportunities to advocate for prevention strategies as they arise at both the local and the state levels.

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<sup>3</sup> Centers for Disease Control and Prevention. *Youth and Tobacco Use*. 2020 [cited 2021 October 1]; Available from: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm).

<sup>4</sup> Well-Ahead Louisiana and The Louisiana Campaign for Tobacco-Free Living. *Tobacco Use Among Louisiana Youth: Findings from the Louisiana Youth Tobacco Survey 2019* [cited 2021 October 1]; Available from: [https://wellaheadla.com/wp-content/uploads/2021/01/2019\\_LYTS\\_FINAL.pdf](https://wellaheadla.com/wp-content/uploads/2021/01/2019_LYTS_FINAL.pdf).

<sup>5</sup> Centers for disease Control and Prevention, Best Practices for Comprehensive Tobacco Control Programs - 2014. 2014, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta.

<sup>6</sup> Food and Drug Administration. *Tobacco 21*. 2020 [cited 2021 October 1]; Available from: <https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/tobacco-21>.

## Partners

There are three lead partners currently engaged in work designed to prevent the initiation of tobacco use among youth and young adults in Louisiana.

- **Well-Ahead** works with school administrators and leaders on adopting voluntary organizational-led policy changes for their school to become a WellSpot.
- **TFL** works directly with youth through the Next Era program and focuses on developing youth leadership skills to become community educators and advocates.
- **The Rapides Foundation** works directly with youth in schools to develop healthy clubs, with a focus on school-based activities. They also host an annual regional youth summit.

Additional partners include schools, youth-serving organizations such as Boys and Girls Clubs and faith-based organizations.

## Achievement

Over the past five years, partners have successfully championed and educated legislators on key policies to support the prevention of youth and young adult tobacco use.

- In 2016, Louisiana adopted a \$1.08 cigarette tax rate (an increase of \$0.22 per pack).<sup>7</sup>
- In 2017, state-level legislation was passed requiring comprehensive tobacco-free K-12 schools, which was a significant advancement of protection for youth. All Louisiana schools are now tobacco-free. By passing Act 351, Lawmakers cleared the air for every student in the state in 2017. The legislation prohibits smoking and use of other forms of tobacco across more than 1,400 schools statewide.



In 2016, the cigarette tax rate increased from \$0.86 per pack to **\$1.08 per pack**.<sup>7</sup>

Future prevention work is poised to build on those foundations of success to reach for new achievements and further protect all of our youth and young adults.

## Focus

The primary focus for Louisiana youth prevention work for the next five years will be on engaging and empowering youth and young adults to be advocates for tobacco-free living. This work will include:

1. Building the partner base
2. Engaging youth in message development around prevention and cessation efforts
3. Educating, training, and enrolling those who influence and educate youth in tobacco prevention and cessation work

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<sup>7</sup> Louisiana Department of Revenue. *Tobacco Tax*. 2020 [cited 2021 October 1]; Available from: <https://revenue.louisiana.gov/ExciseTaxes/TobaccoTax>.

## Benchmarks

The key benchmark statewide partners will use to track progress in this area is the percentage of youth who have never tried a tobacco product.

### Annual Goal

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Statewide partners will aim to increase the number of educational presentations, trainings, and other opportunities held with state-level and community-level organizations that influence and educate youth by 5%. Note: The annual goal focuses on trainings and educational presentations to increase awareness of the growing concern of youth tobacco use and ways state-level and community-level organizations can use policy, systems, and environmental change efforts to help prevent and reduce youth use of tobacco products. By increasing the number of trainings and educational presentations each year, statewide partners will be able to affect the percentage of youth who use tobacco products over time.

### 5-year Goal

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Statewide partners will aim to increase the percentage of high school and middle school youth who report never having tried a tobacco product by 5% by the end of 2026. For middle school youth, the goal is to increase the percentage who indicate they have never tried a tobacco product from 56.5% (2019 baseline)<sup>4</sup> to 59.3% by 2026. For high school youth, the goal is to increase the percentage who indicate they have never tried a tobacco product from 31.4% (2019 baseline)<sup>4</sup> to 33% by 2026.

## Activities

Activities that will help us reach these identified benchmarks include the following:

### ACTIVITY 1

#### IDENTIFY AND RECRUIT MORE NON-TRADITIONAL PARTNERS AND COMMUNITY-BASED ORGANIZATIONS

Expanding our network of partner organizations will help us achieve our annual goal of increasing the number of educational trainings, presentations, and other opportunities by 5%. Additional partners may include healthcare providers, youth mentorship or sports-based organizations, and school-based health centers.

These organizations serve youth in community settings and can help identify opportunities for engaging youth in innovative ways.

### ACTIVITY 2

#### INCREASE COORDINATION AMONG PARTNERS ON THE DEVELOPMENT OF RESOURCES.

With multiple organizations collaborating to educate, engage, and advocate for youth, coordination of information, activities, and informational materials will be critical.

