



**OFFICE OF THE
SECRETARY**

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September 29, 2008

Dear Governor Rounds and State Legislators:

I am pleased to provide an annual report of the activities of the Tobacco Control Program for FY 08 as required by SDCL 34-46-11. This report can also be access via the Department of Health's website at <http://doh.sd.gov/Tobacco/>.

This was the first year of increased funding from the cigarette tax for tobacco prevention and control efforts. With the increased funding, the Department of Health has expanded QuitLine services to include free cessation products and offer a third opportunity for tobacco users to use the QuitLine. Since it began in January 2002, the QuitLine has assisted nearly 35,800 South Dakotans in their efforts to quit. The department has also expanded its public education and messaging efforts to include focused campaigns for pregnant women, young adults, and Native Americans. Finally, the Department of Health has expanded its efforts in the area of school and community-based programming to support local activities designed to reduce tobacco use, limit exposure to secondhand smoke, and implement tobacco-free policies and programs.

If you have any questions concerning this report, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink, reading "Doneen B. Hollingsworth". The signature is written in a cursive style.

Doneen B. Hollingsworth
Secretary of Health

South Dakota Department of Health Tobacco Control Program Annual Report Fiscal Year 2008

Tobacco use remains the leading cause of preventable death in South Dakota. More deaths are caused each year by tobacco use than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders *combined*.

In South Dakota, the Department of Health (DOH) is the lead agency for the statewide management of tobacco use prevention and cessation efforts. The Tobacco Control Program (TCP) works to reduce the morbidity and mortality caused by tobacco use, and focuses efforts in three goal areas:

- Reduce the number of young people who start using tobacco;
- Increase the number of people who quit using tobacco; and
- Reduce the number of nonsmokers exposed to secondhand smoke.

The TCP is involved in a variety of activities that are designed to achieve these goals – all of which are based on the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs (1999 and 2007)*. The nine components of comprehensive tobacco control are: (1) community programming; (2) linkage to chronic disease programs; (3) school programming; (4) linkage to enforcement of tobacco control policies; (5) statewide programming; (6) counter-marketing; (7) cessation programming; (8) surveillance and evaluation; and (9) administration and management. The following summarizes program efforts in each of the nine component areas.

❖ **Community Programming**

Community-based programs are an effective part of comprehensive prevention efforts and involve local community members such as business leaders, health care providers, school personnel, young people, parents, and others interested in tobacco prevention and control efforts.

During FY 2008, the DOH contracted with the Department of Human Services (DHS) to facilitate community-based tobacco prevention programming. Through this contract, DHS awarded 15 communities up to \$46,000 each to support community-wide tobacco prevention efforts. Awards were made through a competitive RFP process and based on applications received, population served, activities proposed, and available funding. The program offered each community technical assistance throughout the year from a local prevention specialist. Community-based coalitions funded included: Mitchell, Rapid City, Sioux Falls, Sturgis, Watertown, Belle Fourche, Spearfish, Yankton, Aberdeen, Brookings, Pierre, Ft. Pierre, Canton, Lead-Deadwood, and Mission. Local prevention specialists were funded to provide assistance to coalitions in the form of meeting facilitation, project organization, technical assistance, training, and other needs as they arose.

DHS held regional informational meetings for coalitions interested in applying for funding through the RFP process to gain information and technical assistance in applying for the community prevention grant. Once awards were made, regional one-day coalition trainings were held for the funded coalitions to provide information on the goals of the TCP, current tobacco use prevalence data, information on effective, evidence-based comprehensive tobacco prevention and control interventions, coalition building, member recruitment,

sustaining a coalition, and technical assistance on all required grant documentation. Other additional regional meetings were held throughout the fiscal year to encourage networking and idea sharing among the coalitions. In March, DHS conducted regional feedback meetings to gather comments and suggestions from the grantees regarding the application process, required paperwork, and other requirements of the grant. In April, the Spring Tobacco Prevention Institute was held with representatives from most of the coalitions and local prevention specialists in attendance. Evaluations of the Institute were very positive.

Community-wide coalitions carry out a variety of tobacco prevention activities throughout the year. During the past year, examples of the efforts conducted at the local level include:

- Working with employers to encourage tobacco cessation and tobacco-free policies to protect nonsmokers and support employees who are trying to quit using tobacco;
- Working with healthcare providers who offer perinatal education and cessation support to expectant and new parents on the dangers of tobacco not only to the mother smoking, but also the baby and others in the home;
- Providing education and counter-marketing to the public about the dangers of tobacco use and secondhand smoke, including messages specifically for American Indian people in South Dakota;
- Increasing awareness of credible cessation services for the general public available through health care providers, schools, and others within their community;
- Promoting tobacco-free lifestyles and smoke-free/tobacco-free options where people can live, work, and play;
- Reinforcing the "social norm" that the majority of people do not use tobacco;
- Providing culturally-sensitive tobacco prevention education and messaging about the dangers of commercial tobacco use; and
- Working with the community members during a smoke-free homes and cars campaign to reduce secondhand smoke and increase cessation.

❖ **Linkage to Chronic Disease Programs**

Addressing tobacco prevention in conjunction with chronic disease programs ensures wider dissemination of information. This linkage also leads to a broad range of methods to increase prevention and cessation efforts, especially for people with diseases exacerbated by tobacco use.

The TCP works closely with chronic disease programs such as the Diabetes Prevention and Control Program, the *All Women Count!* Breast and Cervical Cancer Control and Chronic Disease Screening Programs, Comprehensive Cancer Control, and Healthy SD (physical activity and nutrition and cardiovascular health). Staff collaborate to promote cessation and educate the public about the dangers of tobacco use and the harmful effects of secondhand smoke. Examples of efforts include:

- Information about the South Dakota QuitLine (QL) and tobacco prevention is included in educational and communication materials of chronic disease programs. For example, information about the QuitLine was sent to 1,600 newly enrolled in the Breast and Cervical Cancer Control Program. The Diabetes Prevention and Control Program provides a diabetes case management program to clinicians, which includes reminders to ask patients about tobacco use and document advice and referrals to help them quit. The system is designed to encourage professionals to consistently advise patients who use tobacco to quit. It also allows the clinician to monitor their impact on patient behavior. The Diabetes Prevention and Control Program also includes QuitLine

information on their educational materials. HealthySD staff work with the TCP to promote the QuitLine and tobacco-free policy information to the public through various projects, such as worksite wellness materials which are given to employers across the state and the Healthy Hunter Campaign.

- Tobacco cessation and prevention information is linked to websites for *All Women Count!*, Diabetes Prevention and Control Program, and Healthy South Dakota.
- The *All Women Count!* Program (providing cancer, cardiovascular, and diabetes screening) uses clinician manuals on treating tobacco cessation and QL referral materials, developed and distributed with support from the TCP.
- Provided tobacco cessation information to dental professionals statewide, through various mailings to the 300+ dental offices in the state, professional newsletters, and exhibits at their annual dental conventions (attended by over 650 dental professionals).
- Provide information to public, private and BIA schools statewide through the online newsletter, *News Infused*.
- QuitLine information was shared statewide to men during Men's Health Week through posters, articles, and public service announcements.
- Information about the SD QuitLine and the health hazards of secondhand smoke was provided to private health care facilities for clients and to thousands of families served by the Women Infants and Children (WIC) program.
- Collaborated with the Department of Social Services (DSS) to deliver audiovisual and printed materials regarding tobacco prevention and cessation to clients.
- Collaborated with the Bureau of Personnel (BOP) to promote the QuitLine expansion to state employees through the BOP e-newsletter.

