

October 1, 2010

Dear Governor Rounds and State Legislators:

I am pleased to provide an annual report of the activities of the Tobacco Control Program for FY 10 as required by SDCL 34-46-11. This report can also be accessed via the Department of Health's webpage at <http://doh.sd.gov/Tobacco/>.

South Dakota's adult smoking prevalence dropped to an all-time low of 17.5% in 2008, down from 19.8% in 2007. In addition, the South Dakota QuitLine's quit rate increased significantly from 29% in 2007 to 43% in 2008. A quit attempt is considered successful once 12 months have passed without tobacco use. In comparison, only about 5% of people who quit on their own are still not smoking a year later. The adult smoking rate in South Dakota has dropped more than 21.5% since the Department of Health became the lead agency for state tobacco control efforts in 2001. There was a 5% reduction in the percentage of high school respondents that were current smokers from 28% in 2005 to 23% in 2009 and a 2% decrease among middle school respondents from 8% in 2005 to 6% in 2009. All key indicators are heading in the right direction.

Although recent successes are encouraging, there is much work left to be done to reduce the impact of tobacco use in South Dakota. In particular, the Department will continue its efforts to reduce tobacco use among groups such as Medicaid clients, American Indians, youth, and pregnant women who all smoke at rates higher than the general population.

Sustained and adequate funding is critical for continued success and reduction in the long-term costs of tobacco use. As you may recall, the department's FY11 tobacco budget was cut by \$1.5 million. To absorb this cut, there has been a reduction in medications provided through the QuitLine, a reduction in the number and frequency of public education campaigns, and a significant reduction in funding for school/ community coalitions. Our challenge will be to maintain a comprehensive program and continue the significant progress that has been made over the past several years.

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

Sincerely,



Doneen B. Hollingsworth
Secretary of Health

South Dakota Department of Health Tobacco Control Program Annual Report Fiscal Year 2010

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 2010, the DOH contracted with the Department of Human Services (DHS) to facilitate community-based tobacco prevention programming. Through this contract, DHS awarded 21 communities up to \$37,000 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: Brandon, Brookings, Butte County, Canton, Chamberlain, Fall River County/Hot Springs, Faulkton, Lead-Deadwood, Mitchell, Newell/Vale/Nisland, Parmelee, Pierre/Ft. Pierre, Pine Ridge, Rapid City, Roberts County, Rosebud, Sioux Falls, Spearfish, Sturgis, Watertown, and Yankton. 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.

Regional tobacco prevention forums were held for community coalitions in Watertown, Sioux Falls, and Rapid City. The forums provided an opportunity for training, feedback, and future grant opportunity announcements. Topics discussed included TCP program goals, current South Dakota tobacco statistics, South Dakota QuitLine (SD-QL) updates, federal Food and Drug Administration law update, review of the tobacco prevention toolkit for community coalitions, and evidence-based prevention strategies. A spring Tobacco Institute was scheduled for spring of 2010 was cancelled due to the reduction in tobacco funding.

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 healthcare providers who offer perinatal education and cessation support to expectant and new parents on the dangers of tobacco not only to the smoking mother, 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;
- Promoting tobacco-free lifestyles and smoke-free/tobacco-free options where people can live, work, and play;
- Providing culturally-sensitive tobacco prevention education and messaging about the dangers of commercial tobacco use via media outlets.
- Working with the community members on 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, Oral Health, and Healthy SD Worksite Wellness Initiative. 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 SD-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, Oral Health, and Healthy SD.
- Provided public education and awareness 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 and the campaign was successful in reaching various populations.
- Distributed stroke discharge packet to be used when a patient who has suffered a stroke is 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-QL.
- Partnered with the *All Women Count!* program to provide tobacco cessation and SD-QL materials to program participants.

- Provided tobacco cessation information to dental professionals statewide through various mailings to dental offices, professional newsletters, and exhibits at annual dental conventions.
- Provided information to public, private and Bureau of Indian Education schools statewide through the online Department of Education newsletter, *News Infused*.
- Addressed chronic disease indicators such as cancer, diabetes, heart disease, and stroke in cessation education.
- Provided outreach to chronic disease workgroups (i.e., Heart Disease/Stroke, Healthy SD, Oral Health, Coordinated School Health) discussing tobacco use and secondhand smoke.
- Worked with health care providers serving people with chronic diseases.

Employers are another point of access for impacting people with chronic disease. The TCP provided resources to address worksite wellness including tobacco cessation and tobacco-free workplaces.

- Awarded three mini-grants to businesses to help support worksite wellness efforts such as tobacco-free workplaces, physical activity, and healthy eating.
- Continued to modify existing resources and integrate tobacco cessation information utilized by worksites.
- Revised the *Strides to a Healthier Community* toolkit which integrates tobacco cessation information and resources with nutrition and physical activity.
- Developed worksite wellness training for tobacco prevention coordinators to use when assisting businesses implement wellness activities.