This may include a central repository of training materials, printable handouts, and action opportunities to improve communications and leverage resources.

### ACTIVITY 3

#### INCREASE THE INCLUSION OF YOUNG ADULT OUTREACH AND EDUCATION OPPORTUNITIES.

Over time, we have seen the age of initiation of tobacco products increase. With the new federal legislation raising the age of legal purchase to 21, engaging young adults in tobacco control education and advocacy efforts to support effective implementation and understanding of the new federal legislation will be even more important.

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This may mean partnering with post-secondary educational institutions, workforce development centers, and social media influencers to reach young adults more effectively.

### ACTIVITY 4

#### DEVELOP AND IMPLEMENT INNOVATIVE APPROACHES FOR YOUTH ENGAGEMENT.

Engaging youth in tobacco prevention efforts is important because most smokers start before the age of 18 years, and the tobacco industry continues to target youth as the next generation of smokers

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Youth can also lead important environmental, policy, and social norm changes in communities to reduce the influence of the tobacco industry.

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A cornerstone of youth engagement is ensuring youth are involved in the planning and implementation of activities – youth have an equal position at the leadership and decision-making table.

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This may include engaging youth in key tobacco control policy efforts at the local and state levels, engaging youth in raising awareness and involvement of peers, and training youth on advocacy skills.

# Tobacco-Free Louisiana Coalition



## GOAL AREA 2

### Tobacco Control Policy Efforts

Commercial tobacco-free laws and policies are crucial tools in our efforts to protect people from secondhand smoke exposure and reduce commercial tobacco use. Policies have a broad, population-level impact, and create an environment in which future residents benefit. Examples of evidence-based policy changes that affect tobacco-related behaviors include:



**Increasing the unit price of commercial tobacco products**



**Ensuring comprehensive tobacco-free communities and workplaces, and comprehensive smoke-free municipalities**



**Limiting access to commercial tobacco products by youth**



**Providing insurance coverage to support quitting commercial tobacco**



**Ensuring adequate and sustained funding for commercial tobacco prevention**

Comprehensive smoke-free policies that cover spaces where we work and live are central to preventing exposure to secondhand smoke and reducing tobacco use. These policies can be implemented at the state level, local level, and organizational level. For example, the U.S. Department of Housing and Urban Development implemented a comprehensive smoke-free policy that prohibits smoking in public housing.<sup>8</sup> Louisiana's current state-wide smoke-free law exempts bars and gaming facilities. Given the importance of smoke-free policies in protecting health, preventing use, and promoting quitting, expanding smoke-free policies to ensure they include bars and gaming facilities will be the primary focus of our efforts for the next several years. However, statewide partners will continue to identify opportunities to impact other tobacco-related policy areas, including tobacco price increases, restrictions on tobacco marketing, restrictions on access to tobacco products, and increased coverage of tobacco cessation services by health plans.

### Partners

There are two lead partners for tobacco control policy efforts that collaborate on efforts to educate and inform on policy needs and impacts.

- **Well-Ahead** provides information and education on commercial tobacco use, industry influence, comprehensive smoke-free and tobacco-free laws, and the impact of tobacco use in Louisiana. Well-Ahead also works with schools, child-care centers, colleges/universities, worksites, hospitals,

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<sup>8</sup> Office of the Assistant Secretary for Public and Indian Housing, H. *Instituting Smoke-Free Public Housing*. 2016 [cited 2021 October 1]; Available from: <https://www.federalregister.gov/documents/2016/12/05/2016-28986/instituting-smoke-free-public-housing>.

healthcare facilities, restaurants, and faith-based organizations to achieve a WellSpot designation that includes voluntary adoption of comprehensive smoke-free and tobacco-free policies.

- **TFL** engages local networks and boots on the ground via the Healthier Air For All and NextEra programs to advocate for local and statewide comprehensive smoke-free community/municipality policies.

Well-Ahead and TFL also work collaboratively with national supportive partners (ALA, ACS, ANSR, CTFK, ACS CAN) through the Tobacco-Free Louisiana Coalition. Together, partners work closely to ensure messaging and all tobacco policy-related activities are closely aligned.

### **Achievements**

Between 2012 and 2020, 30 Louisiana municipalities have passed comprehensive smoke-free ordinances, including bars and gaming facilities. With the Shreveport comprehensive smoke-free ordinance going into effect on August 1, 2021, 30.08% of Louisiana residents were protected by such policies. Effective December 20, 2019, it became illegal to sell tobacco products to anyone under 21 nationwide.<sup>6</sup>



**30.08% OF LOUISIANA RESIDENTS WERE PROTECTED THANKS TO TOBACCO CONTROL POLICY EFFORTS ENACTED IN SHREVEPORT.**

### **Focus**

Our focus for the next five years, along with our partners, will be to continue to advance local comprehensive smoke-free policies and continue to implement tobacco control policy efforts that result in reduced risk for use of any tobacco product and reduced risk for exposure to secondhand smoke for all Louisiana residents.

