



**OFFICE OF THE
SECRETARY**

600 East Capitol Avenue
Pierre, South Dakota 57501-2536
605/773-3361 FAX: 605/773-5683

October 1, 2009

Dear Governor Rounds and State Legislators:

I am pleased to provide an annual report of the activities of the Tobacco Control Program for FY 09 as required by SDCL 34-46-11. This report can also be accessed via the Department of Health's website at <http://doh.sd.gov/Tobacco/>.

Tobacco is the leading cause of preventable death in South Dakota. As the lead agency for the statewide management of tobacco use prevention and cessation efforts, the Department of Health utilizes funds received through the tobacco tax to address the three required areas of: (1) cessation and statewide programming; (2) community and school programming; and (3) countermarketing, surveillance/evaluation, and administration. The South Dakota QuitLine provides free cessation products and offers a third opportunity for tobacco users to use the QuitLine. Since it began in January 2002, the QuitLine has assisted nearly 44,000 South Dakotans in their efforts to quit. In the area of school and community-based programming, the department supports local activities designed to reduce tobacco use, limit exposure to secondhand smoke, and implement tobacco-free policies and programs. Finally, the department has public education and messaging efforts that are intended to address tobacco use for all populations with special emphasis on those populations with disparate tobacco use.

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

Sincerely,

A handwritten signature in black ink that reads "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 2009

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.

While the program goals are intended to address tobacco use for all populations, special emphasis is placed on those populations with disparate tobacco use.

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 2009, 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 \$47,000 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, Brookings, Pierre/Ft Pierre, Canton, Lead-Deadwood, Parmelee, Custer, and Mission. Local prevention specialists were funded to assist 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 April, one-day Regional Tobacco Prevention Trainings were held in Sioux Falls and Rapid City for all of the coalitions and prevention specialists. DHS unveiled the *Community Tobacco Prevention Toolkit* which was created through a cooperative agreement with the Tobacco Technical Assistance Consortium.

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**

Tobacco use is one of the controllable risk factors for many chronic diseases. 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 Heart Disease and Stroke Prevention Program, Diabetes Prevention and Control Program, *All Women Count!* Breast and Cervical Cancer Control and Chronic Disease Screening Programs, Comprehensive Cancer Control, and Healthy SD (healthy lifestyles through physical activity and nutrition). 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.
- Tobacco cessation and prevention information is linked to websites for *All Women Count!*, Diabetes Prevention and Control Program, and Healthy South Dakota.
- Developed a media campaign focusing on the signs, symptoms, and prevention of heart disease and stroke. Tobacco prevention is critical to reducing the prevalence of

- heart disease and stroke in South Dakota and the campaign was successful in reaching various demographics via newspaper, radio, and television.
- Collaborated with the American Heart Association to develop the *South Dakota State Plan for Heart Disease and Stroke* which has specific goals, objectives, and strategies related to primary and secondary prevention of heart disease and stroke in South Dakota. Tobacco is a key component of the plan for addressing prevention of heart disease and stroke.
 - Developed a stroke discharge packet to be used when a patient who has suffered a stroke is being discharged from the hospital. The packet includes information regarding how cigarette smoking is a significant risk factor for stroke as well as information on the SD QuitLine.
 - The *All Women Count!* Program 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 dental offices, professional newsletters, and exhibits at annual dental conventions.
 - Provide information to public, private and BIA schools statewide through the online newsletter, *News Infused*.

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 South Dakota State Medical Association produced a special edition of *South Dakota Medicine*, titled "The Next Vital Sign". This special issue was devoted entirely to the topics of tobacco abuse and secondhand smoke and the effects on the health of the population. 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 to address worksite wellness including tobacco cessation and tobacco-free workplaces.

- Developed new educational materials and modified existing resources utilized by worksite wellness consultants and business in South Dakota. A major revision to the *Strides to a Healthier Worksite* toolkit was completed which integrates more tobacco cessation information and resources as well as new information related to physical activity and nutrition.
- Two worksite wellness trainings were held for worksite wellness consultants to assist businesses implement worksite wellness activities. Trainings focused on tobacco cessation, stress management, return on investment, new trends in the industry, and updates to the *Strides to a Healthier Worksite* toolkit.
- Awarded four mini-grants to businesses to help support worksite wellness efforts such as tobacco-free workplaces, physical activity, and healthy eating.