❖ **School Programming**

In FY 10, the TCP awarded tobacco prevention grants to 84 public, tribal and private school districts in order to improve and promote tobacco control. The award amounts range from \$1,000 to \$54,000 and were based on enrollment of 100 students or more. Examples of activities include:

- More than 18 South Dakota school districts passed a Tobacco-Free Buildings and Grounds policy. The Rapid City School District utilized the newly developed Associated School Boards of South Dakota (ASBSD) tobacco-free policy (see below).
- The Mitchell School District partnered with their local community coalition to host a "Rockin' Against Tobacco" conference for school districts across the state. The training focused on tobacco prevention youth advocacy strategies and provided both adults and students with the latest techniques on standing up to the tobacco industry. Over 200 participants from six school districts attended.
- The Newell School District's girls basketball team partnered with their local community coalition to develop a Teens Against Tobacco Use (TATU) tobacco prevention commercial. Since airing, North Dakota and Minnesota have requested the use of the commercial to show in their respective states.
- Students from the Montrose School District worked with their local pub owner to go smoke-free. The students highlighted the health benefits of providing a smoke-free establishment and furnished the pub with signage and rugs to assist with enforcement efforts.

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

- Collaborated with the Department of Education (DOE) and ASBSD to develop a model Tobacco-Free Buildings and Grounds policy that was approved by the South Dakota Board of Education in January 2010.
- Provided training and materials to more than 92 educators from 54 agencies to enable them to use evidence-based tobacco prevention curriculum.
- Prepared more than 440 middle and high school students in more than 35 communities to be mentors to younger children and educate others about the dangers of tobacco use using the American Lung Association (ALA) TATU program.
- Collaborated with Coordinated School Health to provide tobacco prevention information to over 600 educators.
- Provided letters of recognition and free signage to school districts in South Dakota that have implemented a Tobacco-Free Buildings and Grounds policy.
- Prepared more than 12 educators from seven school districts to provide education and support to students who want to quit smoking using the ALA's Not On Tobacco (NOT) program.
- Provided Best Practices training, technical assistance and tobacco prevention and cessation resources to school districts throughout the year.
- Provided technical assistance, tobacco prevention resources, and training to the South Dakota Voices for Children's Youth Advisory Committee. This student-led committee collaborates with Coordinated School Health and focused on wellness policies within school systems. The group chose tobacco policy as their area of interest for the 2010-2011 school year.

The TCP also provided support to postsecondary institutions. Tobacco prevention staff are designated to provide technical assistance, training, and resources to area institutions to support reduced 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. Examples of the post-secondary school-based tobacco prevention activities include:

- The University of South Dakota football team partnered with the Beresford School District SWAT (Students Working Against Tobacco) youth group to host a "Punt, Pass, and Kick Away Tobacco" tournament during Beresford High School homecoming week.
- Southeast Technical Institute and Black Hills State University implemented a Tobacco-Free Buildings and Grounds policy.
- South Dakota State University (SDSU) Pharmacy Department students hosted a tobacco prevention informational event for the Brookings School District. Over 70 middle school students attended the event at the SDSU campus.

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 DOH, DOE, 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 2010, 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.
- Provided information and resources to promote and support tobacco-free environments for children and families to parks and recreation groups.
- Provided 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 over 245,000 public education materials to 43 cities and 547 organizations. For example, information about the SD-QL and the health hazards of secondhand smoke were provided to private health care facilities for clients and thousands of families served by WIC, Baby Care, Bright Start, 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 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:

- Tobacco. Rethink It Campaign (July 2009-September 2009) – A TV, radio and print campaign produced for the TCP alerting smokers and nonsmokers of the harmful chemicals inside cigarette smoke and demonstrating the negative health effects caused by smoking.
- Tobacco. Rethink It. Pregnant and Young Mothers Secondhand Smoke Campaign (September 2009-March 2010) – A TV, radio and print campaign produced for the TCP targeting young mothers and pregnant women on the harmful effects cigarette smoke has on them and their developing baby.
- Tobacco. Rethink It. Youth and Young Adult Campaign (March 2010-June 2010) – A TV, radio and print campaign produced for the TCP alerting smokers and nonsmokers of the harmful chemicals inside cigarette smoke, and demonstrating the negative health effects caused by smoking. This campaign included materials produced specifically for the American Indian population.
- Cessation Promotion Campaign (July 2010-August 2010) – A TV and radio campaign targeting low-income adults and American Indian smokers promoting the QuitLine.
- Rodeo Prevention and Cessation Campaign (January 2010- August 2010) The TCP promoted the SD-QL at various rodeos throughout the state using rodeo program ads, arena signage, and public address announcements.

The program received 3 gold and 2 silver awards from the South Dakota Advertising Federation at their 44th Annual Addy Awards competition. The American Advertising Federation, a not-for-profit industry association conducts the ADDY[®] Awards through its 200 member advertising clubs and 15 districts each year.

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 the DOH webpage (<http://doh.sd.gov/catalog.aspx>).

