

October 1, 2011

Dear Governor Daugaard and State Legislators:

I am pleased to provide an annual report of the activities of the Tobacco Control Program for FY 11 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 decreased to an all-time low of 15.4% in 2010, down from 19.8% in 2007. In addition, the South Dakota QuitLine's quit rate increased significantly from 43% in 2008 to 46.4% in 2009. 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 for cigarette smoking are heading in the right direction.

Despite these recent successes, there is much work left to be done to reduce the impact of tobacco use in South Dakota particularly among pregnant women, American Indians, youth, and Medicaid clients – 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. Our challenge is 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 2011

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 and School 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. Science supports coalitions as an effective community intervention. Tobacco coalition efforts work to change social norms through policy and environmental change, which leads to decreased morbidity and mortality.

The South Dakota TCP is committed to helping develop community- and school-based programs designed to encourage, promote and support tobacco-free lifestyles. During FY 2011, the TCP developed the Community/School Partnership grant program to link school and community tobacco prevention and control efforts in order to achieve maximum impact. Partnership efforts are led by both community and school representatives and implement activities that impact both local school districts and the community-at-large. Through this grant program, the TCP awarded eight community/school partnerships up to \$25,000 each to support local tobacco prevention and control efforts. Awards were made through a competitive RFP process and based on activities proposed, and available funding. The following communities were reached through the Partnership Grants program: Brandon, Canton, Dell Rapids, Custer, Oelrichs, Hot Springs, Edgemont, Mitchell, Sioux Falls, Spearfish and Watertown. The program offered each partnership community technical assistance throughout the year from a regional tobacco prevention coordinator. Local

tobacco prevention coordinators were funded to assist partnerships in the form of meeting facilitation, project organization, technical assistance, training, and other needs as they arose. The Spring Tobacco Institute was held March 29-30, 2011. The training focused on applying best practices, engaging youth in tobacco prevention, promoting tobacco-free policies and strengthening partnerships. Over 40 community and school representatives attended.

Community/School Partnerships 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 local healthcare providers to implement the U.S. Public Health Service's *Treating Tobacco Use and Dependence* Clinical Practice Guideline.
- Collaborating with local school district to adopt the Associated School Boards of South Dakota Tobacco-Free Buildings and Grounds model policy, published revised policy in parent/student manuals and posted signage throughout campus.
- Partnering with local post-secondary university to hold numerous events throughout the year to provide tobacco prevention and cessation education to over 600 young adults 18-24 years old.
- Partnering with local communities to implement evidence-based Tobacco Prevention curriculum within the school districts.
- Encouraging local multi-unit family housing facilities to adopt smoke-free housing policies.
- Providing *Quit Spit* kits to local dentist offices, pharmacies and health care providers during *Threw With Chew Week* and the *Great American Spit Out*.
- Working with local community members on a smoke-free homes and cars campaign to reduce secondhand smoke and increase cessation.
- Developing and disseminating informational packets to local businesses that include facts regarding the QuitLine, local resources and the recent expansion of the state's smoke-free law.
- Implementing the American Lung Association's (ALA) Teens Against Tobacco Use (TATU) program in partnership with local school districts.

Studies have shown school-based tobacco prevention programs can reduce or delay tobacco use. 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, DSS, prevention resource centers, and local coalitions to encourage schools to implement evidence-based, tobacco prevention curricula and programming. Examples include:

- Convening an advisory committee of tribal stakeholders to develop culturally appropriate tobacco prevention and control toolkits for schools, post-secondary institutions and communities.
- Providing training and materials to more than 55 educators from 46 agencies to enable them to use evidence-based tobacco prevention curriculum.
- Preparing 224 middle and high school students in more than 23 communities to be mentors to younger children and educate others about the dangers of tobacco use using the TATU program.
- Disseminating monthly tobacco prevention and control updates to over 550 prevention staff.

- Collaborating with Coordinated School Health to provide tobacco prevention information to over 660 educators.
- Preparing five educators from three school districts to provide education and support to students who want to quit smoking using the ALA's Not On Tobacco (NOT) program.
- Providing Best Practices training, technical assistance and tobacco prevention and cessation resources to school districts throughout the year.

❖ **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.

- 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.
- Partnered with the Worksite Wellness program provided training to all three regional tobacco prevention coordinators, the statewide tobacco cessation coordinator and the state TCP coordinator on the *Strides to a Healthier Worksite* toolkit.
- Partnered with the Worksite Wellness program to award five mini-grants to businesses to support worksite wellness efforts such as tobacco-free workplaces, physical activity and healthy eating.
- Partnered with the Worksite Wellness program who participated in the state conference for the Society of Human Resource Managers, by providing resources on tobacco-free workplaces, physical activity, healthy eating and implementing wellness programs in the workplace.
- The Worksite Wellness program worked to modify existing resources and further integrate tobacco cessation information utilized by worksites.

