



Issue Brief: Required Reports

HEALTH AND HUMAN SERVICES

BB: DEPARTMENT OF HEALTH

SUMMARY

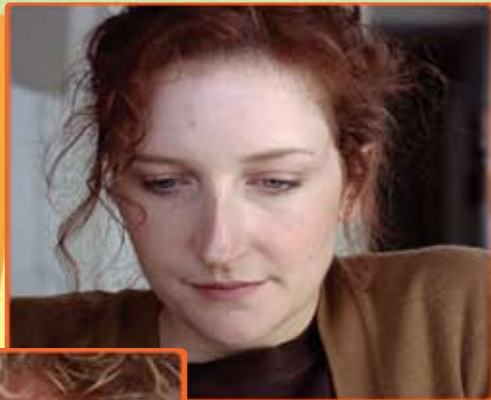
This Issue Brief is informational only and requires no Subcommittee action. The Issue Brief covers the reports required from the Department of Health by statute. The following reports are required by statute:

- 1) **Tobacco Prevention and Control in Utah** - UCA 51-9-203(3) requires the Department of Health to report on all programs and campaigns that received tobacco money funding. The following are some quotes from the report:
 - a. Since 2001 “the percentage of children exposed to secondhand smoke in their homes declined by 70%.”
 - b. “Smoking among adults has decreased by 17% since 1999”
 - c. “Smoking among teens has decreased by 34% since 1999”
- 2) **The Kurt Oscarson Children’s Organ Transplant Fund** – UCA 26-18a-3(5) states that there shall be an annual report, “Regarding the programs and services funded by contributions to the trust account.” In FY 2008 \$89,324 was collected from tax returns and \$42,827 was used to help 20 families with the financial costs of their children’s organ transplants.
- 3) **Organ Donation Contribution Fund** -UCA 26-18b-101(2)(c) requires annual report on the activities on the fund. In FY 2008 the fund received \$114,743 from voluntary donations through motor vehicle license registrations, of which \$86,000 were used to promote organ donation.
- 4) **The Children’s Health Insurance Program (CHIP)** – UCA 26-40-109(2) instructs the Department of Health to report annually on its evaluation of the performance measures for CHIP. CHIP has both performance objectives and core performance measures. The following are some quotes from the report regarding meeting those objectives and measures:
 - a. “84.0% of parents surveyed said that they ‘Always’ or ‘Usually’ got timely care.”
 - b. “89.3% of CHIP enrollees had a visit with a primary care practitioner in 2006.”

All of these reports have been included as attachments.

Tobacco Prevention and Control in Utah

Eighth Annual Report - August 2008



Utah Department of Health
Tobacco Prevention and Control Program

Letter from the Executive Director

A Message from the Executive Director's Office Utah Department of Health

Since 1964, medical experts have written 27 Surgeon General Reports on tobacco use. In each report, leading scientists have invariably found that using tobacco causes people to become sick, disabled, and to die. Tobacco use remains a leading cause of preventable death nationally, and a leading public health problem in Utah.

Smoking causes or exacerbates a myriad of health conditions and contributes to Utah's primary causes of death such as cancer, heart disease, and respiratory diseases. The Utah economy loses \$618 million each year to smoking-attributable medical and lost productivity costs.

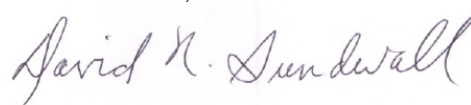
The Utah Department of Health's Tobacco Prevention and Control Program, in collaboration with many partners, has reduced tobacco use through programs and policies that are comprehensive, evidence-based, and cost-effective. Free and easily accessible quitting programs help hundreds of Utah tobacco users to quit each year. Programs in schools and communities prevent youth from starting to use tobacco. In line with the latest research and national and international trends, new policies protect Utahns from the dangers of secondhand smoke. Community-based interventions ensure that those at higher risk for tobacco use have access to tailored programs and services. Since 2000, funding from the state legislature through the Master Settlement Agreement has enhanced program efforts so that:

- The percentage of children exposed to secondhand smoke in their homes is at an all time low, decreasing 70% since 2001.
- Smoking among teens has decreased by 34% since 1999.
- Smoking among adults has decreased by 17% since 1999.

Despite Utah's success in reducing tobacco use, more remains to be done. More than 230,000 Utah adults and youth continue to use tobacco. Utahns with lower income, fewer years of formal education, and members of some minority groups continue to have higher smoking rates than the general population. Additional research and sustained, multi-faceted efforts will be needed to address these issues.

We know what works to prevent and reduce tobacco use. We have more experience, evidence and momentum behind our work than ever before. We know that tobacco prevention saves lives and money. I thank the Utah State legislature for its long-standing support for tobacco prevention. We look forward to making further strides in reducing the disease, disability, and death caused by tobacco use.

Sincerely,

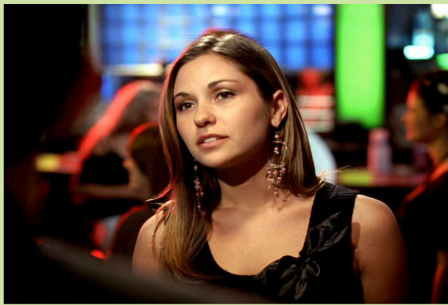


David N. Sundwall, M.D.
Executive Director

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TPCP Update



"We Did It" television advertisements from The TRUTH campaign inform Utahns about the importance of social support for successful quitting tobacco and link them with quit resources posted on the campaign's website, www.WeDidItStory.com.

2008 Highlights

The Tobacco Prevention and Control Program (TPCP) at the Utah Department of Health and its partners use comprehensive strategies to reduce tobacco use and tobacco-related disease and death. These strategies have led to declines in smoking and exposure to secondhand smoke.

Helping Tobacco Users Quit

With an age-adjusted adult smoking rate of 11.2%, Utah continues to be the only state that has reached the national Healthy People 2010 objective of reducing smoking to less than 12%.¹ Still, more than 230,000 youth and adult Utahns who smoke need help quitting.^{1,2}

- The TRUTH campaign continued to reach adults with messages that encouraged quit attempts and informed about quit services. Ninety-nine percent of Utah adults reported seeing any anti-tobacco ads in the past month.³ Ninety-two percent of adult smokers were aware of the Utah Tobacco Quit Line, and 72% reported knowing about the online quit service, Utah QuitNet.³
- Fifty-seven percent of adult smokers reported that they thought about quitting after seeing The TRUTH ads.³
- During FY2008, nearly 8,800 Utahns registered with TPCP-funded quit services.^{4,5,6,7} These services greatly increased tobacco users' quit success.
- Since the Utah Tobacco Quit Line began in 2001, more than 45,000 Utahns have registered for services. In FY2008, the Quit Line served an average of 418 Utahns per month with free counseling and tailored quit information.⁴
- In FY2008, nearly 2,900 Quit Line callers received free Nicotine Replacement Therapy such as nicotine patches and gum.⁴
- Since 2001, nearly 7,000 youth participated in Utah's court-approved teen tobacco cessation program Ending Nicotine Dependence.⁶

Preventing Youth from Starting to Use Tobacco

In 2007, 7.9% of Utah high school students (grades 9-12) reported that they had smoked in the past month.⁸ Utah's youth smoking rate is less than half the national rate of 20.0%.⁸

- Ninety-five percent of Utah youth ages 13 to 17 reported that they saw or heard anti-tobacco advertisements in the past month.³
- Since 2002, 20 Utah school districts serving more than 216,000 students in 352 schools participated in efforts to strengthen school tobacco policies, tobacco education, and policy enforcement.
- Since 2001, illegal tobacco sales to underage youth during compliance checks declined 53% to 7.6%.⁹
- Phoenix Alliance youth coalition members from 25 counties engaged approximately 3,600 peers in education about the tobacco industry and health effects of tobacco use.



Protecting Utahns from Secondhand Smoke

From 2001 to 2007, the percentage of children exposed to secondhand smoke in their homes declined by 70%.¹⁰

- Local health departments, community agencies, and the TPCP worked together to provide education about smoke-free workplaces, homes, and recreation venues.
- Ninety-one percent of Utahns have established rules against smoking in their homes.¹
- Ninety-eight percent of Utah children live in smoke-free homes.¹⁰
- During FY2008, the number of smoke-free apartment and condominium units identified by the TPCP increased to nearly 10,000 in 10 Utah counties.
- In FY2008, 33 outdoor recreation venues, 10 worksites, five trade schools, three school districts and five health care entities, including the Utah Hospital Association, passed policies to better protect Utahns from secondhand smoke exposure.
- A new employer toolkit to help improve tobacco-free policies in worksites was downloaded from the TPCP website nearly 10,000 times.

Eliminating Tobacco-related Disparities

The risk for smoking varies by education, income, race, and geographic location. Utah age-adjusted adult smoking rates range from a low of 3% in some areas (Syracuse/Kaysville, Pleasant Grove/Lindon) to approximately 25% in other areas (South Salt Lake, West Valley East).¹ The TPCP and its partners use these and other data to plan interventions for high-risk communities.

- The TPCP-funded Ethnic Tobacco and Health Networks addressed tobacco prevention with unique strategies regarding the health, spiritual, or social implications of tobacco use in their particular populations.
- The TRUTH marketing campaign targeted geographic disparities with print advertisements and more than 5,000 radio spots that provided information in rural markets about free tobacco cessation services.
- About 600 low income, uninsured, or Medicaid-insured Utahns received counseling and more than 1,100 prescriptions for medications to help them quit using tobacco.^{11,12}
- Community groups working with high-risk populations helped 335 interested homes and one church go smoke free.

Declines in Utah smoking since Master Settlement Agreement (MSA) funds were allocated to the Tobacco Prevention and Control Program:

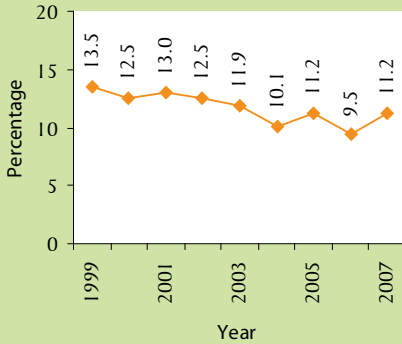
- 17% decline in rate of adult smokers (1999-2007)¹
- 34% decline in rate of youth smokers (1999-2007)⁸
- 28% decline in rate of pregnant smokers (1999-2007)¹³
- 70% decline in rate of children exposed to smoking in their homes (2001-2007)¹⁰



Smoke-free home kits distributed by the TPCP's partners across the state assist Utahns with protecting children from the health risks linked to secondhand smoke exposure.

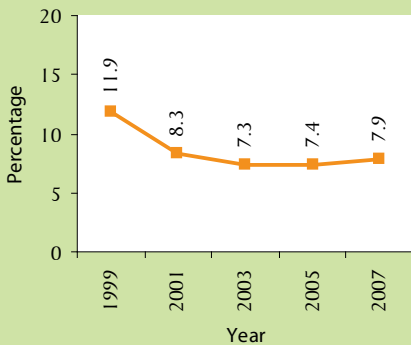
Tobacco Use in Utah

Figure 1.
Percent of Adults Who Report Current Cigarette Smoking, Utah 1999-2007 (Age-adjusted)



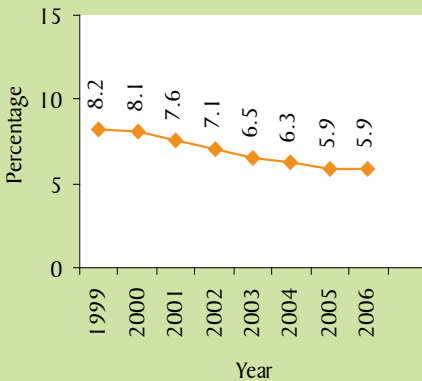
Source: Utah BRFSS¹

Figure 2.
Percent of High School Students Who Report Current Cigarette Smoking, Utah 1999-2007 (Odd Years)



Source: Utah YRBS⁸

Figure 3.
Percent of Pregnant Women Who Reported Cigarette Smoking, Utah 1999-2007



Source: Utah Vital Statistics¹³

Smoking Rates and Health Consequences

Adult Smoking

- In 2007, Utah's age-adjusted adult smoking rate was 11.2% (Figure 1). Utah is the only state with a statewide smoking rate that is lower than the Healthy People 2010 objective of 12%. Preliminary data from January to June 2008 indicate a smoking rate of less than 10%.¹
- Smoking disproportionately impacts Utahns with fewer years of formal education. In 2007, one in three Utah adults with less than a high school education reported current smoking. In comparison, only 1 in 30 Utah adults who graduated from college currently smoke.¹

Youth Smoking

- The 2007 Utah high school smoking rate of 7.9% was less than half of the national rate of 20.0%.¹⁰ Since 1999, the rate of high school smoking decreased by 34% (Figure 2).⁸
- Since the early 1990s, the percentage of Utah high school students who had ever tried cigarette smoking declined by nearly 50%.⁸

Smoking Among Pregnant Women

- Since 1999, smoking among pregnant women decreased by 28%. (Figure 3).¹³ In 2006, 6% of pregnant women in Utah smoked cigarettes.¹³
- Pregnant teens and pregnant women with less than a high school education continue to report smoking rates of 12% or higher.¹³