❖ **Cessation Programming**

According to data from the 2009 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, 2010, the SD-QL has provided cessation services to 55,291 individuals since it started in January 2002 and over 7,458 tobacco users in FY 2010. According to data for calendar year 2008, the seventh year of operation, the SD-QL demonstrated a 43% 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. According to the North American QuitLine Consortium, South Dakota has one of the highest quit rates in the country.

The SD-QL 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 SD-QL, 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**

Tobacco use, specifically cigarette smoking, has been steadily decreasing since its all time high of 27.2% in 1998. In 2009, 17.5% of BRFSS respondents indicated that they smoked cigarettes. There was a 2.3% decline from 2007 (19.8%) to 2008 with no change from 2008 to 2009. 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%. In 2008, there was a 0.9% decrease in smoking prevalence during pregnancy to 18.2% with a slight increase in 2009 to 18.3%.

The Youth Tobacco Survey (YTS) was conducted in middle schools across the state in the fall of 2009. 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 2009 YRBS, along with the 1995-2009 YRBS Trend Report, are available on the DOH website (<http://doh.sd.gov/Statistics/default.aspx>).

There was a 5% reduction in the percentage of high school respondents that were current smokers from 23% in 2005 to 28% in 2009 and a 2% decrease among middle school respondents from 8% in 2005 to 6% in 2007 and 2009. Spit tobacco use increased 2% from 2007 to 2009 (13% to 15%) 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 partnered with the Journalism and Mass Communication Department at SDSU to evaluate its media efforts. Projects included focus group testing of media campaign materials as well as an online survey to gain insight into the media consumption habits of young adults as well as gauge their knowledge, attitudes, and beliefs about tobacco use on campus. Results of the evaluation projects will be used to direct future program efforts.

❖ **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
2010	39,377,400 for stamped packs of 20 cigarettes 88,800 for stamped packs of 25 cigarettes	\$5,734,603
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

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 2010)

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 \$197,298
Human Service Agency
123 19th Street
Watertown, SD 57201
Contract Period: June 1, 2009 – May 31, 2010
Administrative Costs: \$9,395
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 \$320,001
Volunteers of America, Dakotas
1309 W. 51st Street
Sioux Falls, SD 57105
Contract Period: June 1, 2009 – May 31, 2010
Administrative Costs: \$15,238
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 for school-based tobacco prevention projects.

3. Black Hills Special Services Coop \$395,071
221 S. Central Avenue
Pierre, SD 57501
Contract Period: June 1, 2009 – May 31, 2010
Administrative Costs: \$18,813
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.

4. OOS, Inc (Outside of Seriousness, Inc) \$3,500
 119 8th Street
 Brookings, SD 57006
Contract Period: July 1, 2009 – September 30, 2009
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to provide consultation and strategic planning services for the school grant program. The contractor also facilitated a SWOT (strengths, weaknesses, opportunities, threats) analysis with program staff, partners, and stakeholders to identify priority goal areas for future program planning.

5. Black Hills State University \$9,180
 1200 University, Unit 9422
 Spearfish, SD 57799-9422
Contract Period: June 1, 2009 – May 31, 2010
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to provide technical assistance, develop reporting forms, and provide a preliminary evaluation plan for the tobacco prevention grants program.

❖ **Counter-Marketing/Media**

1. Hot Pink, Ink (Imagine Agency, LLC) \$700,000
 725 St. Joseph Street, Suite B6
 Rapid City, SD 57701
Contract Period: June 1, 2009 – May 31, 2010
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.

❖ **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 \$900,000
 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 \$300,000
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 \$149,747
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 \$1,516,178
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 purchase and distribute 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 \$442,000
3800 East Highway 34, Hillsvieview Plaza
Pierre, SD 57501
Contract Period: June 1, 2009 – May 31, 2010
Administrative Costs: \$22,100
Comments: During fiscal year 2010, DOH contracted with DHS to facilitate the community based tobacco prevention programs. DHS conducted a competitive grant process to facilitate coalition awards for FY2010. Awards were made based on applications received, population served, activities proposed, and available funding. Twenty-one

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 12 prevention resource agencies to assist communities develop and implement tobacco prevention and control programming.

2. Healthology Works LLC \$10,000
2022 Lancaster Place
Pierre, SD 57501
Contract Period: August 1, 2009 – May 31, 2010
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of this contract was to assist worksite wellness including updating and modifying resources, including tobacco cessation information, being utilized for trainings and by worksite wellness consultants. The contractor also assisted with marketing, coordination, and facilitation of two separate trainings on worksite wellness.

