Be tobacco free.
SOUTH DAKOTA

SOUTH DAKOTA TOBACCO CONTROL STATE PLAN
2015-2020

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August 2014

Dear Fellow South Dakotans:

The South Dakota Department of Health and its partners are pleased to present the 2015-2020 Tobacco Control State Plan. The Plan was developed in collaboration with Tobacco Control Program (TCP) staff, key partners and stakeholders.

The latest Surgeon General's report, *The Health Consequences of Smoking–50 Years of Progress,* newly identified diabetes mellitus, rheumatoid arthritis and colorectal cancer as diseases caused by smoking – in addition to the lengthy list of cancers and chronic diseases already linked to tobacco use. Although significant achievements have been made during the past five decades, the burden of smoking-attributable disease, premature death and high costs will continue unless tobacco use is reduced more rapidly than its current trajectory.

The TCP, its partners and stakeholders will work to diminish the devastating impact of tobacco use, focusing in four goal areas: preventing initiation among youth and young adults; promoting quitting among adults and youth; eliminating exposure to secondhand smoke; and identifying and eliminating tobacco-related disparities among population groups.

Tobacco use remains the single most preventable cause of disease and death in the United States and in South Dakota. This five-year plan gives us a framework to reduce the burden of tobacco use in South Dakota. It will take dedicated and collaborative efforts among communities, schools, workplaces, tribes, health care settings and many other partnerships, but together we can create a safer, healthier South Dakota.

Sincerely,

Doneen B. Hollingsworth
Secretary of Health

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For additional information or to download this plan, visit https://doh.sd.gov/prevention/tobacco.
For questions about this plan, please contact: DOH.info@state.sd.us

Authorized by South Dakota State Law, the South Dakota Department of Health will develop and approve a statewide tobacco prevention and reduction strategic plan to prevent and reduce tobacco use. The plan shall set forth goals, adequate benchmarks and standards by which measures of program success under § 34-46-10 may be appropriately evaluated. The department shall be responsible for establishing program priorities, criteria for awarding grants, and assessing overall program performance. Source: SL 2000, ch 174, § 3; SL 2001, ch 189, § 2.

Updated March 2016

INTRODUCTION

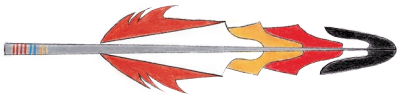
The South Dakota Tobacco Control State Plan ("the Plan") is the culmination of collaborative processes undertaken by the South Dakota Department of Health along with national, state, and local partners.

The Plan outlines a series of goals, objectives, and priority strategies that will help guide all stakeholders in South Dakota as they work together to prevent and lessen the burden of death and disease caused by tobacco use. The Plan is a roadmap for success that is intended to provide direction and focus for state staff, partners, and stakeholders, while providing a framework to align statewide public health initiatives.

The involvement of a broad range of partner organizations has helped to ensure that this document is a reflection of shared purpose and that it will be a useful and relevant tool for all audiences with a stake in tobacco control and prevention in our state. (For a full listing of those involved in the development of the Plan, see Appendix A.)

The following Plan describes an integrated approach to implementing evidence-based interventions to reduce the personal and societal burden of tobacco-related deaths and illnesses. Based on the evidence documented in scientific literature, the most effective population-based approaches have been included. It is important to recognize that all components of the Plan must work together to produce the synergistic effects of a comprehensive tobacco control program.

The tobacco use epidemic can be stopped. Science and experience have identified proven, cost-effective strategies that prevent youth from smoking, help smokers quit, and protect everyone from secondhand smoke. We know what works, and if we endeavor to fully implement the following proven strategies, we can prevent the devastating effects tobacco has on families and communities in South Dakota.



***Please note that the term "tobacco" in this Plan refers to commercially produced tobacco products only and never the traditional tobacco of our Northern Plains American Indians.**

VISION, MISSION AND GUIDING PRINCIPLES

The South Dakota Tobacco Control Program is part of the Office of Chronic Disease Prevention and Health Promotion within the South Dakota Department of Health. The development of this Plan was guided by the Office of Chronic Disease Prevention and Health Promotion's vision and mission statements, included below, as well as the following guiding principles.

OUR VISION

All South Dakotans will enjoy healthy lives free from the devastation of chronic diseases.

OUR MISSION

Improve quality of life, health and well-being through effective leadership, surveillance, education, advocacy and partnership development.

OUR GUIDING PRINCIPLES

Tobacco prevention and control is a movement, a vision, and a set of values

Tobacco Control is made up of thousands of people who collectively form a pro-health movement. This movement is rooted in a set of core values that shape our state's vision and guide our work.

Strive for comprehensive tobacco control

Comprehensive, population-based tobacco control programs are designed to reduce disease, disability, and death related to tobacco use. Our comprehensive approach optimizes synergy by applying a mix of educational, clinical, regulatory, economic, and social strategies as identified in the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs,* an evidence-based guide to planning and establishing effective tobacco control programs to prevent and reduce tobacco use.

Focus on tobacco-related disparities

Because some populations within South Dakota experience a disproportionate health and economic burden from tobacco use, a focus on reducing tobacco-related disparities is necessary. Identifying and eliminating tobacco-related disparities is a primary goal, along with preventing initiation of tobacco use, promoting tobacco cessation, and eliminating exposure to secondhand smoke.

Pursue collaboration

We value all opportunities to work together with our national, state, and local partners in public health, health care and educational systems, community-based organizations, and others to fully consider and discuss ways to support this Plan. Collaboration is the cornerstone for increasing success in tobacco control and effective collaboration always magnifies the reach of available program funds and resources.

TOBACCO PREVENTION AND CONTROL IN SOUTH DAKOTA

THE BURDEN OF TOBACCO USE IN SOUTH DAKOTA

Cigarette smoking is the leading cause of preventable death in the United States.[1] Each year, approximately 480,000 people in the U.S. die from smoking-related illnesses. Thousands more die from other tobacco-related causes, such as fires started by cigarettes and smokeless tobacco use. In fact, tobacco kills more people than HIV/AIDS, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders *combined*.[2]

Commercial tobacco has a devastating impact on South Dakotans. Among adults in the U.S., 19.6% of the population smokes. South Dakota's adult smoking rate is higher – 22% of adults are smokers, meaning that an estimated 138,000 South Dakotan adults currently smoke cigarettes.[3, 4]

Cigarette smoking causes approximately 1,100 deaths each year in South Dakota - nearly 3 people each day.[5] Of all deaths in South Dakota in 2012, 17.2% were in part caused by tobacco use, including 14.4% of all heart disease deaths and 28.2% of cancer deaths.[6] For every person who dies from tobacco use, another 30 suffer with at least one serious tobacco-related illness.[2] Half of all long-term smokers die prematurely from smoking-related causes.[7]

