



## Agency Recommendation Summary

The Department of Health (DOH) requests ongoing funds to address the inequities related to tobacco use. Sustainable funding will allow more intentional and thoughtful spending to those with higher needs. This includes a focus on individuals with behavioral health disorders as this population has higher rates of tobacco use and there is a large intersection with communities of different race or ethnicity, sexual orientation or gender identity, disability, and veteran status. Additionally, the pandemic has led to increased symptoms, including anxiety, depression, substance use, and suicidal ideation, only heightening the need to address this issue. Expected outcomes are reductions in tobacco use, especially those facing inequities related to the substance.

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
<b>Staffing</b>						
FTEs	4.0	4.0	4.0	4.0	4.0	4.0
<b>Operating Expenditures</b>						
Fund 001 - 1	\$5,107	\$5,092	\$10,199	\$5,092	\$5,092	\$10,184
Total Expenditures	\$5,107	\$5,092	\$10,199	\$5,092	\$5,092	\$10,184

## Decision Package Description

Commercial tobacco use remains the number one cause of preventable death in Washington and inequities have widened, particularly during the pandemic. The Centers for Disease Control and Prevention (CDC) estimates that 8,300 Washington residents die each year from smoking related deaths<sup>1</sup> compared to 6,397 deaths due to COVID in 2021.

Compared to other states, Washington’s rate of current cigarette use is relatively low (11.5%). However, disaggregated data reveal significant inequities that have continued to widen despite an overall decrease in smoking rates. To really make a significant impact in decreasing commercial tobacco use, Washington state needs to address the populations most greatly affected. Disproportionately higher rates of tobacco use exist among those who identify in the following ways<sup>2</sup>:

- American Indian/Alaskan Native (30.3%)
- Black (15.9%)
- LGBTQ+ (16.9%),
- Medicaid (27.1%)
- Annual income of less than \$35,000 (21.8%)
- Poor physical health (21.1%)
- Poor mental health (21.6%)
- Heavily drink (23.2%)
- Disability (19.5%)

In addition to being more likely to smoke, **people with behavioral health disorders:**<sup>3</sup>

- Smoke more heavily – about 25% of US adults have a behavioral health disorder and they consume about 40% of all cigarettes.
- Want to quit smoking, often face challenges in successfully quitting, and may need additional support.
- Die about 5 years earlier than people without such disorders and those with serious mental illness who smoke die about 15 years prematurely.
- Account for nearly half of all tobacco-related deaths each year.

Making things worse, the pandemic and its effects on daily life have led to increases in behavioral health symptoms, including anxiety, depressive disorder, and substance use.<sup>4</sup>

Addressing commercial tobacco use in Washington requires a strategic approach that addresses the root causes broadly as well as the specific barriers facing communities experiencing inequities. This proposal will expand some current tobacco cessation and prevention activities and create new activities, all aimed at reducing inequities, with a focus on inequities experienced by individuals with mental illness and substance use disorders (i.e., behavioral health inequities).

In 2022, the Washington State Legislature included a one-time budget provision of \$5 million dollars, which was to be used on commercial tobacco prevention and cessation, focused on community driven approaches, especially for those facing commercial tobacco-related disparities. As the funding was a one-time provision for only for SFY23, this limited the program’s ability to develop new contracts, programs, and relationships with the community to address their needs. The Commercial Tobacco Prevention Program (CTPP), in partnership with local prevention partners, decided to work only with current contractors and projects that are able to be accomplished in a short period of time. The focus of the funds is for four different buckets – media, expanding on community driven work, coalition support, and a partnership with the Washington State Health Care Authority for Synar, a requirement for Substance Use and Abuse Block Grant. An additional \$121,000 was added per a previous agency request to focus on tobacco cessation. These funds were disseminated to increase capacity for the Washington State Quitline as well as the free cessation mobile app, 2Morrow Health, as well as translate and share materials related to these resources.

The work proposed below includes a number of projects funded by the one-time budget provision to receive sustainable funds, so they are able to continue their efforts and create long term change in their community. Examples of ongoing projects would include community driven work,

increase capacity for state cessation resources, develop of educational materials, adult cessation campaign, and the statewide menthol focused project. Additionally, the other portion of funds would provide an opportunity to implement innovative strategies and activities focused on populations that experience disproportionately higher rates of commercial tobacco use and related negative health outcomes. CTPP will champion intersectionality and community driven approaches. Looking towards the connection between communities to strategically implement projects, while implementing insight from community leaders in program development to ensure their effectiveness. Examples of these new efforts includes the youth tailored media campaigns, Tribal Roundtable, provider education, and community behavioral health inequities grants program. Development and implementation in partnership with the community requires a regular presence and time. Sustainable funding provides that opportunity to do just that.