In addition to working with state programs that address chronic disease, the program also works with health care providers serving people with chronic disease. In February, the TCP ran a full-page ad in *South Dakota Medicine* promoting the expansion of the South Dakota QuitLine. The publication is distributed to over two thousand healthcare professionals in the state. The TCP also mailed information regarding QuitLine expansion to over 1,800 healthcare professionals (i.e., physicians, physician assistants, nurse practitioners, and dentists).

Employers are another point of access for impacting people with chronic disease. The TCP continued to provide resources and toolkits to encourage tobacco cessation and policies to protect employees from secondhand smoke.

❖ **School Programming**

In FY 08, the TCP awarded tobacco prevention grants to 56 public, tribal and private school districts in order to improve and promote tobacco control. The award amounts range from \$500 to \$60,000 and were based on enrollment of 100 students or more. A couple of examples of activities include:

- Students from Beresford school district partnered with USD students, to facilitate "Teens Against Tobacco Use" activities during the Great American Smoke-out; and
- Mitchell School District's student-led tobacco coalition, hosted several school-based tobacco prevention activities, designed and maintained a school-based tobacco prevention website, and participated in a live radio broadcast to promote tobacco prevention.

The TCP also provided funding to 13 postsecondary institutions with grants ranging from \$5,000 to \$25,000. The purpose of the grants is to reduce tobacco use and exposure to others' tobacco use, as well as enhance the education of students who may one day be in a position to

provide health and wellness information to others. Tobacco prevention staff are designated to provide technical assistance to each grantee, and reports summarizing grantee efforts are required to ensure appropriate use of the funding. Some examples of the school-based tobacco prevention activities include:

- Oglala Lakota College in Kyle and Mount Marty College in Yankton adopted a Tobacco Free Buildings and Grounds Policy with no tobacco promotion allowed. As a result, tobacco use of any kind is prohibited anywhere within the campus buildings and grounds including residence halls and all vehicles parked on property, owned by the postsecondary institution. No promotion of tobacco products is allowed on campus and the institutions do not allow distribution of materials with tobacco products and/or company images.
- Mount Marty College infused tobacco prevention education into health related majors.
- Black Hills State University enhanced tobacco policy and infused tobacco prevention education into health and wellness courses.
- Dakota Wesleyan University established a student-led tobacco prevention campus coalition.
- South Dakota State University infused tobacco prevention lessons into health courses.

Studies have shown that there are school-based tobacco prevention programs which reduce or delay smoking. The impact of these programs can be increased by conducting other efforts, such as counter-marketing and community-wide prevention efforts including promoting tobacco-free policies. TCP staff work with others such as the staff in the Department of Health, Department of Education, Coordinated School Health Program, prevention resource centers, and local coalitions to encourage schools to implement evidence-based, tobacco prevention curricula and programming.

In addition to grant funding, the TCP offered resources to additional schools interested in implementing tobacco-free policies and programs. Examples of some activities involved in school programming include:

- Partnered with the South Dakota Education Resource Center to incorporate interactive tobacco prevention content appropriate for elementary students, grades K-6 into its health education website (www.healthedventure.org). This ensures free access to tobacco prevention content for K-6 school personnel, students, and parents;
- Provided training and materials to more than 123 teachers and 29 school districts to enable them to use evidence-based tobacco prevention curriculum;
- Prepared more than 372 middle and high school students from more than 31 different communities to be mentors to younger children and educate others about the dangers of tobacco use using the American Lung Association's Teens Against Tobacco Use (TATU) program;
- Partnered with the Minnesota Institute of Public Health to create and provide a Tobacco Prevention Toolkit to over 85 school districts and 14 post secondary institutions;
- Collaborated with Coordinated School Health to provide tobacco prevention information to over 600 educators regarding school health issues; and
- Partnered with Black Hills State University to evaluate year one of the Tobacco Prevention Grants Program by measuring the number of schools that have improved their tobacco policies and implemented tobacco prevention education.

❖ **Linkage to Enforcement of Tobacco Control Policies**

Enforcing tobacco control policies sends a message to the public that such policies are important and supports the social norm that most people do not use tobacco.

The TCP works to support tobacco-free policies as a means of reducing negative role modeling to children and protecting nonsmokers from secondhand smoke. Support includes supplying educational materials about the dangers of tobacco use, signage about existing policies and state law, and sample policies for organizations interested in voluntary smoke-free and tobacco-free policies. In FY 2008, the TCP provided aluminum (policy reminder) signs to numerous schools, businesses, health care facilities, and tribal entities across the state that provide a smoke- or tobacco-free environment. The TCP lists South Dakota organizations who have voluntarily gone tobacco-free or smoke-free for the health of their employees and customers, even though not required to do so. This listing is available on the TCP website (<http://doh.sd.gov/tobacco>) and represents organizations that have notified the Department of Health of their policy and also directs them to how to add their establishment if tobacco-free.

❖ **Statewide Programming**

Statewide programming increases the effectiveness of local efforts, enhances the skills and resources of local prevention volunteers, and makes valuable use of resources that would otherwise be difficult for individuals and local organizations to obtain. Examples of statewide programming conducted by the Tobacco Control Program include:

- Supported and encouraged employers and organizations to implement tobacco-free policy and support tobacco cessation by providing additional tools and resources to employers and community members working on tobacco prevention. Business kits with information about implementing tobacco-free policy and supporting employee cessation are distributed around the state and a tobacco-free webpage was launched at www.healthysd.gov/tobaccofree.html. Both of these projects help employers provide an environment that offers the opportunity and resources to optimize the health and well-being of employees and the customers who do business with them. Parks and recreation groups are provided with information and resources to promote and support tobacco-free environments for children and families.
- Provided members of the South Dakota Tribal Tobacco Coalition, staff from Aberdeen Area Tribal Chairmen's Health Board (AATCHB), and other tribal agencies and communities with commercial tobacco prevention resources, including radio, print, and TV media produced specifically for American Indian people in the state. Materials from this campaign were public-service award winners in competitions at the state and regional level for the American Advertising Federation.
- Supported the efforts of medical, dental, and other health professionals and organizations around the state to advise patients to quit using tobacco. The TCP also provided educational and written materials, such as the "You Can Quit" series to clinicians serving a variety of other populations as well.
- Shared tobacco-related resources and materials with public and private organizations and individuals. The program distributed more than 185,000 free public education materials to 69 cities and 432 organizations. For example, information about the SD QuitLine and the health hazards of secondhand smoke were provided to private health care facilities for clients and to thousands of families served by WIC, clients of the *All Women Count!* Breast and Cervical Cancer Program and DSS clients (i.e., Medicaid and TANF). Other recipients of educational and cessation resources included clinicians in private and public health practice across the state, tribal and IHS health facilities, and the Ronald McDonald Care Mobile. The program also shared resources with statewide

groups such as the Municipal League at their annual conference, the South Dakota Tribal Tobacco Coalition, the Oral Health Program, and staff working to address cardiovascular health and physical activity, as well as dental professionals to coordinate ongoing efforts to reduce death and disease caused by tobacco use.