❖ **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 2011, the TCP provided aluminum (policy reminder) signs to numerous schools, businesses, health care facilities, and tribal entities across the state that provides 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:

- Partnered with the SDSU Journalism and Mass Communication Department in FY 2010 to conduct a student survey to gauge knowledge, attitudes, and beliefs about tobacco use on campus. Results of the survey showed student support for smoke-free campuses. Survey results were used by Black Hills State University, Dakota State University, and South Dakota School of Mines and Technology to implement smoke-free campus policies in FY 2011. The TCP provided these schools with grants to support implementation of the new policies.

- Provided information and resources to promote and support tobacco-free environments for children and families to parks and recreation groups.
- Provided staff from Great Plains Tribal Chairman's Health Board 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 102,300 public education materials to 10 cities and 319 organizations/individuals. 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.

❖ **Counter-Marketing**

Tobacco products are among the most intensely advertised and promoted products in the United States. According to the Federal Trade Commission, tobacco manufacturers reported spending \$10.5 billion on marketing expenditures in 2008, which amounts to \$29 million per day on average. Seventy-two percent of marketing expenditures were 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.

According to the National Cancer Institute, numerous studies have shown consistently that messages that arouse strong negative emotions about the health consequences of tobacco use perform better when compared to humorous or emotionally neutral messages.

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

- Tobacco Rethink It Youth Campaign (June 2010) – An integrated 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.
- Cessation Promotion Campaign (July 2010 – October 2011) – An integrated TV, radio and online campaign targeting South Dakota smokers, featuring testimonials from people struggling with tobacco addiction. The campaign also included specific elements customized for American Indian audiences.
- RethinkTobacco.com Youth Campaign (September 2010 – December 2010) – The TCP launched a new website, (www.rethinktobacco.com) and used TV ads, radio ads, posters and social media to encourage young people to visit the site to learn more about the dangers of tobacco use and the tobacco industry's deceptive practices.
- Pregnant Mothers/Parents Campaign (December 2010 – January 2011) – Two television ads targeted parents of young children informing them of the dangers of tobacco use. The ads also highlighted the risks of secondhand smoke to unborn children, infants, and toddlers.
- Rodeo Prevention and Cessation Campaign (January 2011 – August 2011) – The TCP promoted the South Dakota QuitLine at various rodeos throughout the state using rodeo program ads, arena signage, and public address announcements.
- RethinkTobacco.com Smokeless Tobacco Campaign – (March 2011 – May 2011) – An integrated TV, radio, and print campaign produced for the TCP targeted youth who use smokeless tobacco products, informing them of the negative health and lifestyle effects of smokeless tobacco use.
- American Indian Cessation Campaign (June 2010 – May 2011) – A print, out-of-home, and collateral multimedia campaign produced for the TCP specifically for the American Indian population based on extensive primary focus group research of this unique demographic market segment.
- Pregnant Mothers & Parents Cessation Campaign (August 2011- September 2011) This integrated campaign included television, print, radio, Internet, and outdoor advertising. Campaign elements targeted pregnant women and encouraged them to quit smoking for the health of their unborn child. Customized campaign elements were created for American Indian audiences.

The program received 5 gold and 5 silver awards from the South Dakota Advertising Federation at their 45th 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. The TCP also provided information and materials at no cost through the DOH webpage (<http://doh.sd.gov/catalog>).

❖ **Cessation Programming**

According to data from the 2010 Behavioral Risk Factor Surveillance System (BRFSS), 15.4% 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, 2011, the SD-QL has provided cessation services to 61,945 individuals since it started in January 2002 and 6,654 tobacco users. According to data for calendar year 2009, the eighth year of operation, the SD-QL demonstrated a 46.4% 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 2010, 15.4% of BRFSS respondents indicated that they smoked cigarettes. This represents a 4.4% decline from 2007 (19.8%) to 2010. Birth records for 2009 indicate a recent decrease in smoking prevalence among pregnant women in South Dakota. In 2007, birth records indicated smoking prevalence during pregnancy was 19.5%. In 2008, smoking prevalence during pregnancy decreased to 18.4% and 18.5% in 2009.

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. Pregnant females in South Dakota smoke at a higher rate than the national average. Attention is given to this group because of the substantial risks to both the pregnant smoker and the fetus.