❖ **Evaluation**

1. Spectrum Health Policy Research \$101,000
2775 Cruse Road, Suite 2303
Lawrenceville, GA 30044
Contract Period: July 1, 2009 – May 31, 2010
Administrative Costs: Administrative costs are not billed separately in this contract
Comments: The purpose of this contract was to provide evaluation coordination and services. As required by Centers for Disease Control and Prevention, the contractor developed, implemented and provided oversight for a logic model, evaluation planning and baseline measures to assess the reach and value of specific TCP activities and how they influence other chronic disease programs such as Diabetes and Heart Disease and Stroke.
2. South Dakota State University \$30,000
Department of Journalism and Mass Communications
PO Box 2275
Brookings, SD 57007
Contract Period: November 1, 2009 – May 31, 2010
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 and focus groups to gauge awareness and measure change and attitudes among young adult South Dakotans who viewed TCP advertising.
3. Minnesota Institute of Public Health \$42,200
2720 Highway 10, NE
Mounds View, MN 55112
Contract Period: June 1, 2009 – May 1, 2010
Administrative Costs: Administrative costs are not billed separately in this contract
Comments: The purpose of this contract was for overall development and implementation of the 2009-2010 South Dakota Middle School Youth Tobacco Survey. In addition, a print-ready report of survey findings was produced and made available for schools.

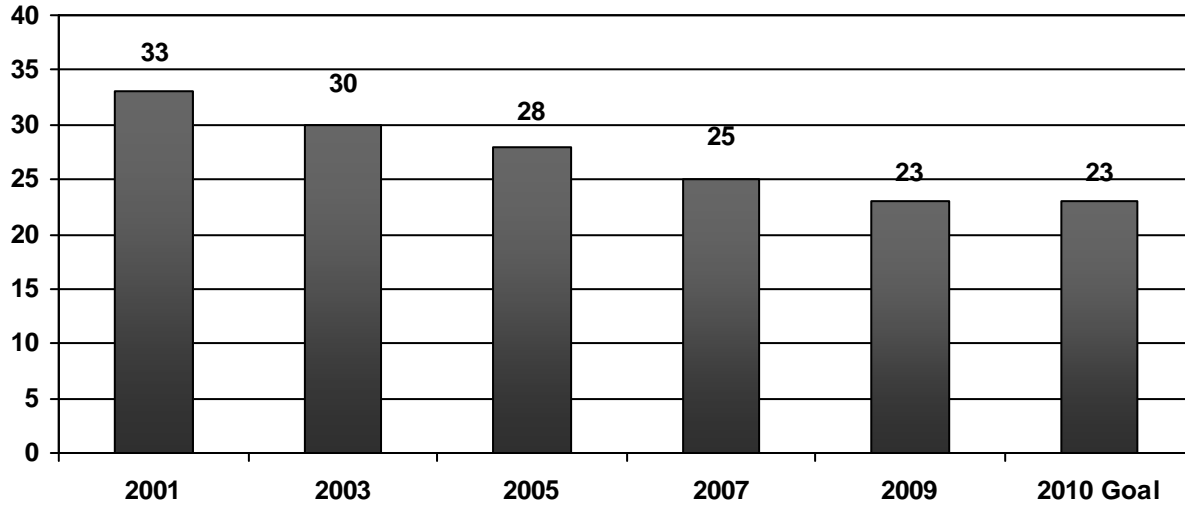
PROGRAM EXPENDITURES

Tobacco Control Program Expenditures – FY 2010			
Program Area	Federal	Other	Total
Community Programs	\$ 296,444	\$ 786,624	\$ 1,083,069
School Programs	\$ 12,819	\$ 567,879	\$ 580,697
Statewide Programs	\$ 281	\$ -	\$ 281
Cessation Programming	\$ 39	\$ 2,107,616	\$ 2,107,655
Public Education/Counter Marketing	\$ 218,260	\$ 574,903	\$ 793,163
Surveillance / Evaluation	\$ 167,356	\$ 171,141	\$ 338,496
State Administration	\$ 251,880	\$ 143,450	\$ 395,330
Total	\$ 947,078	\$ 4,351,613	\$ 5,298,691

ATTACHMENTS

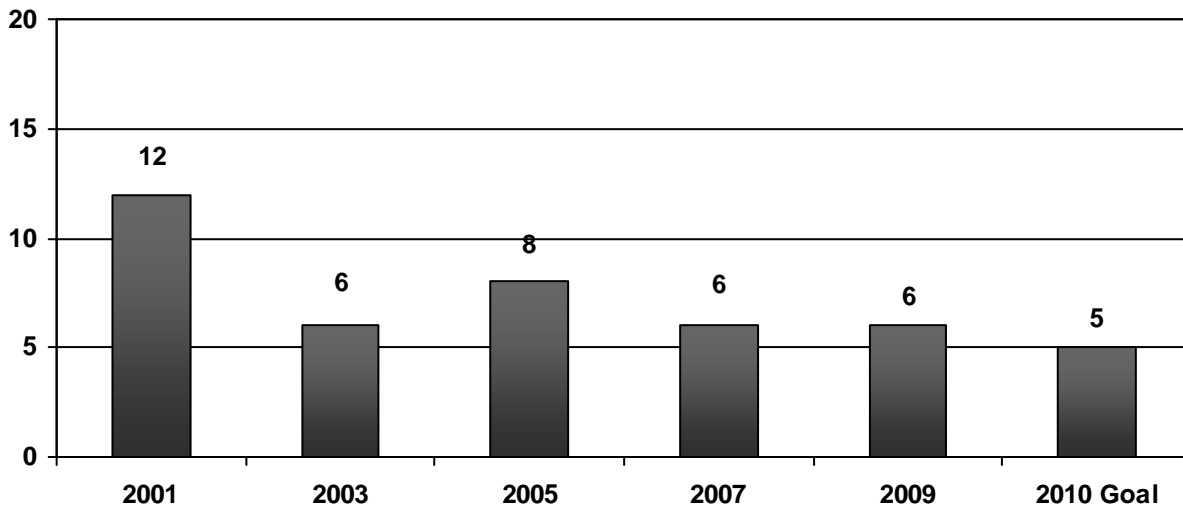
Goal 1. Prevent young people from starting to use tobacco products.