❖ **School Programming**

In FY 09, the TCP awarded tobacco prevention grants to 85 public, tribal and private school districts in order to improve and promote tobacco control. The award amounts range from \$1,000 to \$60,000 and were based on enrollment of 100 students or more. A few examples of activities include:

- Enemy Swim Day School District utilized the newly developed DOH K-12 Tobacco Prevention Toolkit and infused tobacco prevention curriculum.
- Thirteen school districts improved their tobacco policies.
- Huron School District's student led TATU (Teens Against Tobacco Use) group, provided 19 tobacco prevention presentations to 450 elementary students. TATU students were acknowledged for their efforts at a recognition ceremony in May.
- Beresford School District implemented TATU, LifeSkills tobacco prevention curriculum, and N-O-T (Not on Tobacco) curriculum. Students also voluntarily enforced their tobacco-free policies on campus.
- Yankton School District implemented the LifeSkills and conducted school announcements focusing on the dangers of tobacco use.

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:

- Provided training and materials to more than 196 teachers and 49 school districts to enable them to use evidence-based tobacco prevention curriculum;
- Prepared more than 424 middle and high school students from more than 39 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;
- Provided Tobacco Prevention Toolkits to over 85 public, private, and tribal 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. A full report is available on the TCP website at <http://doh.sd.gov/Tobacco/Default.aspx>.

The TCP also provided funding to 14 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:

- Sinte Gleska University in Mission and Western Dakota Technical Institute in Rapid City adopted Tobacco-Free Building and Grounds policies. As a result, tobacco use of any kind is prohibited within any campus buildings, including residence halls, as well as vehicles owned by the institutions. Smoking is prohibited on campus unless in a privately owned vehicle.
- Mount Marty College announced their Tobacco-Free Buildings and Grounds policy at all sporting events, provides cessation and secondhand smoke information in campus newsletters/student handbooks, and has a newly developed student-led tobacco control coalition ASPIRE.
- Presentation College in Aberdeen improved their tobacco policy to include tobacco-free buildings, including residence halls, and vehicles owned by the institution.

- South Dakota State University's wellness center provides Quit Kits to students who are interested in quitting tobacco use.

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.

❖ **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 2009, 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 that 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 TCP 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.befreesd.com. 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 Black Hills Center for American Indian Health (BHCAIH), 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.
- Shared tobacco-related resources and materials with public and private organizations and individuals. The program distributed nearly 308,000 free public education materials

- to 24 cities and 502 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.
- Partnered with BHCAIH to build capacity and support for a tobacco prevention coalition on the Pine Ridge Indian Reservation.
 - Partnered with General Beadle School Community Partnership project to address the multiple needs of children and their families in north Rapid City, with the goal of prevention of high risk behaviors (i.e., tobacco use) as a critical component in improving the health and well-being of families.
 - 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.
 - 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 \$12.8 billion on marketing expenditures in 2006, which amounts to \$35 million per day on average. Ninety percent was spent on point of sale advertisements, price discounts, promotional allowances, or special deals such as buy one, get one free offers.

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:

- Be Tobacco-Free South Dakota secondhand smoke campaign (November 2008-February 2009)—The TCP launched a new website www.BeFreeSD.com featuring smoke-free and tobacco-free businesses, organizations, and schools in South Dakota. Ran TV, radio, and print ads to promote the website.
- South Dakota QuitLine tobacco cessation campaign (March 2009-May 2009)—A TV, radio and print campaign produced for the TCP promoting QuitLine services ran statewide.
- American Indian tobacco prevention and cessation campaign (May 2009)- Ran ads featuring American Indian from South Dakota on radio stations in tribal communities.
- Rethink Tobacco Campaign (May 2009-August 2009)—A TV, radio and print campaign produced for the TCP focusing on the disgusting habits of tobacco users, and alerting smokers and nonsmokers of the harmful chemicals inside cigarette smoke.
- Rethink Tobacco Pregnant and Young mothers campaign (August 2009-September 2009)—ran print advertising targeting young mothers and pregnant women on the harmful effects cigarette smoke has on them and their developing baby.

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 2008 Behavioral Risk Factor Surveillance System (BRFSS), 17.5% of adult South Dakotans are current smokers. In the U.S., more than 70% of smokers want to quit but few succeed without help (CDC, 2000). 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 offers free nicotine replacement patches, nicotine replacement gum, or prescription medication to participants. As of June 30, 2009, the QuitLine has provided cessation services to 43,708 individuals since it started in January 2002 and over 10,497 tobacco users in fiscal year 2009. According to data for calendar year 2007, the sixth year of operation, the statewide QuitLine demonstrated a 28% 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 2008) are reported. The source and date of the data is included in the information provided in the attachment to this report.

Tobacco use, specifically cigarette smoking, has been steadily decreasing since its all time high of 27.2% in 1998. In 2008, 17.5% of BRFSS respondents indicated that they smoked cigarettes. There was a 2.3% decline from 2007 (19.8%) to 2008. Birth records for 2008 indicate a recent decrease in smoking prevalence among pregnant women in South Dakota. In both 2006 and 2007, birth records indicated that smoking prevalence during pregnancy remained steady at 19.1 % while in 2008 there was a 0.9 % decrease in smoking prevalence during pregnancy to 18.2%.