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 focus groups with smokers and healthcare providers regarding their knowledge, attitudes, and beliefs regarding the South Dakota QuitLine. In addition, SDSU developed a framework for ongoing media evaluation. 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
2011	35,619,000 for stamped packs of 20 cigarettes 57,000 for stamped packs of 25 cigarettes	\$6,056,866
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 2011)

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 2011. 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 \$233,103
Human Service Agency
123 19th Street
Watertown, SD 57201
Contract Period: June 1, 2010 – May 31, 2011
Administrative Costs: \$11,100
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 in addition to providing a statewide Spring Tobacco Prevention Institute.

2. Southeast Prevention Resource Center \$125,751
Volunteers of America, Dakotas
1309 W. 51st Street
Sioux Falls, SD 57105
Contract Period: June 1, 2010 – May 31, 2011
Administrative Costs: \$5,988
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 and communities for school- and community-based tobacco prevention projects.

3. Black Hills Special Services Coop \$309,679
221 S. Central Avenue
Pierre, SD 57501
Contract Period: June 1, 2010 – May 31, 2011
Administrative Costs: \$14,747
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 and policy development activities for post-secondary schools.

❖ **Counter-Marketing/Media**

1. Hot Pink, Ink (Imagine Agency, LLC) \$792,000
725 St. Joseph Street, Suite B6
Rapid City, SD 57701
Contract Period: June 1, 2010 – May 31, 2011
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 \$848,750
800 East 21st Street
Sioux Falls, SD 57105
Contract Period: June 1, 2010 – May 31, 2011
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 7:00 am to 11:00 pm, and Saturday from 8:00 am to 5:00 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. National Jewish Health \$60,000
1440 Jackson Street, M326
Denver, CO 80206
Contract Period: June 1, 2010 – May 31, 2011
Administrative Costs: Administrative costs are not billed separately in this contract.
Comments: The purpose of the contract was to provide stand-alone web-based tobacco cessation services for South Dakota residents thinking about quitting tobacco, wanting to quit tobacco use and for those who may have relapsed. Through the contract, tobacco users across the state have access to quit-tobacco assistance 24 hours per day, 7 days per week, and 365 days per year. In addition, National Jewish Health provides support materials to web users; referrals to the SD QuitLine telephonic cessation program for interested web users; and provides reports in aggregate form about volume and demographic data of callers using the www.sdquitline.com service.

3. South Dakota State University \$147,747
 College of Nursing
 Box 2275
 Brookings, SD 57007
Contract Period: June 1, 2010 – May 31, 2011
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 \$1,300,000
 200 E. Dakota, Suite 2
 Pierre, SD 57501
Contract Period: June 1, 2010 – May 31, 2011
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.

❖ **Evaluation**

1. Spectrum Health Policy Research \$100,000
 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 of the new Community/School Partnerships. The contractor developed a framework for evaluation the TCP's partnership grant program and reviewed the impact of specific program interventions over the life of the program.
2. South Dakota State University \$15,000
 Department of Journalism and Mass Communications
 PO Box 2275
 Brookings, SD 57007
Contract Period: January 1, 2011 – May 31, 2011
Administrative Costs: Administrative costs are not billed separately in this contract
Comments: The purpose of this contract was to provide evaluation of media efforts. Major projects included: (1) focus groups to assess QL awareness among consumers and healthcare providers; (2) further analysis of college students media habits; and (3) development of an evaluation framework for ongoing media evaluation.