TOBACCO AND CHRONIC DISEASE

The health consequences of tobacco use include heart disease, multiple types of cancer, lung and respiratory disease, negative reproductive effects, and the worsening of chronic health conditions such as diabetes and asthma.[2] Smokers are 2-4 times more likely than nonsmokers to develop heart disease or suffer from a stroke.[8] In South Dakota, 18% of those who had previously had a stroke were also current smokers.[4] The most recent Surgeon General's Report, *The Health Consequences of Smoking-50 Years of Progress,* concludes that smoking has a causal link to diabetes.[2] Of those who have been diagnosed with diabetes in South Dakota, 23% are current smokers.[4]

Smokeless or spit tobacco is also very harmful. It has been clearly linked to several types of cancer including oral cancer, esophageal cancer, and pancreatic cancer.[9] All tobacco products, including smokeless tobacco, contain nicotine, which is addictive.[2]

Exposure to secondhand smoke is a leading cause of preventable death in the U.S., killing nearly 42,000 nonsmokers each year. The most recent Surgeon General's Report reveals that here is no safe level of exposure to tobacco smoke. Breathing even a little secondhand smoke can be dangerous. Secondhand smoke causes lung cancer, heart disease, and strokes in nonsmokers.[2]

THE FINANCIAL TOLL OF TOBACCO

Tobacco use exacts a huge financial toll on society. It costs South Dakota $373 million in health care expenditures and another $233 million in lost productivity each year. The portion of this cost covered by the state Medicaid program is $58 million. Residents' state and federal tax burden to pay annual health care costs for smoking-related expenditures is $587 per household. These amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and/or pipe smoking. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property.[5]

The following have been identified as populations with disparate tobacco use in South Dakota. Eliminating disparities across these groups is a priority, crosscutting goal of the Tobacco Control Program.

- **Youth and young adults**
- **American Indians**
- **Pregnant women**
- **Medicaid clients**
- **Spit tobacco users**
- **Mental Health & Substance Abuse**

POPULATIONS WITH DISPARATE TOBACCO USE IN SOUTH DAKOTA

Even though tobacco use rates are slowly declining among the population overall, the rates are still troubling among several groups who are disproportionately affected by tobacco.

Youth and young adults are an important population to consider, as most smokers begin smoking as children, and almost all first tobacco use occurs before the age of 18.[1] Smoking prevalence among South Dakota's high school students is 16.5%.[10] In addition, approximately 900 of South Dakota's kids become regular smokers every year, and one in three of them will die an early death as a result. If current trends continue, more than 21,000 South Dakota kids alive today will die prematurely of tobacco-caused diseases.[5] According to the Centers for Disease Control and Prevention, 21.3% of young adults (18-24) smoke nationwide. In South Dakota, young adults smoke at a much higher rate of 30.0%.[3]

Tobacco-related disparities can affect population subgroups based on factors such as age, income, mental health status, race/ethnicity, sex, and substance abuse conditions. American Indians are much more likely to have smoked cigarettes or used spit tobacco than whites; Medicaid enrollees smoke at higher rates than the general population; and adults with mental illness have a much higher smoking prevalence than adults without mental illness - and are less likely to quit.[1,2] Within South Dakota, American Indians smoke at a rate of 55% compared to the overall state rate of 22%, and the Medicaid population smoking prevalence is 49%.[4] In South Dakota, persons with mental illness (approximately 18% of the population), smoke at even higher rates, 40.8% compared to 23.2% of those with no mental illness.[11]

Parental smoking is a risk factor for Sudden Infant Death Syndrome, complications from prematurity, complications from low birth weight, and other pregnancy problems.[2] As such, a target population for tobacco prevention efforts is smoking pregnant females and smoking mothers of infants. The rate of adult pregnant women currently smoking in South Dakota is 16.5%; South Dakota also has an infant mortality rate of 8.6 per 1,000 live births.[6]

Spit or smokeless tobacco use is also a serious problem. Like many rural states, spit tobacco use in South Dakota is higher than the national average – 4.4% of the U.S. adult population uses spit tobacco compared with 6.0% of South Dakota adults.[4,12] Among young adults, the rate of use is also higher – 11.4% of South Dakotans age 18-24 use spit tobacco compared with the national rate of 6.4%.[3,12] In addition, 11.5% of South Dakota's high school students use spit tobacco, which is above the national prevalence of 8.8%.[10]

TOBACCO INDUSTRY INFLUENCES

The tobacco industry has a long history of targeting specific groups with marketing efforts. One of the most common targets has been youth and young adults. The 2012 Surgeon General's report, *Preventing Tobacco Use Among Youth and Young Adults,* concluded that the scientific evidence "consistently and coherently points to the intentional marketing of tobacco products to youth as being a cause of young people's tobacco use."[13] A report from the Campaign for Tobacco-Free Kids outlines some of the tobacco

industry's latest marketing trends, which include heavy marketing and discounting in convenience stores, increased marketing of smokeless tobacco, the proliferation of cheap, sweet-flavored "little cigars" and new versions of the most popular cigarette brands.[14] There is sufficient evidence to conclude that there is a causal relationship between tobacco company advertising and promotion and the initiation and progression of tobacco use among youth people. The evidence shows that adolescents are exposed to cigarette advertising, they find the ads appealing, the ads make smoking appear to be appealing, and the ads increase adolescents' desire to smoke.[13]

In addition to targeting youth and young adults, tobacco companies continue to focus on American Indians and other ethnic minorities as targets of their marketing campaigns. Advertisement and promotion of certain tobacco products appear to be targeted to members of racial/minority communities.[13,14,15] Marketing to Hispanics and American Indians/Alaska Natives has included advertising and promotion of cigarette brands with names such as Rio, Dorado, and American Spirit. The tobacco industry has also targeted African American communities in its advertisements and promotional efforts for menthol cigarettes with campaigns that use urban culture and language, sponsored hip-hop bar nights with samples of menthol cigarettes, and targeted direct-mail promotions.[15,16]

Women also have been targeted by the tobacco industry, and tobacco companies have produced brands specifically for women. Marketing toward women is dominated by themes of social desirability and independence, which are conveyed by advertisements featuring slim, attractive, and athletic models.[15,17]

The tobacco industry's marketing practices influence tobacco use. In the U.S. alone, tobacco marketing expenditures total $8.8 billion a year — $1 million every hour— and the industry spends millions more on lobbying and political contributions aimed at defeating tobacco control measures. The estimated amount spent for marketing in South Dakota each year is $21.5 million.[5]

TOBACCO INDUSTRY MARKETING

The money cigarette companies spent in 2011 on marketing in South Dakota alone amounted to approximately – [18,19,20]

- $58,900 per day in South Dakota
- Approximately $26 per person (adults and children) in South Dakota (mid-year population estimate 823,772)
- More than $150 for each smoker aged 18 or older per year

The following three categories totaled approximately $7.76 billion and accounted for 92.7% of all cigarette company marketing expenditures in 2011:[18]

1. Price discounts paid to retailers or wholesalers to reduce the price of cigarettes to consumers ($7 billion)
2. Promotional allowances paid to cigarette retailers, such as payments for stocking, shelving, displaying, and merchandising particular brands ($357 million)
3. Promotional allowances paid to cigarette wholesalers, such as payments for volume rebates, incentive payments, value-added services, and promotions ($401 million)

TOBACCO CONTROL PROGRAM INITIATIVES

The toll of tobacco in South Dakota is enormous, but there are critical actions that can be taken to reduce these harms. The South Dakota Tobacco Control Program leads comprehensive efforts for tobacco prevention and control in order to lessen the burden of tobacco use across the state.

