

# THE TOBACCO FREE ALLIANCE OF VIRGINIA



2023–2028

# STRATEGIC PLAN



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# Overview

## Tobacco Free Alliance of Virginia (TFAV)

The Tobacco Free Alliance of Virginia (TFAV) is a broad partnership of private, non-profit, and public leaders and organizations united in their focus on creating comprehensive tobacco-free environments by supporting and sharing resources related to tobacco prevention and cessation. The TFAV represents Virginia residents, businesses, academic institutions, health care providers, community-based organizations, non-profit groups, state agencies, and advocates.

## Strategic Plan Goals

The TFAV goals for the Virginia State Plan for Tobacco Control (2023-2028), referred to hereafter as “the Strategic Plan”, are based on the [Best Practices for Comprehensive Tobacco Control Programs](#), as described by the Centers for Disease Control and Prevention (CDC) and listed below:

1. Prevent initiation of tobacco use among youth and young adults.
2. Promote tobacco use cessation among youth and adults.
3. Eliminate exposure to secondhand smoke (SHS).
4. Strengthen statewide infrastructure for tobacco use, prevention, and control.

## Strategic Plan Development Process

The Strategic Plan was developed through a collaborative process involving different stakeholders focused on tobacco prevention and control throughout the Commonwealth of Virginia. The objectives, strategies, and recommended activities for each strategic plan goal were developed from multiple meetings of the Strategic Plan steering committee. The steering committee was tasked with: conducting a strengths, weaknesses, opportunities, and threats (SWOT) analysis; reviewing the 2017-2022 Strategic Plan, focusing on goals, objectives, and strategies; deciding which goals, objectives, and strategies to remove, retain, and/or expand upon from the previous plan; and determining what data was needed to establish baseline and target measures for the 2023-2028 plan. The addition of baseline and target measures are an expansion of our previous plan. This Strategic Plan supports the work of the Virginia Department of Health (VDH) Tobacco Control Program (TCP) and other stakeholder champions for tobacco prevention and cessation in Virginia.

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For more information about the TFAV, please visit: [TobaccoFreeVA.org](http://TobaccoFreeVA.org)



# The Importance of Tobacco Control in Virginia

According to the [Centers for Disease Control and Prevention](#) (CDC), state tobacco prevention and cessation programs should be comprehensive, sustainable, and accountable and include state and community interventions, public education interventions, cessation programs, surveillance and evaluation, as well as the administration and management of available resources.

To improve the health and quality of life for Virginians of all ages, the Virginia State Plan for Tobacco Control (2023-2028) provides a roadmap for the next five years, focused on the following four goals:

1. Prevention of the initiation of tobacco use among youth and young adults;
2. Promotion of tobacco use cessation programs among adults and youth;
3. Elimination of exposures to secondhand smoke, and
4. Strengthening of statewide infrastructure for tobacco use, prevention, and control.

In addition to providing goals, objectives, and actionable strategies for those interested in furthering tobacco control in Virginia, this Strategic Plan is also meant to be an informational resource for those who wish to become stronger advocates and champions.

Included in this document are: identified [strengths, weaknesses, opportunities, and threats \(SWOT\)](#) to tobacco control in Virginia as determined by the TFAV membership, baseline data on current use of tobacco products among [youth](#) and [adults](#), information on [current tobacco prevention and cessation spending](#) and [how it compares to the rest of the United States](#), and links to resources, including a [glossary](#), [selected tobacco control milestones from 2017-2022](#), [evaluation plan](#), and [next steps](#).

However, the success of the Strategic Plan depends on the engagement and collaboration of individuals and organizations involved in tobacco prevention, cessation, and control efforts. In other words, this plan requires the efforts of all Virginian residents, including, but not limited to: patients, caregivers, public health agencies, health care systems, community organizations, policymakers, legislative representatives, cessation specialists, parents, youth and young adults, healthcare insurers, educators, researchers, employers, advocacy groups, and professional organizations.

Long-term investment is critical, especially since there is evidence to show that state tobacco control programs have the ability to reduce the prevalence of tobacco use among adults and young people, reduce tobacco product consumption, increase quitting, and contribute to overall reductions in tobacco-related diseases and deaths. According to the [Campaign for Tobacco Free Kids](#), comprehensive tobacco control programs are cost effective, such that savings from averted healthcare costs have been found to exceed intervention costs.

## Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

To prepare for the Virginia State Plan for Tobacco Control (2023-2028), we asked the Tobacco Free Alliance of Virginia (TFAV) membership to complete a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Here are the results:

Strengths	Weaknesses	Opportunities	Threats
Cross-collaborations across government, nonprofit organizations, and academia	Communication across membership can be challenging, especially as membership grows	Potential to impact on tobacco control policies and regulations	Tobacco industry influence
Experienced leaders in tobacco control and advocacy	History of support for tobacco control within the state limits potential for change	Growing membership that can work together to secure additional (funding) resources	Difficulties in getting legislation passed (e.g., Dillon's Rule; lack of tobacco retail licensing)
Passionate membership that is willing to collaborate	Lack of coordination between organizations can result in inefficiency and duplication of effort	Opportunities to build more relationships with local coalitions	Social media challenges, including the spread of misinformation and the popularization of tobacco product use
Having allocated time for sharing and discussion during quarterly meetings	Inadequate funding for local and state tobacco prevention and control efforts	Establish a unified voice (e.g., common language and visuals) to educate communities about tobacco control	Ever-evolving tobacco landscape and the introduction of new and emerging tobacco products
Diversity of membership, reflective of multiple voices across the state	Terminology for and technology within tobacco products continues to evolve and laws are having difficulties keeping up	Reduce popularity and normalization of smoking, vaping, and tobacco product use	
Strong mission statement, focused on creating impactful policies, systems, and environmental changes		Identification and utilization of tobacco control and prevention champions within the state legislature	

## Strategic Plan Goals and Objectives (2023-2028): Target Summary

This Strategic Plan was developed under a health equity lens, with special attention paid to populations that may be at higher risk of tobacco product use in Virginia.