By focusing our efforts on local policy work, we can increase the number of Louisiana residents who are protected from secondhand smoke, while continuing to engage a larger number of individuals and organizations in our efforts to promote healthier spaces to live and work. Local efforts and successes continue to build the foundation for passage of state-level policies.

### **Benchmarks**

The key benchmark statewide partners will use to track progress in this area is the number of local comprehensive smoke-free ordinances passed each year. A comprehensive smoke-free ordinance is defined as laws that prohibit smoking in indoor areas of worksites, restaurants, bars, and gaming facilities.

### **Annual Goal**

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Statewide partners will aim to support the passage of at least five local comprehensive smoke-free ordinances each year. Note: This goal will also include supporting efforts to improve existing local smoke-free ordinances to become comprehensive smoke-free ordinances.

### **5-year Goal**

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Statewide partners will aim to pass a total of 25 new comprehensive smoke-free ordinances by the end of 2026.

## Activities

Activities that will support the attainment of this benchmark include:

### ACTIVITY 1

**CONTINUE AND EXPAND THE STATEWIDE CAMPAIGN WORK TO RAISE AWARENESS ABOUT THE DANGERS OF SMOKE AND SECONDHAND SMOKE, AS WELL AS OTHER TOBACCO-RELATED ISSUES.**

Public awareness of the importance of secondhand smoke exposure is a critical foundation to supporting policy change of all kinds.

### ACTIVITY 2

**COORDINATE TRACKING OF GRASSROOTS POLICIES ACROSS THE STATE.**

Many statewide policy change efforts occur once a critical mass of local municipalities take action. Tracking these local efforts can help identify opportunities for action, and can provide inspiration and support for other grassroots efforts across the state. Because multiple organizations work with local municipalities, keeping information about grassroots policy work centralized will help leverage resources, and reduce duplication of efforts.

### ACTIVITY 3

**INCREASE MEMBERSHIPS IN THE TOBACCO-FREE LOUISIANA COALITION FROM LOCAL AND STATEWIDE ORGANIZATIONS.**

Louisiana has a tobacco control policy coalition that engages local and statewide organizations. The coalition meets at least quarterly to identify tobacco control policy priorities and needs, and develop activities coalition members can support.

Maintaining and growing the coalition membership is key to the ability of partners to impact local and statewide policy. The broader the coalition membership, the stronger the messages regarding tobacco control policy.

### ACTIVITY 4

**IDENTIFY A CHAMPION FOR STATEWIDE TOBACCO INITIATIVES.**



# Tobacco-Free Louisiana Coalition



## GOAL AREA 3

### Promote Quitting among Adults and Young People

Commercial tobacco use is the leading cause of preventable disease and death in the United States killing over 7,200 adults from Louisiana each year.<sup>9</sup> One of the most important things a person can do to protect their health is to stop using commercial tobacco products of any kind (cigarettes, cigars, chew, e-cigarettes) and we know nearly 70% of adults who smoke want to quit smoking.<sup>10</sup>

Healthcare providers play an important role in helping patients who are current commercial tobacco users quit.



WHILE NEARLY 70% OF ADULTS WHO SMOKE WANT TO QUIT, NATIONAL DATA INDICATES THAT OVER 40% OF SMOKERS ARE NOT ASKED ABOUT COMMERCIAL TOBACCO USE BY THEIR HEALTHCARE PROVIDER OR ADVISED TO QUIT.<sup>10, 11</sup>

An even higher percentage of smokers are not offered cessation assistance or follow-up to help them plan a quit attempt or connect with cessation services outside of the clinic, like a Quitline.<sup>11</sup>

Louisiana is fortunate to have multiple ongoing efforts to provide cessation services through Quit With Us, Louisiana, and to make changes within health systems, to ensure all Louisiana residents have access to services that meet their needs.

### Partners

LDH, Well-Ahead and its partners work together to reduce the impact of tobacco on Louisiana by connecting Louisianans who want to quit to appropriate cessation resources. As part of this work, **Well-Ahead** administers the [Quit With Us, Louisiana website](#) (a hub for information and access to all cessation resources available in Louisiana); provides training to health care providers on how to connect patients who use tobacco products to cessation services in Louisiana through Connect2Quit and conducts outreach to key state agencies and partners to provide education and information on the importance of comprehensive cessation coverage for priority populations.

Within cessation efforts, **TFL** manages the Louisiana Tobacco Quitline contract for administration of Quit With Us, Louisiana. In addition, TFL partners with Louisiana State University's [Tobacco Control Initiative](#) (TCI) to reach out to clinics and health systems to promote cessation and increase referrals to cessation services offered in Louisiana, which include the Louisiana Tobacco Quitline, in-person cessation through TCI clinics, and cessation services through the Smoking Cessation Trust (SCT).