The South Dakota Tobacco Control Program's statewide initiatives include:

- Collaborating and planning with partners at the state and community level, through our statewide staff and three Tobacco Prevention Regional Coordinators
- Supporting local partner organizations and coalitions in their efforts to implement evidence-based interventions
- Providing capacity-building training and technical assistance on best practices
- Collecting, analyzing and disseminating state and community-level data
- Educating stakeholders and the public about the burden of tobacco use and evidence-based strategies to reduce this burden
- Developing and disseminating health communication interventions
- Providing and promoting cessation interventions

Examples of how the South Dakota Tobacco Control Program implements these initiatives include:

- Collaborating with local health systems to promote the South Dakota QuitLine
- Hosting best practices trainings on smoke-free air policies for key stakeholders
- Providing regular online and in-person training and technical assistance to local organizations awarded partnership grants to reduce tobacco use in their communities
- Working with tribal partners to pass smoke-free policies in public places on tribal lands
- Working with local communities to pass tobacco-free parks policies
- Partnering with local school districts to implement tobacco prevention education

For more details about South Dakota Tobacco Control Program resources, see Appendix D.

THE COLLABORATIVE PLANNING PROCESS

The South Dakota State Department of Health Tobacco Control Program held a two-day strategic planning session on October 2 and 3, 2013 in Pierre, South Dakota. Twenty-five staff and representatives of the Tobacco Prevention Advisory Committee, consisting of key partner organizations and stakeholder groups, attended the facilitated session (see Appendix A). The purpose of the session was to review the Tobacco Control Program's goals and objectives and identify and prioritize evidence-based strategies, interventions, and actions.

First, participants were provided with an orientation to the following key areas:

- Current national and state tobacco use and prevention trends, conditions, and approaches
- Tobacco Control Program partners and stakeholders
- Current state, local, and institutional tobacco control policies
- Updated state data
- Tobacco industry strategies and tactics

Following the orientation, the group reviewed the vision and mission statements of the Office of Chronic Disease and Health Promotion and discussed the Tobacco Control Program's guiding principles. Participants then utilized both the South Dakota Tobacco Control Program Strategic Plan 2010 and strategies recommended by the Centers for Disease Control and Prevention to discuss, identify, and prioritize goal-specific strategies that:

- Provide a clear direction
- Fit with available resources and opportunities
- Reach populations of focus
- Achieve Tobacco Control Program objectives

For each strategy, the group identified key partners and actions needed to implement the strategy through collaborative action. The remainder of this Plan reflects the results of the strategic planning session.

The South Dakota Tobacco Control State Plan is a living document. As the Plan is implemented over the next five years, the South Dakota Tobacco Control Program will facilitate an ongoing collaborative process for engaging partners in monitoring and implementing the Plan. The Tobacco Control Program and partners will work together to address strategies, review progress, gather lessons learned, identify success stories, and determine if modifications or mid-course corrections to the Plan are needed.

GOALS, OBJECTIVES AND STRATEGIES

The goals of the South Dakota Tobacco Control Program align with the goals for comprehensive state tobacco control programs as identified by the Centers for Disease Control and Prevention. The four South Dakota Tobacco Control Program goals are:

Goal I: Prevent initiation among youth and young adults.
Goal II: Promote quitting among adults and youth.
Goal III: Eliminate exposure to secondhand smoke.
Goal IV: Identify and eliminate tobacco-related disparities among population groups.

For each of these goals, the collaborative strategic planning process described above has resulted in:

- **Measurable objectives to be achieved by 2020** that represent progress toward accomplishing the goal. (The Tobacco Control Program also will track short-term and intermediate objectives as the Plan is implemented.)
- **Priority strategies** to pursue to achieve the objectives.
- **Key activities/action steps** to implement each strategy.
- **Examples of key partner organizations** to implement each activity.

It is important to note that only a few examples of the types of activities that will be undertaken are listed in this Plan. Tobacco Control Program staff and partners will work together to create action plans that break down individual strategies into all of the tasks or activities necessary to put them into action. Actions plans will be updated frequently during implementation of the overall Plan. It is also important to note that the list of key partners included is not meant to be exhaustive. A broad range of partners across the state will need to mobilize and engage in all strategies in order for the Plan to be successful.

The following section of the Plan shows each goal aligned with its corresponding objectives and strategies. For each strategy listed, key activities and key partners are identified. Evidence supporting the need for these goal areas and use of these strategies is also presented. (See the appendices for more information about all data sources.)

GOAL I: PREVENT INITIATION AMONG YOUTH AND YOUNG ADULTS.

Objectives

I.A. Decrease the percentage of youth grades 6-8 who report have ever smoked cigarettes from 12.9% to 11% by 2020.[a] **Progress: 12.4% (2015)**

I.B. Decrease the percentage of American Indian youth grades 6-8 who report have ever smoked cigarettes from 33.4% to 32% by 2020.[a] **Progress: 33.2% (2015)**

I.C. Decrease the percentage of youth grades 9-12 who have ever tried cigarettes, even one or two puffs, from 40.2% to 35% by 2020.[b] **Progress: 33.3% (2015)**

I.D. Reduce the percentage of young people ages 18-24 who smoke from 30% to 23% by 2020.[c] **Progress: 27.4% (2013), 16.4% (2014)**

Strategies

I.1. Support an increase in the number of post-secondary institutions with 24/7 tobacco-free buildings and grounds policies.

I.2. Support an increase in the number of K-12 institutions with 24/7 tobacco-free buildings and grounds policies.

I.3. Perform retail assessments to increase awareness of tobacco marketing and sales.

I.4. Educate partners, stakeholders, and the public on evidence-based strategies to discourage tobacco use.

Supporting Evidence[d]

- Nearly 9 out of 10 smokers in the U.S. start smoking by the time they are 18 years old, and 99% start by the age of 26, making it essential to intervene during adolescence and young adulthood to prevent initiation of tobacco use.
- School and college policies and interventions should be part of a comprehensive tobacco control and prevention effort, implemented in conjunction with efforts to create tobacco-free social norms, including increasing the unit price of tobacco and making environments smoke-free.
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including increasing the unit price of tobacco and creating smoke-free public and private environments.
- Research has shown a causal relationship between advertising of tobacco products and the initiation of tobacco use among young people, and approximately one-third of underage experimentation with smoking can be attributed to tobacco industry advertising and promotion.
- A broad range of statewide community programs and policies is needed to ensure that continued marketing of cigarettes and other emerging products does not prolong the harm caused by smoking. A key recommendation for preventing tobacco use among youth is to mobilize the community to restrict minors' access to tobacco products, combined with retailer education and reinforcement.

a) South Dakota YTS, 2015
b) South Dakota YRBS, 2015
c) South Dakota BRFSS, 2014
d) Best Practices for Comprehensive Tobacco Control Programs – 2014

Strategy I.1: Support an increase in the number of post-secondary institutions with 24/7 tobacco-free buildings and grounds policies.