Outlined below are the goals and objectives under the Strategic Plan, as well as baseline and target information. Baseline information was collected from various sources, including the Virginia Adult and Youth Tobacco Surveys made available by the Virginia Department of Health.

	Baseline (2022)	Target (2028)
<b>Goal 1: Prevent initiation of tobacco use among youth and young adults.</b>		
<b>Objective 1.1</b> Promote licensure of tobacco retail outlets in Virginia	No tobacco retail licensure in Virginia	Tobacco retail licensure in Virginia
<b>Objective 1.2</b> Promote and adopt law(s) to give more control to local municipalities over tobacco policies	No baseline	Pass legislation
<b>Objective 1.3</b> Increase the number of 100% tobacco and/or smoke free colleges and universities in Virginia	3	8
<b>Objective 1.4</b> Increase the number of 100% tobacco and/or smoke free community colleges	1	10
<b>Objective 1.5</b> Promote tax parity for all tobacco products	No tax parity	Tax parity
<b>Objective 1.6</b> Reduce the percentage of middle school youth who report current use of: (A) Cigarettes (B) Electronic nicotine devices (C) Smokeless tobacco (D) Cigars	1.9%# 6.1%# 2.2%# 1.9%#	1.8% 5.8% 2.1% 1.8%
<b>Objective 1.7</b> Reduce tobacco use disparities by reducing the percentage of: (A) Hispanic/Latino middle school youth who report current cigarette use (B) Hispanic/Latino middle school youth who report current cigar use (C) Black middle school youth who report current cigar use (D) Hispanic/Latino middle school youth who report current electronic nicotine device use (E) White male middle school youth who report current smokeless tobacco use	2.6%# 3.0%# 3.0%# 8.4%# 3.4%#	2.5% 2.9% 2.9% 8.0% 3.2%

<b>Objective 1.8</b> Reduce the percentage of high school youth who report current use of: (A) Cigarettes (B) Electronic nicotine devices (C) Smokeless tobacco (D) Cigars	5.5%+ 19.9%+ 3.8%+ 4.7%+	5.2% 18.9% 3.7% 4.5%
<b>Objective 1.9</b> Reduce tobacco use disparities by reducing the percentage of: (A) Black male high school youth who report current cigar use (B) White male high school youth who report smokeless tobacco use	7.0%+ 7.8%+	6.7% 7.4%
<b>Objective 1.10</b> Reduce the percentage of 18- to 24-year-olds who report current use of: (A) Cigarettes (B) Smokeless tobacco (C) Electronic nicotine devices	8.4%^ 3.8%* 14.8%^	8.0% 3.6% 14.1%
<b>Objective 1.11</b> Reduce the percentage of people in Southwest Virginia who report current cigarette use	21.3%^	20.2%

<b>Goal 2: Promote tobacco use cessation among youth and adults.</b>		
<b>Objective 2.1</b> Increase the percentage of smokers who have stopped smoking (for one day or longer) because they were trying to quit	59.1%*	62.1%
<b>Objective 2.2</b> Support additional funding for the VDH Quitline (Quit Now Virginia)	<a href="#">\$0.55 per smoker</a>	\$1.00 per smoker
<b>Objective 2.3</b> Promote gold standard cessation benefits	No baseline	Information promotion
<b>Objective 2.4</b> Increase utilization of Medicaid-funded tobacco cessation services (any service)	No baseline	Information promotion

<b>Goal 3: Eliminate exposure to secondhand smoke.</b>		
<b>Objective 3.1</b> Promote the amendment of the Virginia Clean Indoor Air Act to include additional restrictions to places where smoking and vaping is prohibited	No baseline	Information promotion
<b>Objective 3.2</b> Determine the number of localities that have control over policies related to secondhand smoke and increase this number by two	No baseline	Increase by 2
<b>Objective 3.3</b> Increase the proportion of behavioral health facilities that prohibit all tobacco products	<a href="#">60%</a>	63%
<b>Objective 3.4</b> Reduce the percentage of people who reported breathing smoke at their workplace at least once in the past week	15.2%*	14.4%



<b>Objective 3.5</b> Reduce the percentage of people with only a HS diploma or GED who reported breathing smoke at their workplace at least once in the past week	23%*	21.9%
<b>Objective 3.6</b> Increase the percentage of people in lower income (<\$25,000 annually) population who think smoking should be prohibited in all indoor workplaces	85.6%*	89.9%
<b>Objective 3.7</b> Reduce the percentage of people who reported smelling cigarette smoke in their home that comes from another home or apartment at least a few times a month	18.1%*	17.2%
<b>Objective 3.8</b> Increase the percentage of adults who think smoking should be prohibited indoors (including restaurants, multi-unit housing, workplaces and private daycare facilities)	58.0%*	60.9%

<b>Goal 4: Strengthen statewide infrastructure for tobacco use, prevention, and control.</b>		
<b>Objective 4.1</b> Build a strategic partnership with at least three organizations that have an established grassroots network.	No baseline	3
<b>Objective 4.2</b> Create a partnership with at least two organizations that represent people disproportionately impacted by tobacco products	No baseline	2
<b>Objective 4.3</b> Establish or enhance at least five locally funded programs that are focused on prevention, cessation, reduction of exposure to secondhand smoke and elimination of health disparities	No baseline	5
<b>Objective 4.4</b> Promote an increase in state funding for the VDH TCP to support best practices in tobacco prevention, cessation, reduction of secondhand smoke exposure and elimination of health disparities	\$0	>\$0
<b>Objective 4.5</b> Promote an increase in funding for the Virginia Foundation for Healthy Youth to support best practices in tobacco prevention, cessation, reduction of secondhand smoke exposure and elimination of health disparities	<a href="#">\$8.3 million</a>	>\$8.3 million

