

**Missouri
Comprehensive Tobacco Control**

**2016–2021
Health Communications Plan**



Coordinated by:

**Missouri Department of Health and Senior Services
Division of Community and Public Health
Section of Community Health Services and Initiatives
Bureau of Community Health and Wellness
Comprehensive Tobacco Control Program**

Missouri Comprehensive Tobacco Control Health Communications Plan

Goal: To regularly educate leaders, decision-makers, and the public about the dangers of tobacco use, the dangers of exposure to secondhand smoke (SHS), the importance of cessation including support of cessation, and the need to eliminate tobacco-related disparities in various population groups in the state.

1. To accomplish the goal, the Comprehensive Tobacco Control Program (CTCP) and Tobacco Free Missouri (TFM) will work collaboratively to establish an effective communication system with partners at the state and local levels. The responsibility for health communications will be shared between the state program, TFM, and other partners.
2. To guide the communications efforts, a Communications Group (CG) will be established to include CTCP, TFM, TFM Youth, media, decision-makers, chronic disease representatives, and other partners (adults and youth).

How will communications and messages be identified and developed?

1. All communications for the public, policy-makers, decision-makers, stakeholders, and partners will be written in plain language.
2. Missouri specific data and results of tobacco control efforts will be used in compelling ways to get people involved, to impact policy change, and to share the importance of tobacco control.
3. Communications will focus on health and/or will illustrate the return on investment in tobacco control.
4. Current disparate populations with higher tobacco use rates, more exposure to SHS, or targeted by pro-tobacco are lesbian, gay, bisexual, transgender (LGBT); adolescents (up to age 24); low socioeconomic status (SES); rural; Medicaid or uninsured; black or multi-racial; and mental health conditions. The CG will work with representatives of the specifically identified populations to:
 - a. Identify or develop effective, culturally appropriate messages to counter the impacts of the specific issue (initiation, tobacco use, SHS exposure).
 - b. Identify appropriate messengers.
 - c. Test messages, messengers, and venues, as needed, to assure they will reach and have an impact on the targeted populations.
5. The CG will work with individuals who are (or were) decision-makers to determine the most effective messages to reach policy-makers, decision-makers, and their staff.
6. A variety of communication tools and methods will be identified, developed, and/or updated, including, but not limited to:
 - a. Success stories and testimonials.
 - b. Fact sheets.
 - c. Studies and reports.
 - d. Face-to-face meetings, trainings, and events such as town hall forums.
 - e. Social media and web presence.
 - f. Plain language templates and samples for news releases, letters to the editor, social media messages, etc.
7. A calendar of messages designed for targeted state or national observances (e.g. Heart Month, Great American Smokeout) will be created and posted on TFM's website. Partners

will be regularly reminded of the calendar and encouraged to use the messages or modify the messages to meet the needs of their constituents.

What media venues will be used?

1. On-going, paid statewide media campaigns will be used to create demand for cessation services, promote smokefree environments, and encourage remaining tobacco-free:
 - a. The CG will look at how tobacco is marketed and use similar techniques to counter those messages.
 - b. Social media and earned media will be used to complement the paid media.
 - c. Funding will continually be sought to support paid campaigns.
2. The CG will inventory existing and potential media outlets, determine who is using each, and keep up-to-date on the latest to allow the greatest reach of communication efforts.
3. The CG will work with representatives of the specifically identified populations to identify and use effective message venues.
4. The CG will include those who are (or were) decision-makers to determine the most effective venues to reach policy-makers, decision-makers, and their staff. Venues may include face-to-face meetings and events, reports, studies, fact sheets, data, and sound bites.
5. To regularly educate the media and the public, venues will be chosen based on their highest use by targeted populations and for specific messages. Venues may include paid media, earned media, social media, face-to-face, reports, studies, fact sheets, sound bites, podcasts, YouTube, webinars, success stories, etc.
6. State and local partners, stakeholders (potential and existing), contractors, and others will regularly receive updates, progress reports, and new research via venues most appropriate to the topic. These venues may include email, list servs, social media, face-to-face, reports, studies, fact sheets, sound bites, podcasts, YouTube, webinars, etc.
7. Advocacy efforts for policy-makers/decision-makers will be coordinated among partners and spokespersons.
8. Regular collaboration with chronic disease programs and grants will be done to assure messages are disseminated through existing networks.

How will individuals, partners, and groups develop and improve communication skills?

1. An assessment will be conducted to determine the communications needs, skills, tools, and materials of partners, stakeholders, spokespersons, coalitions, contractors, etc.
2. Based on the assessment results, a variety of “how to’s” and trainings will be developed or identified and offered or recommended.
3. Communication tools and materials will be shared across the partnership.
4. State and local leaders (spokespersons), both adult and youth, will be identified and trained to communicate the value of tobacco control to the public, the media, partners, potential partners, and policy-makers using a variety of tools and methods based on what is identified as appropriate to the audience.

Examples of messages and health communications needed:

1. The burden of tobacco in Missouri.
2. Evidence-based, best-practices solutions for reducing the burden.
3. Missouri needs to fund a best-practices, evidence-based comprehensive tobacco control program.
4. Underfunded efforts in comprehensive tobacco control put the health of Missourians at risk.

5. Funding a comprehensive tobacco control program is a wise investment.
6. State and local tobacco control activities, outcomes, and successes.
7. Communicating new tobacco control research.
8. Documentation, information, and education on what is most effective for specific constituencies.
9. Effective messages on the health effects and financial costs of SHS.
10. How to counter influences on youth and young adults to use tobacco.
11. Practices that promote tobacco and tobacco use (e.g., product placement, lobbying, images in movies).
12. The benefits of creating tobacco-free environments for children, youth, and young adults.
13. Tobacco control efforts protect the state's and community's future.
14. Increasing the price of tobacco products:
 - a. Decreases initiation and use among youth,
 - b. Is not a regressive tax on lower income individuals but decreases their use.
15. The disparate health effects and financial costs experienced by various populations.
16. The importance of quitting and assistance available for those who want to quit.
17. The effectiveness of the Missouri Tobacco Quitline.
18. Investment in local cessation efforts is needed.
19. Cessation is a US Preventive Services Task Force (USPSTF) "A" grade service. Most private insurance plans are required to provide "A" treatment at no cost to the insured. The most recent USPSTF ratings recommend both behavioral interventions (counseling) and U.S. Food and Drug Administration approved cessation medications, including over-the-counter nicotine replacement therapy.