- Partnering with the South Dakota State Medical Association to provide education to providers on the current edition of the *Public Service Guidelines for Treating Tobacco Use and Dependence* and to prepare and publish a special issue of the *South Dakota Medical Journal* related to tobacco control and prevention.
- Partnering with the Delta Dental Dakota Smiles Mobile to provide QuitLine and cessation information and referrals. The program provides educational materials for patients and families regarding tobacco cessation, prevention, and secondhand smoke. In addition, each mobile unit also displays the South Dakota QuitLine logo.
- Partnering with the South Dakota Dental Association to train regional coordinators to provide continuing education workshops for dental professionals on tobacco cessation. This will increase the number of oral health professionals that advise patients to quit using tobacco and make referrals to the QuitLine.
- Partnered with the AATCHB to develop a training module on the *Public Health Service Guidelines for Treating Tobacco Use and Dependence* and to provide continuing education to healthcare providers serving American Indians; and
- Partnered with the Healthy Start program to provide information on tobacco cessation and secondhand smoke to high risk pregnant women on South Dakota Indian Reservations.

❖ **Counter- Marketing**

Tobacco products are among the most intensely advertised and promoted products in the United States. According to the National Cancer Institute and Federal Trade Commission, manufacturers reported spending over \$13 billion on marketing expenditures in 2005, which amounts to \$37 million per day on average. Nearly \$11 billion was spent on “price discounts paid to retailers or wholesalers to reduce the price of cigarettes to consumers” – the largest single category of expenditures reported by the tobacco manufacturers.

While the industry also reported spending on advertising intended to reduce youth smoking, a recently published study in the *American Journal of Public Health* indicates that tobacco industry advertising targeted at youth has little or no beneficial effects on their smoking behavior. In addition, the study found that youth exposed to industry-sponsored ads which encourage parents to talk to their children about smoking, was associated with lower perceived harm of smoking, stronger approval of smoking, stronger intentions to smoke in the future, and greater likelihood of having smoked in the past thirty days.

Evidence from controlled field experiments and population studies shows that mass media campaigns designed to discourage tobacco use can change youth attitudes about tobacco use, curb smoking initiation, and encourage adult cessation. The initiation effect appears greater in controlled field experiments when mass media campaigns are combined with school- and/or community-based programming. Many population studies document reductions in smoking prevalence when mass media campaigns are combined with other strategies in multi-component tobacco control programs. Therefore, it is important to conduct counter-marketing and other components of comprehensive tobacco control to counteract pro-tobacco influences.

The TCP conducted a variety of media campaigns to counter pro-tobacco influences including:

- Pregnant Women/Parents Secondhand Smoke Campaign (October 2007-February 2008) – Ran television, radio, and billboard ads focusing on the harmful effects of secondhand smoke on children. Ads were placed during timeslots frequently watched by women and families. Secondhand smoke radio ads and billboards produced by the program especially for American Indian audiences were also run during this campaign.
- Young Adults (February 2008- June 2008) – Ran radio and television ads featuring South Dakota college students to prevent initiation of tobacco use.
- American Indian Campaign (April-June 2008) – A radio, print, and TV campaign produced for the TCP ran statewide in communities with significant American Indian populations.
- Mothers Day Print Ad Campaign (April-May 2008) – Ran print ads in newspapers statewide that encouraged mothers (and parents) to protect their children from secondhand smoke.
- Youth Prevention Campaign (June 2008-September 2008) – The campaign used television and radio ads used successfully in other states to prevent initiation of tobacco use and to inform youth of the dangers of secondhand smoke. Ads were placed on networks that were highly rated among youth and young adults.

The TCP also provided counter-marketing support and technical assistance to school districts and post-secondary institutions across the state. The TCP also provided cessation and secondhand smoke messaging to DOH and DSS clients statewide and new parents through the Bright Start Welcome Box. The TCP also provided information and materials at no cost through mailings and public events as well as through the DOH webpage (<http://doh.sd.gov/catalog.aspx>).

❖ **Cessation Programming**

According to data from the 2006 Behavioral Risk Factor Surveillance System (BRFSS), 20.3% of adult South Dakotans are current smokers. More than 70% of smokers want to quit but few succeed without help. According to the CDC publication *Coverage for Tobacco Use Cessation Treatments*, tobacco cessation treatment at least *doubles* quitting success rates. Tobacco use cessation treatment is the single most cost-effective health insurance benefit for adults that can be provided to employees.

The South Dakota QuitLine provides statewide access to toll-free, telephone cessation counseling and also offers free nicotine replacement patches, nicotine replacement gum, or prescription medication to participants. As of June 30, 2008, the QuitLine has provided cessation services to 37,219 individuals since it started in January 2002 and over 3,800 tobacco users in calendar year 2007. According to data for calendar year 2007, the sixth year of operation, the statewide QuitLine demonstrated a 29% quit rate. This represents quit status 12 months after quitting for respondents reached at follow-up. In comparison, only about 5% of people who try to quit on their own are still abstinent a year later.

The QuitLine has addressed many barriers that hinder attempts to quit using tobacco. For example, the services are provided in the privacy of one's own home at a time most convenient for them. Support of healthcare providers continues to be very strong. In addition to supporting the statewide tobacco QuitLine, the Tobacco Control Program has provided other cessation education and resources to health care professionals and employers around the state. Examples of the resources are written materials with quit tips for patients, quit kits with materials and ideas to help them overcome nicotine withdrawal and cravings, and resources to

improve the ability of healthcare professionals to consistently encourage tobacco cessation. Additional details are described in the "Statewide Programming" section of this report.

❖ **Surveillance and Evaluation**

Monitoring tobacco-related behaviors and attitudes provides valuable information about progress toward goals and prevalence of tobacco use. Whenever possible the most recent data available (CY 2007) are reported. The source and date of the data is included in the information provided in the attachment to this report.

The Youth Tobacco Survey (YTS) was conducted in middle schools across the state in the fall of 2007. Key findings from this survey, and other tobacco-related data, are found at the end of this report. The full report, along with other surveillance data, can be found on the TCP's webpage at <http://doh.sd.gov/tobacco>.

In an effort to streamline data collection and reduce the number of surveys conducted in schools, the TCP collaborates with the Departments of Education and Human Services to administer the Youth Risk Behavior Survey (YRBS) to obtain data about tobacco use among high school students. Results from the 2007 YRBS, along with the 1995-2005 YRBS Trend Report, are available on the DOH website (<http://doh.sd.gov/Statistics/default.aspx>).

There was a 3% reduction in the percentage of high school respondents that were current smokers from 2007 to 2005 (25% vs. 28%) and a 2% decrease among middle school respondents in 2007 from 2005 (6% vs. 8%). Spit tobacco use decreased 2% from 2005 to 2007 (13% to 11%) among high school respondents and remained at 4% among middle school respondents. The TCP has expanded both program and counter-marketing efforts to address this population.