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 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. A full report is available on the TCP website at <http://doh.sd.gov/Tobacco/Default.aspx>.

The TCP partnered with the Journalism and Mass Communication Department at SDSU to evaluate its secondhand smoke media campaign. Telephone surveys were administered before and after the campaign ran in media outlets. Implications from the evaluation included: advertising can be effective in generating awareness and changing attitudes about secondhand smoking, using a mix of creative execution aids recall of the overall campaign, and a media mix is important in increasing the reach of an advertising campaign. A summary of the report can be viewed on the TCP homepage at <http://doh.sd.gov/tobacco>.

❖ **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
2009	39,837,561 for stamped packs of 20 cigarettes 101,250 for stamped packs of 25 cigarettes	\$5,356,550
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

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 2009)

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 2009. 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 \$259,353
Human Service Agency
123 19th Street
Watertown, SD 57201
Contract Period: June 1, 2008 – May 31, 2009
Administrative Costs: \$12,350
Service Area: Beadle, Brookings, Brown, Clark, Codington, Day, Deuel, Edmunds, Faulk, Grant, Hamlin, Kingsbury, Marshall, McPherson, Roberts, and Spink
Comments: The purpose of this contract is to provide prevention services and resources to individuals and organizations across the northeast region of the state. This contract also provided statewide assistance to schools via training and materials to use the Life Skills tobacco prevention curriculum.

2. Southeast Prevention Resource Center \$407,151
Volunteers of America, Dakotas
1309 W. 51st Street
Sioux Falls, SD 57105
Contract Period: June 1, 2008 – May 31, 2009
Administrative Costs: \$19,388
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 of the state. The contract also provides funding to school districts and post-secondary institutions for school-based tobacco prevention projects.

3. Black Hills Special Services Coop \$491,693
221 S. Central Avenue
Pierre, SD 57501
Contract Period: June 1, 2008 – May 31, 2009
Administrative Costs: \$23,414
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: The purpose of this contract is to provide prevention services and resources to individuals and organizations across the central and western regions of the state. 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/Media**

1. Hot Pink, Ink (Imagine Agency, LLC) \$1,015,000
725 St. Joseph Street, Suite B6
7Rapid City, SD 57701
Contract Period: April 1, 2008 – May 31, 2009
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 assisted 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. The contractor was responsible for placing advertising in media outlets statewide. This contract was awarded as a result of an RFP process conducted in FY2009.

2. Craft and Associates \$45,000
801 N. Elmwood Avenue
Sioux Falls, SD 57104
Contract Period: November 1, 2008 – February 20, 2009
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to support statewide counter-marketing efforts. The contractor placed media to reach selected target audiences, including populations with disparate tobacco use. This supplemental contract ensured that messaging continued to run during the RFP and contract negotiation process.

3. Epic Media \$48,000
3500 South Phillips Avenue, Suite 127
Sioux Falls, SD 57105
Contract Period: April 1, 2009 – May 31, 2009
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to create a media campaign to provide public education on the signs, symptoms, and prevention of heart disease and stroke. Of the total contract amount, \$35,000 was funded by tobacco dollars.

❖ **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 \$920,000
800 East 21st Street
Sioux Falls, SD 57105
Contract Period: June 1, 2008 – May 31, 2009
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 \$400,000
200 S W 1st Street
Rochester, MN 55955
Contract Period: June 1, 2008 – May 31, 2009
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, 2008 – May 31, 2009
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 services they received. Data collected is used to direct program efforts and provide reports regarding tobacco prevention and cessation efforts to the DOH, Legislature, and public.

4. Vilas LTC Pharmacy \$1,800,000
200 E. Dakota, Suite 2
Pierre, SD 57501
Contract Period: June 1, 2008 – May 31, 2009
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.

❖ **Community-Based Programming**

1. South Dakota Department of Human Services \$491,000
3800 East Highway 34, Hillsvieview Plaza
Pierre, SD 57501
Contract Period: June 1, 2008 – May 31, 2009
Administrative Costs: \$24,550
Comments: During fiscal year 2009, 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.

2. Healthology Works LLC \$13,000
2022 Lancaster Place
Pierre, SD 57501
Contract Period: January 15, 2009 – May 31, 2009
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to assist the Healthy South Dakota program with planning and development of training for Worksite Wellness Consultants. The contractor provided assistance to the Worksite Wellness Program Coordinator with marketing, coordination, and facilitation of two separate trainings on worksite wellness. The contractor assisted with updating and modifying resources, including tobacco cessation information, being utilized for trainings and by worksite wellness consultants.