<sup>9</sup> Centers for Disease Control and Prevention. *Smoking and Tobacco Use: Extinguishing the Tobacco Epidemic in Louisiana* 2021 [cited 2021 October 6]; Available from: <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/louisiana/index.html>.

<sup>10</sup> Babb, S., et al., *Quitting Smoking Among Adults - United States, 2000-2015*. MMWR Morb Mortal Wkly Rep, 2017. **65**(52): p. 1457-1464.

<sup>11</sup> U.S. Department of Health and Human Services. *Smoking Cessation: A Report of the Surgeon General*. 2020 [cited 2021 August 19]; Available from: <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/2020-cessation-sgr-factsheet-key-findings/index.html>.

Both Well-Ahead and TFL work to create cessation-focused tailored outreach for designated priority populations.

### Achievements

Between 2016 and 2020, the Quit With Us, Louisiana website, [www.quitwithusla.org](http://www.quitwithusla.org), has had 410,150 visitors, and 20,147 Louisiana residents have been served by the Louisiana Tobacco Quitline.



Since its establishment in 2011, SCT has reached over 104,500 smokers in the state and established important relationships for referrals to cessation services with health systems.

One part of the success of reaching so many tobacco users with effective services was a state law requiring signage anywhere tobacco is sold promoting the Louisiana Tobacco Quitline. Effective November 1, 2018, Louisiana ACT No. 188 requires that all tobacco point of sale signage includes “For assistance in quitting tobacco call 1-800-QUIT-NOW (1-800-784-8669) or visit [www.quitwithusla.org](http://www.quitwithusla.org)”. Tobacco point of sale signage that does not include this language does not meet the requirements of Louisiana law. Failure to comply may result in a fine imposed by the Louisiana Office of Alcohol and Tobacco Control. This and other efforts to increase awareness of cessation services improves reach while avoiding additional cost.

### Focus

Building on these achievements, the three primary areas of focus of goal area 3 for 2021-2026 will be:

1. Promoting cessation of all tobacco types for youth and young adults
2. Preventing the uptake of e-cigarettes among all age groups and promoting e-cigarette quitting
3. Continuing the strong history of partnership and progress in the area of health systems change

These areas were selected based on prevalence data showing e-cigarette use among youth and young adults continues to grow. We know gaps in cessation-related care remain, and that health systems change continues to be a best practice for addressing such gaps.

### Benchmarks

For the purpose of this goal area, adults include all Louisiana residents age 18 and older. Youth include youth under 18 and are reported for both high school youth and middle school youth. The key benchmark statewide partners will use to measure progress in this goal area is the percentage of youth and adults who currently use any type of tobacco product.

### Annual Goal

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Statewide partners will aim to increase the percentage of youth and adults who use cessation services. Note: The annual goal focuses on the use of cessation services because statewide partners know that increasing the percentage of youth and adults who use cessation services will increase the percentage who quit and will affect the percentage of youth and adults who use tobacco products over time.

### 5-year Goal

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Statewide partners will aim to reduce youth and adult use of any tobacco product by 5%.

REDUCE YOUTH AND ADULT USE OF TOBACCO BY 5% BY 2026			
ADULT CIGARETTE USE FROM	21.9%	TO	19.7%
HIGH SCHOOL TOBACCO USE FROM	47.5%	TO	45.1%
HIGH SCHOOL E-CIGARETTE USE FROM	31.6%	TO	30.0%
MIDDLE SCHOOL TOBACCO USE FROM	25.6%	TO	24.3%
MIDDLE SCHOOL E-CIGARETTE USE FROM	15.4%	TO	14.6%

**Activities**

Activities that will help us attain the benchmark include the following:

**ACTIVITY 1 INCREASE QUITLINE CAPABILITIES AND SUSTAINABILITY, INCLUDING DIGITAL AND TEXT-BASED SERVICES.**

While telephone-based Quitlines still play an important role in reducing barriers to access to services, fewer people are using their mobile devices to talk on the phone.

As these trends continue and as broadband internet access continues to expand, it will be critical to continue expanding cessation offerings and outreach beyond telephone to text messaging, email, and other forms of digital support.

**ACTIVITY 2 CONTINUE TO EXPAND STATEWIDE COMMUNITY OUTREACH AND PROMOTIONS, AS WELL AS PARTNERSHIPS TO INCREASE REFERRALS AND AWARENESS AMONG POPULATIONS SERVED.**

Offering services people want to use is the first step, but it is not sufficient. People must hear about a specific service many times, and in multiple contexts, before it is something they can remember at the moment they need it.

In addition, it is important that the messages about existing services come from trusted messengers. Who counts as a “trusted messenger” will vary by population.

Partnerships with community organizations, health care providers, faith-based organizations, schools, social services, community centers, and others will help reach people where they already are, through channels they are already tuned into.

**ACTIVITY 3 CONTINUE REFERRING ELIGIBLE TOBACCO USERS TO SCT SERVICES FOR ADDITIONAL CESSATION BENEFITS.**

The Trust makes cessation services available to any Louisiana resident who smoked their first cigarette before September 1, 1988. Because smoking cessation resources are limited, and because the SCT will sunset in 2022, it is important to direct as many people as possible to the resources they are eligible for.