Key Activities

I.1.a. Promote the use of the South Dakota Post-Secondary Tobacco Prevention Toolkit and South Dakota Post-Secondary Tribal Tobacco Prevention Toolkit in tobacco-free buildings and grounds policy adoption and implementation.

Key Partners

- South Dakota Department Of Health Tobacco Control Program
- Community/School partnership grantees
- Post-secondary institutions
- Tribal partners
- South Dakota Board of Regents

Strategy I.2: Support an increase in the number of K-12 institutions with 24/7 tobacco-free buildings and grounds policies.

Key Activities

I.2.a. Encourage and assist school staff, parents, and students to support and adopt a written 100% tobacco-free policy for school campuses and school sponsored activities.

I.2.b. Promote the use of the South Dakota K-12 Tobacco Prevention Toolkit and South Dakota Tribal K-12 Tobacco Prevention Toolkit in tobacco-free policy adoption and implementation (both of which encourage the utilization of the Associated School Boards of South Dakota model tobacco-free policy).

Key Partners

- South Dakota Department Of Health Tobacco Control Program
- Community/School partnership grantees
- K-12 Institutions
- Tribal Partners
- South Dakota Department of Education

Strategy I.3: Perform retail assessments to increase awareness of tobacco marketing and sales.

Key Activities

I.3.a. Provide stakeholder training on and conduct retail assessments.

I.3.b. Support evidence-based training for youth-led tobacco prevention education, such as the American Lung Association's Teens Against Tobacco Use (T.A.T.U.), and include education on tobacco marketing and sales.

Key Partners

- South Dakota Department of Health Tobacco Control Program
- Community/School partnership grantees
- Municipalities
- K-12 institutions
- Youth organizations

Strategy I.4: Educate partners, stakeholders, and the public on evidence-based strategies to discourage tobacco use.

Key Activities

I.4.a. Collaborate with partners to educate policy makers regarding the impact of price on tobacco use.

Key Partners

- American Cancer Society
- South Dakota State Medical Association
- American Lung Association
- American Heart Association
- Tribal Partners

GOAL II: PROMOTE QUITTING AMONG ADULTS AND YOUTH.

OBJECTIVES

II.A. Reduce the percentage of adults that currently smoke from 22% to 14.5% by 2020.[a]
Progress: 19.6% (2013), 18.6% (2014)

II.B. Reduce the percentage of adults that currently use spit tobacco every day or some days from 6.4% to 4% by 2020.[a] **Progress: 6.6% (2013), 5.4% (2014)**

II.C. Reduce the percentage of youth grades 9-12 that currently smoke from 16.5% to 15% by 2020.[b]
Progress: 10.1% (2015)

II.D. Reduce the percentage of youth grades 6-8 that currently smoke from 3.5% to 3% by 2020.[c]
Progress: 2.8% (2015)

STRATEGIES

II.1. Support an increase in the number of healthcare facilities that have 24/7 tobacco-free buildings and grounds policies.

II.2. Encourage delivery of cessation services to youth and young adults.

II.3. Encourage delivery of evidence-based cessation advice by health care providers.

II.4. Implement strategies to increase awareness of the dangers of tobacco use and promote quitting.

SUPPORTING EVIDENCE[d]

- Helping tobacco users quit is the quickest approach to reducing tobacco-related disease and health care costs, and promoting cessation is a key component of a comprehensive state tobacco control program.
- State programs should focus on population-level, strategic efforts to reconfigure policies and systems in ways that normalize quitting and institutionalize tobacco use screening and intervention within medical care.
- Smokers improve their odds of successfully quitting when they use evidence-based treatments, so it is important to ensure cessation treatments are readily available through health care systems, state telephone quitlines, and other community-based cessation resources.
- Adults with mental illness have a much higher smoking prevalence than adults without mental illness, smoke more cigarettes per month, and are less likely to quit smoking.
- More than 80% of smokers see a physician every year, and most smokers want their physicians to talk to them about quitting. The goal is to ensure that every patient is screened, and patients who use tobacco are advised to quit.
- Population-wide interventions that change societal environments and norms related to tobacco use, like comprehensive smoke-free policies, increased tobacco product pricing, and hard-hitting media campaigns, increase tobacco cessation by motivating tobacco users to quit and making it easier for them to do so.

a) South Dakota BRFSS, 2014
b) South Dakota YRBS, 2015
c) South Dakota YTS, 2015
d) Best Practices for Comprehensive Tobacco Control Programs – 2014

Strategy II.1: Support an increase in the number of healthcare facilities that have 24/7 tobacco-free buildings and grounds policies.

Key Activities

II.1.a. Encourage and assist healthcare facilities to support and adopt a written 100% tobacco-free buildings and grounds policy.

Key Partners

- Community mental health centers
- South Dakota State Medical Association
- South Dakota Department of Social Services
- Municipalities

Strategy II.2: Encourage delivery of cessation services to youth and young adults.

Key Activities

II.2.a. Educate students, faculty and staff on the South Dakota QuitLine.

Key Partners

- Community/School partnership grantees
- K-12 institutions
- Post-secondary institutions
- Tribal partners
- South Dakota Department of Education
- South Dakota Board of Regents

Strategy II.3: Encourage delivery of evidence-based cessation advice by health care providers.

Key Activities

II.3.a. Promote the South Dakota QuitLine within healthcare systems and dental offices by providing educational materials for healthcare staff and patients.

II.3.b. Develop educational materials on the relationship between chronic disease and smoking for priority populations.

II.3.c. Educate healthcare staff on the QuitLine and how to refer their patients.

Key Partners

- Community/School partnership grantees
- South Dakota State Medical Association
- Dental partners
- Tribal partners
- South Dakota Department of Social Services

Strategy II.4: Implement strategies to increase awareness of the dangers of tobacco use and promote quitting.

Key Activities

II.4.a. Partner with communities, post-secondary institutions, K-12 institutions, workplaces, health care organizations, and childcare providers to promote the South Dakota QuitLine.

II.4.b. Implement an evidence-based tobacco cessation program such as N-O-T (Not On Tobacco) curriculum within a school district or youth organization.

II.4.c. Develop and promote mass-reach health communication interventions that increase awareness of the dangers of tobacco use, promote quitting, and transform social norms to prevent tobacco use initiation.

Key Partners

- State agencies
- Community/School partnership grantees
- K-12 institutions
- Health systems
- Worksites
- Childcare providers
- Post-secondary institutions
- Municipalities

GOAL III: ELIMINATE EXPOSURE TO SECONDHAND SMOKE.