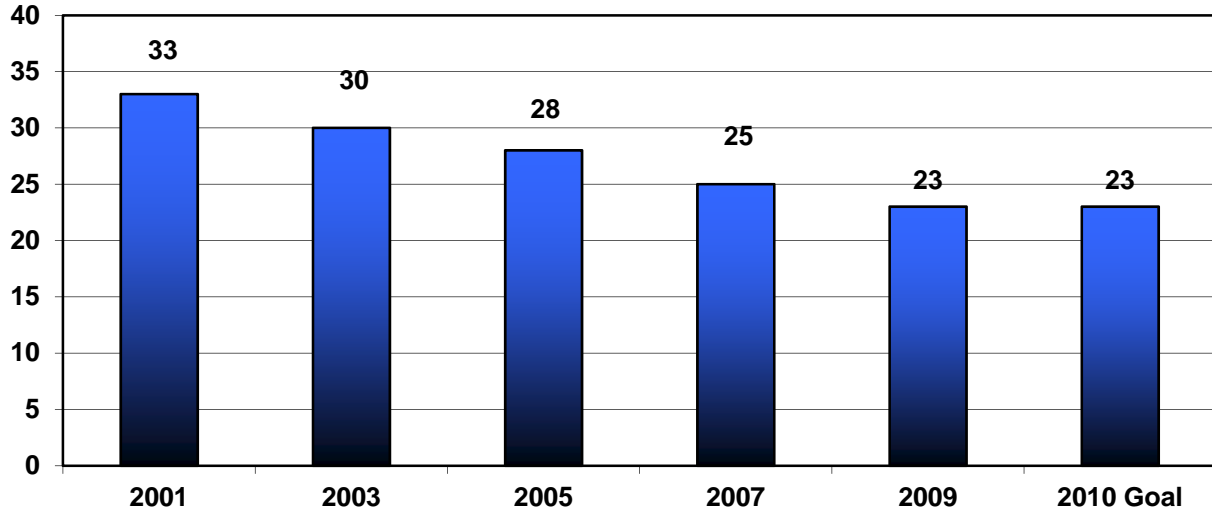
PROGRAM EXPENDITURES

Tobacco Control Program Expenditures – FY 2011			
Program Area	Federal	Other	Total
Community Programs	\$ 329,803	\$ 441,920	\$ 771,723
School Programs	\$ 575	\$ 295,683	\$ 296,258
Statewide Programs	\$ 1,970	\$ 25,000	\$ 26,970
Cessation Programming	\$ 254,798	\$ 2,178,434	\$ 2,433,232
Public Education/Counter Marketing	\$ 191,584	\$ 434,873	\$ 626,457
Surveillance / Evaluation	\$ 183,954	\$ 36,692	\$ 220,646
State Administration	\$ 280,502	\$ 120,664	\$ 401,166
Total	\$ 1,243,187	\$ 3,533,265	\$ 4,776,452

ATTACHMENTS

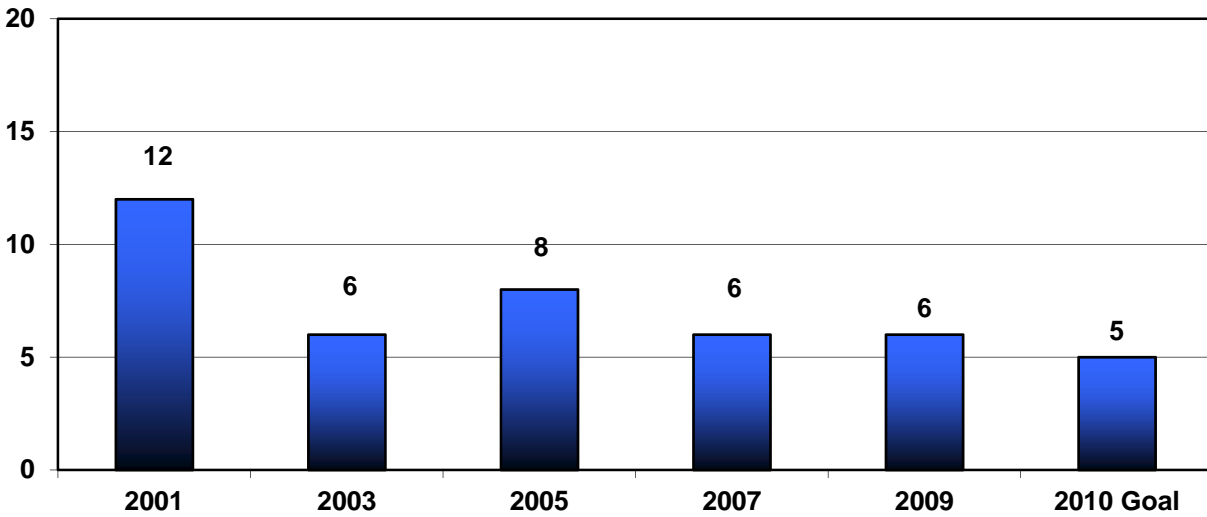
Goal 1. Prevent young people from starting to use tobacco products.