## ACTIVITY 4

### IMPLEMENT TARGETED OUTREACH TO LOW SES, AA MALES, RURAL AND LGBTQ+ POPULATIONS, AS WELL AS PEOPLE WITH BEHAVIORAL HEALTH DIAGNOSES OR DISABILITIES.

Smoking rates continue to be higher among these groups of people than among the general Louisiana population. Outreach and messaging targeted to these groups must be culturally appropriate, and ideally would be designed in partnership with members of the groups being targeted.

## ACTIVITY 5

### INCREASE PUBLIC-PRIVATE PARTNERSHIPS TO ACHIEVE QUITLINE SUSTAINABILITY.

A key component of a comprehensive tobacco control program is developing and expanding public-private partnerships to support the Louisiana Tobacco Quitline.

These partnerships include working with state and local health plans and employer groups to purchase tobacco treatment services offered through the state Quitline for their members and employees, as well as working the publicly funded health plans (e.g., Medicaid and Medicare) to support tobacco treatment services offered by the Louisiana Tobacco Quitline for their members.

Increasing the number of public-private partnerships to support the Louisiana Tobacco Quitline allows for sustainability of services and directs additional state dollars to support promotion of Louisiana Tobacco Quitline services (which directly impacts utilization and quit attempts) and ensures robust services are consistently available for the uninsured.

## ACTIVITY 6

### IMPLEMENT E-REFERRAL CAPABILITIES BETWEEN THE QUITLINE AND HEALTH SYSTEMS.

One important pathway to cessation is to use existing health system infrastructure and workflows to identify tobacco users, and to create referral networks between health systems and the Quitline to make it as easy as possible for tobacco users to access support for quitting.

E-referral takes information collected within a health system environment and sends it to the Quitline, which contacts the tobacco user to offer quitting support. Identifying innovative ways to improve these referral systems will be important over time.

# Tobacco-Free Louisiana Coalition



## GOAL AREA 4

### Eliminate Disparities Related to Tobacco Use

While public health efforts have driven down smoking rates for adults from 24.0% in 2014 to 21.9% in 2019,<sup>12</sup> not all Louisianans have realized the same decline and some populations continue to be disproportionately impacted. For example, the following populations have higher rates of smoking than the general population:

POPULATIONS WITH HIGHER RATES OF SMOKING	
	<b>22.3%</b> OF AFRICAN AMERICAN MALES <sup>12</sup>
	<b>28.7%</b> OF PEOPLE WHO IDENTIFY AS LGBTQ+ <sup>12</sup>
	<b>33.7%</b> OF PEOPLE WITH DEPRESSIVE DISORDER <sup>12</sup>
	<b>40.6%</b> OF PEOPLE WHO HAVE LESS THAN A HIGH SCHOOL EDUCATION <sup>12</sup>
	<b>41.1%</b> WHO EARN LESS THAN \$15,000 <sup>12</sup>

In addition, other groups may have equally high or higher tobacco use rates, but data that could shed light on those disparities are not yet available.

### The Dangers of Secondhand Smoke

While tobacco use rates are higher among certain groups, protections from secondhand smoke exposure are also less likely to cover the places where certain populations live, work, learn, and play. This helps to explain why tobacco-related diseases, such as cancers, cardiovascular disease, and lung diseases, disproportionately affect individuals identifying as Black or American Indian/Alaska Native, certain Hispanic and Asian American communities, rural communities, populations facing behavioral health challenges, and LGBTQ+ communities.

### Additional Contributing Factors

Further, people reporting lower levels of income experience higher levels of stress due to numerous factors, including limited access to quality employment, housing, and health care or childcare, as well as increased pressures of daily life. Discrimination and social and economic injustice persist for people of color and sexual and gender minority communities. In addition, in these communities, there are often more commercial tobacco retailers and higher levels of advertising, discounts, and displays of commercial tobacco products. Stress is often a trigger for tobacco use. Together, these combined elements push people toward commercial tobacco and nicotine use and dependence. A very real example is the national decrease in demand for Quitline services, combined with the increase in tobacco sales, throughout the COVID-19 pandemic. The combined physical, social and mental health effects of outbreaks such as the global COVID-19 pandemic demonstrate why addressing nicotine use and dependence is always critical, particularly in times of crisis.

<sup>12</sup> Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. 2019.

## Partners

Together with their partners, Well-Ahead and TFL aim to identify populations most impacted, our “priority populations,” and work to eliminate the negative impacts of tobacco (the disparities) through education, awareness, interventions and increasing access to tobacco resources.

Well-Ahead and TFL have typically divided their focus on priority populations to maximize the available resources. Both organizations have worked together with surveillance and evaluation team members to use data to help identify communities and populations that are disproportionately impacted by tobacco and to track trends over time.