3. True Nature Wellness \$1,200
3908 S. Carnegie Circle #101
Sioux Falls, SD 57106
Contract Period: April 1, 2009 – May 31, 2009
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to develop and deliver presentation content for workshop sessions for worksite wellness consultants at two separate trainings. The contractor had experience and expertise in areas of worksite wellness that provided great education and knowledge for consultants to utilize. The contractor on how best to reach out to worksites with wellness information including tobacco information.

❖ **Evaluation**

1. Spectrum Health Policy Research \$47,000
2775 Cruse Road, Suite 2303
Lawrenceville, GA 30044
Contract Period: November 1, 2008 – May 31, 2009
Administrative Costs: Administrative costs are not billed separately in this contract
Comments: The purpose of this contract was to provide evaluation services and coordination. The contractor develops, implements, and provides oversight for evaluation of the TCP including measures to assess and evaluate the integrated chronic disease activities that are affected by the reduction of tobacco use.

2. South Dakota State University \$47,000
Department of Journalism and Mass Communications
PO Box 2275
Brookings, SD 57007
Contract Period: August 1, 2008 – May 31, 2009
Administrative Costs: Administrative costs are not billed separately in this contract
Comments: The purpose of this contract was to provide evaluation of media efforts. During the contract period, the contractor conducted surveys to gauge awareness and measure change and attitudes among South Dakotans who viewed the programs advertising. In addition, students also created video messaging that will be displayed in DOH and Department of Social Services field offices.

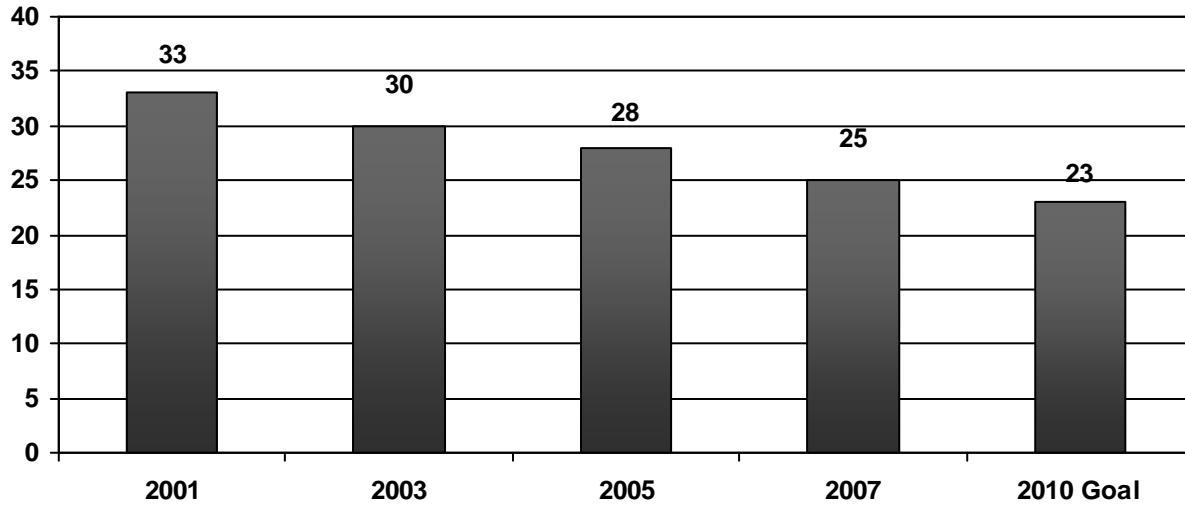
PROGRAM EXPENDITURES

Tobacco Control Program Expenditures – FY 2009			
Program Area	Federal	Other	Total
Community Programs	\$ 327,722	\$ 1,285,834	\$ 1,613,557
School Programs	\$ 69,277	\$ 607,328	\$ 676,605
Statewide Programs	\$ 1,739	\$ 9	\$ 1,748
Cessation Programming	\$ 217,915	\$ 2,313,850	\$ 2,531,765
Public Education/Counter Marketing	\$ 302,840	\$ 693,126	\$ 995,966
Surveillance / Evaluation	\$ 170,794	\$ 118,858	\$ 289,653
State Administration	\$ 231,333	\$ 111,676	\$ 343,009
Total	\$ 1,321,621	\$ 5,130,682	\$ 6,452,303