Exposure to Secondhand Smoke

- Since 2001, the rate of child exposure to secondhand smoke at home declined by 70% (from 6.0% in 2001 to 1.8% in 2007).¹⁰ As a result, nearly 30,000 fewer Utah children

are at risk for secondhand smoke-related health problems.^{2,10}

- Children from low-income families are at increased risk for secondhand smoke exposure.¹⁰

Tobacco-related Disease and Death

- Smoking remains a leading cause of preventable death in the United States.¹⁴ In Utah, more than 1,100 adults die each year as a result of smoking.¹⁵
- Smoking causes approximately 90% of lung cancer deaths in men and 80% in women.¹⁶ Lung cancer is the leading cause of cancer-related death in Utah and the U.S.¹⁷

Smoking-attributable Expenditures

- As a result of smoking, Utah incurs approximately \$345 million in direct medical expenses and \$273 million in lost productivity each year.¹⁵

Health Effects

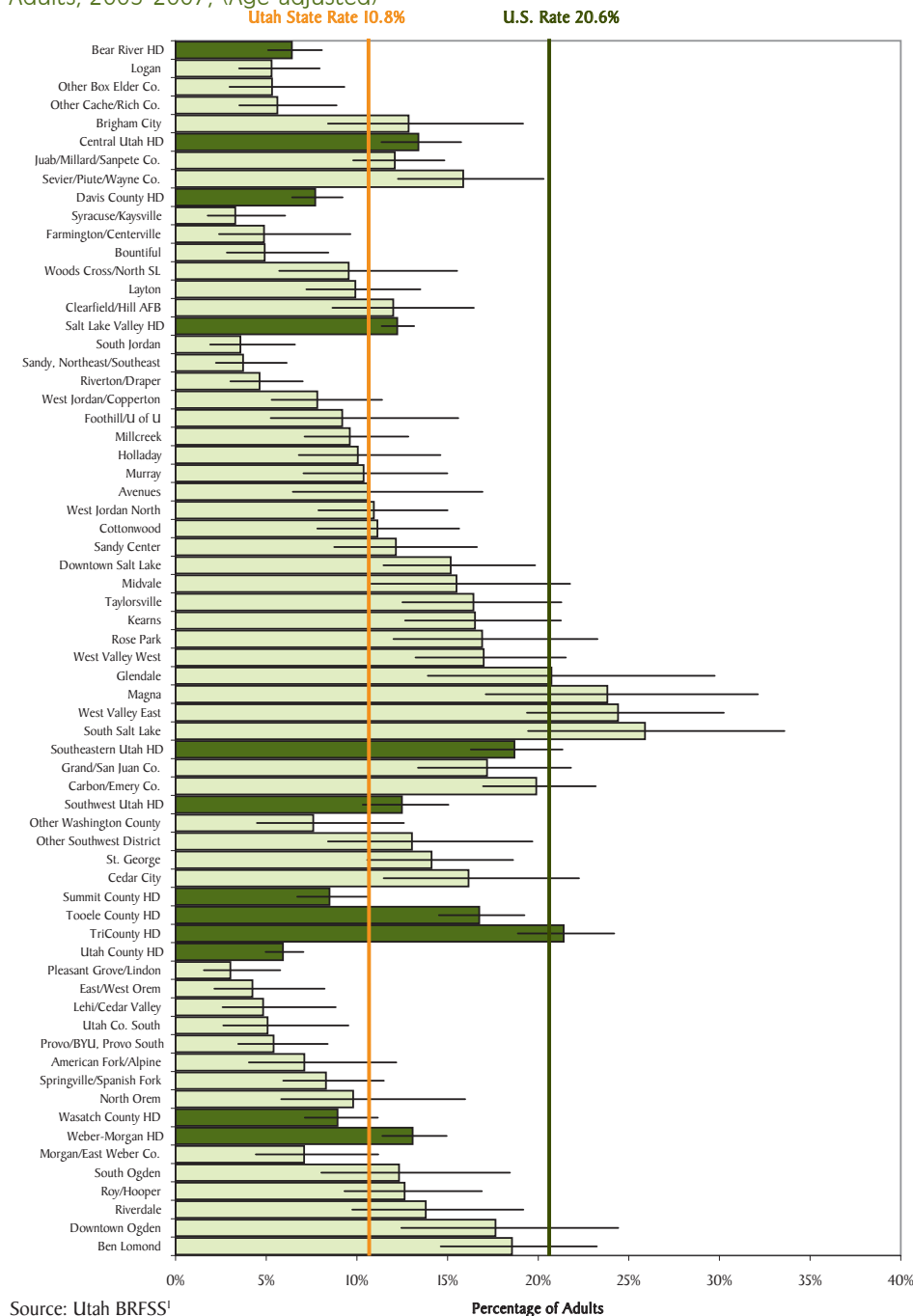
- Diseases caused by smoking include bladder, esophageal, laryngeal, lung, oral, and throat cancers; cervical, kidney, pancreatic, and stomach cancers; aortic aneurysm; acute myeloid leukemia; cataracts; pneumonia; periodontitis; chronic lung disease; and coronary heart and cardiovascular disease.¹⁶
- Smoking during pregnancy can result in pre-term delivery, low birth weight, other obstetric complications, infant respiratory diseases, other infant illnesses, and infant death.¹⁶

- Children exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, ear problems, and more severe asthma.¹⁸

Tobacco Use in Utah

Smoking Rates by Utah Small Areas

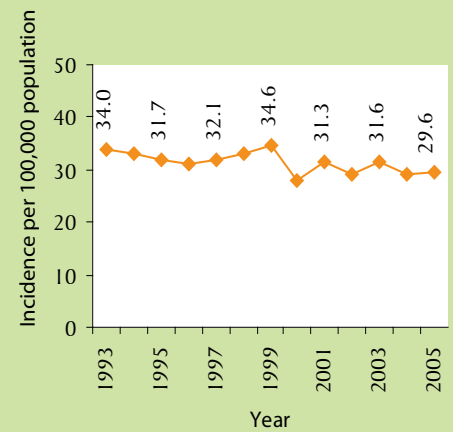
Figure 4.
Current Cigarette Smoking by Local Health District, Small Area, Utah, and U.S. Adults, 2003-2007, (Age-adjusted)*



As shown in Figure 4, Utah's adult smoking rates vary considerably by small area. Aggregated BRFSS survey data from 2003-2007 show that the small area with the highest rate of cigarette smoking was South Salt Lake (25.9%). The area with the lowest smoking rate was Pleasant Grove/Lindon with a rate of 3.6%. Due to significant variation of

smoking rates within health districts, small area data are crucial for targeting tobacco prevention and cessation programs where they are most needed. For example, in Salt Lake Valley Health District (overall prevalence 12.2%), the small area rates range from a low of 3.6% in South Jordan to a high of 25.9% in South Salt Lake.¹

Figure 5.
Age-adjusted Cancer Incidence Rates for Lung and Bronchus Cancer, Incidence per 100,000 Population, Utah 1993-2005



*Note: Local health districts are represented by dark green bars. The light green bars beneath indicate small areas within that district. For more details about small area definitions, see the Utah Behavioral Risk Factor Surveillance System Small Area Report 2001-2005, Appendix C: Small Area Definitions and Key Maps.¹⁹ The horizontal lines extending from the bars indicate 95% confidence intervals. Confidence intervals are used to indicate the reliability of an estimate. A 95% confidence interval means that 95% of the time, the given interval will contain the true parameter value.

Program Overview

Tobacco Prevention and Control Program (TPCP)

Preventing Youth from Using Tobacco

- The TPCP's The TRUTH anti-tobacco marketing campaign uses TV, Internet, radio, and print advertisements to promote and strengthen tobacco-free social norms among Utah youth. To reach youth through additional venues, the campaign hosts a youth-oriented website (www.FightTheUgly.com) and sponsors community events, concerts and sports.
- The TPCP and local health departments work closely with Utah's school districts to develop comprehensive school tobacco policies. Since 2002, 15 school districts have updated their policies, as well as provided tobacco prevention education in the classroom and access to quit services.
- To reduce youth access to tobacco, the TPCP, local health departments, and local law enforcement conduct compliance checks with tobacco retailers. The program also provides retailer education and recognition of retailers in compliance with Utah's youth access laws.
- The TPCP partners with local health districts and community agencies to oversee local anti-tobacco coalitions and conduct community-based anti-tobacco activities to prevent youth from becoming tobacco users.

Helping Tobacco Users Quit

- For youth, adults, and pregnant women who use tobacco and want help quitting, the TPCP offers local tobacco cessation programs and free access to the Utah Tobacco Quit Line and Utah QuitNet.
- Partnerships with Medicaid and the Association for Utah Community Health ensure counseling and free quit medication for uninsured and Medicaid-insured tobacco users.
- The TPCP works with health care providers and health insurance companies on systems changes to increase access to tobacco cessation counseling and medications.
- The TRUTH marketing campaign informs tobacco users of TPCP-sponsored quit services. The new WeDidItStory.com website provides friends and family members of tobacco users with resources to help their loved ones quit.

Eliminating Exposure to Secondhand Smoke

- Utah's local health districts and state and community agencies that received TPCP mini-grant funding educate their communities about protecting Utahns from secondhand smoke exposure in homes, workplaces, and outdoor recreation areas.
- The TPCP and partners provide education about the Utah Indoor Clean Air Act.
- The TRUTH marketing campaign informs Utahns about the need to protect non-smokers from secondhand smoke exposure in homes, cars, workplaces, and recreation areas.

Identifying and Eliminating Tobacco-related Disparities

- The TPCP uses data to identify disparately affected population groups and high-risk geographic areas and uses that information to direct interventions and services appropriately.
- Four community-based organizations serving Utah's Hispanic, Native American, African American, and Pacific Islander communities develop and maintain coalitions that plan and support culturally appropriate tobacco prevention and control programs.



The TRUTH Campaign

Utah's The TRUTH Anti-tobacco Marketing Campaign

"WE DID IT"

Research shows that with support from friends and family, tobacco users are 50 percent more likely to succeed in quitting.²⁰ To educate Utahns about providing this support to their friends, co-workers, and family, the TPCP's The TRUTH campaign developed the "We Did It" multi-media initiative which includes TV, radio, and print ads, event

sponsorship, and the WeDidItStory.com website. The website solicits stories from people who have experienced the benefits of social support. The site also provides tips and resources for those who want to make their homes, workplaces, or communities smoke free, as well as facts and free e-cards to support efforts to quit.



What Were We Thinking Cafe

With growing evidence of the harmful effects of secondhand smoke, U.S. and international communities have seen a substantial increase in smoke-free environments in the past few years. To illustrate this change and emphasize the need to further protect non-smokers from secondhand smoke-related diseases, The TRUTH campaign developed the "What Were We Thinking"

ad series. As part of this campaign, the What Were We Thinking Cafe used an empty store on Salt Lake City's Main Street downtown to stage a smoke-filled restaurant scene, typical of the era before the Utah Indoor Clean Air Act went into effect in 1995. The TRUTH campaign received a Gold Addy award for outstanding achievement in advertising for the educational display.

Spanish-language Campaigns

In addition to continuing the Hispanic documentary series that followed four people trying to quit smoking, The TRUTH campaign created billboards to direct Hispanic smokers to the Spanish-language Utah Tobacco Quit Line, a free cessation service. The 23 billboards were placed



throughout the Wasatch front, including areas in the state with the highest Hispanic populations.^{1,22} Nearly 40,000 Latinos in Utah smoke.¹ The TRUTH also partnered with Hispanic community-based groups to sponsor prevention-focused youth soccer events in the Salt Lake area.

FACT

The tobacco industry spends an estimated \$57.9 million each year to market tobacco to Utahns.²¹ A highly visible public education campaign is necessary to counter tobacco glamorization, strengthen social norms opposed to tobacco use, and protect the public from deadly products.

"We Did It" Story: Rich County

"My father and eight-year-old daughter are my biggest supporters. My quit date was September 30, 2007 and I am still smoke free! Yeah! My dad calls me every day just to ask how I am doing. ... My daughter gives me hugs whenever I start to crave. She is so happy now and I am happy that she is not exposed to the smoke anymore."

MY ADVICE

"Take all the support you can find (i.e., The TRUTH, internet groups, local groups, NRT) and be active in your "quit." You can do it!"

Accessed 7/2008 www.WeDidItStory.com



What Were We Thinking Cafe, November 2007 through January 2008.

The TRUTH Campaign

Awareness of Anti-tobacco Ads and TPCP Quit Services

Utah's The TRUTH anti-tobacco marketing campaign uses a combination of TV, radio, Internet, and print ads, as well as anti-tobacco advocacy and event sponsorship to prevent youth from starting to use tobacco, help people who

use tobacco in their efforts to quit, and reduce exposure to secondhand smoke. Utahns continue to report high levels of awareness of anti-tobacco messages and quit services. More than half of smokers say an ad made them consider quitting.