The work of eliminating disparities uses a **health equity approach** and influences the work of youth prevention, reducing secondhand smoke exposure, and cessation.

## Achievements

One of the objectives from the 2016-2021 strategic plan was to conduct tailored outreach to African American men in Louisiana. The campaign was successfully developed in collaboration with African American community members, and implemented in Alexandria, Baton Rouge, East Baton Rouge, Monroe, New Orleans, Opelousas, Shreveport, and West Monroe. Relationships developed and lessons learned are being leveraged through an expansion of the campaign to 40 other parishes in regions 1, 2, 3, 4, 5, 7, and 8.

In addition, [fact sheets](#) were created in collaboration between Well-Ahead and TFL for each of the following priority populations: people with low socioeconomic status, people living with behavioral health conditions or chronic diseases, African Americans, and LGBTQ+. Fact sheets were accessible on the Well-Ahead and TFL websites, and shared with partners statewide. TFL representatives and Well-Ahead Regional Representatives have those sheets as resources to use in their work in the community.

## Focus

We recognize the need to expand our current work partnering with organizations who serve priority populations, to working directly with community members, and including community voices in the planning of our work. To address this more directly, our focus for the next five years will be to collaborate with and support community leaders and members to address systems changes tailored to different communities. Part of the charge for this work will be to address social determinants of health that cause inequities among specific groups of Louisiana residents. Tobacco use amplifies these disparities, furthering the gaps in morbidity and mortality that are caused by underlying systemic conditions. By working with our partners to address systems changes, we can more effectively influence root causes, thus eliminating disparities for priority populations.

## Benchmarks

To track our progress in this goal area, we will look at one process measure and one outcome measure.

## Annual Goal

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Each year, statewide partners will track the participation of individuals and organizations in tobacco control work for each priority population, as well as funding received to address tobacco for each priority population. Participation is measured by the number of coalition members who attend/lead/join coalition-related activities within their communities. Direct funding is measured by the amount of funding that is provided to community organizations that are engaged in local/community activities to address SDOH and/or tobacco.

Community members are best positioned to identify their local needs and to understand how to address tobacco use and social determinants of health. By increasing both funding for, and local community

engagement in, tobacco control and prevention efforts (PSE) in communities, tobacco use prevalence is expected to fall over time.

### 5-year Goal

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Over time, statewide partners will identify and implement equity-focused strategies, and track current smoking prevalence for each priority population (i.e., Low-SES, Behavioral Health, Populations with Disabilities, African Americans, LGBTQ+), with an aim to reduce current smoking prevalence by at least 5% by the end of 2026.

### Activities

Activities that will help us attain these benchmarks include the following:

#### ACTIVITY 1

#### IDENTIFY AND RECRUIT UNIQUE AND DIVERSE PARTNERS TO ACCOMPLISH OUR GOALS.

Using an equity lens, no action should occur in the area of community engagement and advocacy without including community members from the outset.

Individuals and organizations living and working in communities are best positioned to know what activities and approaches are feasible and appropriate at any given time. Engaging community members, and organizations serving communities, with the Tobacco-Free Louisiana Coalition, is a first step toward ensuring community action is driven by communities.

#### ACTIVITY 2

#### IDENTIFY FUNDING TO SUPPORT THE COALITION. EFFECTIVE ACTION REQUIRES ORGANIZATION AND INFRASTRUCTURE, WHICH REQUIRES SUFFICIENT FUNDING OVER TIME.

Funding for coalition efforts needs to come from both Well-Ahead Louisiana and TFL, as well as from additional funding opportunities. Part of the work over the next 1-3 years will be to identify and advocate for increased and sustained funding sources for coalition activities.

Individuals and organizations living and working in communities are best positioned to know what activities and approaches are feasible and appropriate at any given time. Engaging community members, and organizations serving communities, with the Tobacco-Free Louisiana Coalition, is a first step toward ensuring community action is driven by communities

#### ACTIVITY 3

#### TFL AND WELL-AHEAD STAFF WILL WORK COLLABORATIVELY WITH COALITION MEMBERS TO DEVELOP A WORK PLAN AND TO IDENTIFY JOINT ACTIVITIES FOR THE NEXT 1 TO 2 YEARS.

# Tobacco-Free Louisiana Coalition



## GOAL AREA 5

### Statewide Evaluation & Surveillance

Surveillance is the process of collecting data and monitoring trends over time. Evaluation is the process of assessing the effectiveness and impact of programmatic interventions.