#Data Source: Virginia Department of Health, Division of Population Health Data, Youth Risk Behavior Survey Results, Virginia High School Survey, 2019

\*Data Source: Virginia Department of Health, Division of Population Health Data, Youth Risk Behavior Survey Results, Virginia Middle School Survey, 2019

\*Data Source: Virginia Department of Health, Division of Population Health Data, Behavioral Risk Factor Surveillance Survey, 2019

^Data Source: Virginia Department of Health, Division of Population Health Data, Behavioral Risk Factor Surveillance Survey, 2020

## Strategic Plan Goals and Objectives (2023-2028): Strategies

Outlined below are the strategies by which the TFAV will meet goals and objectives. The target for meeting the following goals and objectives is by the end of 2028.

### Goal 1: Prevent initiation of tobacco use among youth and young adults.

<b>Objective 1.1: Promote licensure of tobacco retail outlets in Virginia.</b>	
<b>Strategies</b>	Promote the development of a model policy, including protocols for compliance checks, meaningful penalties for retailers, and support for state-level infrastructure.
	Engage with community groups and associations to build support for tobacco retail licensing (TRL).
	Identify stakeholders and provide them with education related to existing laws/regulations and how TRL can help to further reduce tobacco use.
	Increase support for TRL among the TFAV membership through education and discussion during quarterly TFAV meetings.

<b>Objective 1.2: Promote and adopt law(s) that give more control to local municipalities to restrict tobacco use.</b>	
<b>Strategies</b>	Assess the level of support that TFAV members would give to local tobacco prevention and control campaign(s) and identify potential partners.
	Develop a plan to educate Virginians on the benefits of local tobacco prevention and control.
	Assist in the development of educational materials and messaging that promote TRL to be disseminated by TFAV members.
	Encourage the use of culturally appropriate education materials and help to promote existing local tobacco prevention and control efforts.
	Support the coordination and collaboration of efforts across organizations working to establish local tobacco prevention and control policies.

**Objective 1.3: Increase the number of 100% tobacco and/or smoke free:  
 (A) community colleges from 1 to 10  
 (B) universities from 3 to 8**

<b>Strategies</b>	Provide support to the Eliminate Tobacco Use Virginia Initiative by creating connections with Virginia’s colleges and universities and inviting them to attend TFAV quarterly meetings.
	Extend TFAV membership to colleges and universities by identifying persons responsible for preventing secondhand smoke (SHS) exposure or reducing tobacco use by students, staff, and visitors on campus grounds and invite them to attend TFAV quarterly meetings.
	Dedicate a portion of quarterly TFAV meeting(s) to provide information on smoke-free colleges and universities.
	Provide colleges and universities with training, technical assistance, and resources through the development of connections with the VDH TCP.
	Develop and distribute action items for TFAV members.

**Objective 1.4: Promote tax parity for all tobacco products.**

<b>Strategies</b>	Promote policies that equalize tax pricing among tobacco products.
	Educate community stakeholders and decision makers about the negative effects of variable tobacco tax pricing.
	Develop legislative and outreach strategies such as policy briefs.
	Identify champions and gain community support with decision makers.
	Encourage the dissemination of educational resources and strengthening of collaboration across TFAV members.
	Engage TFAV membership to assist with the education of community partners by disseminating information and promotional materials.
	Utilize grassroots networks to educate local communities to support policy objectives.

**Objective 1.5: Reduce the percentage of middle school youth who report current use of:  
 (A) Cigarettes from 1.9 to 1.8%  
 (B) Electronic nicotine devices from 6.1% to 5.8%  
 (C) Smokeless tobacco from 2.2% to 2.1%  
 (D) Cigars from 1.9% to 1.8%**

**Objective 1.6: Reduce tobacco use disparities by reducing the percentage of:**

- (A) Hispanic/Latino middle school youth who report current cigarette use from 2.6% to 2.5%
- (B) Hispanic/Latino middle school youth who report current cigar use from 3.0% to 2.9%
- (C) Black middle school youth who report current cigar use from 3.0% to 2.9%
- (D) Hispanic/Latino middle school youth who report current electronic nicotine device use from 8.4% to 8.0%
- (E) White male middle school youth who report current smokeless tobacco use from 3.4% to 3.2%

**Objective 1.7: Reduce the percentage of high school youth who report current use of:**

- (A) Cigarettes from 5.5% to 5.2%
- (B) Electronic nicotine devices from 19.9% to 18.9%
- (C) Smokeless tobacco from 3.8% to 3.7%
- (D) Cigars from 4.7% to 4.5%

**Objective 1.8: Reduce tobacco use disparities by reducing the percentage of:**

- (A) Black male high school youth who report current cigar use from 7.0% to 6.7%
- (B) White male high school youth who report smokeless tobacco use from 7.8% to 7.4%

**Objective 1.9: Reduce the percentage of 18–24- year-olds who report current use of:**

- (A) Cigarettes from 8.4% to 8.0%
- (B) Smokeless tobacco from 3.8% to 3.6%
- (C) Electronic nicotine devices from 14.8% to 14.1%

**Objective 1.10: Reduce the percentage of adults in Southwest Virginia who report current cigarette use from 21.3% to 20.2%.**