Other surveillance and evaluation tools used to monitor attitudes and behavior related to tobacco use include quit rate and client satisfaction evaluation conducted by SDSU, BRFSS, and information from the DOH Office of Data, Statistics, and Vital Records. Using the data collected, prevention efforts at the state and local level can then be directed to areas of greatest need and within specific population groups showing high use, such as American Indians, people with low socio-economic status, and youth. While pregnant females in South Dakota smoke at about the same rate as the national average, attention is given to this group because of the substantial risks to both the pregnant smoker and the fetus.

The Business Research Bureau mailed approximately 42,000 surveys in January of 2008 to selected South Dakota households currently being served by DSS to better understand the use of tobacco products in that population. The effort replicates a 2005 study. The results found a decrease in smoking from 32% in the 2008 survey as compared to 36% in 2005. Overall, spit tobacco use increased slightly in 2008.

In addition to the surveillance and evaluation depicted above, the TCP initiated efforts to enhance program evaluation. Using funds from the tax on tobacco products, the TCP works with independent evaluators to monitor surveillance and evaluate program projects, such as the South Dakota QuitLine, counter-marketing campaigns, and implementation of policy change in schools/post-secondary institutions.

The TCP also partnered with Black Hills State University in order to evaluate year one of the school-based Tobacco Prevention Grants program. The project's purpose is to measure the number of school districts and post secondary institutions that have implemented tobacco

prevention education and improved school tobacco policies. Provisional data indicates that out of the 44 K-12 sites evaluated 86% have made improvements in the implementation of evidence-based tobacco curriculum. In addition, 67% reported a tobacco-free buildings and grounds policy, 8% reported a tobacco-free buildings policy, 10% reported a policy with areas designated for tobacco use, and 15% had policies that were unclear. The data also reflects that 46% of the evaluated post-secondary institutions included tobacco education into their coursework. A full report will be available in FY09.

❖ **Administration and Management**

Effective programming requires strong program management and coordination of a variety of different efforts. The Tobacco Control Program has three staff to integrate tobacco prevention efforts at the state and local level in all of the component areas of comprehensive tobacco control.

The program also enlists input from the Tobacco Advisory Committee which is made up of individuals working on tobacco prevention in various areas such as American Indian communities, medical and dental professions, professionals working with high school and college students, and partner organizations such as the American Cancer Society and the American Lung Association.

TOBACCO CONSUMPTION

The best estimate available for tobacco consumption in South Dakota is collected by the South Dakota Department of Revenue and is based on cigarette tax stamps sold and the tax paid by wholesalers/distributors for other tobacco products. This indirect method of measuring consumption is also used by other states. The following figures represent the number of cigarette tax stamps sold in a fiscal year and the tax paid by wholesalers for other tobacco products.

Fiscal Year	# of Cigarette Tax Stamps Sold	Tax Paid by Wholesalers for Other Tobacco Products
2008	39,244,676 for stamped packs of 20 cigarettes 114,300 for stamped packs of 25 cigarettes	\$2,760,506
2007	45,594,184 for stamped packs of 20 cigarettes 111,600 for stamped packs of 25 cigarettes	\$1,910,428
2006	53,527,292 for stamped packs of 20 cigarettes 139,340 for stamped packs of 25 cigarettes	\$1,478,894
2005	52,640,731 for stamped packs of 20 cigarettes 122,773 for stamped packs of 25 cigarettes	\$1,444,045
2004	52,322,330 for stamped packs of 20 cigarettes 153,701 for stamped packs of 25 cigarettes	\$1,362,950

NOTE: The tax rate for cigarettes increased on January 1, 2007 from \$0.53 per pack to \$1.53 per pack, and the tax for other tobacco products increased from 10% to 35% of the wholesale price.

TOBACCO CONTROL PROGRAM CONTRACTS (FY 2008)

NOTE: Some contracts may cross state fiscal years with services beginning in one year and continuing into another.

❖ **Statewide and Regional Tobacco Prevention Contracts**

There were three regional prevention contracts held by the Tobacco Control Program in FY 2008. The purpose of these contracts is to provide prevention services and resources to individuals and organizations across the region. These contracts also provided funds to school districts and post-secondary institutions for school-based tobacco prevention projects.

1. Northeast Prevention Resource Center \$287,410
Human Service Agency
123 19th Street
Watertown, SD 57201
Contract Period: June 1, 2007 – May 31, 2008
Administrative Costs: \$13,686
Service Area: Beadle, Brookings, Brown, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Kingsbury, Marshall, McPherson, Roberts, and Spink
Comments: This contract also provided statewide assistance to schools via training and materials to use the Life Skills tobacco prevention curriculum. The contract included additional services to provide support for tobacco prevention coalitions to attend the 2007 Public Health Conference.

2. Southeast Prevention Resource Center \$308,632
Volunteers of America, Dakotas
1309 W. 51st Street
Sioux Falls, SD 57105
Contract Period: June 1, 2007 – May 31, 2008
Administrative Costs: \$14,697
Service Area: Bon Homme, Clay, Davison, Hanson, Hutchinson, Lake, Lincoln, McCook, Miner, Minnehaha, Moody, Sanborn, Turner, Union, and Yankton
Comments: The purpose of this contract is to provide prevention services and resources to individuals and organizations across the southeast region. The contract also provides funding to school districts and post-secondary institutions for school-based tobacco prevention projects.

3. Black Hills Special Services Coop \$486,846
221 S. Central Avenue
Pierre, SD 57501
Contract Period: May 31, 2008
Administrative Costs: \$23,183
Service Areas: Aurora, Bennett, Brule, Buffalo, Butte, Campbell, Charles Mix, Corson, Custer, Dewey, Douglas, Fall River, Gregory, Haakon, Hand, Harding, Hughes, Hyde, Jackson, Jerauld, Jones, Lawrence, Lyman, Meade, Mellette, Pennington, Perkins, Potter, Shannon, Stanley, Sully, Todd, Tripp, Walworth, and Ziebach
Comments: This contract also provides support for a statewide Cessation Coordinator and had additional funds included to support special projects focusing on the American Indian population.

❖ **Counter-Marketing**

1. Breukelman Kubista Group (BKG) \$521,555
2407 West 57th Street
Sioux Falls, SD 57108
Contract Period: June 1, 2007- May 31, 2008
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to reduce tobacco use and support other tobacco prevention and cessation projects through the execution of statewide tobacco counter-marketing efforts. The contractor also provided assistance to the TCP to conduct evaluation of counter-marketing efforts. Activities included developing a media plan and messaging strategies, as well as selecting and/or developing messages to educate and motivate several different audiences and deliver messages in a variety of mediums. Under the terms of the contract, BKG purchased and placed advertising for the TCP and was responsible for paying media outlets. During the contract period, BKG informed the DOH they would be ceasing operations. As a result, the contract was terminated. In order to continue delivering messaging, the contract was awarded to a new vendor (Imagine Agency, LLC) under the terms of the original competitive bid process.