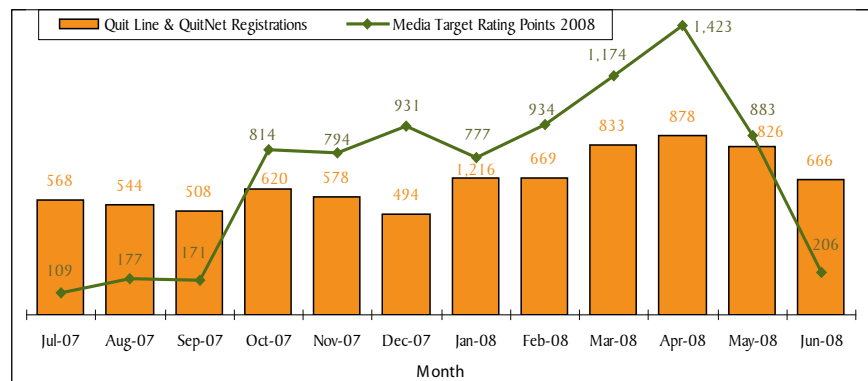
Recall of anti-tobacco ads and TPCP quit services	Youth	Adult smokers	Adult nonsmokers
Remember seeing or hearing anti-tobacco ads in the last month	95.1%	99.7%	99.1%
Know about the Utah Tobacco Quit Line	80.1%	91.6%	76.5%
Know about Utah QuitNet	75.5%	72.2%	46.3%
Thought about quitting after seeing the ads	-	57.0%	-

Source: 2008 TPCP Youth and Adult Media Surveys³

The TRUTH Campaign Drives Participation in Quit Services

Increased air time of The TRUTH anti-tobacco ads is linked to increased quit service registrations.

Figure 6. Quit Service Registrations and Media Target Rating Points by Month, FY2008



Source: Utah Tobacco Quit Line, Utah QuitNet, and Crowell/Love contractor reports, 2007-2008^{4,5,22}



Students from Eisenhower Junior High in Granite School District educate their peers about the dangers of tobacco use during a "Real Noise" event.

The TRUTH Campaign Youth Contests Educate Students About Tobacco Use

Anti-tobacco Advertising Contest

Since 1998, The TRUTH campaign has hosted the annual Truth from Youth Anti-tobacco Advertising Contest which encourages Utah elementary school students to develop anti-tobacco ads for their peers. In FY2008, more than 11,000 4th and 5th grade students were reached with contest-related anti-tobacco presentations. About 4,700 students from 116 schools created designs for television, radio, and billboard ads. Benji Drysdale from Canyon Rim Academy in Salt Lake

City won Best of Show with a TV ad design entitled "Dominos." The ad was produced by The TRUTH campaign and began airing in the summer of 2008.

Real Noise

Students from 13 middle, junior high, and high schools reached about 26,000 peers with anti-tobacco interventions designed for the "Real Noise" competition. Eisenhower Jr. High in Granite School District won first place with an innovative advocacy activity involving the entire school community.

The TRUTH Campaign

Utahns' Response to The TRUTH Television Ads

An independent evaluation of The TRUTH anti-tobacco television ads found that most Utahns are aware of the ads and find them convincing. Below is a listing of telephone survey results for specific ads.³

"We Did It" - Family members, friends, or co-workers are shown helping loved ones quit using tobacco by distracting them with other activities, such as dancing or going for a walk.		Youth	Adult Smokers	Adult Nonsmokers
	Recall:			
	Remembered seeing the ads	53.0%	56.4%	42.6%
	Opinions of Ad Viewers:			
	Found the ads convincing	89.3%	57.2%	78.4%
	Behavior Changes of Ad Viewers:			
Made a quit attempt	-	36.2%	-	
Encouraged someone to quit smoking	75.4%	-	49.7%	
"What Were We Thinking?" - Scenes from the 50s, 60s, and 70s show smoking in places where it used to be commonplace, but is no longer allowed (doctor's office, airplane, diner).		Youth	Adult Smokers	Adult Nonsmokers
	Recall:			
	Remembered seeing the ads	50.5%	68.8%	67.3%
	Opinions of Ad Viewers:			
	Found the ads convincing	79.6%	59.7%	73.2%
	Behavior Changes of Ad Viewers:			
	Stopped smoking indoors	-	26.5%	-
	Thought about quitting	-	36.8%	-
Made a quit attempt	-	26.9%	-	
Asked someone not to smoke around them	-	-	49.2%	
"Make Your Life A Little Easier" - People whose lives are complicated by smoking (coughing, dental problems, smelly clothes) are encouraged to call the Utah Tobacco Quit Line.		Adult Smokers	Adult Nonsmokers	
	Recall:			
	Remembered seeing the ad	74.0%	75.7%	
	Opinions of Ad Viewers:			
	Found the ad convincing	63.5%	75.4%	
	Behavior Changes of Ad Viewers:			
Thought about quitting	43.2%	-		
Made a quit attempt	32.4%	-		
Encouraged someone to quit smoking	-	49.5%		
Short-term Effects of Smoking - Teens appear to be worried about the effects of smoking on their breath or teeth.			Youth	
	Recall:			
	Remembered seeing the ads		66.7%	
	Opinions of Ad Viewers:			
	Found the ads convincing at discouraging teens from starting to smoke		91.9%	
	Found the ads convincing at encouraging teen smokers to quit smoking		81.1%	
Behavior Changes of Ad Viewers:				
Asked someone to quit or not start smoking		61.0%		

Note: Spaces were left blank if the question was not asked of the given population.

Quit Programs

Good Reasons and Ways for Utahns to Quit Smoking

Most Smokers Want to Quit

- 80% of Utah adult smokers report that they want to quit, and 50% of everyday smokers made a quit attempt of at least one day in the previous year.¹
- The excess risk of smokers developing heart disease may be reduced by as much as half within one to two years after quitting.²³
- Ten years after quitting, the risk of lung cancer is 30% to 50% lower than for those who continue to smoke.²³
- Each percent decline in Utah's adult smoking rate is expected to lead to a reduction in future health care costs of \$132 million.²⁴
- Each percentage point decline in youth smoking will lead to an estimated \$88 million in future health care savings.²⁴
- Use of telephone, group, or individual counseling can double or triple a person's chances of quitting for good.²³ The TPCP and partners provide access to free quit services on the telephone, online, and in person.

More Health Care Providers Advise Smokers to Quit

Brief interventions by health care providers can increase smokers' chances of quitting successfully.²⁰ In 2007, 67% of Utah smokers reported that they received quitting advice from their health care provider, a significant increase from 2004.¹ TPCP and its partners promote such care and the use of a fax referral system, which linked 850 patients to the Utah Tobacco Quit Line in FY2008.

The TPCP and partners helped the Utah Hospitals & Health Systems Association (UHA) issue a tobacco-free hospitals policy in March FY2008 that calls for all hospitals to prohibit smoking and tobacco products on hospital properties, including parking lots and grounds. UHA distributed this policy to all 44 member hospitals. Independently, a few hospitals adopted completely smoke-free or tobacco-free buildings and grounds in FY2008. These include Utah State Hospital in Provo, Richfield's Sevier Valley Medical Center, and Mountain View Hospital in Payson.

The Utah Tobacco Quit Line (1.888.567.TRUTH)



Utah Tobacco Quit Line coaches assist tobacco users who call for help with quitting.

What Happens When You Call the Utah Tobacco Quit Line?

After registration, callers talk to a Quit Coach who assesses their readiness to quit. If a caller is not ready to quit, callers can receive quit information in the mail. If a caller is ready to quit, he or she can enroll in the free quit program which includes four additional coaching calls from a Quit Coach and written quit information. Quit Coaches may also discuss options for free nicotine replacement therapy (patch or gum) or accessing pharmacotherapy (Zyban or Chantix).

Who Are the Quit Coaches?

Quit coaches are professional counselors with specific training in telephone counseling for tobacco cessation. They help callers establish their quit goals and assist them in identifying social support and designing a quit plan.

Who Can Access Services?

Any Utah resident who wants to quit tobacco and others who want help or information. Services are available from 6:00 a.m. to 1:00 a.m. in English and Spanish. The Quit Line also offers special services for youth, pregnant women, and chew users. Note: Quit Line extended hours July 2008. Previously they were 6 a.m.-10 p.m.

FACT

Helping smokers quit is one of the three most valuable preventive health services in medical practice. It saves more money than it costs and provides enormous health benefits.²⁶



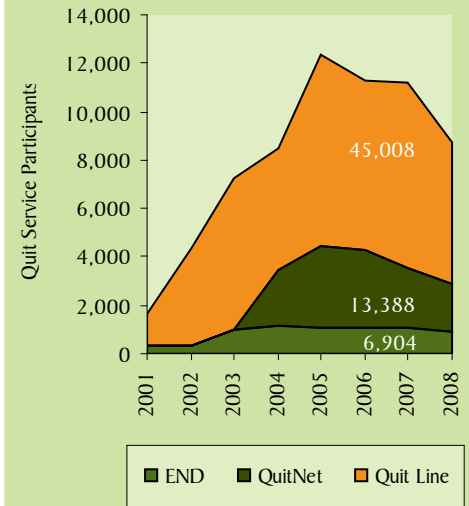
Quit Programs

Other Quit Programs for Adults, Youth, and Pregnant Women

- Utah QuitNet**
 Utah's free online tobacco cessation support program offers quit guides, personalized cessation plans, peer support, and quitting assistance from trained counselors.
- Medicaid Program**
 The TPCP partners with Medicaid to identify pregnant women who use tobacco and to provide counseling and quit medications. In addition to increasing the women's quit success, this partnership brought nearly \$230,000 in federally matched funds to Utah in FY2008.
- Ending Nicotine Dependence (END)**
 END is a court-approved, multi-session tobacco education and quit program for youth who want to quit using tobacco or who were cited for violating Utah laws that prohibit underage tobacco use or possession.
- Not On Tobacco (NOT)**
 NOT is a voluntary tobacco cessation class for youth who want to stop smoking. One hundred fifteen youth participated in a NOT class this year.⁷

Figure 9.

Number of Quit Service Participants by Type of Service and Fiscal Year, Utah FY2001-2008



Sources: Utah Tobacco Quit Line, Utah QuitNet, and END reports, FY2001-2008^{4,5,6}

Note: The numbers in the graph indicate the total number of participants for all fiscal years for each service.



FY2008 Participation in Quit Services

Quit Service	Number of Participants	Quit Success	Satisfaction
Utah Adult Quit Line ⁴	English registrations: 4,247 Spanish registrations: 182*	30-day quit rate: 41.8% Reduction rate: 61.6%	80.4% were mostly or very satisfied 15.4% were somewhat satisfied.
Utah Teen Quit Line ⁴	Registrations: 582	30-day quit rate: 53.3% Reduction rate: 34.6%	89.8% were mostly or very satisfied 8.8% were somewhat satisfied.
Utah QuitNet ⁵ Note: Quit and satisfaction rates based on in-depth study of Minnesota QuitNet users (UT and MN QuitNet provide the same quit services in both states).	New registrations: 2,024 QuitNet member visits: 65,228 Anonymous visits: 32,450	Utah data unavailable. MN-7-day quit rate: 20.3% ²⁶ MN-reduced from heavy/moderate to light smoker: 19.7% ²⁶	Utah data unavailable. MN-78.0% were very or somewhat satisfied. ²⁶
Ending Nicotine Dependence (END) ⁶	Mandatory participants: 747 Voluntary participants: 78 Undefined: 73	End of class quit rate: 16.3% Reduction rate: 48.9%	73.8% of participants said they liked or really liked their class.
Medicaid Program for Pregnant Women ¹¹	Participants: 938	Quit rate: 19.0% Reduction rate: 36.4% Want to quit: 48.7%	No satisfaction data available.

*Due to the small number of respondents for the Spanish sample (<50), the quit, reduction, and satisfaction data for Spanish-language respondents is excluded.

Note: Quit Line quit, reduction, and satisfaction rates are based on six-month follow-up surveys with the following completion rates (non-respondents were excluded from the analysis): English-speaking adults (30.7%); youth (37.2%).

Youth Tobacco Use Prevention

FACT

Most people could be prevented from becoming tobacco users if they could be kept tobacco-free during adolescence.²⁷



Youth Tobacco Prevention: From Schools to Communities

TPCP Supports School Policies

The most effective school tobacco prevention programs prohibit tobacco use at all school facilities and events, help students and staff quit using tobacco, provide tobacco prevention education in all grades, and are reinforced by community-wide efforts.²⁸

With TPCP assistance since 2002, 15 Utah school districts have developed and implemented tobacco-free policies (Figure 10). Five more are in progress. Thirteen of those passed are comprehensive policies. Each school district partnered with local health departments or directly with the TPCP. In FY2008, the eight TPCP-funded districts maintained strong policies and worked toward sustainability, taught media literacy to counter tobacco industry advertising, and engaged youth to conduct tobacco prevention activities

in their communities and at all grade levels. Demographic data indicated these TPCP-funded districts, representing 169 schools and more than 117,000 students, were at increased risk for tobacco use. Data shows that participating schools have stronger tobacco policies than non-participating schools.²⁹ These school programs are moving toward sustainability by developing community partnerships in youth tobacco prevention.