<b>Strategies</b>	Encourage TFAV membership to promote and implement evidence-based youth educational materials and media campaigns.
	Establish and build relationships with potential tobacco control allies [e.g. Virginia Alcoholic Beverage Control (ABC)] by providing an invitation to join and engage with TFAV membership, while also providing opportunities to present.
	Build relationships with groups and coalitions that serve under-resourced populations to ensure proposed policy solutions are considered while engaging with populations impacted by tobacco use to work towards reducing health disparities.
	Work with local school boards to eliminate disciplinary action-only focused responses to tobacco use in schools.
	Utilize best practices in promoting the establishment of TRL.
	Adopt a law to give more control to local municipalities to pass more restrictive tobacco control policies.
	Amend the Virginia Clean Indoor Air Act to include additional restrictions to places where smoking and vaping is not already prohibited (e.g. casinos, theme parks).
	Promote the removal of all flavored tobacco and electronic smoking device products from the market, including menthol and mint flavors.

	Provide education materials to racial/ethnic minority communities about the predatory marketing of youth by tobacco companies.
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**Goal 2: Promote tobacco use cessation among adults and youth.**

**Objective 2.1: Increase the percentage of smokers who have stopped smoking (for one day or longer) because they were trying to quit from 59.1% to 62.1 %. (BRFSS 2019)**

<b>Strategies</b>	Establish a TFAV Tobacco Prevention & Cessation Committee that would act as a liaison to other groups, with overlapping missions [e.g. the Cancer Action Control Network of Virginia (CACV)].
	Develop a Communication Plan with state coalitions, healthcare systems and other stakeholders to disseminate U.S. Public Health Service’s “Treating Tobacco Use and Dependence Clinical Practice Guidelines” and relevant evidence-based cessation resources.
	Collaborate with partners and encourage TFAV members to educate state government administrators, legislators, and other policy makers about the importance of funding tobacco cessation programs, locally, and statewide.
	Compile and disseminate existing educational resources (e.g. policy briefs, reports, talking points) related to tobacco cessation and treatment utilization.
	Partner with the Eliminate Tobacco Use Virginia Initiative to promote and increase utilization of tobacco treatment services for college/university students and staff.

**Objective 2.2: Support additional funding for the VDH quitline from \$0.55 per smoker to \$1.00 per smoker. (Source: American Lung Association)**

<b>Strategies</b>	Assess voting records of legislators related to tobacco-associated bills.
	Identify at least one legislative champion to promote increasing funding for the state quitline.
	Identify legislator(s) who will sponsor reallocating tobacco-associated state funds (e.g. funds from the July 2020 cigarette tax increase and the master settlement agreement) to the state quitline.
	Compile and disseminate existing messaging tools (e.g. policy briefs, reports) that promote the need for and benefits of quitline services to share with policymakers.

**Objective 2.3: Promote gold standard cessation benefits for state employees.**

<b>Strategies</b>	Identify and invite representatives from the Department of Human Resource Management (DHRM) to engage with TFAV in order to assess tobacco cessation benefits across all State Employee Health Plans and determine gaps.
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	Develop messaging tools (e.g. policy brief, memos, etc.) that promote the need for and benefits of tobacco cessation benefits for state employees to share with policymakers.
	Develop a FAQ tool that summarizes services provided to state employees by offering a gold standard benefit.

**Objective 2.4: Increase utilization of (any) Medicaid-funded tobacco cessation services.**

<b>Strategies</b>	Work with Virginia Medicaid Program (DMAS) to increase utilization by ensuring that Medicaid members have the ability to access medication and counseling services described in state Medicaid plans.
	Compile and disseminate educational resources, talking points and tools to share with TFAV members and the public regarding available cessation services.

**Goal 3: Eliminate exposure to secondhand smoke.**

**Objective 3.1: Promote the amendment of the Virginia Clean Indoor Air Act to include additional restrictions to places where smoking and vaping is prohibited.**

<b>Strategies</b>	Expand TFAV membership to include champions for smoke free policies and legislation, identify gaps in membership, and conduct annual gap analysis of membership.
	Create and disseminate policy briefs about the benefits of creating and establishing tobacco-free locations.
	Conduct grassroots efforts to educate the public and business owners on the benefits of having tobacco-free locations (Virginia Clean Indoor Air Act).
	Identify at least one legislative champion to promote and work specifically with on this objective.

**Objective 3.2: Determine the number of localities that have control over policies related to secondhand smoke and increase this number by 2.**

<b>Strategies</b>	Compile and disseminate educational resources, talking points, and tools to share with local policymakers.
	Engage the TFAV legislative committee to identify localities that are interested in changing local policies.

**Objective 3.3: Increase the number of behavioral health facilities that prohibit all tobacco products indoors from 60% to 63%. [source: TCP behavioral health facilities survey]**

<b>Strategies</b>	Identify behavioral health facilities that are interested in creating or strengthening their policies.
	Provide ongoing support via resources and tools that will help behavioral health facilities improve their policies.
	Compile and disseminate educational resources, talking points and tools to share with behavioral health facilities, taking into account the sociocultural needs of clients within these facilities.
	Extend TFAV membership to behavioral health facilities by identifying persons responsible for preventing SHS exposure or reducing tobacco use by patients, staff, or on the facility's grounds and inviting them to attend TFAV quarterly meetings.

**Objective 3.4: Reduce the percentage of people who reported breathing smoke at their workplace at least once in the past week from 15.2% to 14.4%. [source: BRFSS 2019]**

**Objective 3.5: Reduce the percentage of people with only a HS diploma or GED who reported breathing smoke at their workplace at least once in the past week from 23% to 21.9%. [source BRFSS 2019]**

**Objective 3.6: Increase the percentage of people in lower income (<\$25,000) populations who think smoking should be prohibited in all indoor workplaces including offices from 85.6% to 89.9%. [source: BRFSS 2019]**

<b>Strategies</b>	Conduct an opinion survey on SHS and air quality policies that will be shared with TFAV membership to forward with potential partners.
	Collaborate with and educate legislators and policy makers about the dangers of secondhand smoke in the workplace.
	Compile and disseminate educational resources, talking points and tools to share with the public and business owners.
	Promote existing education, prevention, and cessation programs with local businesses across the state.