An important component of any comprehensive tobacco control program is a **surveillance and evaluation system that can assess key short-term, intermediate, and long-term outcomes within populations.**

Surveillance and evaluation data can be used to better understand the current status, inform program and policy directions, demonstrate whether programs are effective, monitor progress on reducing health disparities or other goals, ensure accountability, and engage stakeholders. Although we know that disparities exist, commercial tobacco use and health impacts can be hidden by lack of data. Some limitations of general population surveys and risk factor surveillance systems include:

- Exclusion of specific groups of people, including people who do not speak English or Spanish; youth who are not enrolled in public schools; or people who do not feel comfortable taking government-sponsored surveys
- Small communities that do not have enough people included in health surveys to provide reliable results
- Grouping of diverse populations in a way that masks important differences in some groups (for example, African Americans)
- Reliance on self-reported data, which can have natural inaccuracies and can be hard to gather in groups that feel uncomfortable providing health information

For BRFSS, to reach some vulnerable populations, we are increasing surveys we are doing in rural areas, putting more funding toward increasing sample size for priority populations, which includes low income and African Americans, particularly in rural areas.

### Partners

**Well-Ahead** and **TFL** work together to gather statewide data to track tobacco use, cessation utilization, and secondhand smoke exposure trends over time to inform program planning and priorities. To do this, they administer and manage state-level surveys. Once conducted, they use survey data to create fact sheets and infographics to share with stakeholders, decision-makers, and the general population. And finally, they support efforts to evaluate program effectiveness for implementing evidence-based interventions to reduce tobacco use, increase cessation utilization, and decrease secondhand smoke exposure across the state.

### Achievements

Between 2016 and 2021, the following surveys were conducted:

2016	<b>ADULT TOBACCO SURVEY</b>
2016 2018	<b>BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)</b>
2017	<b>YOUTH RISK BEHAVIOR SURVEY (YRBS)</b>
2019	<b>*2021 SURVEY FUNDING WILL BE PROVIDED BY THE LOUISIANA DEPARTMENT OF EDUCATION</b>
2017 2019	<b>LOUISIANA YOUTH TOBACCO SURVEY</b>
	<b>*2021 SURVEY FUNDING WILL BE PROVIDED BY WELL-AHEAD AND TFL</b>



## Focus

Because of the number of surveys and data sources available to us, we will focus for the next five years on increasing integration and collaboration between TFL/Well-Ahead surveillance, evaluation, and program staff. All other goal areas rely on having accurate and timely data to be able to measure progress and target activities more effectively. We will also prioritize funding to collect data that can examine the relationship between activities and changes in outcomes. Qualitative data are important for being able to understand not only what worked, but why it worked (or did not work). Our primary goal is to paint a clear and accurate portrait of existing data for Louisiana, and clarify what is feasible to determine with our existing data sources. Often, program staff are not involved in the design of program evaluations, and/or evaluations are not designed at the start of a program. We will work to integrate evaluation planning efforts into program design conversations. Through collaboration such as this, we increase our collective capacity to identify gaps and collect data that more effectively evaluate the impact of our work.

## Benchmarks

To track our progress in this goal area, we will use one process and one outcome measure.

## Annual Goal

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The key benchmark statewide partners will use to measure progress in this goal area is whether data for cessation, policy, youth prevention, eliminating disparities, surveillance & evaluation, and communications benchmarks (the measures described in this document) are tracked and reported annually to funders, staff, partners, beneficiaries, and other key stakeholders.

## 5-year Goal

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Members of the surveillance and evaluation team will develop and maintain a shared surveillance system to collect tobacco-related data by priority populations identified in the strategic plan.

## Activities

Activities that will help us attain this benchmark include the following:

### ACTIVITY 1

#### CONTINUE TO STRENGTHEN THE SURVEILLANCE SYSTEM TO COLLECT DATA ON THE DIFFERENT TOBACCO PREVENTION AND CONTROL FOCUS AREAS.

In particular, ensure sufficient data are collected to allow for the identification of tobacco use rates among specific populations.

Statewide surveys are one important way to collect data, but other data collection efforts such as micro-surveys, qualitative data collection, or use of quantitative and qualitative data collected from other partner organizations can be used to fill out the picture of tobacco use and the impact we are having over time.

### ACTIVITY 2

#### DEVELOP AND IMPLEMENT A SHARED SURVEILLANCE SYSTEM FOR THE QUITLINE.

Making Quitline data available to all tobacco control stakeholders will help identify the impact of promotional efforts, and identify populations that are not being served as well by the Quitline, which can help us make data-informed decisions about ways to improve the program.

### ACTIVITY 3

#### **CONTINUE TO PRIORITIZE THE ENGAGEMENT OF PROGRAM STAFF AND STAKEHOLDERS DURING THE PLANNING AND IMPLEMENTATION OF WELL-AHEAD/TFL SURVEILLANCE AND EVALUATION ACTIVITIES.**

Evaluation efforts are most impactful when those designing the program and those designing evaluation efforts are in close communication. Program staff often have a better sense of what the intended outcomes of a given program are.

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When that information is shared with evaluators in advance of implementing evaluation activities, program-specific information can be integrated into overall evaluation efforts making evaluation results more meaningful and actionable.