ATTACHMENTS

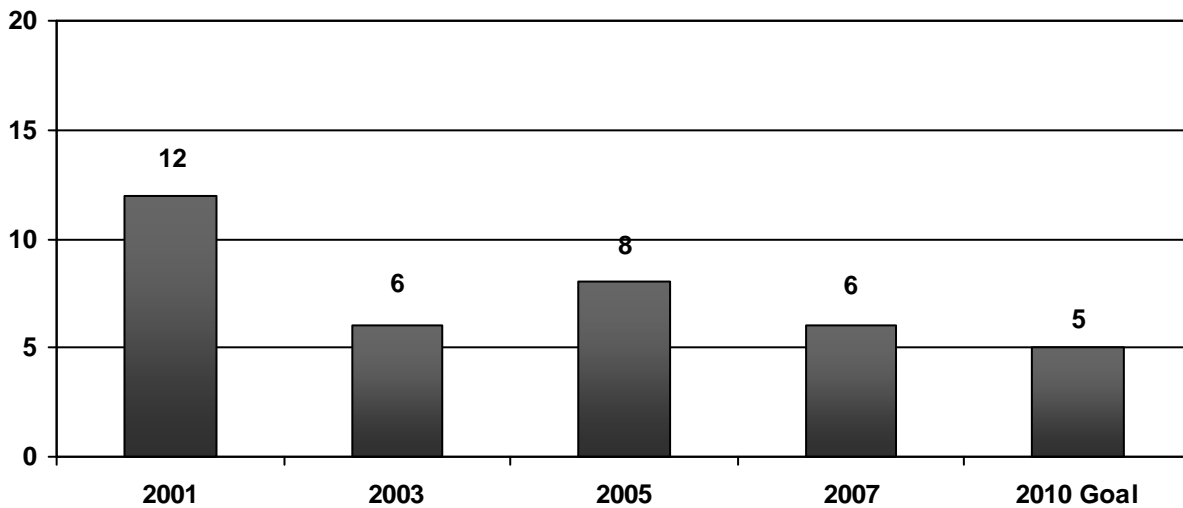
Goal 1. Prevent young people from starting to use tobacco products.

Percent of Current Smokers, Grades 9-12



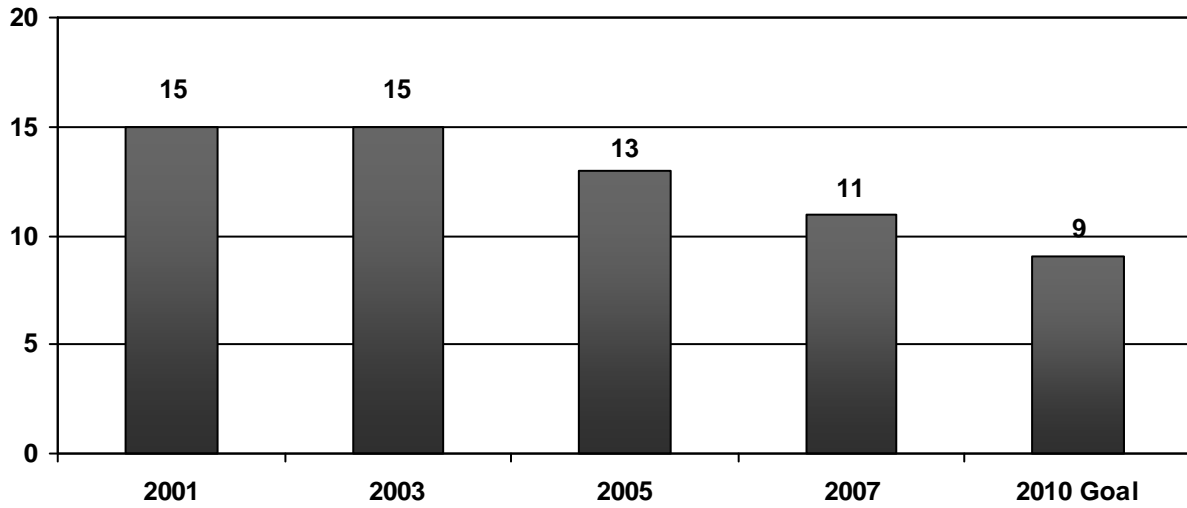
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