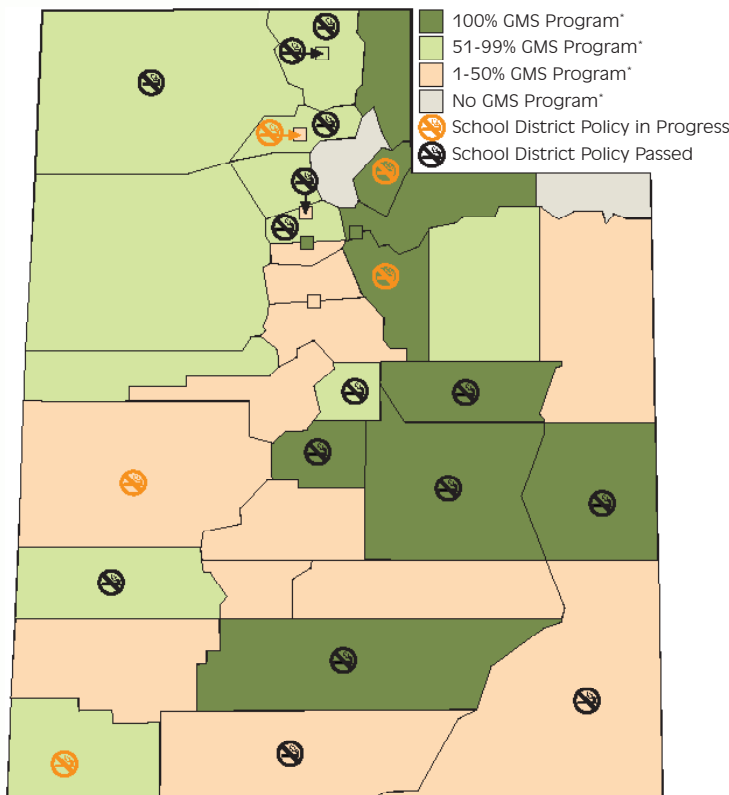
Grand County Youth Reach Community Through Media

What started as a school policy project with Grand County School District has evolved into a sustainable community-based youth initiative. The district has moved into a new kind of partnership with the TPCP and Moab-area community agencies. In FY2008, 35 Moab 7th and 8th graders used advocacy training to educate their community on the dangers of secondhand smoke. The teens collected 300 pledges from area residents to not smoke in their own homes and cars. They created radio public service announcements which ran locally in the spring of 2008. Their television ads will air locally in the fall of 2008.

Gold Medal Schools (GMS)

In FY2008, 290 public, private, and charter elementary schools in 38 of Utah's 40 school districts actively continued their participation in the GMS program (Figure 10). The program enhances health-related policies and ultimately the health of students, faculty, and staff. GMS schools advance through bronze, silver, gold, and platinum medal statuses. As part of the program, schools adopt and enforce comprehensive tobacco-free policies, establish a tobacco cessation referral system, and organize tobacco-free events for students, parents, and teachers. Four junior high schools participated in a Power-Up pilot project in FY2008 to bring the health-policy initiative to higher grades.

Figure 10.
Tobacco Policy Interventions by School District, Utah FY2002-2008



*Percentage of public elementary schools in a school district actively participating in the GMS program in FY2008.

Youth Tobacco Use Prevention

Community-based Tobacco Use Prevention

Local Health Departments Help Youth Stay Tobacco Free

Utah's 12 local health departments coordinated community- and school-based programs to prevent children from becoming tobacco users. These programs included:

- Supporting local anti-tobacco youth groups, peer-to-peer education, and youth involvement in efforts to strengthen tobacco-free policies at outdoor venues where children are present.
- Promoting and overseeing The TRUTH Anti-tobacco Advertising Contest in elementary schools and the "Real Noise" contest in middle and high schools

across the state.

- Educating communities about the health dangers of tobacco use and secondhand smoke through local media and anti-tobacco events and information.
- Organizing tobacco prevention classes for more than 7,000 4th - 8th graders. Surveys of more than 4,000 participating students show that 96% intend to not smoke and 98% intend to not use chewing tobacco in the next year.³⁰ At post-test, students' knowledge of the addictive nature of tobacco and of tobacco-use norms among their peers had increased significantly.³⁰

The Phoenix Alliance Steps Up to Youth Advocacy

The Phoenix Alliance, a statewide youth-led coalition, promotes awareness of tobacco industry tactics and the dangers of tobacco use through methods that are both powerful and inexpensive. A diverse core group of about 30 high school students reached an estimated 3,600 youth in education activities across the state. During outreach at

youth-oriented events and other venues, the group collected nearly 3,500 signatures to increase awareness of the harm of tobacco advertising at university and college rodeos. The youth promoted social support for tobacco cessation by calling popular radio personality Portia (96.3 FM) each week to talk on-air with her about her experience trying to quit smoking. Phoenix Alliance youth also created two radio ads that aired in 2008. More than 500 new members joined the Phoenix Alliance via its website (www.utahphoenixalliance.org), which launched July 2007. The coalition boasts a membership of more than 1,200 youth from 25 Utah counties.



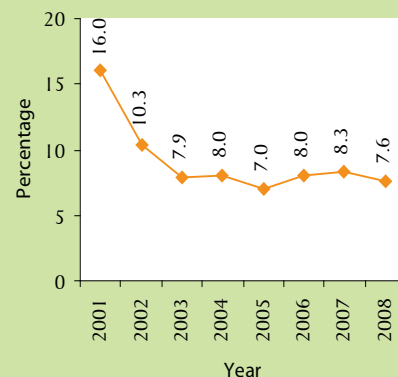
The Phoenix Alliance Youth Leadership Board at their spring statewide meeting in St. George, April 2008.

Compliance Checks with Retailers Reduce Youth Access to Tobacco

From 2001 to 2008, illegal tobacco sales to underage youth decreased from 16.0% to 7.6%, marking a 53% decrease (Figure 11).⁹ The TPCP worked with retailers and local health departments to update retailer education materials, coordinate retailer training, and ensure recognition of tobacco outlets that continuously

do not sell tobacco to underage youth. During FY2008, local health departments and local law enforcement conducted 4,479 compliance checks statewide. Thanks to these efforts, in 2007 fewer than 10% of Utah high school smokers usually bought their cigarettes in stores.³¹

Figure 11. Percent of Retail Outlets that Sold Tobacco to Underage Youth During Compliance Checks, Utah, FY2001-2008

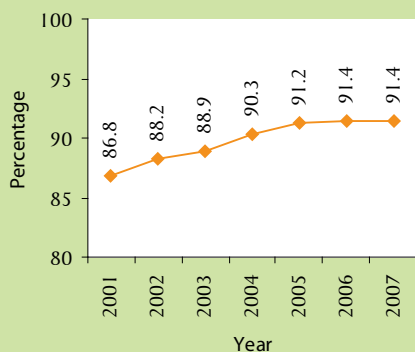


Source: TPCP Compliance Check Summary⁹

Reducing Exposure to Secondhand Smoke (SHS)

Figure 12.

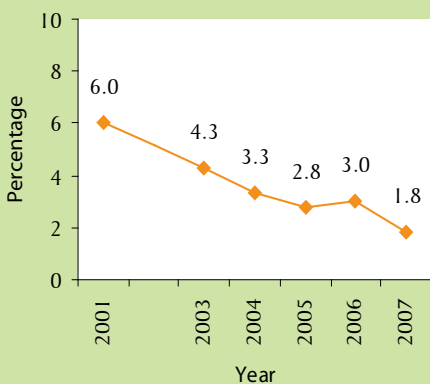
Percent of Adults Who Have Established Rules that Prohibit Smoking in Their Home, Utah 2001-2007



Source: Utah BRFSS¹

Figure 13.

Number of Children Exposed to SHS at Home, Utah 2001 and 2003-2007



Source: Utah Healthcare Access Survey¹⁰



Smoke-free car kits distributed in FY2008 by the TPCP and partners across the state educate Utahns about the health risks of SHS exposure in cars.

Secondhand Smoke Exposure in Homes, Cars, and Workplaces Smoke-free Homes Are on the Rise in Utah

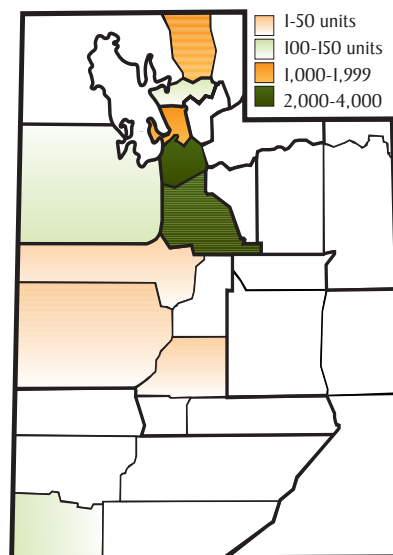
With growing evidence of the health risks associated with SHS exposure, Utah homeowners, along with apartment and condominium owners, established and strengthened smoke-free home policies. The number of smoke-free multiple housing units reported to the TPCP more than doubled in FY2008 to include nearly 10,000 units in more than 900 buildings in 10 counties. See a list of these units at www.tobaccofreeutah.org/apcondoguide.html. The TPCP and local health departments worked with apartment and condominium owners and managers, as well as the Utah Apartment Association, to provide information and technical assistance for increasing tenant safety and reducing tobacco smoke-related health risks, fire hazards, and maintenance costs.

More smoke-free homes means healthier environments for Utah children. From 2001 to 2007, the percentage of children who were exposed to tobacco smoke inside their homes decreased by 70%.¹⁰ Children from low-income families remain at higher risk for SHS exposure. In 2007, 9.1% of children from households with

annual incomes under \$20,000 lived in homes with indoor smoking compared to 1.8% overall.¹⁰ Additional partnerships and education for parents and providers of low-income housing can help reduce SHS-related health risks among all Utah children.

Figure 14.

Smoke-free Multiple Dwelling Housing Units by County, Utah, FY2003-2008



Source: Utah Smoke-free Apartment & Condominium Guide (<http://www.tobaccofreeutah.org/apcondoguide.html>)

Utah Students Remain Exposed to Secondhand Smoke in Cars

In 2007, about one in seven Utah middle school students and one in six high school students reported exposure to tobacco smoke in cars in the past week.³¹ To raise awareness of the health hazards of smoke-filled cars, The TRUTH campaign organized an air quality demonstration at Salt Lake City's

Gateway mall that showed pollution levels that exceeded EPA Air Quality Index standards due to smoking in cars, even with car windows open. To protect children from the health risks of SHS, four U.S. states and Puerto Rico have passed laws that prohibit smoking in cars when children are present.³²

Worksites Protect Employees and Patrons from SHS

In FY2008, the TPCP's partners worked with 67 workplaces to strengthen their tobacco-free policies. To protect non-smokers from SHS and increase access to quit services, workplaces across the state updated SHS signage and ensured compliance with the Utah

Indoor Clean Air Act (UICAA). A new TPCP toolkit for employers who intend to improve tobacco-free policies has been downloaded nearly 10,000 times since it was posted to the TPCP website in September 2007 (<http://www.tobaccofreeutah.org/shsworksitkit.pdf>).

FACT

Secondhand smoke causes lung cancer, coronary heart disease, sudden infant death syndrome, and respiratory problems such as coughing, production of phlegm, and reduced lung function.²⁰

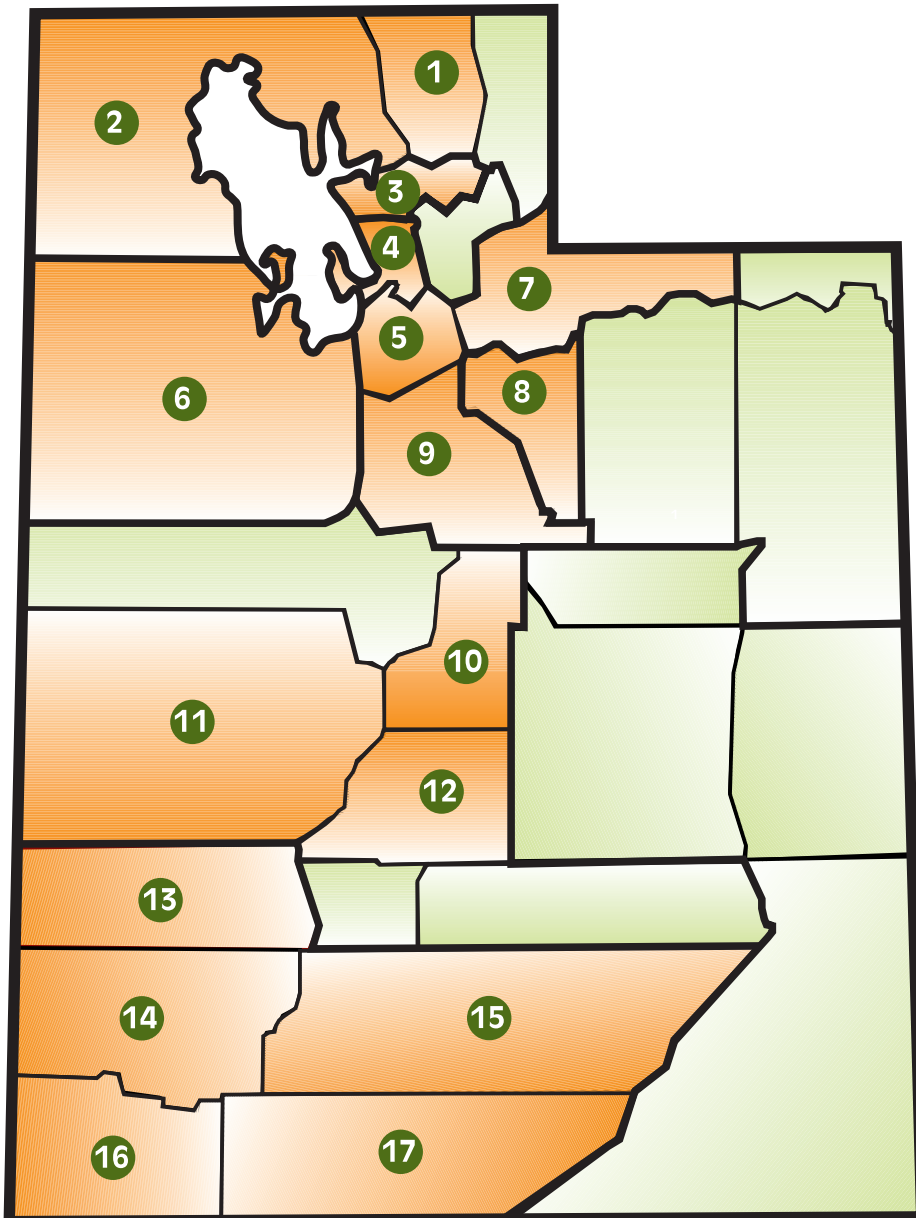
Reducing Exposure to Secondhand Smoke (SHS)

Local Tobacco Policies to Reduce SHS Exposure

The map below indicates Utah counties in which policies that establish smoke-free outdoor settings have been implemented and reported to the TPCP

since 2003. Following national trends, these new policies help to protect Utah children from SHS exposure, set smoke-free norms, and reduce cigarette litter.