Percent of Current Smokers, Grades 9-12



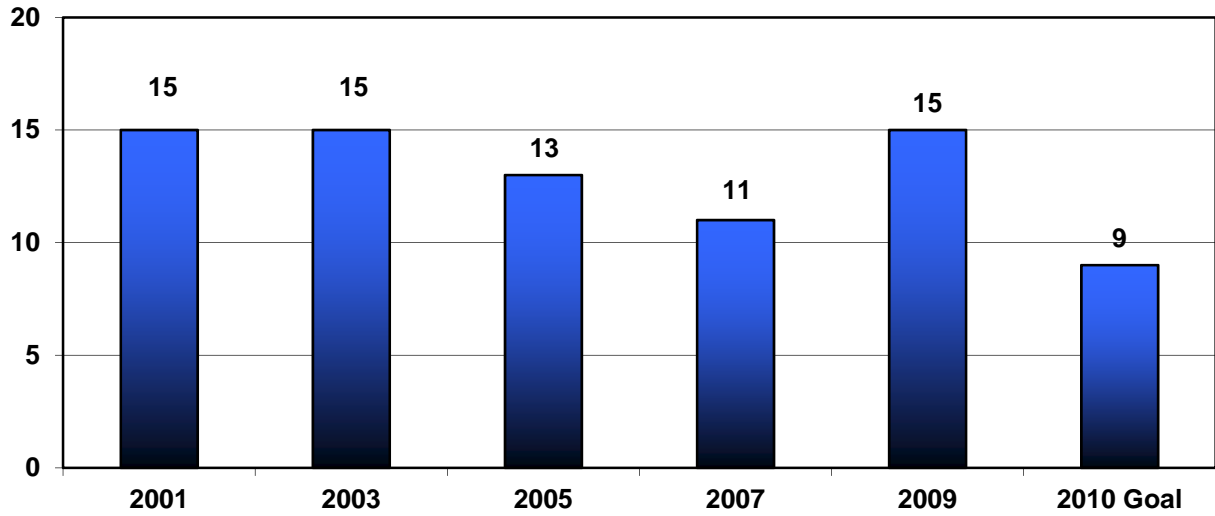
South Dakota Youth Risk Behavior Survey: Grades 9, 10, 11, and 12

Percent of Current Smokers, Grades 6-8



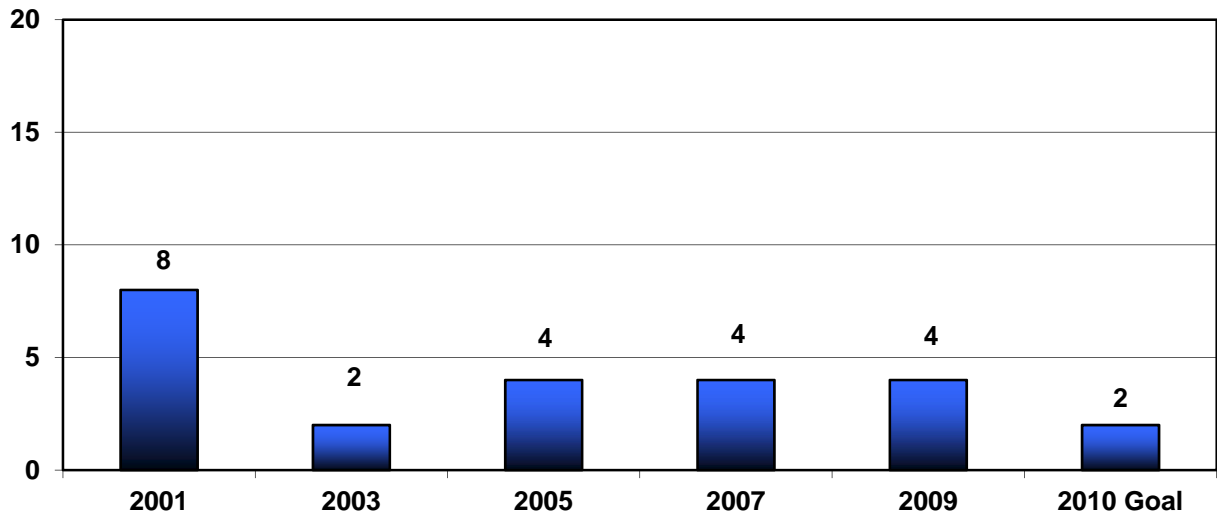
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

Percent of Current Spit Tobacco Users, Grades 9-12



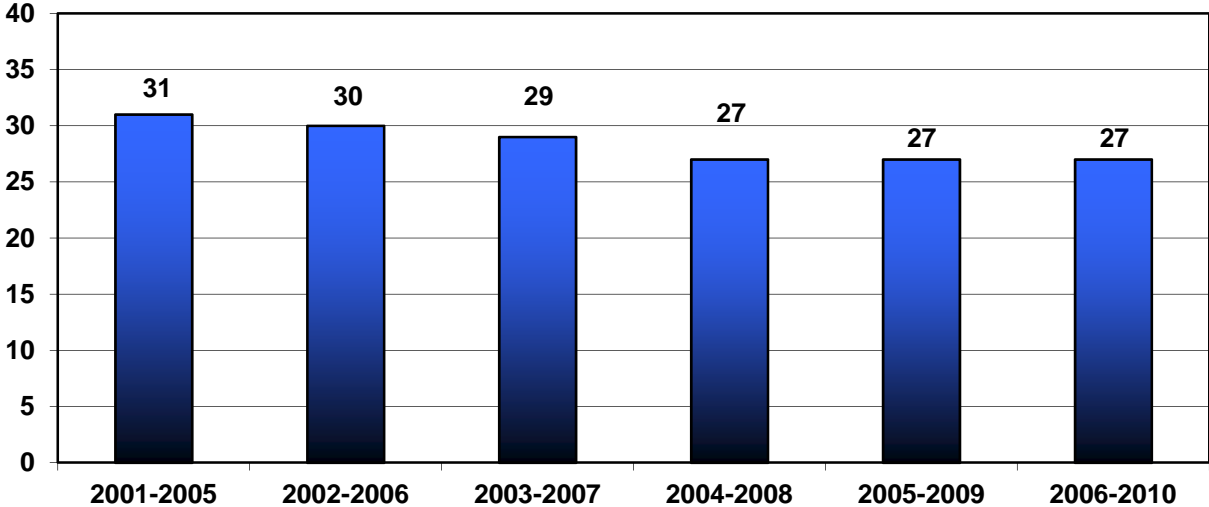
South Dakota Youth Behavior Risk Survey, Grades 9, 10, 11, and 12