<sup>1</sup> CDC, Best Practices for Comprehensive Tobacco Control Programs—2014.

<sup>2</sup> Data from the Behavioral Risk Factor Surveillance System

<sup>3</sup> 2011-2020 Washington Behavioral Risk Factor Surveillance System

<sup>4</sup> Panchal et al (2021). The implications of COVID-19 for Mental Health and Substance Use. KFF Issue Brief.

<sup>5</sup> CDC. What We Know: Tobacco Use and Quitting Among Individuals with Behavioral Health Conditions.

This proposal aims to reduce inequities in commercial tobacco use by addressing root causes as well as specific barriers facing disproportionately impacted communities, with a focus on individuals with behavioral health disorders. Most of the funds requested in this proposal will go out through grants and contracts to community-based organizations for prevention and cessation work that is driven by the disproportionately impacted communities.

#### Grant Activities

**Regional Grants**—Nine regions, based on the Accountable Communities of Health (ACH) regions throughout the state, will receive additional funding to continue and expand tobacco prevention and cessation work, with a focus on reducing inequities.

**Community Behavioral Health Inequities Grants**—Funding will be directed for community driven approaches to tobacco prevention and cessation work among individuals with mental health and substance use disorders. Approaches will be community driven but may include evidence-based programs such as the Learning About Healthy Living curriculum, which is designed for smokers with mental health problems and aims to increase awareness about the risks of tobacco use and treatment options, enhance motivation to address tobacco, and encourage healthy life choices.<sup>4</sup> Funding level will be based on capacity and selected through a Request for Applications (RFA) process.

**Priority Population Grant Funding**—Six priority population contractors will each receive funding to continue and enhance community-driven tobacco prevention and cessation work with a focus on reducing inequities, including behavioral health inequities.

#### Media Campaigns

**Youth Tailored Media Campaigns**—Six contractors will each receive funding for community driven, youth-focused media campaigns. Campaigns will focus on reducing commercial tobacco (including vapor products)- related inequities through tailoring for disproportionately impacted communities including American Indian/Alaskan Native, Asian/Pacific Islander/Native Hawaiian, Black/African American, Hispanic/Latino LGBTQ+ and Rural.

**Adult Cessation Campaign**—Funding will be provided to a single contractor that focuses on adult tobacco cessation to promote services available for insurance coverage. Messages will be focused and tailored for disproportionately impacted communities, including those with behavioral health conditions, those of low socioeconomic status, those living in rural areas, American Indian/Alaskan Native, LGBTQ+, Black/African American, and those living with a disability.

#### Other Specific Activities to Reduce Inequities

**American Indian/Alaska Native Culturally Appropriate Cessation Support**—Funding will be used to convene a Tribal Roundtable to develop community driven strategies for cessation and for ongoing support to implement the strategies.

DOH will hire staff to focus on coordinating efforts at the intersection of tobacco and health, particularly behavioral health, with DOH programs, other state agencies, and local partners.

**Menthol Specific Focus Project**—Funding will be used to obtain technical assistance from the Center for Black Health and Equity to develop a focused initiative to address menthol cigarettes and other menthol flavored tobacco products.

#### Other Cessation Activities (Including Health System Approaches)

**Washington State Quitline**—Support to expand behavioral health services and Nicotine Replacement Therapy and transition to a digital platform (which should benefit communities more likely to access services online and via text).

**Information Dissemination**—Funding to develop and store materials so they can be distributed to community providers on demand and free of charge.

**Provider Education**—Funding to develop courses and Continuing Medical Education webinars for providers.

**2Morrow Health App**—Funding will increase the number of activations for the app and develop additional modules.

<sup>6</sup> Learning About Healthy Living: CHOICES and Learning About Healthy Living (rutgers.edu).

## Assumptions and Calculations

### **Expansion, Reduction, Elimination or Alteration of a current program or service:**

The Commercial Tobacco Prevention Program has explored other grant opportunities with no success in finding additional funds to supplement its work to address inequities.

Over the years, the program has had success in reducing the overall rates of tobacco use in the state through policy and systems change and health education messages; however, inequities remain. In addition, the COVID-19 pandemic has resulted in increased need due

to growing rates of mental health and substance use disorders.