Figure 15. Policies to Reduce SHS Exposure at Outdoor Venues, Utah FY2003-2008



Source: TPCP Tobacco Policy Database

Note: Listed policies include ordinances, resolutions, and voluntary policies passed by municipalities and private organizations and reported to the TPCP from FY2003 to 2008.

FACT

Policies creating completely smoke-free environments are the most economical and efficient approach to providing protection from involuntary exposure to tobacco smoke.¹⁸

Smoke-free Policies at Outdoor Venues by County, FY2003-2008

1 Cache County

- Cache County Fairgrounds (2006)
- Hyde Park (2007)
- Logan (2007)
- Smithfield (2007)
- North Logan City (2008)

2 Box Elder County

- Brigham City (2008)

3 Weber County

- Hooper (2008)
- West Haven (2008)

4 Davis County

- Clinton City (2003)
- Davis County (2007)

5 Salt Lake County

- Sandy City (2004)
- West Jordan (2004)
- Utah State Fair, SLC (2005)
- Hogle Zoo, SLC (2006)
- Midvale (2006)
- Herriman (2007)
- Murray (2007)
- Salt Lake City (2007)
- South Jordan (2007)
- South Salt Lake (2007)
- Cottonwood Heights (2008)
- Draper (2008)
- Holladay (2008)
- Riverton City (2008)
- Salt Lake County (2008)
- West Valley City (2008)

6 Tooele County

- Tooele City (2006)
- Tooele County (2006)
- Grantsville (2008)

7 Summit County

- Summit Fairgrounds, Coalville (2006)
- Oakley Rodeo Grounds (2007)

8 Wasatch County

- Midway (2007)
- Wasatch County (2008)

9 Utah County

- Spanish Fork (2006)
- Orem (2008)
- Springville (2008)

10 Sanpete County

- Ephraim (2007)
- Fairview (2008)
- Fountain Green (2008)
- Moroni City (2008)

11 Millard County

- Delta (2007)

12 Sevier County

- Richfield (2008)

13 Beaver County

- Beaver City (2007)

14 Iron County

- Cedar City (2008)
- Parowan (2008)

15 Garfield County

- Panguitch (2008)

16 Washington County

- Santa Clara (2007)
- St. George (2007)
- Ivins (2008)
- Enterprise (2008)
- Hurricane (2008)
- Leeds (2008)
- Virgin (2008)

17 Kane County

- Kanab (2008)

Note: Numbers in parentheses refer to state fiscal years when policies were passed.

Reducing Tobacco Use Among All Utahns

Helping High-risk Communities With Resources and Education

Though Utah's smoking rate is the lowest in the nation certain population groups, including people with lower income, fewer years of formal education, and some minority groups, have significantly higher smoking rates.¹ The TPCP works to eliminate

these disparities by helping tobacco prevention, education, and cessation services reach all Utahns. Program efforts include funding community-based organizations to tailor outreach, and improving access to cessation assistance for low-income Utahns around the state.

Ethnic Networks Tailor Projects to Address Community Needs

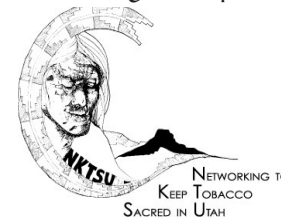
The TPCP's Ethnic Tobacco Networks are community-based groups focused on reducing tobacco use and associated health problems among specific racial and ethnic populations in Utah. Using a comprehensive approach these statewide coalitions execute their tailored strategic plans to educate community leaders about tobacco-related inequalities, improve data collection on minority health issues in Utah, ensure the cultural and linguistic appropriateness of educational materials, and build capacity within their communities to conduct tobacco prevention and cessation activities. Some of their many accomplishments for FY2008 are described below.



Harambee, the African American Tobacco & Health Network, organized the Northern Utah Health Fair to educate, gather data, and connect African American community members with local

services. The fair also brought in national diabetes spokesperson Mother Love, who wove together the dangers of tobacco use and diabetes for 100 participants. In addition, Harambee continued its outreach and tobacco education at community events. Harambee won \$17,900 in additional grants from other health organizations to conduct secondhand smoke policy work, tobacco awareness and other education in 2009.

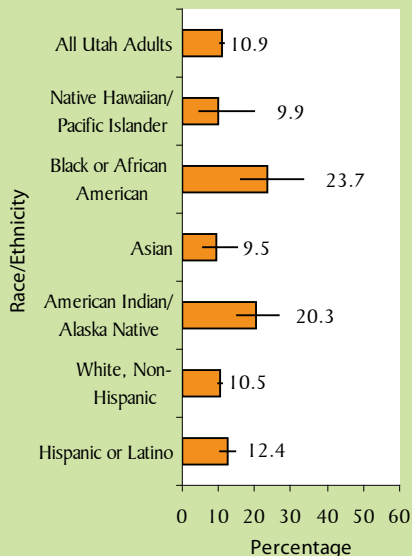
The American Indian Network, Networking to Keep Tobacco Sacred in



Utah (NKTSU), organized a symposium that, for the first time in history, brought

together spiritual advisors from Utah's tribes to discuss the dangers of commercial tobacco. NKTSU organized an American Indian youth leadership training in Park City that focused on cultural identity, youth advocacy, and the differences between commercial and traditional tobacco. All of Utah's tribes and representatives of urban American Indians participated in one or more of these activities. NKTSU also continued its outreach and education work in FY2008.

Figure 15. Percent of Adults Who Reported Current Tobacco Smoking by Race and Ethnicity, Utah 2003-2007 (Aggregated Data, Age-adjusted)



Source: Utah BRFSS, 2003-2007¹
 Note: Due to small numbers of survey respondents, rates for some race/ethnic groups have high variability and may be unreliable.

The Utah Latino Network (ULN)



educated municipal leaders in Salt Lake County about the benefits of smoke-free environments. With ULN's help, the Latin dance club Durango went smoke-free for the day of the Great American Smokeout in November 2007. ULN reached more than 1,000 community members in door-to-door outreach, and enlisted 25 Latino businesses to display tobacco education and cessation materials. The Network also continued to regularly staff an educational booth at the Mexican Consulate. ULN received a \$10,000 grant from American Express in FY2008 to initiate programs in FY2009 for prenatal tobacco prevention in two Salt Lake areas with high smoking rates and Latino populations.

Reducing Tobacco Use Among All Utahns



The Pacific Islander Ethnic Network hosted a health summit in March for 200 community

leaders and local health department staff. The Lengthen Your Breath of Life summit covered topics such as kava consumption, tobacco education, aging, and cancer. About 100 youth attended the Network's first Pacific Islander youth health summit. The winner of the Network's youth poster competition this year included the phrase "Be Smoke Free Like Me," which was translated into languages of various Pacific Islander groups accompanied by youth dressed in traditional clothing specific to each group.



Overall, each Ethnic Network and its leaders have become known in their communities as experts on minority health and tobacco prevention and cessation. In their fourth year of a five-year project, the groups serve as consulting agencies to smaller, community-based organizations working on tobacco policy initiatives. Network leaders meet regularly to discuss common challenges and successes as well as the long-term sustainability of their work.

Low-income Tobacco Users Get Help Quitting

The TPCP partnered with Medicaid to provide approximately 300 cessation counseling sessions and nearly 550 prescriptions for medication to about 400 low-income tobacco users.¹¹

In order to assist low-income tobacco users who are uninsured, the TPCP also partnered with Association for Utah Community Health (AUCH) to provide tobacco cessation medications to about 200 uninsured Utahns in 28 community health center sites throughout the state.¹² With the availability of a new medication, Chantix, the numbers of prescriptions for cessation medications provided to low-income and uninsured Utahns increased dramatically from 163 in FY2007 to 569 in FY2008.¹² TPCP helped AUCH meet this three-fold jump in demand by providing additional mid-year funding to the program. "If our providers see results they get really excited," said Pharmacy Services Program Coordinator Donna Gibbons. "I think they've been searching for something that really works. They've found it. It makes a huge difference."

Community Groups Establish Smoke-free Environments

The TPCP funded eight mini-grants for 10-month projects to reduce secondhand smoke (SHS) in communities at higher risk of SHS exposure. The funding allows community-based groups to approach their own populations with specifically tailored strategies. For example, a member of the 2nd Baptist Church in Ogden worked with her congregation and pastor to create a policy prohibiting tobacco on all church properties. In total, the funded community groups surveyed more than 600 of their community members to assess knowledge of and attitudes toward tobacco use and helped 335 interested homes in populations at high risk for tobacco use go smoke free.



"The tobacco cessation program has been a great tool for this underserved population," said Dr. David Grygla, medical director of the Southwest Utah Community Health Center, an AUCH affiliate. "I've seen patients with significant decrease in stamina and their ability to work and their ability to take care of themselves; and stopping smoking has made it easier [for them] to control their other problems."

Bear River Counties

Tobacco Use in Bear River

Adult Cigarette Smoking (2005-07) ¹	6.8%
High School Youth Cigarette Smoking (2007) ²¹	6.1%
Pregnant Women Smoking (2006) ¹³	4.4%
Homes with No-smoking Rule (2005-07) ¹	94.7%
Quit Line Registrations (FY2008) ⁴	230
QuitNet Registrations (FY2008) ⁵	105
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	91.2%

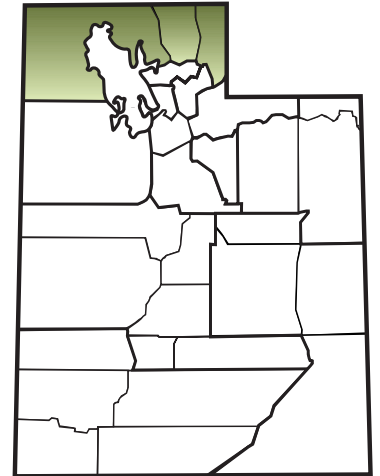


To ensure that children will not be exposed to secondhand smoke on playgrounds, the Bear River Governing Youth Council (GYC) worked with different cities in the Bear River Health District to post smoke-free playground signs at 16 local parks.

Bear River Health District Counties:
Box Elder, Cache, Rich

Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Bear River Health District decreased by 29%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy decreased by 25%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes was 2.8% in 2001 and 1.9% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 3.8% of Bear River stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 66%.⁹

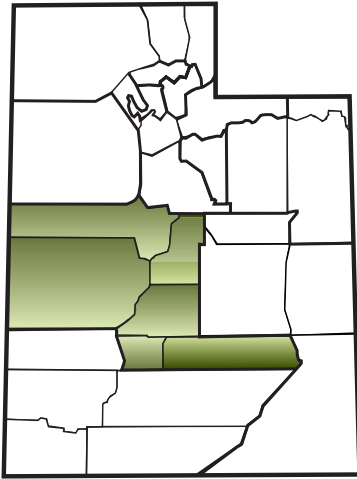


Bear River Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen classes*	194 youth	Quit rate: 23% Reduction rate: 55%
TAR classes ^	24 youth	8 completed support group or service plan
First Step prenatal program	18 pregnant women	18 women received quit information, 6 completed orientation class, 2 completed the program, and 2 are in progress.
Promoting health care provider quit interventions through The TRUTH Network Guide	76 health care providers	60 health care providers received information on quit services and Utah Tobacco Quit Line fax referral system. 16 received additional training.
Working with community health clinics to establish Public Health Service (PHS) Guidelines	One new clinic	PHS guidelines established and providers routinely implement "5As" counseling. 27 smokers identified and linked to services.
Prevention Programs		
Teaching prevention curricula, i.e., Tobacco on Trial and media literacy	Assisted schools in teaching 2,173 students	Students increased tobacco-related knowledge and media literacy.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	488 youth	Youth from seven schools created 548 Truth contest entries.
At-risk youth advocacy project	One audio visual high school class	Students created five anti-tobacco ads in response to "Something Stinks in Hollywood" presentation. Top two aired on local cable.
Conducting training for retailers who sell tobacco	One licensed tobacco outlet	One new outlet certified in compliance with law. 3.8% sales rate is among lowest in Utah.
Smoke-free Policies		
Educating about tobacco policies for outdoor venues, homes, and worksites	Two youth councils, communities, and city councils; participants of 24 events; Head Start; Hispanic Health Coalition; seven worksites	North Logan City Council passed a smoke-free parks ordinance. Brigham City Council passed resolution discouraging smoking at parks. 24 Spanish-language and 97 English-language participants signed smoke-free homes pledges. Two worksites adopted smoke-free policies.
Assessing worksite, outdoor venue, and multiple dwelling units' (MDUs) tobacco policies	One recreational venue, 10 MDUs, 11 worksites	Completed assessments of support for smoke-free outdoor venue and to identify MDU and worksite tobacco policies.
Supporting existing policies	38 community venues, worksites, and MDUs	Provided 108 signs to communicate and enforce policies, and other assistance.