Percent of Current Spit Tobacco Users, Grades 6-8



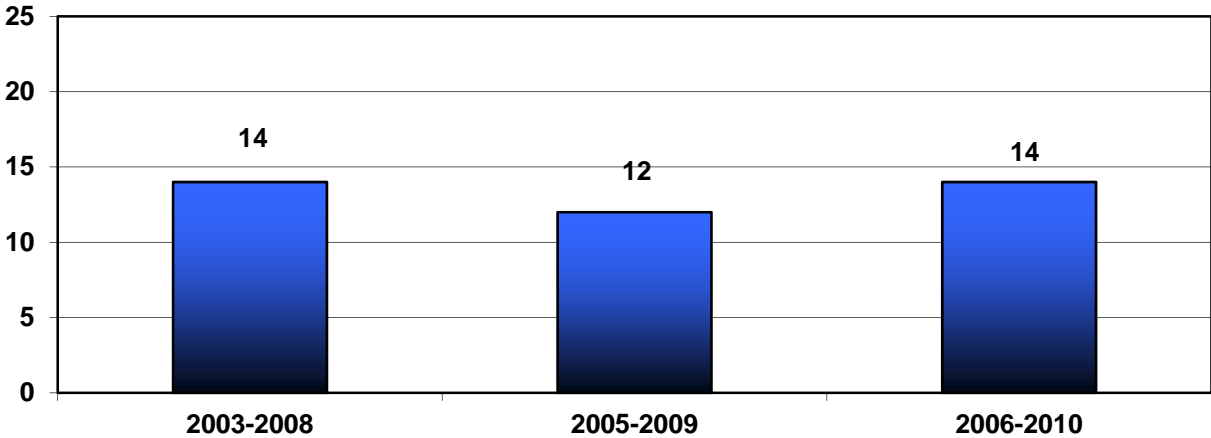
South Dakota Youth Tobacco Survey: Grades 6, 7, and 8

Percent of 18-24 year olds who smoke



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

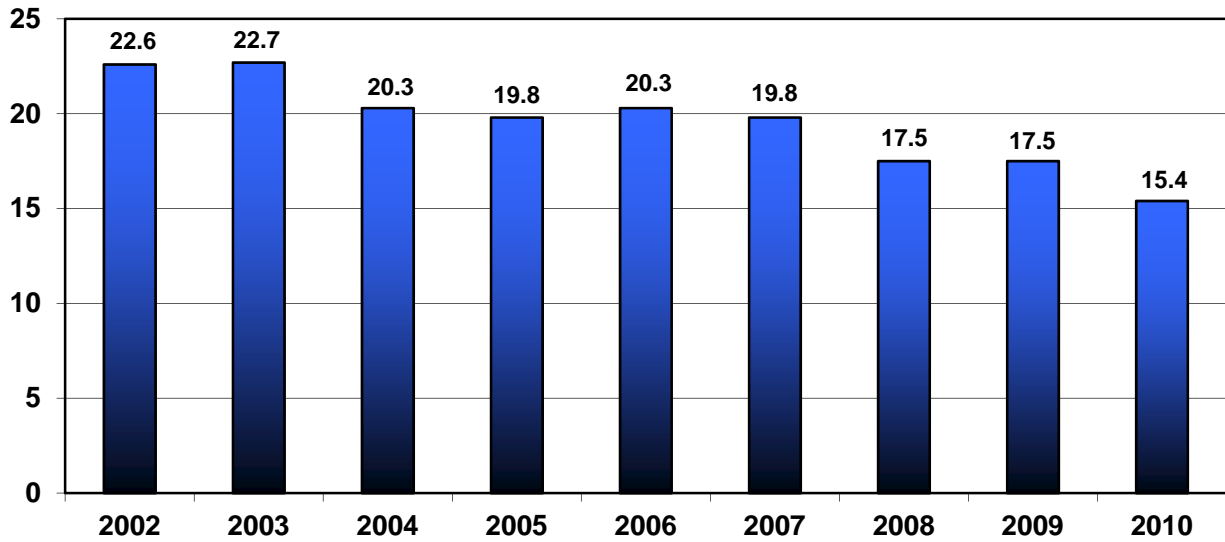
Percent of 18-24 year old males who use spit tobacco (some days or evey day)