Objectives

III.A. Reduce the percentage of youth grades 9-12 that were in the same room or car as someone smoking from 42.6% to 36% by 2020.[a] **Progress: 34.9% (2015)**

III.B. Reduce the percentage of youth grades 6-8 that were in the same room or car as someone smoking from 31.1% to 27% by 2020.[b] **Progress: 26.6% (2015)**

III.C. Increase the percentage of adults who report smoking is not allowed in any work areas from 87.5% to 92% by 2020.[c] **Progress: 88.4% (2013), 90.4% (2014)**

III.D. Increase the percentage of adults who report smoking is not allowed anywhere in their home from 84% to 93% by 2020.[c] **Progress: 87.6% (2013), 85.6% (2014)**

Strategies

III.1. Promote the implementation of smoke-free multi-unit housing policies.

III.2. Provide education on the dangers of secondhand smoke in homes, cars and other vehicles.

III.3. Advocate for tobacco-free environments.

III.4. Support the implementation of tobacco-free parks and outdoor area ordinances.

Supporting Evidence[d]

- There is no risk-free level of secondhand smoke. Secondhand smoke exposure can cause premature death and disease in nonsmoking adults and children.
- Each year, primarily because of exposure to secondhand smoke, an estimated 7,330 nonsmoking Americans die of lung cancer and more than 33,900 die of heart disease. Economic costs attributable to smoking and exposure to secondhand smoke now approach $300 billion annually.
- Research has documented the effectiveness of laws and policies in a comprehensive tobacco control effort to protect the public from secondhand smoke exposure, including implementing comprehensive smoke-free laws that prohibit smoking in all indoor areas of worksites and encouraging smoke-free private settings such as multiunit housing.
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including creating smoke-free public and private environments, such as parks and multiunit housing.
- Statewide programs can educate policy makers and organizational decision makers about tobacco to build support for tobacco control policy change.

a) South Dakota YRBS, 2015
b) South Dakota YTS, 2015
c) South Dakota BRFSS, 2014
d) Best Practices for Comprehensive Tobacco Control Programs – 2014

Strategy III.1: Promote the implementation of smoke-free multi-unit housing policies.

Key Activities

III.1.a. Continue to build partnerships at the state and local level to educate and promote smoke-free multi-unit housing statewide.

Key Partners

- Community/School Partnership grantees
- South Dakota Housing Development Authority
- Post-secondary institutions
- Landlords and property managers
- American Lung Association
- Municipalities

Strategy III.2: Provide education on the dangers of secondhand smoke in homes, cars and other vehicles.

Key Activities

III.2.a. Work closely with schools and community organizations to provide education on the dangers of secondhand and thirdhand smoke.

Key Partners

- Community/School Partnership grantees
- K-12 institutions
- Post-secondary institutions
- Worksites
- Childcare providers
- Health systems

Strategy III.3: Advocate for tobacco-free environments.

Key Activities

III.3.a. Partner with communities, schools, workplaces, health care organizations, and childcare providers to promote tobacco-free buildings and grounds policies.

Key Partners

- Community/School Partnership grantees
- State agencies
- K-12 institutions
- Post-secondary institution
- Worksites
- Childcare providers
- Health systems

Strategy III.4: Support the implementation of smoke-free/tobacco-free parks and outdoor area policies.

Key Activities

III.4.a. Provide technical assistance and support to local entities working to implement tobacco-free outdoor areas.

Key Partners

- Community/School partnership grantees
- Parks and recreation partners
- Municipalities
- Tribal partners

GOAL IV: IDENTIFY AND ELIMINATE TOBACCO-RELATED DISPARITIES AMONG POPULATION GROUPS.

Objectives

IV.A. Reduce the percentage of pregnant females that smoke from 16.5% to 11% by 2020.[a]
Progress: 14.8% (2014), 14% (2015)

IV.B. Reduce the percentage of American Indian adults that currently smoke from 55% to 33% by 2020.[b]
Progress: 44% (2013), 43% (2014)

IV.C. Reduce the percentage of youth grades 9-12 that currently use spit tobacco from 11.5% to 7% by 2020.[c]
Progress: 11.7% (2015)

IV.D. Reduce the percentage of youth grades 6-8 that currently use spit tobacco from 3.3% to 2% by 2020.[d]
Progress: 2.8% (2015)

Strategies

IV.1. Implement strategies to increase awareness of the dangers of tobacco use and change social norms.

IV.2. Encourage delivery of evidence-based cessation advice by health care providers.

IV.3. Advocate for tobacco-free environments.

IV.4. Support an increase in the number of commercial tobacco-free tribal government properties.

Supporting Evidence

- Tobacco-related disparities can affect population subgroups based on factors such as age, income, mental health status, race/ethnicity, sex, and substance abuse conditions.[e]
- The SD TCP has identified the following populations with disparate tobacco use:
  - Youth - 16.5% of high school youth are current smokers, down from 23% in 2011. South Dakota also has a high rate of youth grades 9-12 that use spit tobacco, at 11.5%.[c]
  - American Indians - the rate of adult American Indians currently smoking is 43%, in comparison to 19.6% of the overall adult population in South Dakota.[b]
  - Pregnant Women - the rate of adult pregnant women currently smoking in South Dakota is 14.8%. South Dakota also has an infant mortality rate of 5.94 per 1,000 live births.[a]
  - Medicaid Clients - the smoking prevalence for Medicaid recipients is 44%.[b]
  - Spit Tobacco Users - In 2014, 5.4% of adults in South Dakota used spit tobacco compared to 4.1% of the U.S. adult population.[b] In 2013, 11.5% of youth grades 9-12 in South Dakota currently used spit tobacco, down from 15% in 2011.[c] These rates are higher than the 2013 national rate of 8.8%.[f]
  - Mental Health - In South Dakota, 40.8% of persons with mental illness (approximately 18% of the population) smoke, compared to 23.2% of those with no mental illness.[g] In 2014, 29.5% of those with a history of depression smoke, compared to 16.4% of those without a history of depression.*
  - Substance Abuse - In 2014, 32.5% of South Dakotans who binge drink smoke compared to 15.4% of those who don't binge drink (binge drinking defined as 5 or more drinks for men and 4 or more drinks for women on a single occasion). **This SD BRFSS data is used as an indicator for mental health and substance abuse prevalence but is not 100% representative of the entire priority population group.*

a) South Dakota Vital Statistics Report, 2015
b) South Dakota BRFSS, 2014
c) South Dakota YRBS, 2015
d) South Dakota YTS, 2015
e) Best Practices for Comprehensive Tobacco Control Programs – 2014
f) YRBS, 2015
g) Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness – United States, 2009–2011. Morbidity and Mortality Weekly Report, 62(05);81-87

Strategy IV.1: Implement strategies to increase awareness of the dangers of tobacco use and change social norms.

Key Activities

IV.1.a. Work closely with the Centers for Disease Control and Prevention (CDC) and local partners to implement surveillance systems such as the Behavioral Risk Factor Surveillance System Survey (BRFSS), National Youth Tobacco Survey (YTS) and Youth Risk Behavior Surveillance System (YRBS) to measure tobacco use and identify tobacco-related health disparities among the South Dakotans.