**Objective 3.7: Reduce the percentage of people who reported smelling cigarette smoke in their home at least a few times a month from 18.1% to 17.2%. [source BRFSS 2019]**

<b>Strategies</b>	Identify and develop relationships with organizations promoting smoke free policies within multi-unit housing complexes.
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	Promote the benefits of smoke free policies in multi-unit housing complexes to decision makers for rental and self-owned complexes.
	Identify communication strategies to be used for rental properties and privately owned multi-unit housing complexes and assist with disseminating this information to relevant stakeholders.

**Objective 3.8: By 2028, increase the percentage of adults who think smoking should be prohibited indoors (restaurants, multi-unit housing, workplaces and private daycare facilities) from 58.0% to 60.9%. [source: BRFSS 2019- calculated index]**

<b>Strategies</b>	Conduct an opinion survey on secondhand smoke (SHS) and air quality policies that will be shared with TFAV membership to forward with potential partners.
	Compile and disseminate educational resources, talking points and tools to share with the public using a multi-pronged approach (e.g. social media posts, fact sheets, policy briefs, etc.).

**Goal 4: Strengthen statewide infrastructure for tobacco use, prevention, and control.**

**Objective 4.1: By 2028, build a strategic partnership with at least 3 organizations that have an established grassroots network.**

<b>Strategies</b>	Identify networks to enhance partnerships, communication and coordination of evidence-based and policy-focused comprehensive tobacco cessation, prevention and control efforts.
	Perform a network analysis of stakeholders in the state.
	Develop a process for establishing an Memorandum of Understanding with identified organizations who could help to provide additional funding to TFAV.
	Develop outreach and messaging plans for identified organizations.

**Objective 4.2: Create a mutually beneficial partnership with at least 2 organizations that represent people disproportionately impacted by tobacco product use.**

<b>Strategies</b>	Perform a network analysis of current partnerships.
	Identify populations disproportionately impacted by tobacco product use and invite them to join TFAV's network.
	Develop outreach and messaging plans for identified organizations.
	Develop networks that can help to enhance partnerships, communication and coordination of evidence-based and policy-focused comprehensive tobacco cessation, prevention and control efforts.

	Develop a process for establishing a formal agreement of partnership with identified organizations.
	Ensure tobacco prevention and control efforts respect and reflect cultural norms and values in all communities.
	Identify opportunities to provide tobacco control-focused sessions at conferences hosted by members of the TFAV network, as well as their partners.

**Objective 4.3: Establish or enhance at least 5 locally funded programs focused on prevention, cessation, reduction of exposure to secondhand smoke, and elimination of health disparities.**

<b>Strategies</b>	Identify program models for Virginia that include information on funding structure, potential reach, and impact.
	Identify existing, locally-funded programs and connect these programs with localities that would benefit these programs.
	Identify opportunities to fund local tobacco programs (e.g. <u>Tobacco Indemnification and Community Revitalization Commission grant program</u> ).
	Provide technical assistance on obtaining and advocating for local funding opportunities and programs.
	Educate and provide technical assistance to local coalitions and health care systems around the state on how to implement tobacco control programs.
	Educate and provide technical assistance to local coalitions on how to create & implement local advocacy campaigns.

**Objective 4.4: Promote an increase in state funding for the VDH TCP to support best practices in tobacco prevention, cessation, reduction of secondhand smoke exposure and elimination of health disparities from \$0.**

**Objective 4.5: Promote an increase in funding for the Virginia Foundation for Healthy Youth to support best practices in tobacco prevention, cessation, reduction of secondhand smoke exposure and elimination of health disparities from \$8.3 Million (ALA 2021).**

<b>Strategies</b>	Collaborate with local, state, and national partners to educate stakeholders on short- and long-term health and economic benefits of tobacco control programs.
	Develop strategies with local, state, and national partners to increase funding to support tobacco control programs.

## Selected Tobacco Control Milestones (2017-2022)

### 2017

- The United States (US) Food & Drug Administration (FDA) announces [multi-year delays](#) to 2016 “deeming” rule asserting authority of all tobacco products, including e-cigarettes, cigars, and hookah.

### 2018

- The US Department of Housing and Urban Development implements its [final rule](#) requiring all public housing agencies to have smoke free policies for all residential units and common areas in place.
- US Surgeon General issues [advisory on e-cigarette epidemic among youth](#), following increase in youth e-cigarette use from 2017 to 2018.

### 2019

- Governor Ralph Northam (Virginia) signed into law HB2748 (raising the minimum legal sales age for tobacco products to 21 years), HB2384 and SB1295 (requiring all local school boards to develop and implement comprehensive tobacco-free policies effectively banning tobacco or other forms of nicotine products from all school property and school-sponsored events).
- Federal legislation [raising the retail tobacco sales age to 21](#) is approved by Congress and signed by the President.

### 2020

- The US FDA releases [guidance on flavored e-cigarettes](#), though excluding menthol flavored e-cigarettes and disposable e-cigarettes.
- The US Surgeon General releases a [report on smoking cessation](#), emphasizing the benefits of insurance coverage providing access to quit smoking treatments without barriers, increasing price of cigarettes, adopting smoke free air policies, maintaining comprehensive statewide tobacco control programs, requiring graphic labels, and implementing mass media campaigns.
- All e-cigarette and most tobacco product manufacturers are required to submit a [premarket review application to the US FDA by September 9, 2020](#) to demonstrate that products are appropriate for the protection of public health.