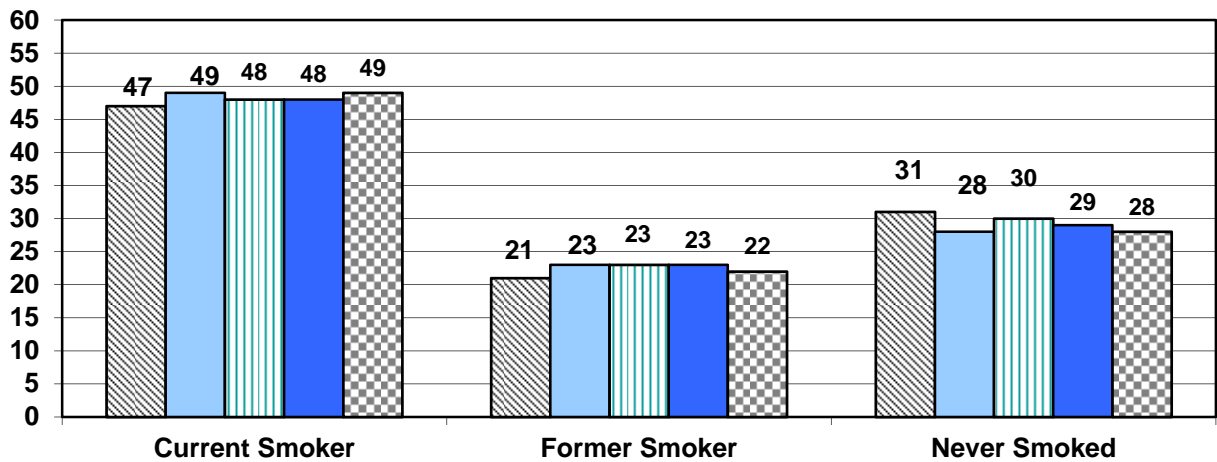
Due to low numbers of repondents in this age group a rolling average is used.
South Dakota Behavior Risk Surveillance System

Goal 2. Persuade and help smokers to stop smoking.

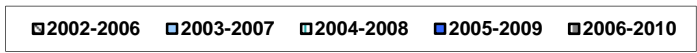
Percent of Adult Smokers, 2002-2010



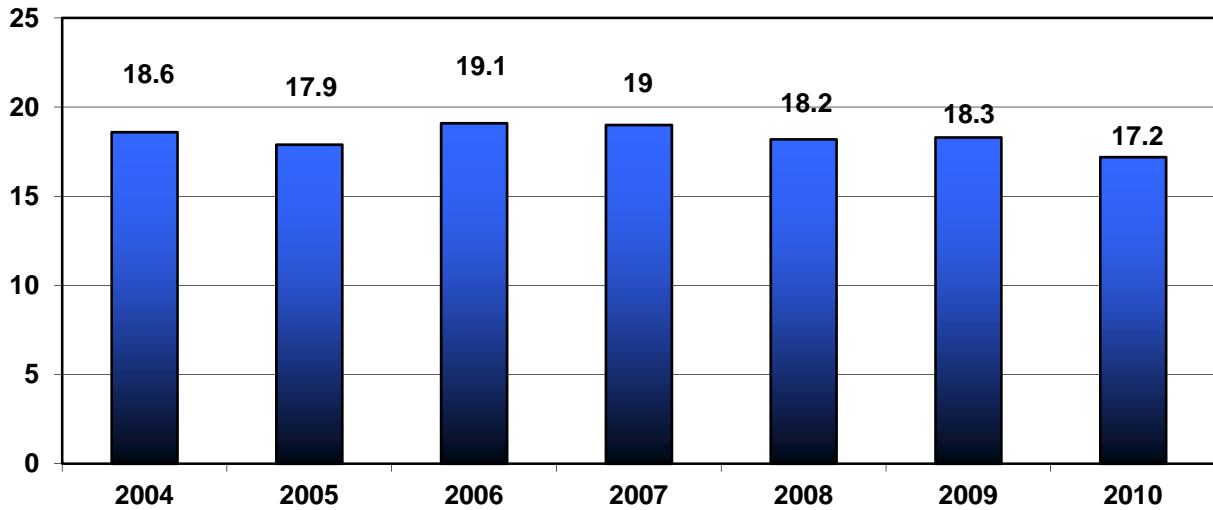
Percent of American Indian Adults Who Smoke