2. Hot Pink, Ink (Imagine Agency, LLC) \$500,000
725 St. Joseph Street, Suite B6
Rapid City, SD 57701
Contract Period: April 1, 2008 – May 31, 2008
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract is to reduce tobacco use and support other tobacco prevention and cessation projects through the execution of statewide tobacco counter-marketing efforts. The contractor also provides assistance to the TCP to conduct evaluation of counter-marketing efforts. Activities include developing a media plan and messaging strategies, as well as selecting and/or developing messages to educate and motivate several different audiences and deliver messages in a variety of mediums. During the contract period, the program increased its media presence and reached a variety of populations with disparate tobacco use such as pregnant females, youth, and American Indians.

❖ **South Dakota QuitLine**

There were four contracts associated with the operation and evaluation of the South Dakota QuitLine.

1. Avera McKennan Hospital & University Health Center \$800,000
800 East 21st Street
Sioux Falls, SD 57105
Contract Period: July 1, 2007 – May 31, 2008
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: Avera McKennan serves as the primary vendor for the South Dakota QuitLine. The purpose of the contract was to provide telephone-based tobacco cessation counseling services and promote the QuitLine, including a second and third opportunity for those who may have relapsed. Through the contract, tobacco users across the state have access to quit-tobacco assistance at a minimum Monday through Friday from 8:00 am to 8:00 pm, and Saturday from 10:00 am to 2:00 pm CST. In addition, Avera McKennan provides written support materials to callers; referrals to local cessation

programs for interested callers; facilitates the process for participants to obtain approved cessation medication; and provides reports in aggregate form about call volume and demographic data of callers using the South Dakota QuitLine.

2. Mayo Foundation for Medical Education and Research \$600,000
200 S W 1st Street
Rochester, MN 55955
Contract Period: July 2, 2007 – May 31, 2008
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The Mayo Clinic Tobacco QuitLine serves as the secondary service provider for the South Dakota QuitLine depending on call volume. The purpose of the contract was to provide telephone-based tobacco cessation counseling services and promote the QuitLine, including a second and third opportunity for those who may have relapsed. Through the contract, tobacco users across the state have access to quit-tobacco assistance Mondays through Fridays from 7:00 am to 10:00 pm, Saturdays from 8:00 am to 5:00 pm, and Sundays 10:00 am to 4:00 pm CST. In addition, Mayo provides written support materials to callers; referrals to local cessation programs for interested callers; facilitates the process for participants to obtain approved cessation medication; and provides reports in aggregate form about call volume and demographic data of callers using the South Dakota QuitLine.

3. South Dakota State University \$169,747
College of Nursing
Box 2275
Brookings, SD 57007
Contract Period: June 1, 2007 – May 31, 2008
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to provide evaluation of QuitLine services and reporting of quit rates/participant outcomes and caller satisfaction with the QuitLine service they received. The data collected is used to direct program efforts and provide reports regarding tobacco prevention and cessation efforts to the DOH, the Legislature, and the public.

4. Vilas LTC Pharmacy \$826,200
200 E. Dakota, Suite 2
Pierre, SD 57501
Contract Period: June 1, 2007 – May 31, 2008
Administrative Costs: Administrative costs are not billed separately in this contract
Comments: The purpose of this contract is to provide tobacco cessation medication to eligible QuitLine participants, maintain a database with pertinent information about QuitLine participants' use to ensure individuals obtain only the allowable type and quantity of medication, and report the use by QuitLine.

❖ **Evaluation**

- USD Business Research Bureau \$223,216
414 East Clark Street
Vermillion, SD 57069
Contract Period: June 1, 2007 – May 31, 2008
Administrative Costs: \$22,322
Comments: The purpose of this contract is to provide evaluation services and coordination. Contractor was tasked with developing an evaluation plan, conducting program evaluation,

and providing technical assistance to the TCP. The contractor supervised the implementation of the Youth Tobacco Survey, a survey of clients served by DSS, and an evaluation of a TCP sponsored media campaign.

❖ **Community-Based Programming**

South Dakota Department of Human Services
3800 East Highway 34, Hillsview Plaza
Pierre, SD 57501

\$491,000

Contract Period: June 1, 2007 – May 31, 2008

Administrative Costs: \$24,550

Comments: During fiscal year 2008, the DOH contracted with DHS to facilitate the community based tobacco prevention programs. DHS conducted a competitive grant process to facilitate coalition awards for FY2008. Awards were made based on applications received, population served, activities proposed, and available funding. Fifteen coalitions received grant funding. The program offered each community technical assistance throughout the year from a local prevention specialist. In addition to the coalition grantees, DHS also provided technical assistance through the 13 prevention resource centers to assist communities develop and implement tobacco prevention and control programming.

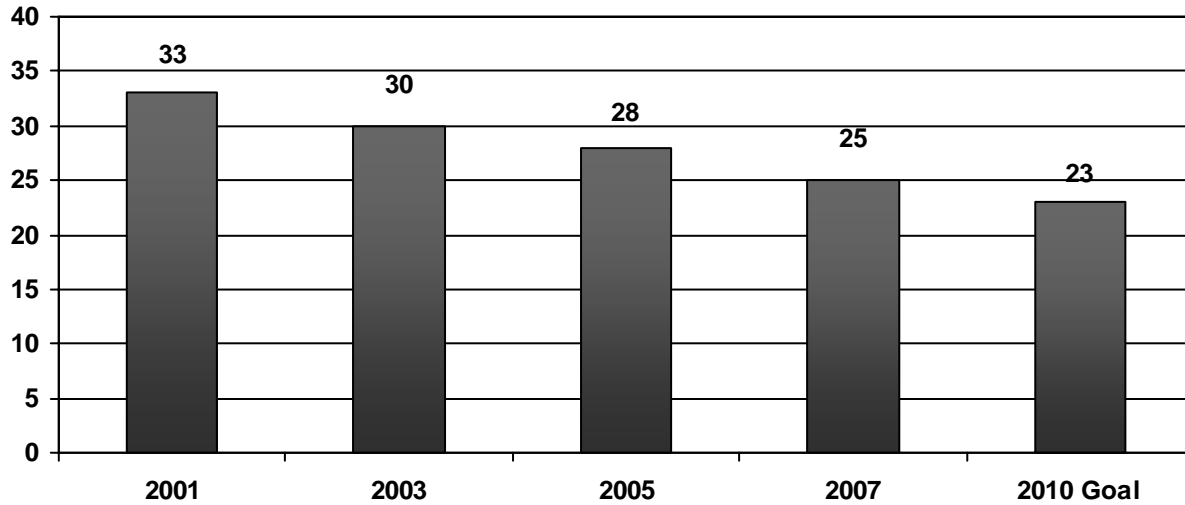
PROGRAM EXPENDITURES

Tobacco Control Program Expenditures – FY 2008			
Program Area	Federal	Other	Total
Community Programs	\$ 357,485	\$ 998,317	\$ 1,355,802
School Programs	\$ 2,621	\$ 439,517	\$ 442,138
Statewide Programs	\$ 1,490	\$ 4,144	\$ 5,634
Cessation Programming	\$ 223,250	\$ 2,230,041	\$ 2,453,291
Public Education/Counter Marketing	\$ 133,084	\$ 890,615	\$ 1,023,699
Surveillance / Evaluation	\$ 72,075	\$ 262,035	\$ 334,110
State Administration	\$ 182,947	\$ 102,323	\$ 285,270
Total	\$ 972,952	\$ 4,926,992	\$ 5,899,944