*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations. ^Tobacco Awareness and Reduction.

Central Utah Counties



Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Central Utah Public Health District decreased by 19%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy remained unchanged.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 7.4% in 2001 to 4.0% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 8.7% of Central Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 37%.⁹

Tobacco Use in Central Utah

Adult Cigarette Smoking (2005-07) ¹	13.2%
High School Youth Cigarette Smoking (2007) ³¹	8.7%
Pregnant Women Smoking (2006) ¹³	9.3%
Homes with No-smoking Rule (2005-07) ¹	90.8%
Quit Line Registrations (FY2008) ⁴	140
QuitNet Registrations (FY2008) ⁵	44
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	94.3%

Central Utah Public Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END and TTRP teen classes*	25 youth	Participants received quit support and were educated about the dangers of tobacco use.
First Step prenatal program	21 pregnant women	Participants received quit support and referrals to the Utah Tobacco Quit Line.
Adult one-on-one quitting support	41 adults	Participants received quit support and referrals to the Utah Tobacco Quit Line.
Encouraging health care providers to offer quit counseling and referral	19 health care providers	Health care providers received The TRUTH Network Guide materials.
Prevention Programs		
Promoting the Truth from Youth Anti-tobacco Advertising Contest	Schools in six Central Utah counties	4th and 5th grade students created 1,757 anti-tobacco ads for the statewide contest.
Phoenix Alliance partnership	696 youth	Community youth received tobacco education through presentations given by five local Phoenix Alliance members.
Informing Central Utah residents about tobacco issues and services	2,901 participants in health fairs/public events	Community received tobacco information and education at public events.
Smoke-free Policies		
Educating about secondhand smoke policies in apartment buildings	Six apartment complexes	Owners and tenants were educated about secondhand smoke and the benefits of smoke-free policies. One complex passed a smoke-free policy.
Supporting college tobacco policy initiatives	Snow College, Richfield and Ephraim campuses	Local health department supported campus policy initiative and community education.
Providing education and resources through Targeted Case Management (TCM) partnership	26 families	Nurses distributed secondhand smoke brochures and quit information during visits to 26 Medicaid-insured families.
Providing education for smoke-free worksites	12 worksites	Worksites received support to reduce secondhand smoke and encourage quitting; Sevier Valley Medical Center adopted a smoke-free policy.
Providing education about smoke-free parks	Four parks	Moroni City, Richfield, Fairview, and Fountain Green parks passed smoke-free policies.

*END: Ending Nicotine Dependence program. TTRP: Teen Tobacco Reduction Program.



Mikiah Thalman from Mona Elementary School received the 2008 Juab County Truth From Youth Anti-tobacco Advertising Contest award.

Central Utah Public Health District
Counties: Juab, Millard, Piute, Sanpete,
Sevier, Wayne

Davis County

Tobacco Use in Davis County

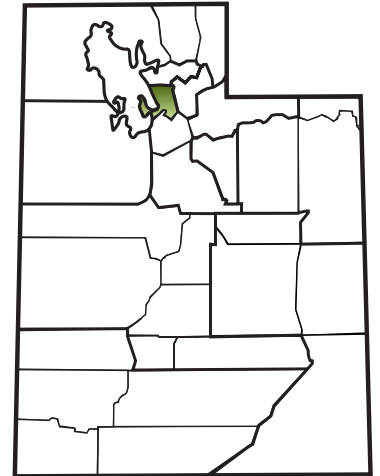
Adult Cigarette Smoking (2005-07) ¹	6.9%
High School Youth Cigarette Smoking (2007) ²¹	8.6%
Pregnant Women Smoking (2006) ¹³	5.1%
Homes with No-smoking Rule (2005-07) ¹	93.7%
Quit Line Registrations (FY2008) ⁴	444
QuitNet Registrations (FY2008) ⁵	212
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	94.5%



Valley View Golf Course is one of the outdoor public places benefitting from the Davis County secondhand smoke regulation that went into effect January 1, 2008.

Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Davis County decreased by 37%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy decreased by 30%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 4.2% in 2001 to 1.8% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 6.3% of Davis County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 62%.⁹

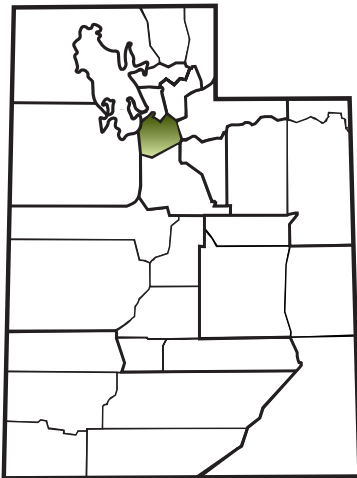


Davis County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	150 youth	Quit rate: 14% Reduction rate: 71%
Teen Tobacco Reduction Program	60 youth	Quit rate: 64% Reduction rate: 36%
Encouraging health care providers to offer quit program referrals and treatment	46 health care providers	Health care providers received education in quit counseling and information about referral and quit services.
Distributing Quit Kits and resources that promote the Utah Tobacco Quit Line and Utah QuitNet	2,756 community members at worksites and educational settings	Increased knowledge of quit resources and referrals to quit services.
Prevention Programs		
Training teachers in Project TNT curriculum [^]	16 teachers	Teachers ensured that 780 students received tobacco prevention education.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	Seven elementary schools	4th and 5th graders created 256 local anti-tobacco ads for the statewide contest.
Conducting tobacco prevention activities in high-risk secondary schools	3,684 youth	Three junior high schools, two high schools, and two alternative high schools received tobacco prevention education.
Supporting Gold Medal Schools (GMS) health policy initiative	34 elementary schools	Comprehensive school tobacco policies have been adopted, enforced, and/or maintained by all 34 GMS in Davis County.
Supporting Gold Medal Schools Power-Up health policy initiative	Two junior high schools	Bountiful Junior High successfully piloted program, implemented a comprehensive tobacco policy. One new school recruited.
Promotion of Smoke-free Policies		
Enhancing campus tobacco policy	345 students at Davis Applied Technology Center (DATC)	DATC students participated in five anti-tobacco events to prepare for a campus tobacco policy. Administration implemented policy through signage and relocating the designated smoking area.
Providing education about smoke-free outdoor venues	Davis County	The Davis County Board of Health regulation prohibiting smoking in outdoor public places went into effect Jan. 1, 2008. 752 signs denoting the regulation were distributed to 55 organizations.

*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations.

[^]Project TNT: Towards No Tobacco



Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Salt Lake County decreased by 27%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy decreased by 32%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 7.6% in 2001 to 2.1% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 8.9% of Salt Lake stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 45%.⁹

Tobacco Use in Salt Lake County

Adult Cigarette Smoking (2005-07) ¹	12.2%
High School Youth Cigarette Smoking (2007) ³¹	8.0%
Pregnant Women Smoking (2006) ¹³	6.4%
Homes with No-smoking Rule (2005-07) ¹	89.1%
Quit Line Registrations (FY2008) ⁴	2,097
QuitNet Registrations (FY2008) ⁵	957
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	93.6%

Salt Lake Valley Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	121 youth	Quit rate: 9% Reduction rate: 33%
First Step prenatal program	39 referrals	Participants received Quit Kits and one-on-one quit support.
Promoting health care provider quit interventions through The TRUTH Network Guide	463 health care providers	Health care providers received education in quit counseling and information about referral and quit services.
Promoting quit services and providing SHS education to community members	Participants of health fairs and community/school events; worksites	7,876 community members were exposed to tobacco prevention and quit education.
Prevention Programs		
Training teachers in TOT and Project TNT curricula [^]	40 schools participated in promotion	12 schools taught TOT, four schools taught TNT. 1,674 students participated in these tobacco prevention programs.
Promoting the Truth from Youth Anti-tobacco Advertising and "Real Noise" Contests	2,074 students participated in the promotions	Students created 600 local anti-tobacco ads for the statewide contest.
Maintaining the TAAT coalition (Teen Advocates Against Tobacco)	35 active members	TAAT members assisted with contest promotions and community education.
Promotion of Smoke-free Policies		
Educating the community about smoke-free outdoor venues	454,355 members of the community, park directors, city employees	West Valley City, Draper, Holladay, Salt Lake County, Cottonwood Heights and Riverton passed ordinances or resolutions to limit or prohibit smoking.
Promoting smoke-free apartments and homes	Participants at two large health fairs	1,168 smoke-free home pledges were collected.
Providing education for smoke-free worksites	Seven worksites	Four worksites adopted smoke-free policies.
Educating health care agencies on tobacco-free policies	Seven health clinics; One hospital unit	Seven low-income clinics and the hospital unit instituted tobacco-free policies.
Educating hospital groups about benefits of tobacco-free hospital policies	Utah Hospitals & Health Systems Association (UHA); Huntsman Cancer Institute	With Coalition for Tobacco Free Utah and UHA, created tobacco-free hospitals toolkit and assisted in developing policy for tobacco-free hospitals. UHA recommends the policy to all 44 member hospitals.

*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations.

[^]TOT: Tobacco On Trial; Project TNT: Towards No Tobacco



During a Real Salt Lake professional soccer game, Salt Lake Valley Health Department's youth anti-tobacco coalition, Teen Advocates Against Tobacco, placed 50 body bags in the stands. The body bags represent the nearly 50 people who die an hour in the U.S. from smoking-related illness.

Southeastern Utah Counties

Tobacco Use in Southeastern Utah

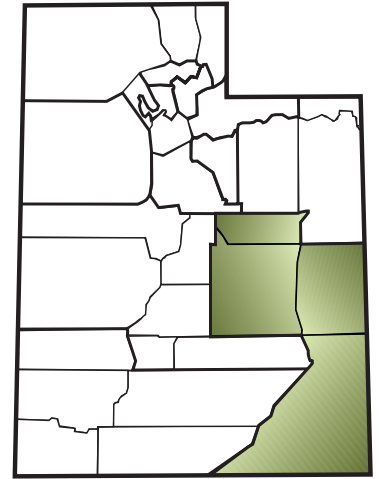
Adult Cigarette Smoking (2005-07) ¹	18.5%
High School Youth Cigarette Smoking (2007) ²	15.0%
Pregnant Women Smoking (2006) ¹³	13.2%
Homes with No-smoking Rule (2005-07) ¹	82.5%
Quit Line Registrations (FY2008) ⁴	173
QuitNet Registrations (FY2008) ⁵	44
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	90.9%



Cori Spencer, a member of Grand County Teen Advocates, reads a smoke-free homes and cars public service announcement on Moab's KZMU radio station.

Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Southeastern Utah Health District decreased by 15%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy decreased by 22%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 17.6% in 2001 to 7.1% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 9.3% of Southeastern Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 24%.⁹

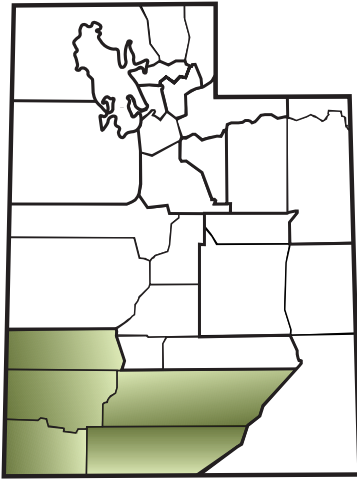


Southeastern Utah District Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	48 youth	Quit rate: 36% Reduction rate: 22%
Prenatal program (partnership with WIC, Medicaid, Baby Your Baby)	256 pregnant women	Participants received quit support and secondhand smoke education.
Marketing the Utah Tobacco Quit Line through newspaper and movie ads	6,969 newspaper readers; 22,000 movie-goers	22,000 movie patrons and nearly 7,000 newspaper readers were exposed to anti-tobacco advertising.
Promoting health care provider quit interventions through The TRUTH Network Guide	28 dentists, doctors, physician assistants 100 nurses and nursing students	In addition to outreach to individual providers, larger associations also received education about counseling patients who use tobacco and existing quit resources.
Providing quit support and referral to quit programs	1,255 community members	Through community events, outreach, and links to other health programs, participants received quit support and referrals to statewide quit programs.
Prevention Programs		
Supporting school districts in maintaining comprehensive school tobacco policies	Carbon, Grand, Emery, and San Juan school districts	Southeastern Utah District Health Department provided technical assistance for enhancing and enforcing comprehensive school tobacco policies.
Partnership with Carbon and Emery High School Rodeo Clubs	7,498 students and community members	Community members were exposed to anti-tobacco messages through banners at community and school events, posters and announcements at schools, and a newspaper article.
Conducting retailer and worksite education to inform about Utah tobacco laws	1,318 participants	Management and workers at local businesses received tobacco education and referrals to quit services.
Promotion of Smoke-free Policies		
Educating about the benefits of smoke-free policies for recreational venues and multiple-dwelling units	Community, local coalitions	With four local coalitions representing three counties and a college, furthered policy efforts and provided secondhand smoke information at community events.
*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations.		