Percent of Current Smokers, Grades 9-12



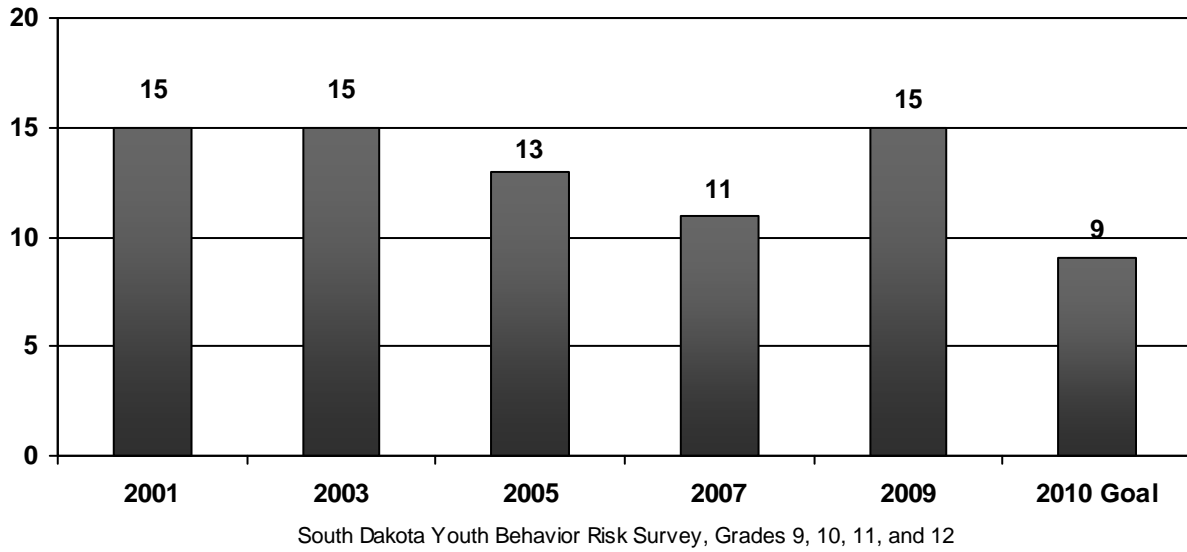
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