### ACTIVITY 4

#### **CREATE A TRACKER FOR BOTH WELL-AHEAD/TFL SURVEILLANCE AND EVALUATION TEAMS SO EACH TEAM IS AWARE OF WHAT BOTH TEAMS ARE DOING AND NOT DUPLICATING EFFORTS**

Surveillance and evaluation efforts can be resource-intensive. In an era of increasingly shrinking funds for tobacco control work, it is even more important to coordinate and share information.

# Tobacco-Free Louisiana Coalition



## GOAL AREA 6

### Communication Support and Coordination

Communications work includes both external communications (with intended audiences), and internal communications (with tobacco control stakeholders and partners). External communications can include mass-reach health communications that can include earned and paid media, and can cover the promotion of cessation services as well as social norm change campaigns. Increasingly, as tobacco use prevalence decreases, messages around cessation social norm change need to be developed in collaboration with representatives of the intended audience to ensure the messages are culturally appropriate, are delivered by trusted messengers, and are perceived as credible. Internal communications are critical for the coordination of efforts, especially when multiple partner organizations are involved.

### Partners

Well-Ahead and TFL work together to support the communications needs of all other goal areas for tobacco control.

Well-Ahead takes the lead on communications for cessation, in part because Well-Ahead manages the Quit With Us, Louisiana website (the primary hub of cessation information and resources for Louisiana residents). For information or data specific to the Louisiana Tobacco Quitline, presented on the Quit With Us, Louisiana website, the Communications team works with Cessation and Surveillance & Evaluation team members from both Well-Ahead and TFL. Well-Ahead also leads communications efforts around any Well-Ahead WellSpot designations or events. Well-Ahead focuses communications efforts on pieces that provide education or information.

TFL takes the lead on communications for comprehensive smoke-free and tobacco-free ordinance efforts. Relatedly, TFL leads communications around activities such as Take Down Tobacco, the Great American Smoke Out, World No Tobacco Day, No Menthol Sunday, and recognition of smoke-free/tobacco-free ordinance milestones. In addition, TFL takes the lead on communications efforts around Pride Month, and outreach to hospitality workers, musicians, and youth.

### Achievements

Between 2016 and 2021, Well-Ahead and TFL communications teams have met bi-weekly and collaborated to produce many joint communications materials. Joint communications documents are located in a google folder. Fact sheets based on surveillance surveys or other joint programmatic efforts are co-branded.

In addition, communications teams from the two organizations completed a revamp of the Quit With Us, Louisiana website, [www.quitwithusla.org](http://www.quitwithusla.org), as well as a refresh of the logo. This project showed how partners can come together to develop a resource built to raise awareness, connect people to services, and provide additional support to our vulnerable populations in the state. It is an example of another way to leverage resources and speak in a unified voice in an effort to ultimately reduce and eliminate tobacco use in our state.



### Focus

Because Communications serves all other goal areas, our focus for 2021-2026 will be on using communication channels to support the overall goals of each goal area.



The **function of communications is to provide support with messaging and outreach** as needed, and the communications area will respond to needs as they arise.

### Benchmarks

To track our progress in this goal area, we will use one process and one outcome measure.

### Annual Goal

The key benchmark statewide partners will use to measure progress in this goal area is whether the communication team meets with team leads once a quarter and develops internal and external messages and materials to support efforts in 2 goal areas per year. A report will be made each year summarizing the communications activities of the previous year in support of each goal area’s objectives.

### 5-year Goal

Members of the communications team will engage team leads and partners to develop internal and external communication products to support all goal areas.

### Activities

The Tobacco-Free Louisiana Coalition’s mission is to implement and evaluation comprehensive tobacco control initiatives that prevent and reduce tobacco use and exposure to secondhand smoke in Louisiana. It is through an evidence-based, policy approach and engaging paid and earned media, online communication and grassroots organization, that the Coalition can effectively achieve its goals.

All activities under this goal area will align with best practices in tobacco control communications. For example, is important for the overarching paid and earned media and communications strategy to focus on targeted and concise messaging. To the best of our abilities, all partners and grantees should speak as a unified front with a “single voice” through high-level campaign messaging and brand, accompanied by highly targeted messaging that speaks to the interests of targeted audiences –with the goal of developing a greater number of advocates and support for Louisiana’s tobacco-free and smoke-free policy goals.

<b>ACTIVITY 1</b>	<b>CONDUCT YOUTH EDUCATION AND AWARENESS CAMPAIGNS.</b>
<b>ACTIVITY 2</b>	<b>CONDUCT RESEARCH.</b>
<b>ACTIVITY 3</b>	<b>MESSAGE TO PRIORITY POPULATIONS.</b>
<b>ACTIVITY 4</b>	<b>PROMOTE CESSATION SERVICES AND PUBLIC AWARENESS MESSAGING AROUND SECONDHAND SMOKE.</b>
<b>ACTIVITY 5</b>	<b>MEET REGULARLY WITH OTHER FOCUS AREA MEMBERS TO BETTER UNDERSTAND THEIR NEEDS AND GOALS AROUND COMMUNICATIONS.</b>