Percent of Current Smokers, Grades 6-8



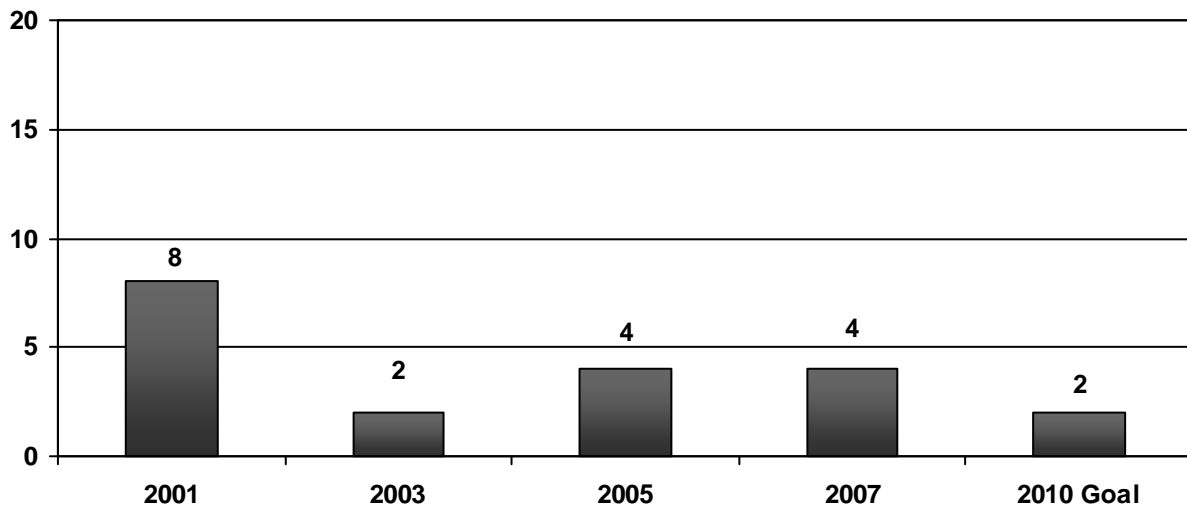
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

Percent of Current Spit Tobacco Users, Grades 9-12



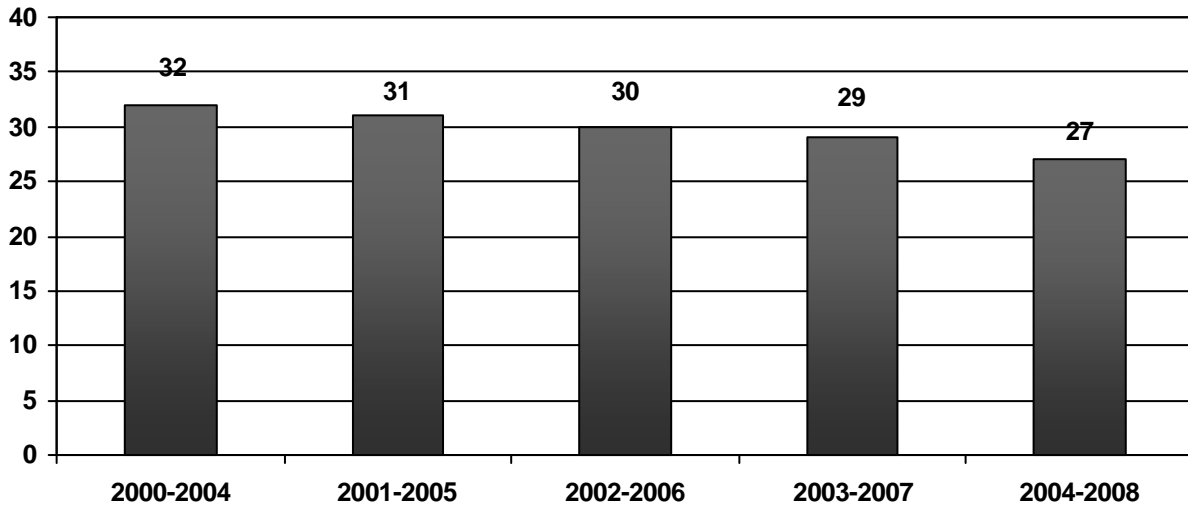
South Dakota Youth Behavior Risk Survey, Grades 9, 10, 11, and 12

Percent of Current Spit Tobacco Users, Grades 6-8



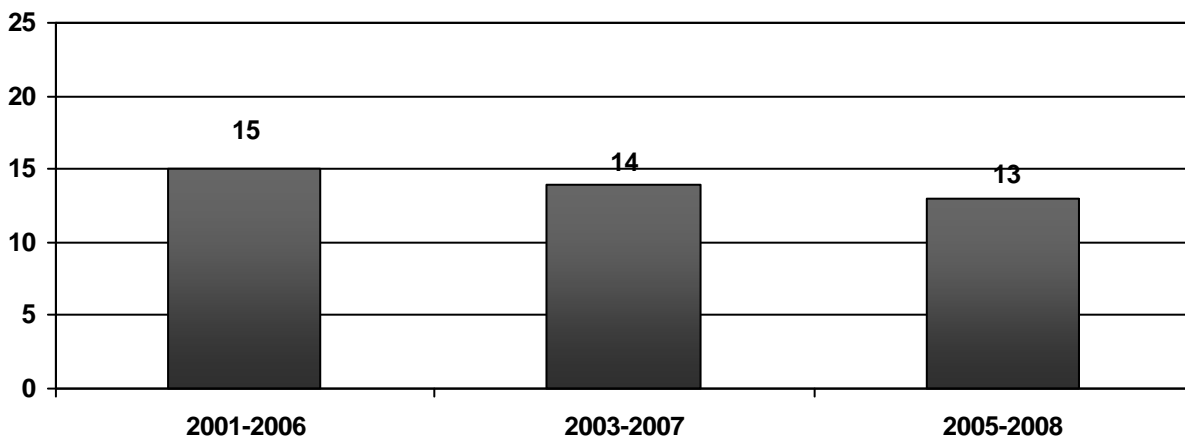
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