Percent of Current Smokers, Grades 6-8

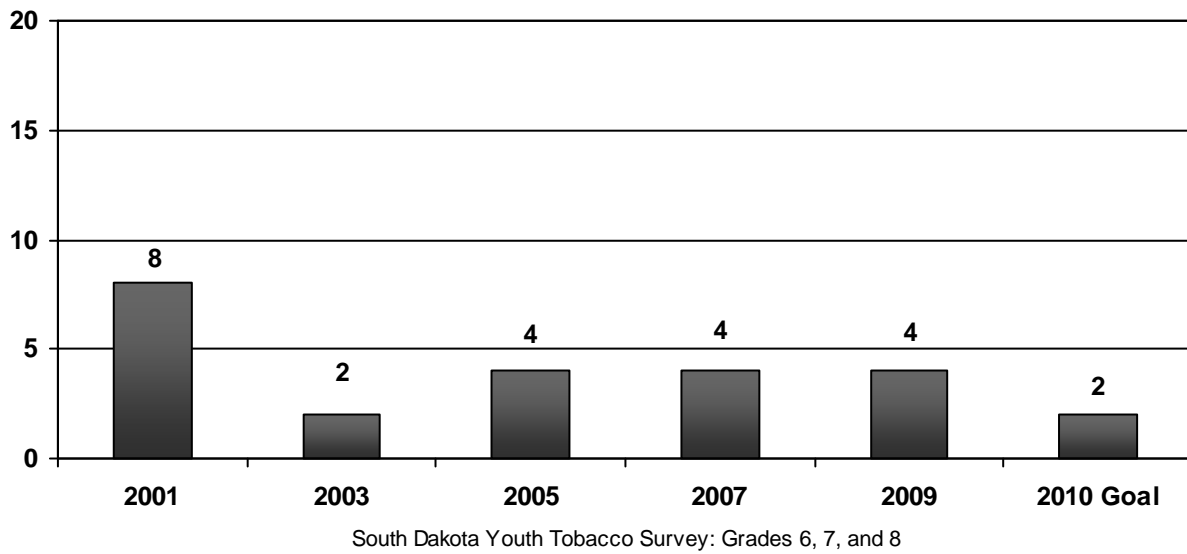


South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

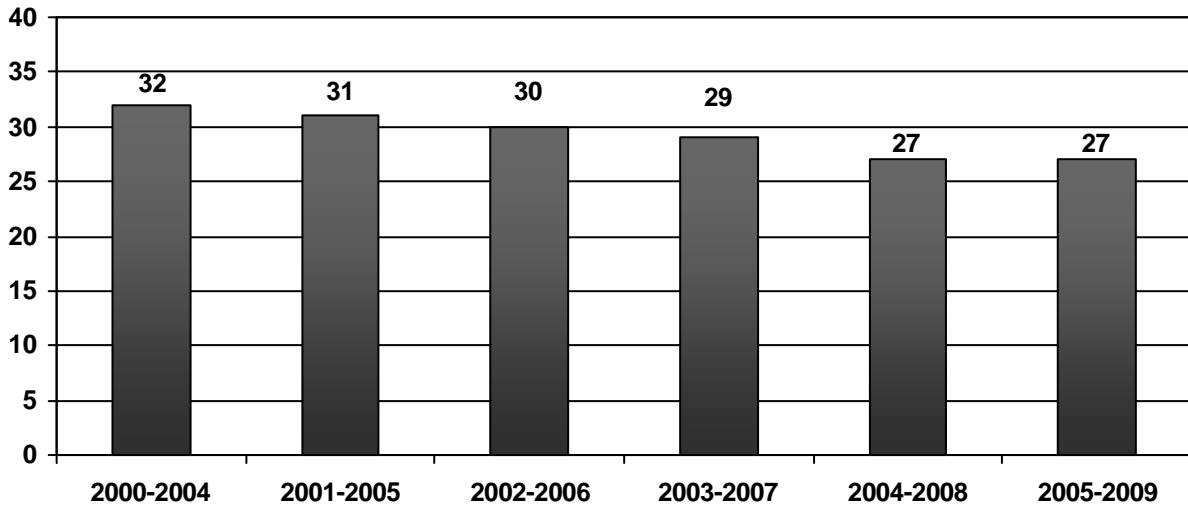
Percent of Current Spit Tobacco Users, Grades 9-12