### 2021

- The US FDA misses a federal court-ordered deadline of September 9, 2021 to review premarket tobacco product applications by e-cigarette and other tobacco product manufacturers.

### 2022

- The US FDA proposes a rule [prohibiting menthol as a “characterizing flavor”](#) in cigarettes and all characterizing flavors (except tobacco) in cigars.



# Evaluation Plan and Next Steps

## Evaluation Plan

As described previously, [The Tobacco Free Strategic Plan for a Comprehensive Tobacco Control Program in Virginia \(2017-2022\)](#) helped to lay the foundation for the Virginia State Plan for Tobacco Control (2023-2028) by providing an initial set of goals and objectives to be met. Despite its comprehensiveness, the prior strategic plan did not include target benchmarks for progress. In efforts to improve the TFAV's strategic plan, both baseline and target benchmarks are included along with goals, objectives, and strategies.

Information for baseline benchmarks were obtained from data that was made available through the [Virginia Youth Survey \(VYTS\)](#), the [Virginia Behavioral Risk Factor Surveillance Survey \(BRFSS\)](#), [Tobacco Use in Virginia Fact Sheet](#) by the [Truth Initiative](#), and the [State of Tobacco Report published](#) by the [American Lung Association](#). These resources as well as others will be used to assess whether the TFAV has met target benchmarks by 2028. Information from the TFAV Annual Report will be used to document progress towards meeting the TFAV goals and objectives.

## Next Steps

The Virginia State Plan for Tobacco Control (2023-2028) is intended to provide a framework to guide tobacco control decisions and initiatives across the Commonwealth of Virginia. The plan should be viewed as a dynamic and flexible document that will support the Tobacco Free Alliance of Virginia's goals and facilitate sustained, positive change as funding levels change, responsibilities shift, and program scope changes over time. Through the outlined efforts of this strategic plan, the TFAV will continue to serve Virginia residents in the steadfast effort to promote health by reducing tobacco use and protecting people from secondhand smoke exposure.

# Glossary

## Dillon's Rule

Dillon's Rule dates back to a decision made by Judge John F. Dillon in 1868. Following its guidance, states like Virginia operate under the assumption that localities can only wield powers explicitly authorized to them by the state's legislative body. As a "Dillon's Rule state", localities in Virginia may not have local ordinances that are stronger than the state law without express permission by the General Assembly. This practice limits the ability of localities to establish stronger public policies regarding clean indoor air, age of sale for tobacco products, point of sale restrictions, retail zoning, etc. However, the state legislature has granted municipalities general policing powers through which communities are able to adopt policies to protect public safety. The Virginia Supreme Court has validated these powers can be used for the adoption of [smoke-free ordinances](#).

## Tobacco Product Definitions

The tobacco product landscape has changed throughout the years. Tobacco traditionally refers to the leaves of a tobacco plant that have been dried and processed to either roll and smoke (e.g. cigarettes, cigars/cigarillos) or used as chewing tobacco or moist snuff or inhaled through the nose as dry snuff. Today, the definition of a "tobacco product" comes from the [Tobacco Control Act](#), written by Congress. The definition includes any product made or derived from tobacco, intended for human consumption, including any component, part, or accessory of a tobacco product.

Other important definitions are included below:

**Tobacco Product:** (1) any product containing, made of, or derived from tobacco or nicotine that is intended for human consumption or is likely to be consumed, whether inhaled, absorbed, or ingested by any other means, including, but not limited to, a cigarette, a cigar, pipe tobacco, chewing tobacco, snuff, or snus; (2) any electronic smoking device as defined in this section and any substances that may be aerosolized or vaporized by such device, whether or not the substance contains nicotine; or (3) any component, part, or accessory of (1) or (2), whether or not any of these contains tobacco or nicotine, including but not limited to filters, rolling papers, blunt or hemp wraps, and pipes. Tobacco products do not include drugs, devices or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the [Federal Food, Drug and Cosmetic Act](#).

**Electronic Smoking Device (ESD):** any device that may be used to deliver any aerosolized or vaporized substance to the person inhaling from the device, including, but not limited to, an e-cigarette, e-car, e-pipe, vape pen, or e-hookah. ESD includes any component, part or