IV.1.b. Build partnerships at the state and local level to provide South Dakota QuitLine outreach to priority populations who use commercial tobacco.

Key Partners

- Community/School partnership grantees
- State agencies
- K-12 institutions
- Worksites
- Childcare providers
- Health systems
- Centers for Disease Control & Prevention
- Post-secondary institutions
- Community mental health centers
- Tribal partners

Strategy IV.2: Encourage delivery of evidence-based cessation advice by health care providers.

Key Activities

IV.2.a. Develop educational materials on the relationship of chronic disease and smoking for priority populations.

IV.2.b. Promote the South Dakota QuitLine within healthcare systems, OB/GYNs, mental health and substance abuse facilities, dental offices, etc. by providing educational materials for healthcare staff and patients.

Key Partners

- Community/School partnership grantees
- Mental health and substance abuse facilities
- South Dakota State Medical Association
- Worksites
- Tribal partners
- Dental partners
- Pregnant Women
- South Dakota Department of Social Services

Strategy IV.3: Advocate for tobacco-free environments.

Key Activities

IV.3.a. Partner with communities, schools, workplaces, health care organizations, and childcare providers to promote tobacco-free buildings and grounds policies.

IV.3.b. Work closely with tribal partners to collaborate on projects, provide training, technical assistance and support for tribes working on the implementation of commercial tobacco-free buildings and grounds policies.

IV.3.c. Encourage and assist community mental health centers to support and adopt a written 100% tobacco-free buildings and grounds policy.

Key Partners

- Community/School partnership grantees
- Tribal partners
- Worksites
- Childcare providers
- K-12 Institutions
- Health systems
- Post-secondary institutions
- State agencies
- Community mental health centers

Strategy IV.4: Support an increase in the number of commercial tobacco-free tribal government properties.

Key Activities

IV.4.a. Work closely with tribal partners to collaborate on projects, provide training, technical assistance and support for tribes working on the implementation of commercial tobacco-free buildings and grounds policies.

Key Partners

- Community/School partnership grantees
- Tribal partners

ALIGNMENT WITH THE SOUTH DAKOTA CHRONIC DISEASE STATE PLAN

The South Dakota Department of Health Tobacco Control Program is located within the Office of Chronic Disease Prevention and Health Promotion. The Tobacco Control Program collaborates closely and aligns activities with other Programs located within the Office. The following are five objectives from the South Dakota Chronic Disease State Plan that relate to multiple strategic priorities of the Tobacco Control Program and that we will work to support:

OBJECTIVES:

1.3- Through 2017, enhance our existing interactive/query-able system to link chronic disease plans (strategic and state plans, both internal and external to SDDOH)

2.2- By 2017, increase the number of new health-related policies being adopted in SD settings (communities, worksites, schools, tribes, child care and health care) from zero to 20.

2.3- By 2016, document and disseminate 10 success stories related to health polices in SD settings (communities, worksites, schools, tribes, child care, and health care).

8.3- By 2017, reach at least four tribal communities with chronic disease prevention and health promotion messaging through earned and paid media.

10.2- By 2017, develop a minimum of one formal agreement between tribes and state-based chronic disease program(s) targeting chronic disease prevention and health promotion.

CHRONIC DISEASE DOMAINS

The CDC's National Center for Chronic Disease Prevention and Health Promotion has developed four domains that can provide a framework for state tobacco prevention and control programs to collaborate with other state programs.[1] It is key to address tobacco control and prevention in the broader context of chronic disease, because tobacco use increases risk and poor outcomes for multiple chronic diseases. The following shows strategies from this Plan that relate to domains:

CHRONIC DISEASE DOMAIN	SOUTH DAKOTA TOBACCO CONTROL PROGRAM STRATEGY
Domain 1 – epidemiology and surveillance to gather, analyze and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health.	**All strategies in Goal IV:** Identify and eliminate tobacco-related disparities among population groups.
Domain 2 – environmental approaches that promote health and support and reinforce healthful behaviors statewide and in communities.	**Strategy III.3.** Advocate for tobacco-free environments
Domain 3 – health systems interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors and mitigate or manage complications.	**Strategy II.3.** Encourage delivery of evidence-based cessation advice by health care providers
Domain 4 – strategies to improve community-clinical linkages ensuring that communities support and clinics refer patients to programs that improve management of chronic conditions.	**Strategy II.2.** Encourage delivery of cessation services to mental health and substance abuse treatment populations

APPENDICES

A. ACKNOWLEDGEMENTS
B. SOUTH DAKOTA TOBACCO CONTROL LOGIC MODEL
C. FUNDING FOR SOUTH DAKOTA TOBACCO CONTROL AND PREVENTION
D. RESOURCES
E. REFERENCES

A. ACKNOWLEDGEMENTS

This Plan was created in collaboration with key partners and the Tobacco Prevention Advisory Committee, including:

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11. Sarah Quail, Regional Tobacco Prevention Coordinator, South Dakota Tobacco Control Program
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18. Lexi Haux, Comprehensive Cancer Coordinator, South Dakota Department of Health
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20. Alicia Collura, Project Manager, City of Sioux Falls
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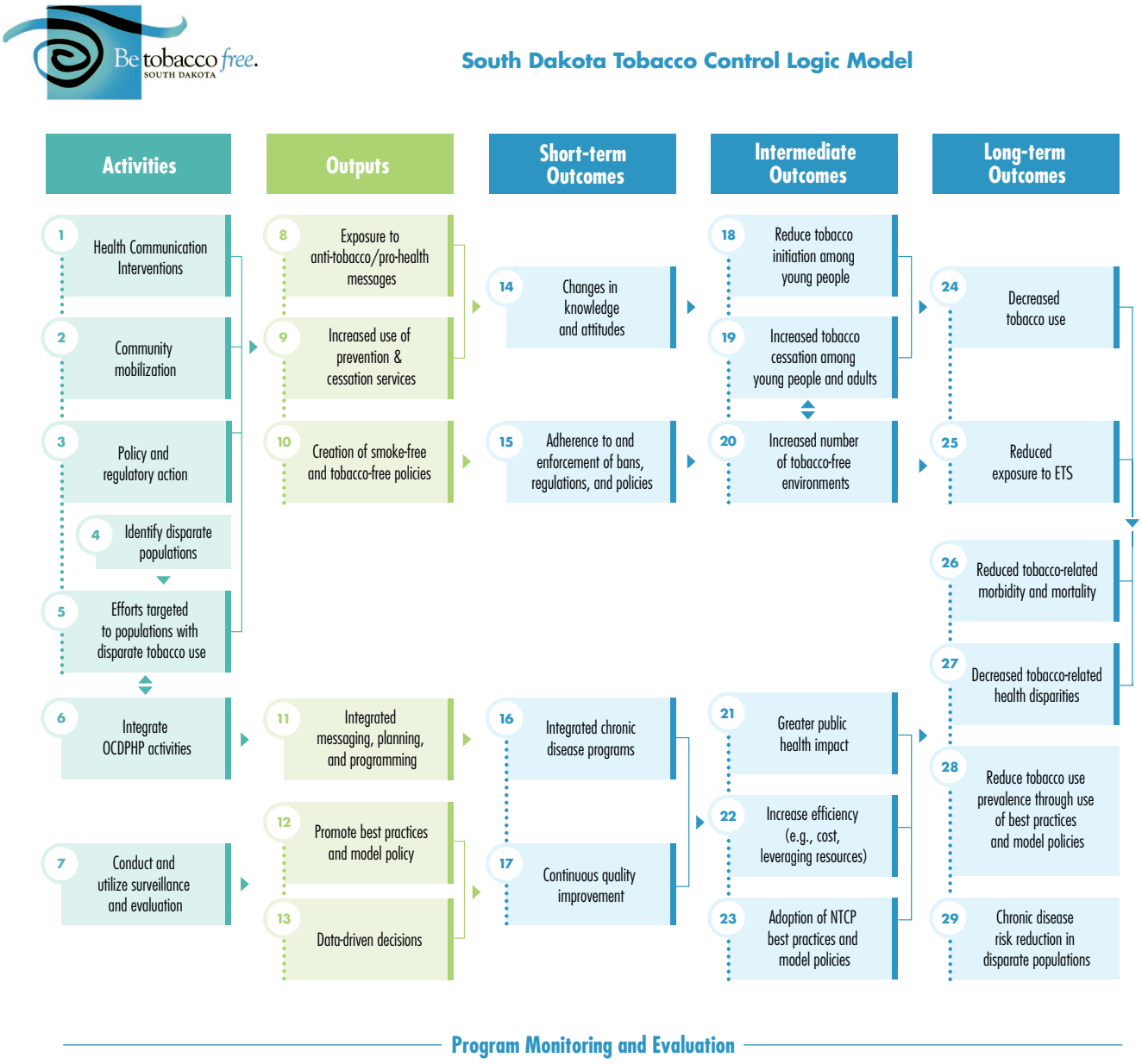
22. Joyce Glynn, Partnership Grant Facilitator, Michael Glynn Memorial Coalition
23. Katie Tostenson, CBH Prevention, South Dakota Department of Social Services