Percent of Current Spit Tobacco Users, Grades 6-8

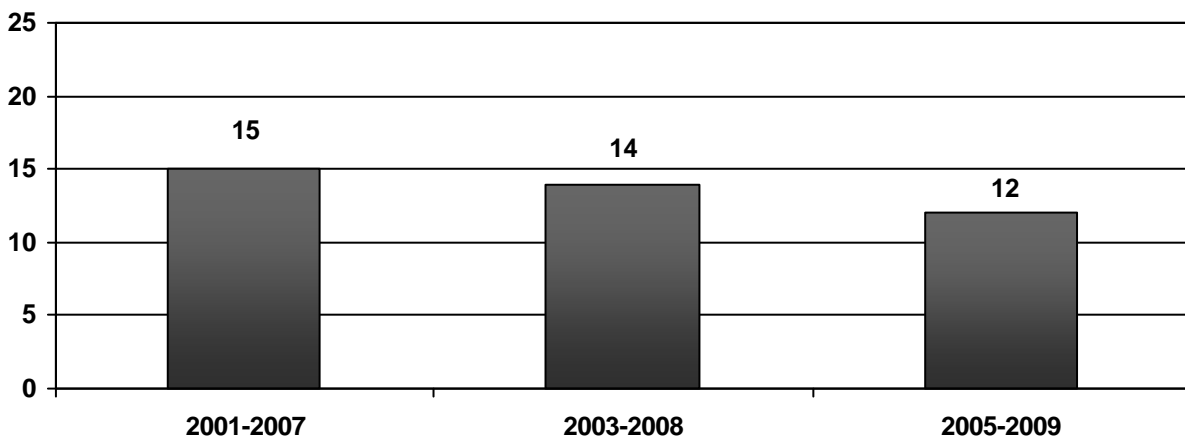


Percent of 18-24 year olds who smoke



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

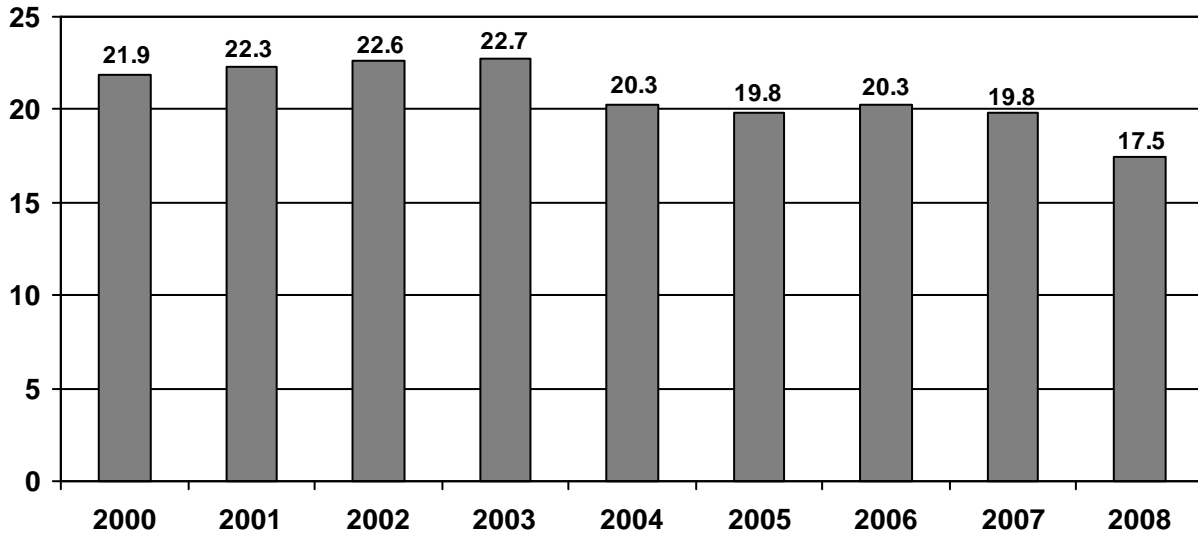
Percent of 18-24 year old males who use spit tobacco (some days or every day)



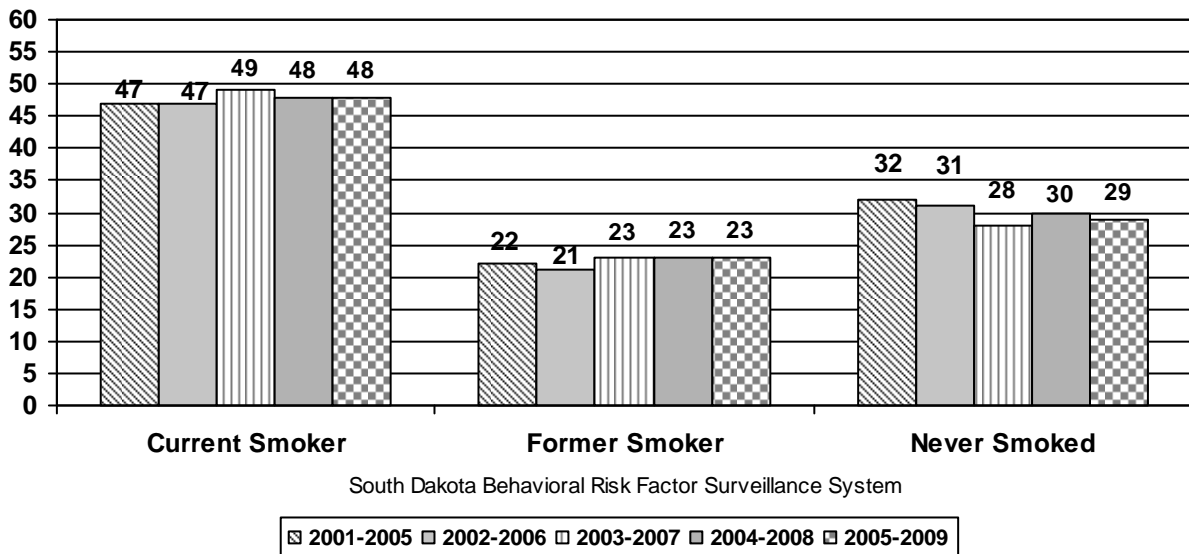
Due to low numbers of respondents in this age group a rolling average is used.
South Dakota Behavior Risk Surveillance System

Goal 2. Persuade and help smokers to stop smoking.