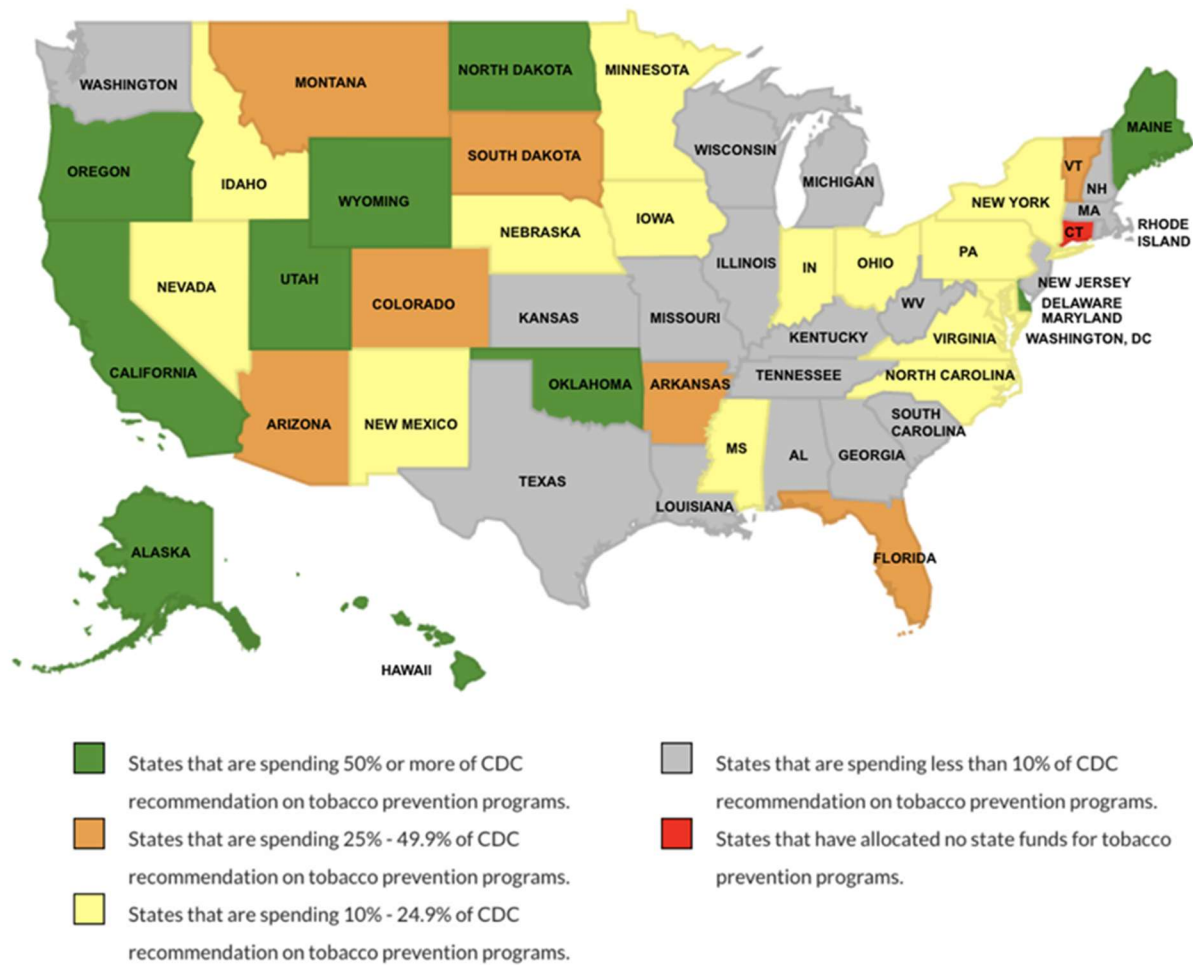
accessory of the device, and also includes any substance intended to be aerosolized or vaporized during the use of the device ,whether or not the substance contains nicotine. ESD does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration, as those terms are defined in the Federal Food, Drug and Cosmetic Act.

**Other Tobacco Products (OTP):** all other tobacco products, including, but not limited to: snuff, chewing and smoking tobacco, and cigars.

Please see the [Appendix](#) (at the end of this document) for [current tobacco use among adults](#) and [youth](#) in Virginia and [geographic disparities in current adult smoking rates](#).

# Appendix

## Tobacco Prevention and Cessation Spending Levels Across the United States (2022)



**Virginia spends only 14.4% of the CDC-recommended level of spending for tobacco prevention and control.**

Source: Campaign for Tobacco-Free Kids, [Broken Promises to Our Children: The 1998 State Tobacco Settlement 23 Years Later](#) (2022).

## Virginia’s Tobacco Prevention and Cessation Funding (FY 2022)

FY2022 State Funding for Tobacco Control Programs:	\$13,181,451*
FY2022 Federal Funding for State Tobacco Control Programs:	\$1,847,658**
FY2022 Total Funding for State Tobacco Control Programs:	\$15,029,109
CDC Best Practices State Spending Recommendation:	\$91,600,000
Percentage of CDC Recommended Level:	16.4%
State Tobacco-Related Revenue:	\$395,100,000

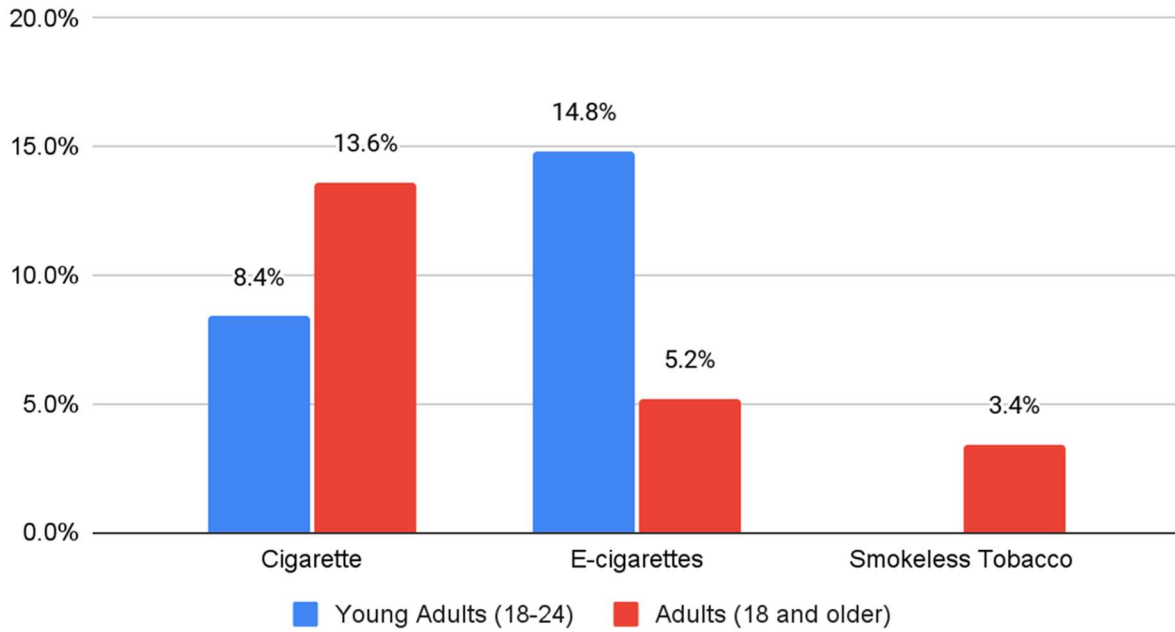
*\*Tobacco control program funding to the Virginia Foundation for Healthy Youth is temporarily higher this year due to one-time increases in tobacco Master Settlement Agreement payments. It is expected to decrease to a normal amount of about \$9.3 million in 2023. Note: No funding is directly given to Virginia's Tobacco Control Program.*