24. Keri Thompson, Oral Health Coordinator, Delta Dental
25. Colleen Winter, Health and Medical Services Division Director, South Dakota Department of Health
26. Jenny Kerkvliet, Research Associate II, College of Nursing, South Dakota State University

B. SOUTH DAKOTA TOBACCO CONTROL LOGIC MODEL

South Dakota adopted the Centers for Disease Control & Prevention (CDC) National Tobacco Control Program (NTCP) logic model in order to carry out evidence-based tobacco control activities.



C. FUNDING FOR SOUTH DAKOTA TOBACCO CONTROL AND PREVENTION

The South Dakota Department of Health, Tobacco Control Program receives state and federal funding in order to implement a comprehensive tobacco control program. The South Dakota Tobacco Control Program does not receive funds from the 1998 Master Settlement Agreement with the major tobacco companies. As of July 1, 2001, funds from the Master Settlement are appropriated to the South Dakota Education Enhancement Trust Fund. Currently, the Tobacco Control Program receives funding from the Tobacco Prevention and Reduction Trust fund, which was created by a tobacco tax increase approved by South Dakota voters in 2006.

The South Dakota QuitLine has one of the BEST QUIT RATES in the nation, with a 42.1% 7-MONTH QUIT RATE IN 2012.[21]

"I don't know what I would have done without the QuitLine providing me with the Chantix. I smoked for 41 years and was able to quit the day I received the medication in the mail."

D. RESOURCES

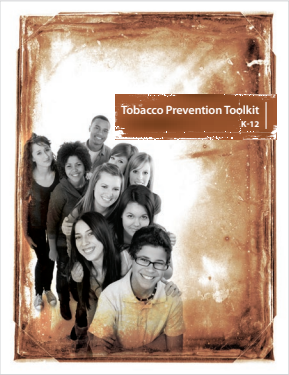
South Dakota Tobacco Control Program Resources

South Dakota QuitLine

The South Dakota QuitLine (1-866-SD-QUITS) offers free, individualized telephone counseling sessions provided by trained health coaches for South Dakotans who want to quit tobacco, as well as free written materials and cessation medications. Visit www.SDQuitLine.com for more information.

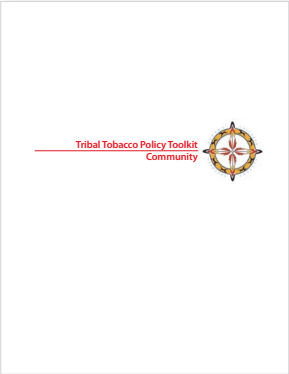
Toolkits and Educational Materials

The South Dakota Tobacco Control Program creates and disseminates toolkits to help communities and stakeholders, from schools to tribal organizations, take action to prevent and control tobacco.



The Post-Secondary Tobacco Policy Toolkit and the K-12 Tobacco Prevention Toolkit contain ideas, resources and activities designed to help students, teachers, faculty and administrators to implement and enforce tobacco-free policies at K-12 and post-secondary institutions.

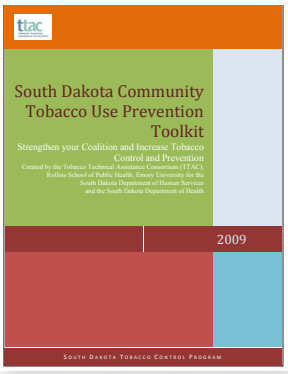
Download the toolkits at rethinktobacco.com/about/#toolkits-poster



The Tribal Tobacco Policy Toolkits support tribal people in their efforts to educate one another about the dangers of commercial tobacco use and advocate for commercial tobacco policies in our communities. Three versions of the toolkit are available:

- Community
- K-12
- Post-Secondary

Download the toolkits at www.findyourpowersd.com/toolkits.



The Community Tobacco Use Prevention Toolkit helps communities with planning and implementation of evidence-based activities. It provides an overview of tobacco control best practice principles, provides tips for maintaining an effective community coalition, and outlines community-level tobacco prevention and control activities.

Download the toolkit at http://doh.sd.gov/prevention/tobacco.

Public Websites and Health Communication Initiatives

The South Dakota Department of Health, Tobacco Control Program website - http://doh.sd.gov/prevention/tobacco provides information on the Tobacco Control Program mission, state plan, grant and training opportunities, and resources to support local communities. You may also find contact information for Regional Tobacco Prevention Coordinators – http://doh.sd.gov/prevention/tobacco/local-coordinators.aspx - and the statewide office.

The BeFreeSD website – www.BeFreeSD.com – is designed to promote a healthier life for all South Dakotans. Explore the facts and find new tools to help you and those you love to live, work, learn and play tobacco free.