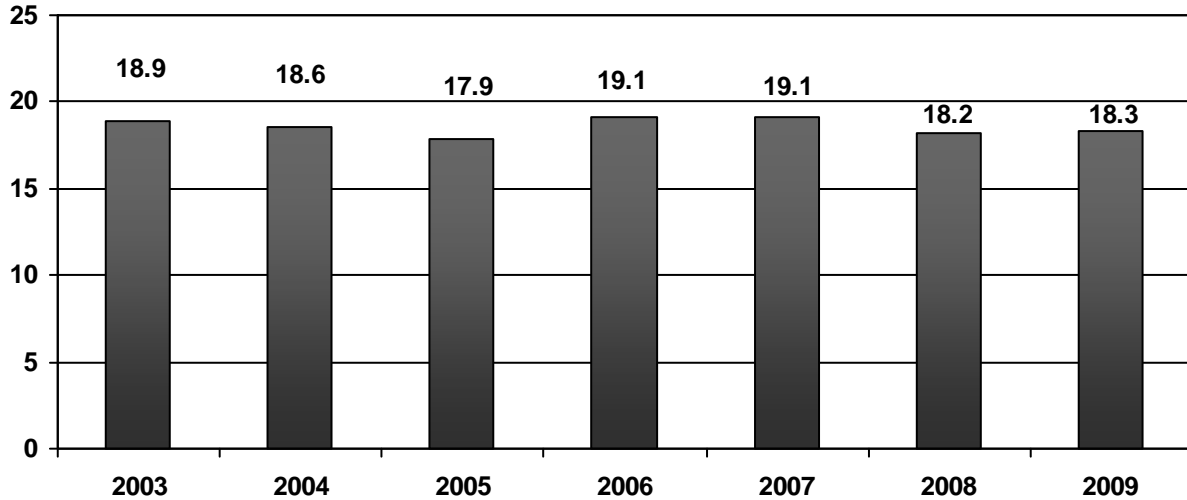
Percent of Adult Smokers, 2000-2008



Percent of American Indian Adults Who Smoke

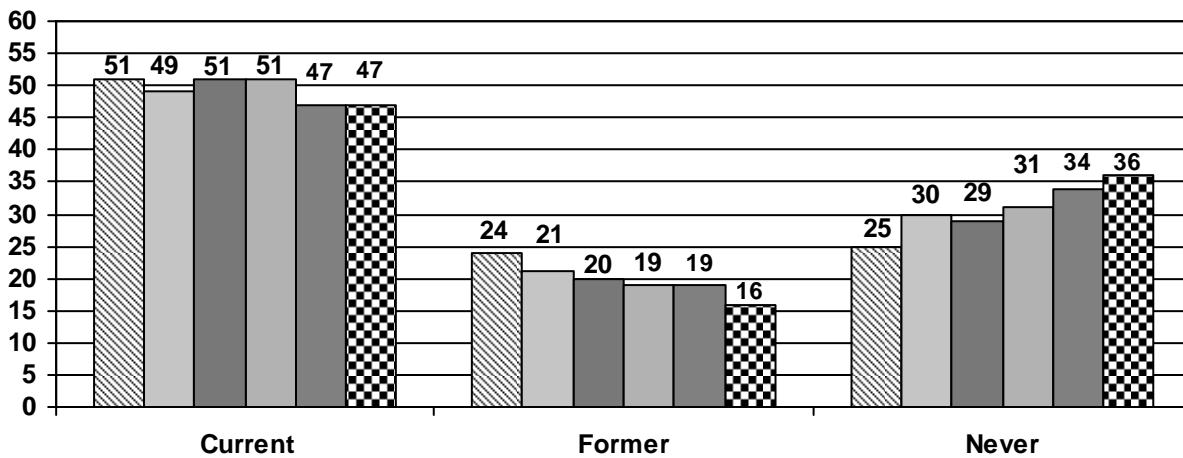


Percent of Pregnant Females Who Smoke During Pregnancy



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



South Dakota Behavioral Risk Factor Surveillance System

2000-2004
 2001-2005
 2002-2006
 2003-2007
 2004-2008
 2005-2009

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.

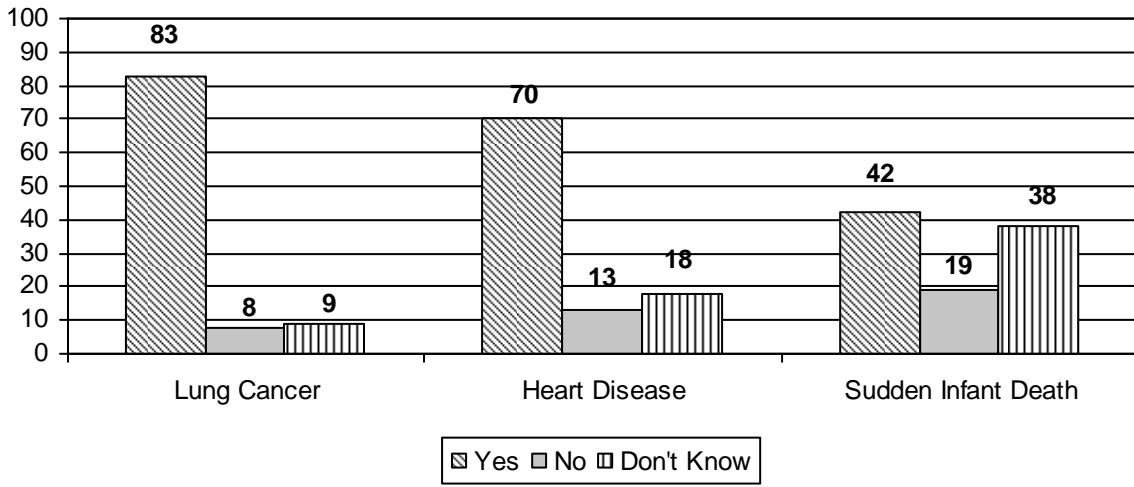
Secondhand smoke, the smoke given off the burning end of tobacco products and exhaled by smokers, is a human carcinogen (cancer-causing agent), and the National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen. There are more than 50 cancer-causing 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 decreased to 42%. In 2008, 42% of respondents reported awareness that secondhand smoke caused SIDS. 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