ATTACHMENTS

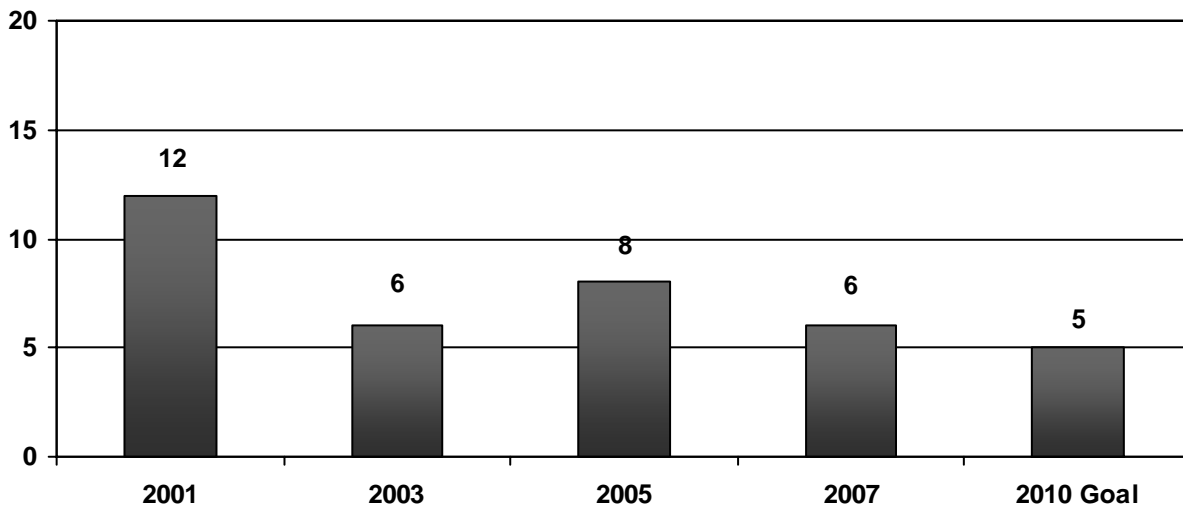
Goal 1. Prevent young people from starting to use tobacco products.

Percent of Current Smokers, Grades 9-12



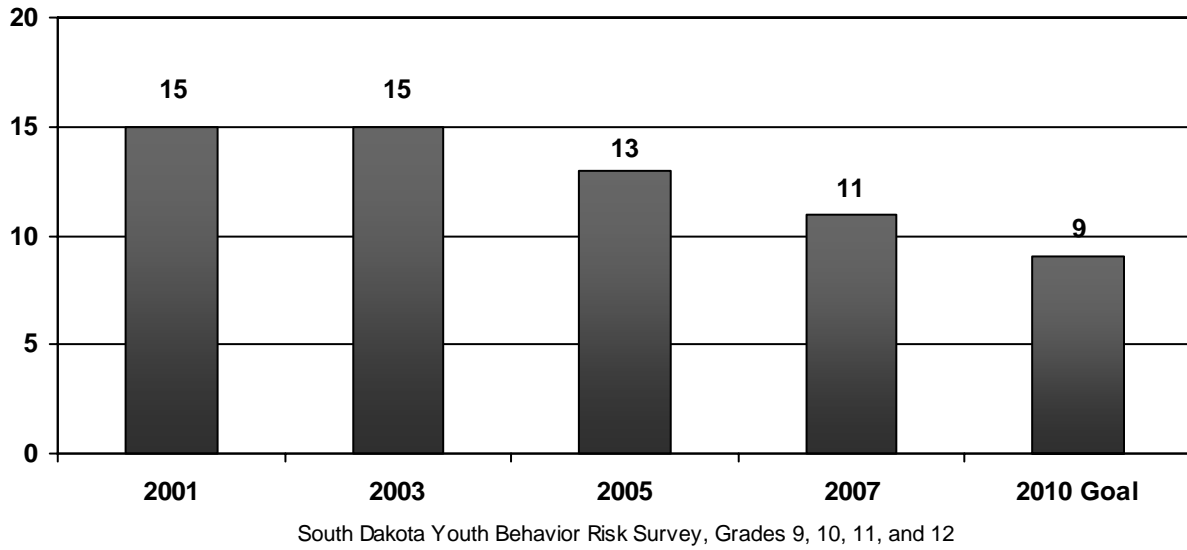
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