Without additional funding for this proposal, the program will not have the capacity and resources to invest in culturally appropriate prevention and cessation strategies that are tailored to the needs of disproportionately impacted communities. Current funding is focused primarily on statewide efforts, including youth-focused efforts, rather than directed toward specific communities to reduce inequities. Tobacco related deaths are preventable—without funding, health inequities, including deaths, will remain.

Current funding cannot simply be redirected for the following reasons:

The current CDC cooperative agreement has strict guidelines that limit the program's ability to be innovative.

Current state funding is youth-focused, which limits the program's ability to center individuals with behavioral health disorders, such as mental illness and substance use disorders. For example, the program is unable to purchase Nicotine Replacement Therapy (NRT) with state funds, because NRT cannot be provided to youth without a prescription.

Current funding levels do not allow the program to work as collaboratively as they would like with local partners to address systemic inequities.

### **Detailed Assumptions and Calculations:**

Grant Activities, all ongoing

\$1,080,000 for Regional Grants—Nine regions will each receive \$120,000 to continue and expand tobacco prevention and cessation work, with a focus on reducing inequities.

\$725,000 for Community Behavioral Health Inequities Grants—Funding for community driven approaches to tobacco prevention and cessation work among individuals with mental health and substance use disorders. Approaches will be community driven and may include evidence-based programs such as the Learning About Healthy Living curriculum. Funding level will be based on capacity and selected through a Request for Applications (RFA) process.

\$720,000 for Priority Population Grant Funding—Six priority population contractors will each receive \$120,000 to continue and enhance community-driven tobacco prevention and cessation work with a focus on reducing inequities, including behavioral health inequities.

Media Campaigns, all on-going

\$750,000 for Youth Tailored Media Campaigns—Six contractors will each receive \$125,000 for community driven, youth-focused media campaigns. Campaigns will focus on reducing inequities through tailoring for disproportionately impacted communities.

\$300,000 for Adult Cessation Campaign—Funding for a single contractor that focuses on adult tobacco cessation to promote services available for insurance coverage. Messages will be focused and tailored for disproportionately impacted communities.

Other Specific Activities to Reduce Inequities, all on-going

\$700,000 for American Indian/Alaska Native Culturally Appropriate Cessation Support—Funding will be used to convene a Tribal Roundtable to develop community driven strategies for cessation and for ongoing support to implement the strategies.

\$100,000 for a Menthol Specific Focus Project—Funding will be used to obtain technical assistance from the Center for Black Health and Equity to develop a focused initiative to address menthol cigarette and other menthol flavored tobacco products.

Other Cessation Activities (Including Health System Approaches), all ongoing

\$125,000 for the Washington State Quitline—Support to expand behavioral health services and transition to a digital platform (which should benefit communities more likely to access services online and via text). The program expects approximately \$40,000 will be needed for digital expansion and the remainder will be used to increase access for behavioral health clients, including purchase of Nicotine Replacement Therapy (NRT).

\$75,000 for Information Dissemination—Funding to develop and store materials so they can be distributed to community providers on demand and free of charge.

\$50,000 for Provider Education—Funding to develop courses and CME webinars for providers.

\$50,000 for the 2Morrow Health App—Funding will increase the number of activations for the app and develop additional modules.

To support the enhanced activities in this proposal, DOH will need:

1.0 FTE Health Services Consultant 3 (HSC3) at \$119,000 per fiscal year for ongoing staff capacity to manage a minimum of 7 new tobacco-related media contracts. Staff will develop and implement the required competitive process, manage the contracts, provide technical assistance, and serve as the subject matter expert for tobacco-related media for all regional, community and priority population contractors. Current funding is for a non-permanent position for a short-term campaign effort and is scheduled to end June 30, 2023.

Other Specific Activities to Reduce Inequities, all on-going

1.0 FTE (HSC3) at \$119,000 per fiscal year to coordinate efforts at the intersection of tobacco and health within the Youth Cannabis & Commercial Tobacco Prevention Program, across DOH, and with other state agencies and local partners. Staff will focus on work to coordinate tobacco efforts with other health issues, including chronic diseases like diabetes, cancer, heart disease, lung disease, stroke, and behavioral health disorders, as well as pregnancy, breast/chest feeding, and social determinants of health (economic stability, healthcare and quality, neighborhood and build environment, social and community context, and education access and quality).