The Rethink Tobacco website – www.RethinkTobacco.com - is a tobacco prevention and cessation website for teens and young adults. Resources include educational materials and toolkits for K-12 and post-secondary institutions, tobacco industry marketing facts, information regarding emerging tobacco products and online games. The Rethink Tobacco Facebook Page – facebook.com/TobaccoRethinkIt – was developed to compliment the website and is geared toward prevention efforts among youth and young adults.

The South Dakota QuitLine website – www.SDQuitLine.com - provides information on available services, quit tips, resources and provider information. The popular South Dakota QuitLine Facebook Page – facebook.com/SDQuitLine – provides an interactive place for South Dakotans to exchange quitting resources, ideas, information.

The FindYourPowerSD website – www.FindYourPowerSD.com - was developed to help American Indian tribes fight against commercial tobacco. It provides American Indian-specific information and resources, including brochures, posters, a Tribal Tobacco Policy Toolkit and smoke-free signage.

The Good & Healthy South Dakota website – www.goodandhealthysd.org - provides an overview of all the ways the office of Chronic Disease Prevention and Health Promotion is working to meet the needs of all South Dakotans at home, school, work, healthcare facilities, and in communities and reservations.

Adopting a Good & Healthy lifestyle is a great way to maintain your health and prevent chronic disease. Being active, eating right, quitting tobacco use, and staying educated on important health risks are all steps in the right direction. Let's work together to make South Dakota Good & Healthy!

The South Dakota Department of Health online catalog – http://doh.sd.gov/catalog – is a place to order educational materials and resources. Brochures, business cards, posters, palm cards, and other materials are available at no charge, including smoke-free building window clings and guide booklets for property owners and managers.

Federal Agency Resources

- Centers for Disease Control and Prevention, Office on Smoking and Health
  www.cdc.gov/tobacco
- Center for Tobacco Products, US Food and Drug Administration
  www.fda.gov/TobaccoProducts/default.htm
- Smokefree.gov
  www.smokefree.gov
- Best Practices for Comprehensive Tobacco Control Programs—2014
  http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- U.S. Department of Health and Human Services, Office of the Surgeon General
  http://www.surgeongeneral.gov/library/reports/index.html
  - The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General (2014) http://www.surgeongeneral.gov/library/reports/50-years-of-progress
  - Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General (2012) http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html
  - How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General (2010) http://www.ncbi.nlm.nih.gov/books/NBK53017

National Resources

- American Cancer Society www.cancer.org
- American Heart Association www.heart.org
- American Lung Association www.lung.org
- Campaign for Tobacco-Free Kids www.tobaccofreekids.org
- Truth Initiative (formerly American Legacy Foundation) www.truthinitiative.org

Data Sources from the Centers for Disease Control and Prevention

- Behavioral Risk Factor Surveillance System Survey (BRFSS)
  http://www.cdc.gov/brfss
- Youth Risk Behavior Surveillance System (YRBS)
  http://www.cdc.gov/HealthyYouth/yrbs/index.htm?s_cid=tw_cdc16
- National Youth Tobacco Survey (YTS)
  http://www.cdc.gov/TOBACCO/data_statistics/surveys/NYTS/index.htm
- National Vital Statistics System
  http://www.cdc.gov/nchs/nvss.htm

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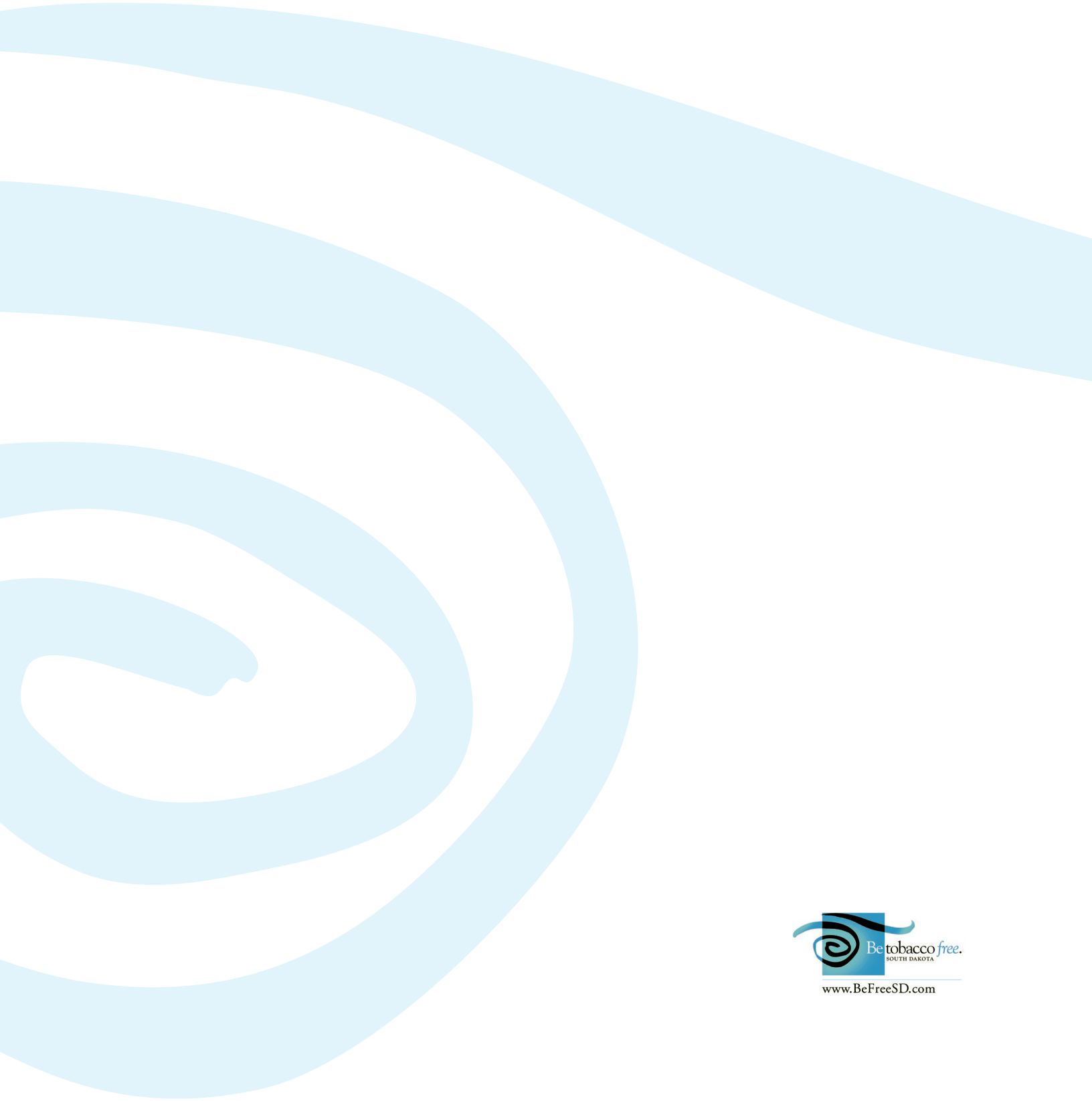

Be tobacco free.
SOUTH DAKOTA

www.BeFreeSD.com