Percent of Current Smokers, Grades 6-8

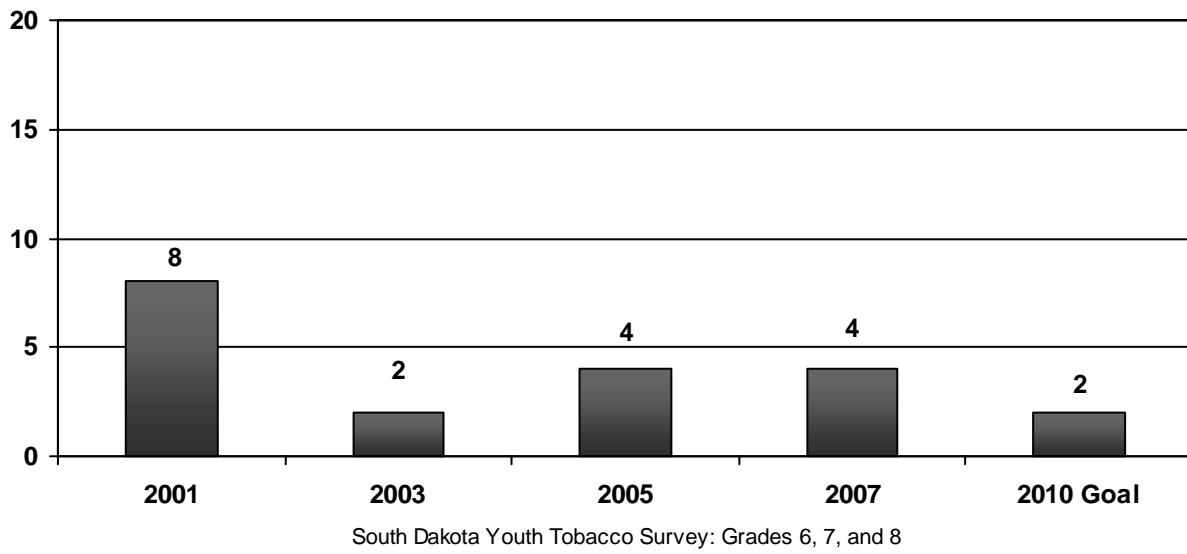


South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

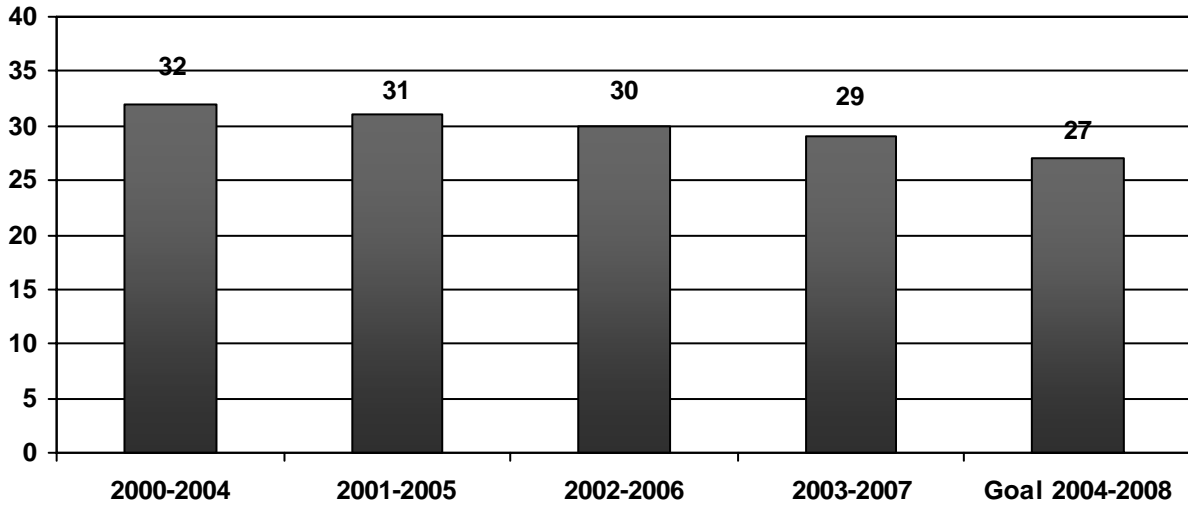
Percent of Current Spit Tobacco Users, Grades 9-12



Percent of Current Spit Tobacco Users, Grades 6-8

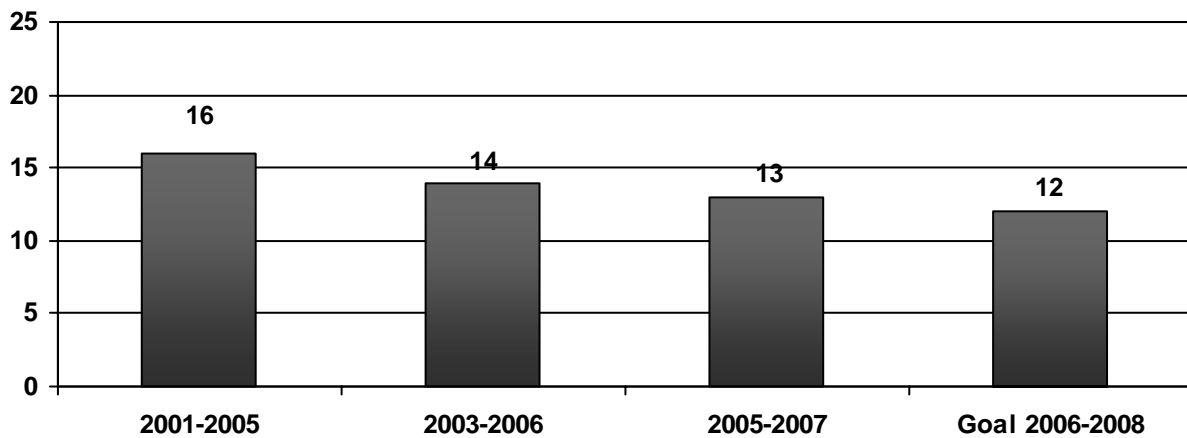


Percent of 18-24 year olds who smoke



Due to low numbers of respondents in this age group a rolling average is used.
South Dakota Behavior Risk Surveillance System

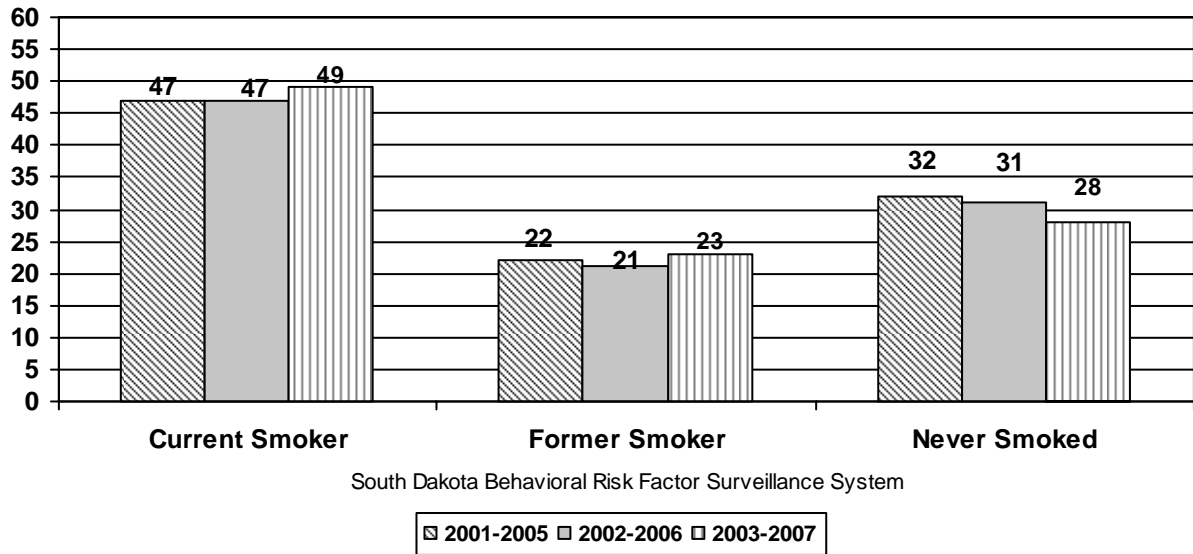
Percent of 18-24 year old males who use spit tobacco (some days or every day)



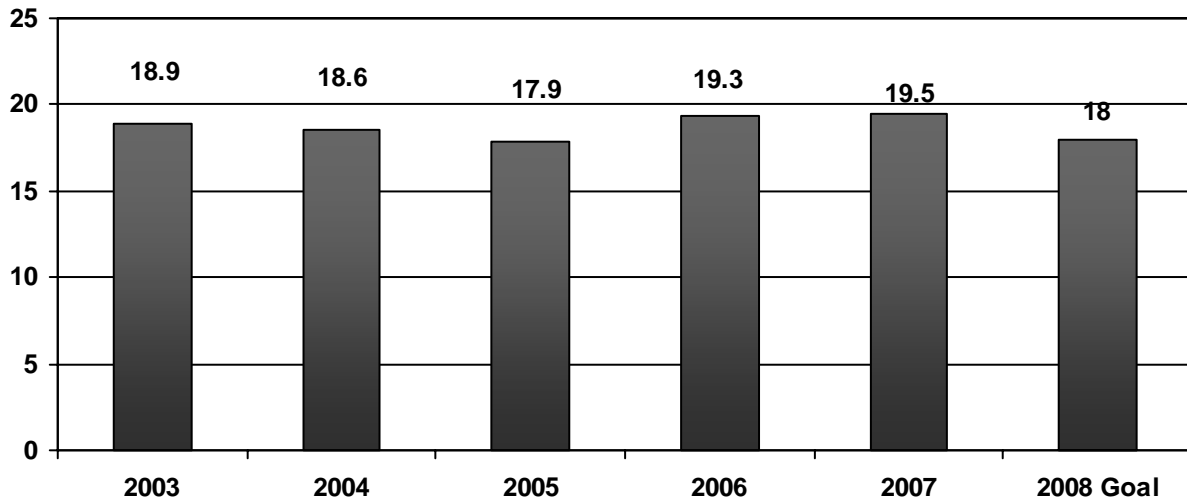
Due to low numbers of respondents in this age group a rolling average is used.
South Dakota Behavior Risk Surveillance System

Goal 2. Persuade and help smokers to stop smoking.