Southeastern Utah Health District
Counties: Carbon, Emery, Grand, San Juan

Southwest Utah Counties



Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Southwest Utah Public Health District remained unchanged.¹
- Birth certificates indicate that since 1999, smoking during pregnancy remained unchanged.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 3.5% in 2001 to 1.7% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 3.7% of Southwest Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 84%.⁹

Tobacco Use in Southwest Utah

Adult Cigarette Smoking (2005-07) ¹	12.1%
High School Youth Cigarette Smoking (2007) ³¹	3.7%
Pregnant Women Smoking (2006) ¹³	6.9%
Homes with No-smoking Rule (2005-07) ¹	93.3%
Quit Line Registrations (FY2008) ⁴	313
QuitNet Registrations (FY2008) ⁵	155
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	89.2%

Southwest Utah Public Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	62 youth	Quit rate: 12% Reduction rate: 45%
First Step prenatal program	76 pregnant women	Pregnant women received information on quitting.
Adult cessation	12 adults	Adults received cessation counseling and were referred to Quit Line and QuitNet.
Promoting health care provider interventions through the TRUTH Network Guide materials	13 health care providers	Health care providers received education in quit counseling and individual referral quit services.
Promoting quit services	Every residence in Washington County	Sent a mass mailer with information about adult cessation services to each home.
Prevention Programs		
Supporting comprehensive tobacco policies in schools.	Three school districts, representing 56 schools	Garfield and Kane County School Districts passed tobacco-free policies for all 18 schools in those districts. Washington County School District has received education regarding the benefits of comprehensive tobacco-free school policies.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	All 4th and 5th graders in health district	152 students from two counties created 177 local ads for the statewide contest.
Educating retailers to prevent tobacco sales to youth	462 retailer participants in 44 classes	With a sales rate of 3.7%, Southwest is among the lowest in the state.
Southwest Chapter of Phoenix Alliance	Southwest Phoenix Alliance Chapter; 1,277 area youth	1,277 youth in Southwest area received youth-led prevention messages from 45 Southwest Phoenix Alliance members.
Promotion of Smoke-free Policies		
Annual Community Tobacco Prevention and Awareness Week	750 people	Participants increased knowledge of quit services and dangers of smokeless tobacco.
Assisting multiple dwelling units in developing smoke-free policies	One MDU	Sunset Springs Apartments passed a policy prohibiting smoking on its property.
Providing education about smoke-free policies at outdoor venues	Nine cities	Hurricane, Cedar City, Virgin, Leeds, Panguitch, Parowan, Enterprise, Ivins, and Kanab passed smoke-free ordinances.
*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations.		



(Above) St. George Park in St. George is one of many parks in the Southwest Utah Public Health District that have become smoke free in recent years.

Kanab is one of nine cities in the area to pass ordinances in FY2008 restricting smoking in outdoor public places.

“Looking at our duty to protect the health and safety of our residents, it was an easy transition to make.”

Kim Lawson, Mayor of Kanab

Southwest Utah Public Health District Counties: Beaver, Garfield, Iron, Kane, Washington

Summit County

Tobacco Use in Summit County

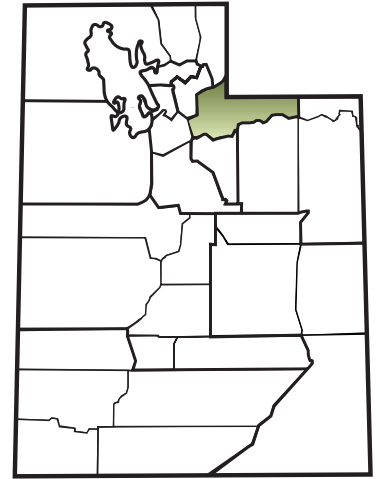
Adult Cigarette Smoking (2005-07) ¹	8.3%
High School Youth Cigarette Smoking (2007) ²¹	13.1%
Pregnant Women Smoking (2006) ¹³	1.3%
Homes with No-smoking Rule (2005-07) ¹	92.3%
Quit Line Registrations (FY2008) ⁴	37
QuitNet Registrations (FY2008) ⁵	23
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	89.5%



Lisa and Amanda, bartenders at the No Name Saloon in Park City, accept a plaque recognizing the saloon for going smoke free to protect the health of workers and patrons.

Changes in Tobacco-related Risk

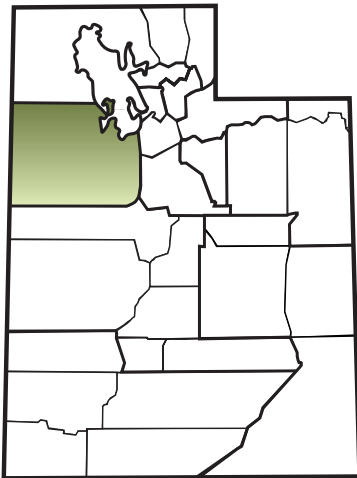
- Since the late 1990s, the estimated age-adjusted adult smoking rate in Summit County remained unchanged.¹
- Birth certificates indicate that since 1999, smoking during pregnancy declined by 65%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 7.5% in 2001 to 1.6% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 9.7% of Summit County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 60%.⁹



Summit County Public Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
Health care provider resources	55 physicians	Created and distributed two newsletters for physicians that included information on the fax referral program, Chantix, and cessation resources.
Juvenile court referrals	Nine youth	Worked with juvenile court to refer youth to the Utah Tobacco Quit Line.
Prevention Programs		
TOT/Project TNT curricula*	222 students	Students increased their tobacco-related knowledge.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	4th and 5th grade students in tobacco prevention classes	92 Summit County students created 114 local anti-tobacco ads for the statewide contest.
Supporting Gold Medal Schools (GMS)	All six Summit County elementary schools	All six schools have established and maintained tobacco policies. Five have achieved Platinum status, the highest possible in GMS.
Promoting the Real Noise contest	1,200 students at a middle school and high school in Park City	Students received education on harmful effects of tobacco and were invited to join together to create a Real Noise contest entry.
Promotion of Smoke-free Policies		
Promoting of smoke-free policy at No Name Saloon in Park City	One worksite	Created a news release regarding the No Name Saloon going smoke free. Also held an event where Coalition for Tobacco-Free Utah recognized the worksite for its commitment to the health of its employees and patrons.
Educating about smoke-free policies at multiple dwelling units (MDUs)	Five MDUs	Assessed and initiated assistance with policy development.
Educating about smoke-free policies at worksites	One worksite	Presented information about smoke-free worksites and discussed the benefits with staff.

* TOT: Tobacco On Trial /Project TNT: Towards No Tobacco



Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Tooele County decreased by 13%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy remained unchanged.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 9.2% in 2001 to 4.8% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 3.6% of Tooele County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 85%.⁹

Tobacco Use in Tooele County

Adult Cigarette Smoking (2005-07) ¹	17.4%
High School Youth Cigarette Smoking (2007) ³¹	11.6%
Pregnant Women Smoking (2006) ¹³	9.5%
Homes with No-smoking Rule (2005-07) ¹	88.2%
Quit Line Registrations (FY2008) ⁴	126
QuitNet Registrations (FY2008) ⁵	51
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	94.6%

Tooele County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	67 youth	Quit rate: 17% Reduction rate: 49%
Promoting teen cessation services	3,921 Tooele and Grantsville high school students	Nearly 4,000 youth and adults received information about the END class through local high schools.
Providing quit support and referrals to statewide quit programs	121 adults	Participants received one-on-one counseling and/or referrals to the Utah Tobacco Quit Line.
Promoting tobacco cessation at worksites	2,953 employees at seven worksites	Through worksite wellness programs, employees received information about using their employer quit incentives.
Prevention Programs		
Supporting the school district in maintaining comprehensive tobacco policies in schools	7,927 parents and students	School district received tobacco education help from local health department through newsletters, training, and assemblies.
Educating the public about chewing tobacco	5,575 Tooele county residents	Residents received information about chewing tobacco at rodeos, community events (Family Week, Halloween Carnival), health fairs, and in newsletters.
Conducting retailer education to prevent underage tobacco sales	380 tobacco retailers	All tobacco handlers received health department training and retailers received "We ID Everyone" tobacco sales education kits. At 3.6%, Tooele County had the lowest rate of underage sales in Utah.
Promotion of Smoke-free Policies		
Educating county residents about secondhand smoke and quit programs	17,716 Tooele county residents, including 344 pregnant women	Residents were exposed to information about secondhand smoke and quit services through a newspaper ad, community events, and individual outreach.
Educating about smoke-free parks	Grantsville City Council, attorney, and residents	Grantsville Esteem Team youth group educated residents and Council about benefits of tobacco-free environments. Grantsville passed an ordinance that prohibits tobacco use in all outdoor public places, including city parks.

*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations.



Photo by Troy Bowman, Tooele Transcript Bulletin, Online, <http://tooeletranscript.com/bookmark/100024>, retrieved August 14, 2008

A former Grantsville High School Esteem Team president, looks through a bottle of cigarette butts collected at Grantsville City Park in FY2008 before the city council passed an ordinance to make city parks and all outdoor public places tobacco free.

Tobacco Use in TriCounty

Adult Cigarette Smoking (2005-07) ¹	20.6%
High School Youth Cigarette Smoking (2005) ³¹	13.9%
Pregnant Women Smoking (2006) ¹³	16.8%
Homes with No-smoking Rule (2005-07) ¹	81.7%
Quit Line Registrations (FY2008) ⁴	51
QuitNet Registrations (FY2008) ⁵	40
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	93.3%

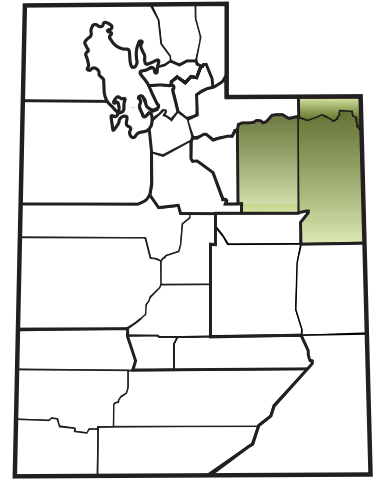
Note: Due to the low 2007 YTS participation rate in TriCounty, a 2007 estimate for high school smoking is not available.



The TriCounty Health Department used state-developed “We I.D. Everyone” materials to reduce underage tobacco sales in its district.

Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in TriCounty remained unchanged.¹
- Birth certificates indicate that since 1999, smoking during pregnancy remained unchanged.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 16.8% in 2001 to 7.3% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 9.7% of TriCounty stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 48%.⁹

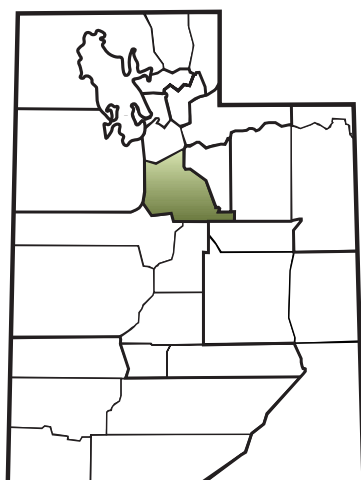


TriCounty Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	77 youth	Quit rate: 12% Reduction rate: 41%
Educating county residents at local rodeo events about free cessation services, including Quit Line and QuitNet and about the dangers of spit tobacco use	1,900 rodeo patrons and contestants	Community received quit cards, brochures, oral cancer information, bandanas, coloring books and other incentives as appropriate at the following youth and professional rodeo events held in Vernal: Lane Frost Challenge and its Kids Stampede, CRC Battle of the Bulls, Neola Rodeo and Neola Kids Rodeo.
Prevention Programs		
Educating youth about the dangers of tobacco	462 students	Students at Vernal Middle School and Uintah High School health classes received Tobacco 101 tobacco prevention education.
Conducting retailer education to prevent underage tobacco sales	All TriCounty retailers licensed to sell tobacco	Retailers received “We ID Everyone” tobacco sales education kits, including posters, register stickers, and magnifying lenses. Six retailers attending civil hearings accepted offer of retailer education. All retailers received educational materials. Recruited and trained four new underage buyers to help with compliance checks. Conducted 165 compliance checks. Sent positive letters to all 149 retailers in compliance.
Promotion of Smoke-free Policies		
Publicizing annual events that promote tobacco-free living	20,000 TriCounty residents	Three press releases were sent informing TriCounty residents about annual events: the Great American Smoke-Out, Through with Chew Week, and Kick Butts Day.

*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations.