0.5 FTE (HSC3) at \$60,000 per fiscal year to manage the Community Behavioral Health Inequities Grants. DOH expects to have a minimum of 10 new contracts for community agencies or organizations. Staff will implement the competitive process, serve as contract manager for the grantees, and provide technical assistance. Additionally, this position will serve as the contract manager for the community grant program funded through cannabis funds, that focuses on community driven strategies to build healthy communities through tobacco and/or cannabis prevention. Funding from this proposal will be supplemented by funding from the cannabis program to hire a full-time staff position.

\$87,000 for support services staff, such as fiscal support staff and contracts and grant support staff.

### **Workforce Assumptions:**

Workforce Assumptions					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
2.5	HEALTH SERVICES CONSULTANT 3	\$188,000.00	\$76,000.00	\$10,000.00	\$19,000.00
1.0	FISCAL ANALYST 2	\$55,000.00	\$27,000.00	\$0.00	\$0.00
0.5	HEALTH SERVICES CONSULTANT 3	\$24,000.00	\$12,000.00	\$0.00	\$0.00
<b>4.0</b>		<b>\$267,000.00</b>	<b>\$115,000.00</b>	<b>\$10,000.00</b>	<b>\$19,000.00</b>

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

## Strategic and Performance Outcomes

### Strategic Framework:

This proposal aligns with the Governor’s Results Washington: Healthy and Safe Communities goal area and DOH cornerstone values of equity, innovation, and engagement. The activities in this proposal will systematically promote equity. They will be co-created by communities disproportionately impacted by commercial tobacco use.

This proposal also aligns with the department’s Transformational Plan objectives:

- I. Health and Wellness – but addressing WA resident’s ability to attain full health potential by providing education and cessation support.
- II. Health Systems and Workforce Transformation – by working with vendors and healthcare to promote transparency, equity and trust.

### Performance Outcomes:

Research suggests that a person may smoke for mood-enhancing effects, social factors, and to alleviate stress. We expect this proposal to address the root causes of tobacco use and help build resiliency and protective factors for youth and adults so they never use tobacco or become tobacco-free.

Youth prevention related outcome measures will use Healthy Youth Survey information in 10<sup>th</sup> graders for current commercial tobacco use statewide, by specific race/ethnicity, and initiation of use before age 14. The 2021 Healthy Youth Survey showed a significant decrease in tobacco use for 10<sup>th</sup> graders compared to 2018 results (from 5% for current cigarette use and 21% for current vapor product use to 2% for current cigarette use and 8% for current vapor product use) and DOH will maintain that statewide use rate, while aiming to decrease the rate of current use by 2% by 2027. Additionally, DOH will prioritize 10<sup>th</sup> grade populations that have higher rates of tobacco use (cigarettes and vapor products), including American Indian/Alaskan Native (9.9% and 28.1%), Native Hawaiian/Pacific Islander (8.1% and 20.4%), Black/African American (7.8% and 19.3%), Hispanic/Latino (5.2% and 21.3%), and LGBTQ+ populations (10.5% and 30.4%). DOH aims to decrease use for each priority population by 3% for cigarettes and 5% for vapor products by 2027.

Adult cessation measures will use Behavioral Risk Factor Surveillance System (BRFSS) data, and review current adult use statewide, and by specific priority populations. The Leadership Academy in April 2022 set a goal of lowering the rate of current smoking among Washington adults with poor mental health from 21.6% (2020 BRFSS) to 16.6% by 2027 and lowering the rate of current smoking among Washington adults who heavily drink from 23.2% (2020 BRFSS) to 18.2% by 2027. These data serve as proxies for mental health and substance use disorder rates and tobacco use.

Specific to behavioral health facilities, DOH uses the Substance Abuse and Mental Health Services Administration’s Behavioral Health Facilities Directory, and measures whether facilities have a comprehensive smoke-free policy and offer tobacco cessation screening, counseling, and other supports. The following table shows the areas where Washington falls below the national average. DOH aims to increase these percentages till they meet or exceed the national average by the end of FY 2027. For those areas that are above the national average, DOH will aim to increase the percent by 5% by the end of FY 2027.

## Equity Impacts

### **Community outreach and engagement:**

The disproportionately impacted communities in this proposal were identified through data and ground-truthed in discussions with community partners in tribal communities, nonprofit community organizations, health care providers, current tobacco contractors and the statewide tobacco coalition. In addition, this proposal is building on funding that was advocated for by community partners during the previous legislative session.

### **Disproportional Impact Considerations:**

Commercial Tobacco use is pervasive in our focused communities. Our proposal specifically reaches out to the marginalized communities impacted by commercial tobacco, and we cannot identify any communities that maybe marginalized or disproportionately impacted by our proposal.