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

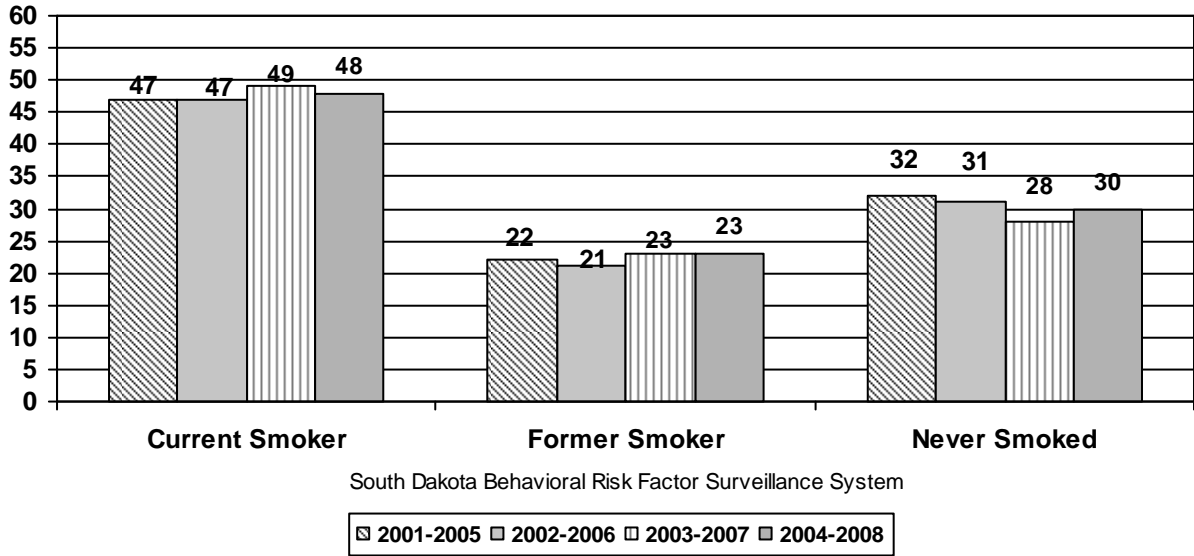
Percent of 18-24 year old males who use spit tobacco (some days or every day)



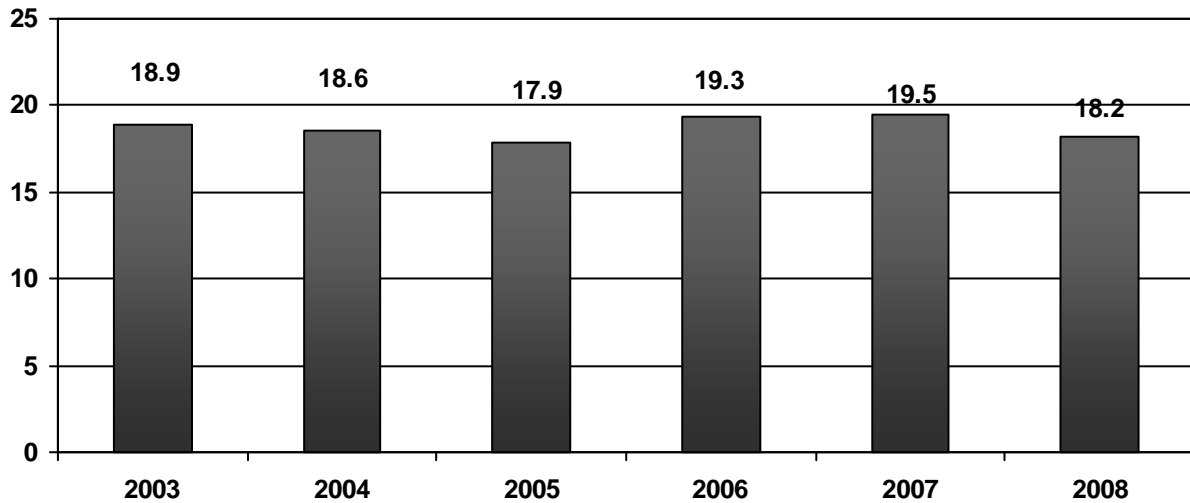
Due to low numbers of respondents in this age group a rolling average is used.
South Dakota Behavior Risk Surveillance System

Goal 2. Persuade and help smokers to stop smoking.