Percent of American Indian Adults Who Smoke

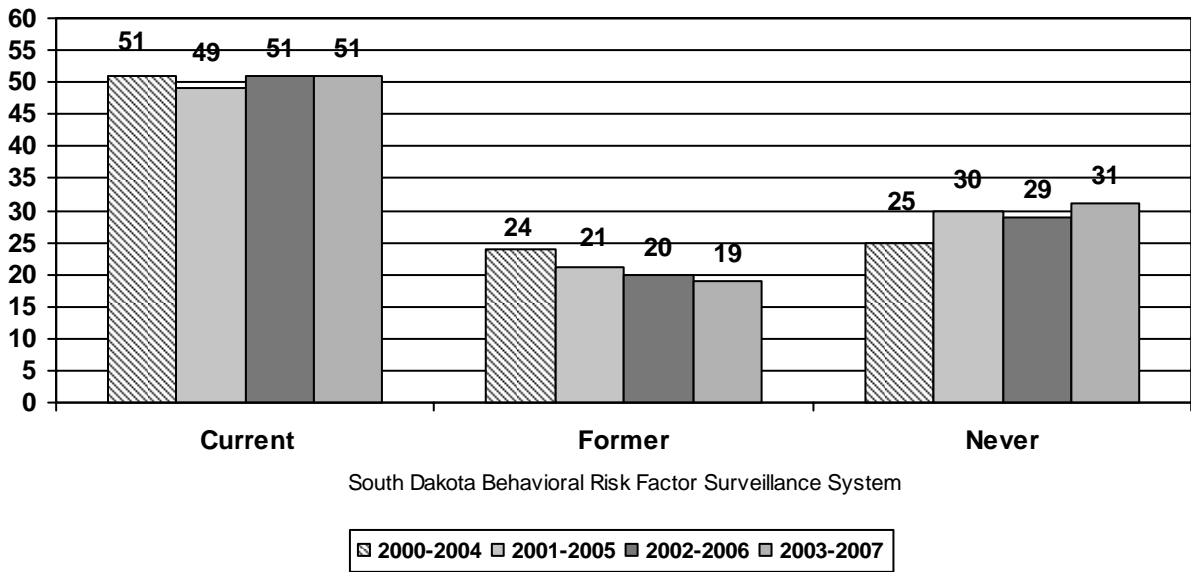


Percent of Pregnant Females Who Smoke During Pregnancy



Office of Data, Statistics & Vital Records, South Dakota Department of Health
 Note: the data collection method changed slightly in 2006

Percent of Medicaid Clients Who Smoke



Goal 3. Protect nonsmokers by reducing their exposure to secondhand tobacco smoke.

According to the 2006 Surgeon General's Report, the scientific evidence is now indisputable; secondhand smoke is a serious health hazard to nonsmokers. There is no risk-free level of exposure to secondhand smoke. Separating smokers from nonsmokers, "cleaning" the air, and ventilating buildings cannot eliminate nonsmokers' exposure to secondhand smoke.

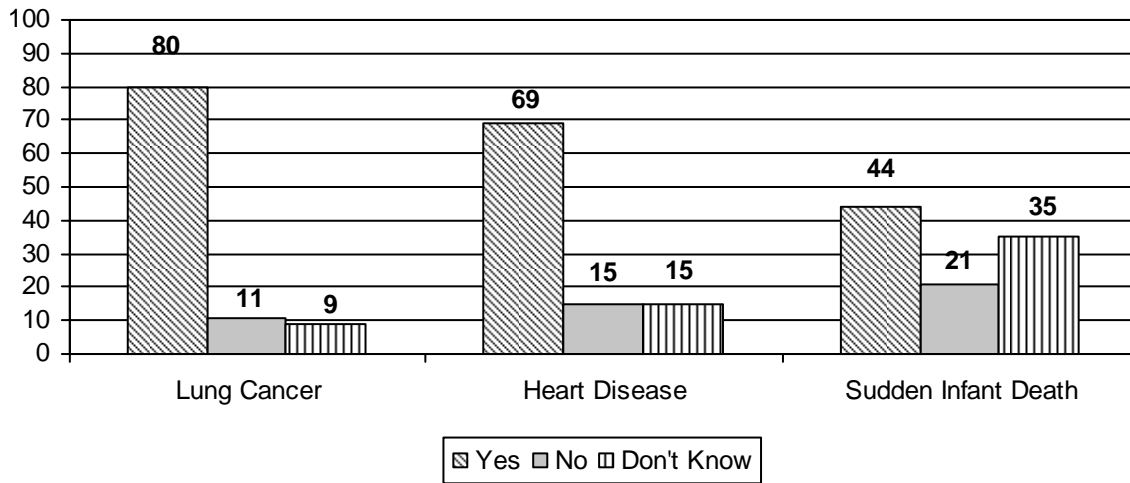
Secondhand smoke, the smoke given off the burning end of tobacco products and exhaled by smokers, is a human carcinogen (cancer-causing agent), and the National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen. There are more than 50 cancer-causing chemicals in secondhand smoke. Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by the smoker. Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk for heart disease by 25-30% and lung cancer by 20-30%. Breathing secondhand smoke for even a short time can have immediate adverse effects on the respiratory and cardiovascular systems in ways that increase the risk of a serious asthma attack or even a heart attack.

The 2006 Surgeon General's report advises people who already have heart disease or respiratory conditions like asthma, to take special precautions to avoid even brief exposure to secondhand smoke. Children and other nonsmokers who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. The report confirms secondhand smoke causes many health problems for nonsmokers in addition to cancer, such as sudden infant death syndrome (SIDS), pneumonia, ear problems, and severe asthma attacks in children.

In South Dakota, awareness about the health hazards of secondhand smoke has improved since the 2006 Behavioral Risk Factor Surveillance System (BRFSS) was conducted. In 2006, only 43% of respondents reported awareness that secondhand smoke caused SIDS; in 2007 that increase to 44%. In 2007, 80% reported they were aware that secondhand smoke caused lung cancer in nonsmokers, and 69% recognized heart disease resulted from exposure to secondhand smoke. The chart on the next page shows more people recognize nonsmokers are at risk for these serious health problems when exposed to smoke from tobacco products.

The percentage of employees reporting protection from secondhand smoke increased slightly since last year. According to the 2006 BRFSS, 85% of respondents who worked indoors reported that the official work policy did not allow smoking in any work areas. That number decreased to 81% in 2007.

Percent who think breathing secondhand smoke causes lung cancer, heart disease, and sudden infant death syndrome



South Dakota Behavioral Risk Factor Surveillance System, 2007 data