<sup>7</sup> [PolicyLink](#). Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change.

<sup>8</sup> In 2014, the CDC recommended states allocate \$9.1 million annually for tobacco media campaigns.

### **Target Populations or Communities:**

The activities in this proposal are based on the principle<sup>5</sup> that communities disproportionately impacted by tobacco are the same communities that hold the solutions. The activities are also in alignment with CDC's investment recommendations for community intervention strategies for comprehensive statewide tobacco control. Communities are the experts who know best how to implement effective cessation and prevention activities in their communities. Therefore, most of the funding in this proposal will go out through grants, contracts, and other mechanisms to community-based organizations and local partners. Those entities will work directly with impacted community members to tailor interventions, messages, and channels in a way that most resonates with the community. As an example, the Asian Pacific Islanders Coalition Advocating Together for Health (APICAT) has leveraged partnerships in the community to implement tobacco prevention and cessation activities, including:

- Working with the Korean Grocers Association on retailer education

- Promoting the Asian Smokers Quitline, which provides cessation support in multiple languages like Cantonese, Mandarin, Korean, and Vietnamese

- Using video games popular in their communities like Minecraft, to discuss social determinants of health with youth.

This proposal includes \$750,000 for Youth Tailored Media Campaigns. For this activity, six contractors will each receive \$125,000 for community driven, youth-focused media campaigns. While this amount is significantly less than the \$9.1 million recommended amount of funding towards media campaigns<sup>6</sup>, it allows smaller community-based organizations like APICAT to lead the work. This approach is based on a model used by DOH's cannabis program, which has contracted with organizations formed by primary members of the communities they serve. As one specific example, the Center for Multicultural Health created the [Stand Out](#) campaign tailored for African/African American youth. The peer education program aims to empower youth with the skills and knowledge to advocate for healthy drug-free lifestyles and equitable, inclusive communities. Youth leaders assist with the production and recording of the STANDOUT podcast, are featured in ads, and help drive the social content. Their campaign messages have reached more than 700,000 youth.

## Other Collateral Connections

### ***Puget Sound Recovery:***

N/A

### ***State Workforce Impacts:***

N/A

### ***Intergovernmental:***

#### Anticipated Support:

Tribal Governments would receive fiscal support to address commercial tobacco prevention and cessation in their communities. They would drive the project from start (tribal leaders roundtable) to finish (implementation and evaluation).  
Local Commercial Tobacco Prevention Programs would have increased fiscal support to continue their work in communities to address commercial tobacco cessation and prevention.  
DOH Comprehensive Cancer Program would have more resources to leverage partnership opportunities to address commercial tobacco cessation among those with a cancer diagnosis or cancer survivors.  
DOH Heart, Diabetes, and Stroke Program would have more resources to leverage partnership opportunities to address commercial tobacco cessation and prevention.  
DOH Oral Health Program would have more partnership opportunities to address oral health and tobacco use, and leverage resources to better educate dental providers on cessation counseling.

### ***Stakeholder Response:***

#### Anticipated Support:

American Indian Health Commission  
American Cancer Society  
Campaign for Tobacco Free Kids  
American Lung Association  
American Heart Association  
Center for Multicultural Health  
Asian Pacific Islander Coalition Advocating Together for Health  
El Centro de la Raza  
Seattle's LGBTQ+ Center  
Prevention Alliance

#### Possible Opposition:

Local retailers and business associations that represent vapor product stores or smoke shops.

### ***State Facilities Impacts:***

N/A

### ***Changes from Current Law:***

N/A

### ***Legal or Administrative Mandates:***

N/A

## Reference Documents

[Tobacco - DP.docx](#)

[Tobacco - FnCal.xlsm](#)

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?***

No



## Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$267	\$266	<b>\$533</b>	\$266	\$266	<b>\$532</b>
Obj. B	\$115	\$113	<b>\$228</b>	\$113	\$113	<b>\$226</b>
Obj. E	\$21	\$19	<b>\$40</b>	\$19	\$19	<b>\$38</b>
Obj. J	\$10	\$0	<b>\$10</b>	\$0	\$0	<b>\$0</b>
Obj. N	\$4,675	\$4,675	<b>\$9,350</b>	\$4,675	\$4,675	<b>\$9,350</b>
Obj. T	\$19	\$19	<b>\$38</b>	\$19	\$19	<b>\$38</b>

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