Percent of American Indian Adults Who Smoke

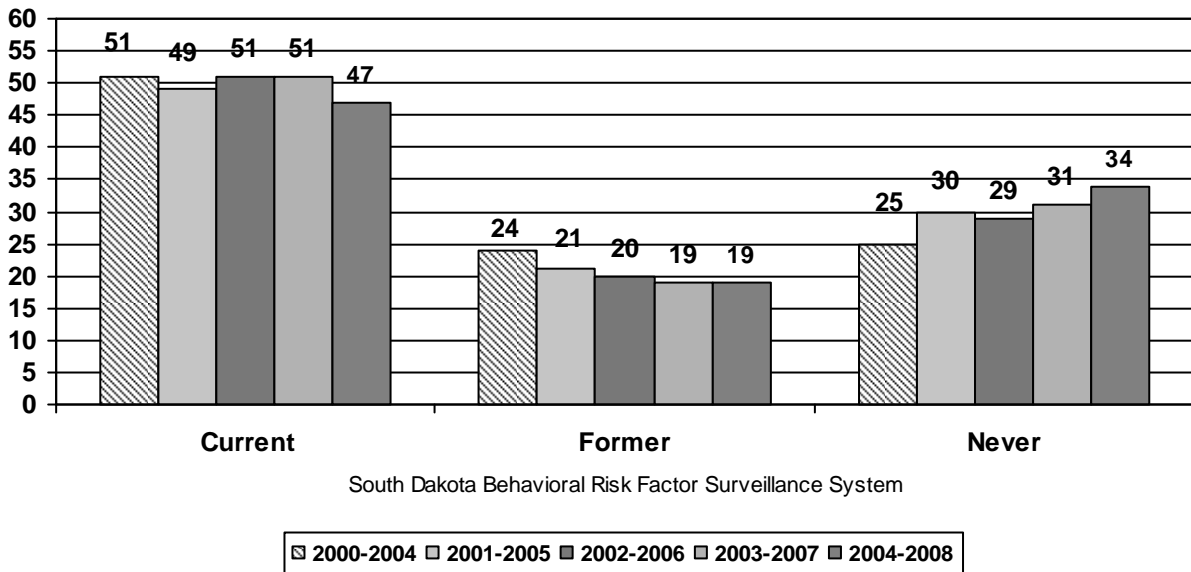


Percent of Pregnant Females Who Smoke During Pregnancy



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.

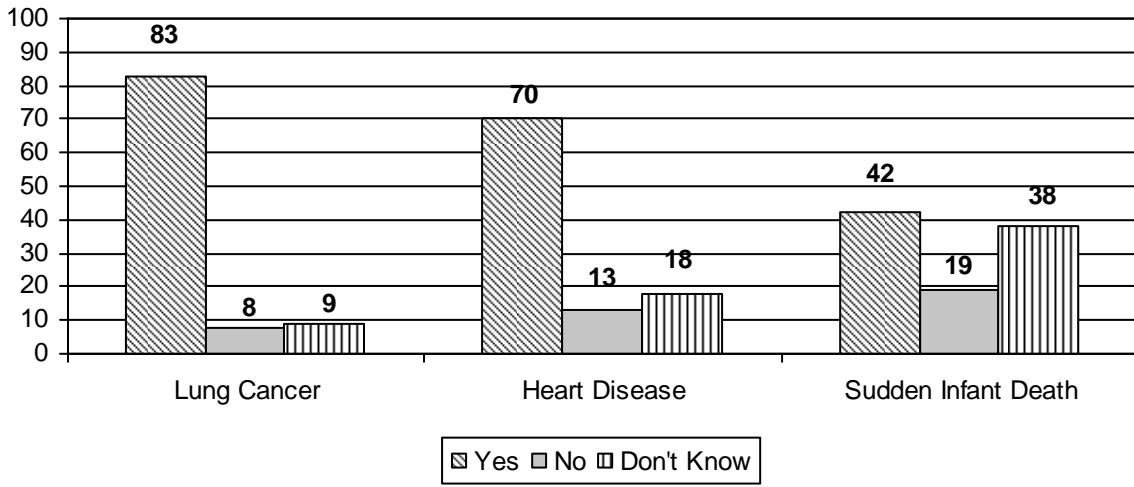
Secondhand smoke, the smoke given off the burning end of tobacco products and exhaled by smokers, is a human carcinogen (cancer-causing agent), and the National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen. There are more than 50 cancer-causing 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 2008 that increase to 42%. In 2008, 83% reported they were aware that secondhand smoke caused lung cancer in nonsmokers, and 70% 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 2008 BRFSS, 85% of respondents who worked indoors reported that the official work policy did not allow smoking in any work areas. The percentage increased from 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, 2008 data