*\*\*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention (CDC).*

Source: [Virginia, State of Tobacco Control by the American Lung Association \(2021\)](#)

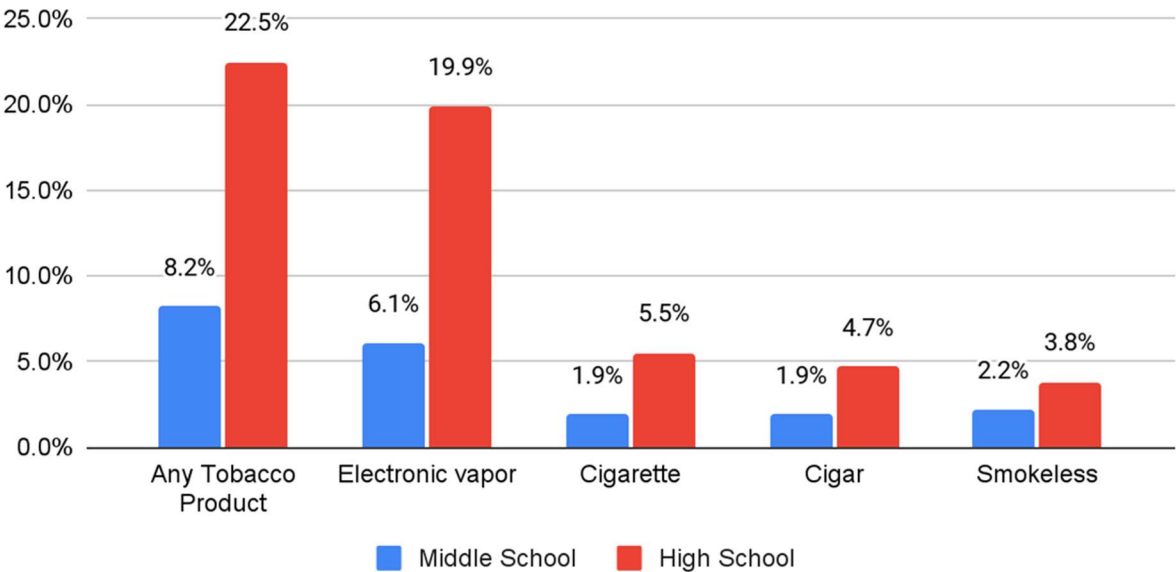


## Current Tobacco Use Among Adults in Virginia (2020)



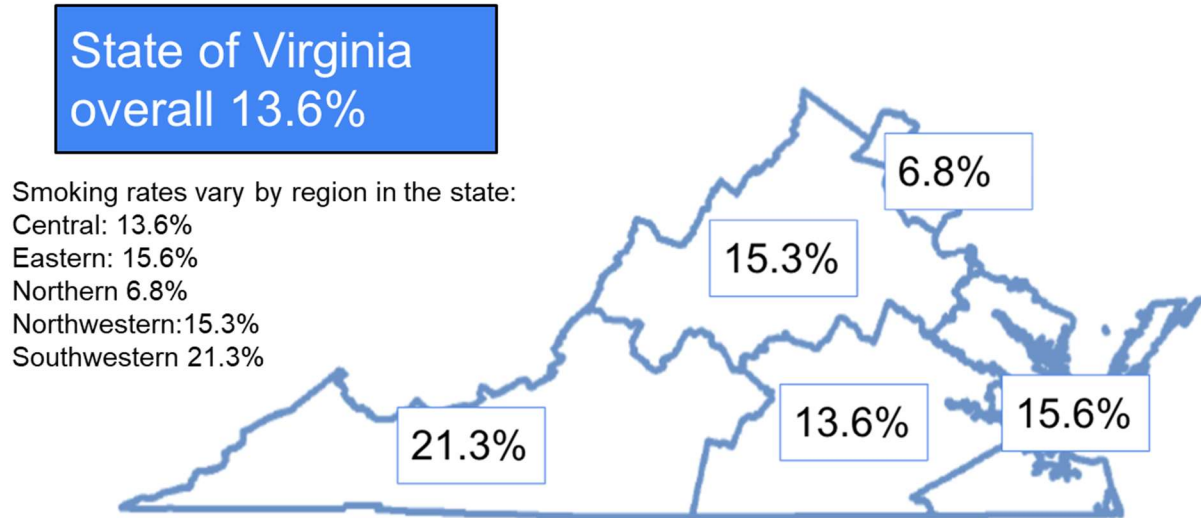
Source: Virginia Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2020

# Current Tobacco Use among Middle and High School Students in Virginia (2019)



Source: Virginia Department of Health, Virginia Youth Tobacco Survey (VYTS), 2010

## Geographic Disparities in Current Adult Smoking Rates in Virginia (2020)



Source: Virginia Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2020



**TOBACCO*****FREE***  
Alliance of Virginia

**2023-2028**

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