South Dakota Behavioral Risk Factor Surveillance System

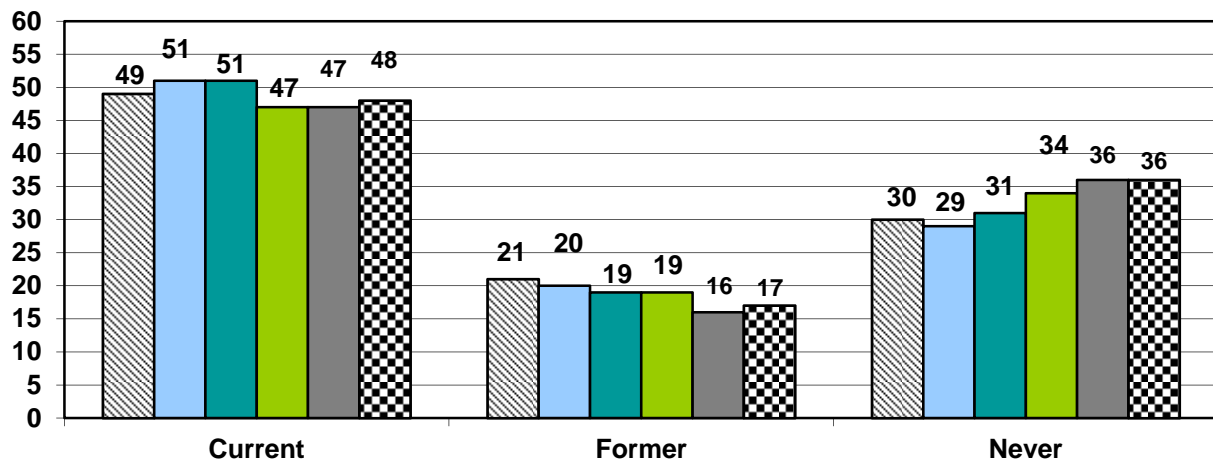


Percent of Pregnant Females Who Smoke During Pregnancy



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

2001-2005

 2002-2006

 2003-2007

 2004-2008

 2005-2009

 2006-2010

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

According to the 2010 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.

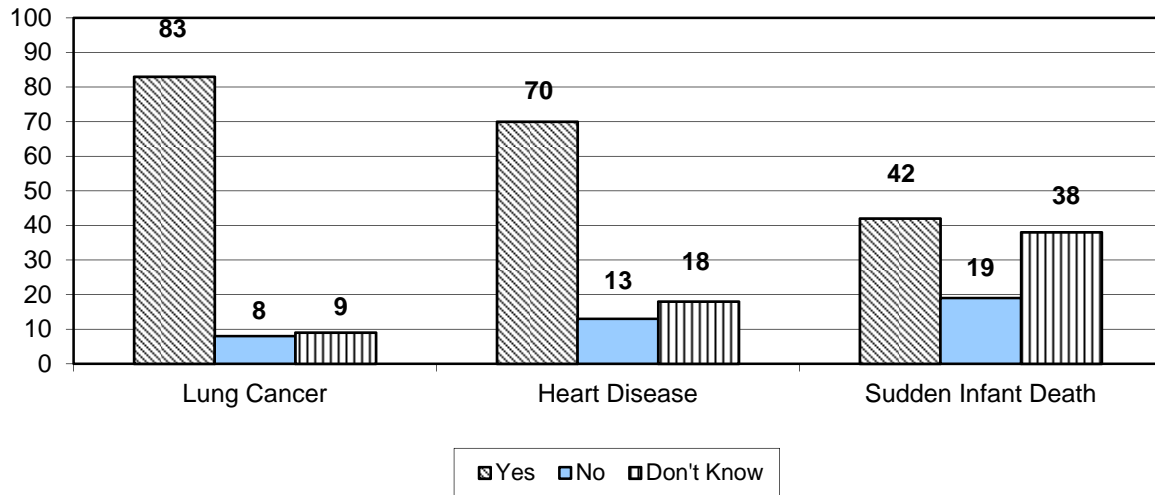
Secondhand smoke, the smoke given off the burning end of tobacco products and exhaled by smokers, is a human carcinogen (cancer-causing agent), and the National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen. There are more than 50 cancer-causing 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 2010 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