TriCounty Health District Counties:
Daggett, Duchesne, Uintah



Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Utah County showed no decline. Utah County's smoking rate remains the lowest in the state.¹
- Birth certificates indicate that since 1999, smoking during pregnancy declined by 20%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes was 1.2% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 5.8% of Utah County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 46%.⁹

Tobacco Use in Utah County

Adult Cigarette Smoking (2005-07) ¹	6.0%
High School Youth Cigarette Smoking (2007) ³¹	1.8%
Pregnant Women Smoking (2006) ¹³	3.1%
Homes with No-smoking Rule (2005-07) ¹	95.9%
Quit Line Service Users (FY2008) ⁴	702
QuitNet Registrations (FY2008) ⁵	200
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	91.0%

Utah County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	128 youth	Quit rate: 14% Reduction rate: 52%
First Step prenatal program^	215 pregnant women	Quit rate: 32% Reduction rate: 16%
Promoting health care provider quit interventions through The TRUTH Network Guide	Six clinics, 51 graduating UVSC nursing students	Health care providers/students received education/training in tobacco cessation interventions and referrals to quit services.
Informing Utah County residents about tobacco issues and quit services	1,067 participants in health fairs	Local health department staff provided tobacco information at two health fairs.
Prevention Programs		
Promoting the Truth from Youth Anti-tobacco Advertising Contest	4th and 5th graders at 22 schools	Utah County 4th and 5th grade students created 623 local anti-tobacco ads.
Supporting Youth Tobacco Task Force OUTRAGE	20 youth participated in 10 community events	Reached nearly 4,200 people with education about smoke-free parks.
Conducting tobacco education at alternative high schools and residential treatment centers	758 participants at seven schools and centers	Participants benefited from 46 secondhand smoke and cessation presentations.
Promotion of Smoke-free Policies		
Promoting tobacco policies at residential treatment centers	Two treatment centers	The treatment center Promise Program adopted a tobacco-free policy.
Educating about secondhand smoke issues in Multiple Dwelling Units (MDUs)	667 managers, owners, and residents in nine MDUs.	Chambery and Pemberley condominium developments implemented tobacco-free policies; others received SHS education.
Educating about the benefits of tobacco-free parks	29,557 community members	Collected 5,112 surveys to assess support for policy; 5,586 pledges of support for parks policies.
Promoting tobacco-free policies at trade and technical schools	13 schools	Five schools improved existing policies. Surveys and presentations were conducted at all schools.

*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-test evaluations.

^Quit and reduction rates based on 164 clients who completed the program during FY2008.



The OUTRAGE youth group picked up tobacco litter at local playgrounds on Kick Butts Day, April 3. The event was on the front page of the Utah County Daily Herald and was reported in several other local news broadcasts and papers. The youth presented five bags of cigarette butts to the Utah County Board of Health to demonstrate the amount of tobacco litter found in Utah County parks and the benefits of smoke-free regulations.

Wasatch County

Tobacco Use in Wasatch County

Adult Cigarette Smoking (2005-07) ¹	9.6%
High School Youth Cigarette Smoking (2007) ²¹	8.4%
Pregnant Women Smoking (2006) ¹³	4.2%
Homes with No-smoking Rule (2005-07) ¹	90.9%
Quit Line Registrations (FY'2008) ⁴	20
QuitNet Registrations (FY'2008) ⁵	18
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	91.8%

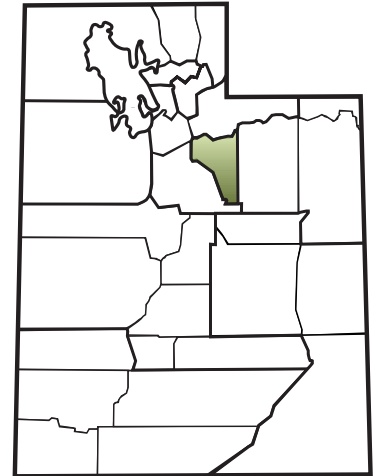


"Our Wasatch County smoke-free regulation is designed to protect public health by prohibiting smoking in outdoor public places where other persons will be exposed to the toxic effects of secondhand smoke. The regulation will ... recognize the right of residents and visitors to the County to be free from unwelcome secondhand smoke and [will] affirm a family-friendly atmosphere."

Dwight Hill
Environmental Health Scientist
Wasatch County Health Department

Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Wasatch County decreased by 25%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy decreased by 34%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 4.2% in 2001 to 2.1% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 7.6% of Wasatch County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 46%.⁹

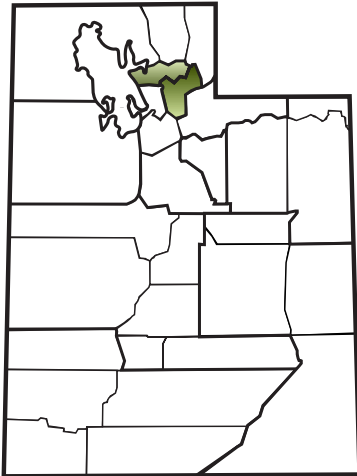


Wasatch County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
First Step prenatal program	Three pregnant women were referred, one participated	All were educated in the benefits and methods of tobacco cessation.
Health care provider training on TRUTH Network materials	Seven physicians	Physicians were trained in quit counseling and services available for their patients.
Prevention Programs		
TOT/TOT Booster/TF4 curriculum*	795 students	Students increased their knowledge of tobacco-related issues.
Professional and High School Rodeo Sponsorships	7,850 rodeo patrons and contestants	Distributed tobacco prevention and cessation brochures and incentives, made public service announcements, and hung banners during sponsored rodeos.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	Nearly 400 4th and 5th grade students	350 students were exposed to anti-tobacco ads created by 46 of their peers.
Community Issues Conference	750 Wasatch County residents	Community members received education on media literacy and how Hollywood glamorizes tobacco use, as well as communication techniques to prevent youth tobacco use.
High School Rodeo Club Sponsorship	900 high school students	The Wasatch High School Rodeo Club promoted tobacco-free messages through school announcements, posters, and a newspaper article.
High School Rodeo Queen Partnership	3,350 people across Utah	The High School Rodeo Queen carried the tobacco-free champion flag and delivered anti-tobacco messages and incentives at eight rodeos across the state.
Providing education about smoke-free outdoor venues	Wasatch County	The Wasatch County Board of Health passed a policy prohibiting smoking in outdoor areas.
Educating the community about secondhand smoke and cessation through local radio ads	KTMP radio listeners	Listeners received information on secondhand smoke and cessation. The ads ran three per day for three weeks.

* TOT: Tobacco On Trial; TF4: Tobacco Free 4th Grade Prevention Curriculum

Weber-Morgan Counties



Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Weber-Morgan Health District decreased by 15%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy decreased by 38%.¹³
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 9.0% in 2001 to 5.1% in 2006/2007 (combined data).¹⁰
- During State Fiscal Year 2008, 11.4% of Weber-Morgan stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate decreased by 31%.⁹

Tobacco Use in Weber-Morgan Counties

Adult Cigarette Smoking (2005-07) ¹	13.1%
High School Youth Cigarette Smoking (2007) ³¹	15.6%
Pregnant Women Smoking (2006) ¹³	8.0%
Homes with No-smoking Rule (2005-07) ¹	91.3%
Quit Line Registrants (FY2008) ⁴	567
QuitNet Registrations (FY2008) ⁵	175
Anti-tobacco Ad Recall in the Past Month (2005-07) ¹	93.9%

Weber-Morgan Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
Quit Programs		
END teen class*	33 youth	Quit Rate: 14% Reduction rate: 44%
Teen Tobacco Reduction Program (TTRP)	94 youth, 94 parents	Participants were educated about the dangers of tobacco use.
First Step prenatal program	Nine pregnant women	One participant reduced tobacco use; one participant quit smoking.
Promoting health care provider interventions through The TRUTH Network Guide materials	43 health care providers	Health care providers received education in quit counseling and information on referral and quit services.
Adult tobacco cessation program (Freedom From Smoking)	Three adults	All three participants quit smoking.
Prevention Programs		
TOT curriculum [^]	378 students in four schools	Students increased their knowledge of tobacco-related issues.
Promoting the Truth From Youth Anti-tobacco Advertising Contest	4th and 5th grade students	279 students from Weber-Morgan counties created 423 local anti-tobacco ads for the statewide contest.
Training future teachers in tobacco education	58 Weber State University students	Students' awareness of tobacco-related issues and prevention education increased.
Promoting anti-tobacco messages and healthy lifestyles	4,995 community members and students	Participants received information on the dangers of tobacco use and quit services at five health fairs and two community events.
Tobacco prevention activities in schools	722 students at two schools	Students received tobacco prevention education through games and other school activities during Red Ribbon Week in October 2007.
Supporting the Gold Medal Schools program	One elementary school	Polk Elementary School adopted a comprehensive tobacco policy.
Promotion of Smoke-free Policies		
Providing education about the benefits of tobacco policies at outdoor venues	Two cities	Hooper and West Haven passed outdoor smoking policies.
Promoting smoke-free homes	Five clinics; 603 families at high-risk for tobacco use	733 families received smoke-free homes kits including incentives, and pledge cards to establish smoke-free homes.

*END: Ending Nicotine Dependence program. ^TOT: Tobacco On Trial



Riverdale Elementary Kids Against Tobacco (KAT) have used this jar in their educational efforts to show the amount of tobacco-related debris found in a local park that they use as a playground. Smoking is permitted in the park. The entire jar of tobacco trash was collected during one recess.

Weber-Morgan Health District Counties:
Morgan, Weber

Acknowledgments

The Utah Department of Health would like to thank its many partners who helped to reduce the tobacco-related health and economic burden in Utah over the past years.

Special thanks for providing data and feedback for this report go to:

- Utah's Tobacco Control Advisory Committee:
 - Tamara Lewis, M.D., M.P.A., M.P.H., Intermountain Health-care, Committee Chair
 - Lloyd Berentzen, M.B.A., Bear River Health Department
 - Heather Borski, M.P.H., Utah Department of Health*
 - Craig Cutright, American Lung Association of Utah
 - Leslie Dalton, Utah Parent-Teacher Association
 - George Delavan, M.D., Utah Department of Health*
 - Gary Edwards, M.S., Salt Lake Valley Health Department
 - Mary Lou Emerson, M.S., Utah Substance Abuse and Anti-Violence Coordinating Council
 - Sharon Hansen, M.S., Cornerstone Counseling Center
 - Casey Hill, American Heart Association of Utah
 - Brent Kelsey, Utah Division of Substance Abuse and Mental Health
 - Beverly May, M.P.A., National Campaign for Tobacco-Free Kids
 - Richard Melton, Dr. P.H., Utah Department of Health*
 - Jesse Soriano, M.A., M.S., State Office of Ethnic Affairs
 - Teresa Theurer, Utah State Board of Education
- Tobacco prevention and control program staff and health promotion directors at Utah's 12 local health districts
- The TPCP's independent evaluation team at the University of Colorado Health Sciences Center
- The Crowell/Love Partnership, which serves as the contractor for the TPCP's The TRUTH marketing campaign
- Utah's school districts, the TPCP's ethnic networks, and other local programs in communities and schools throughout Utah
- Utah's Tobacco Quit Line and Quit-Net contractors
- The report writing and epidemiology staff at the Utah Department of Health, Bureau of Health Promotion
- Tobacco Prevention and Control Program staff at the Utah Department of Health

*non-voting members

Funded Partners

American Lung Association of Utah
Association for Utah Community Health
Association of Sierra Leoneans in Utah
2nd Baptist Church, Ogden
Bear River Health Department
Boys and Girls Clubs of Greater Salt Lake
Brigham City Youth Council
Cache Valley Community Center
CBA Alternative High School, Delta
Central Utah Public Health Department
Clearfield Job Corps
Comunidades Unidas
Crowell/Love Partnership
Davis Applied Technology Center
Davis County Health Department
Davis Head Start
Davis Youth Summit
Delta City Parks
DPR Communications
Emery School District
Tintic High School, Eureka
Fountain Green City Parks
Foxwood Apartments, Gunnison
Free & Clear, Inc.
Fresenius, Ogden
Grand County School District
Granite School District
Green River Community Center
Healthways QuitNet, Inc.
Housing Opportunities, Inc.
Indian Walk-In Center
Logan Regional Hospital
Millard High School
Moroni City Parks
Nephi City Parks
North Sanpete School District
Public Employees Health Program (PEHP)
Project Success Coalition, Inc.
Richfield City
Riverdale Elementary School
Salt Lake City School District
Salt Lake Valley Health Department
Salt Lake Valley Health Department, Public Health Nursing Bureau
San Juan School District
Snow College, Ephraim campus
Snow College, Richfield campus
South Sanpete School District
Southwest Behavioral Health Center
Southeastern Utah Health Department
Southwest Utah Public Health Department
Summit County Health Department
Summit County High School Rodeo Club
Taco Time, Logan
The Queen Center, Inc.
Together with Youth
Tooele Community Tobacco Coalition
Tooele County Health Department
Tooele Interagency Professionals
Tooele School District
TriCounty Health Department
UDOH Heart Disease and Stroke Prevention Program
UDOH Office of Epidemiology
University of Colorado Health Sciences Center
University of Utah, Campus Wellness Connection
Utah County Health Department
Utah Medicaid Program
Utah Partners for Health
Utah Valley University, Health Education Association
Vietnamese Volunteer Youth Association
Volunteer Center of Washington County
Wasatch County Health Department
Weber-Morgan Health Department
Weber State University, Students Working Against Tobacco (SWAT)

Use of Funds

The Annual Cost of Smoking in Utah¹⁵

\$345 Million
in Direct Medical Expenses

+

\$273 Million
in Lost Productivity

=

\$618 Million
in Smoking-attributable Costs

State TPCP Revenue

Utah Tobacco Settlement Account: \$4,131,000

Cigarette Tax Restricted Account*: \$3,131,700

One-time carryover: \$436,379

*All FY2008 funds allocated to tobacco prevention and control through the Cigarette Tax Restricted Account were expended in FY2008.

Federal and Private TPCP Revenue

Federal and private revenues are dependent on ability to match with state funds.

Medicaid match for The TRUTH marketing campaign: \$1,463,852[^]

Medicaid match for the Utah Tobacco Quit Line: \$124,211

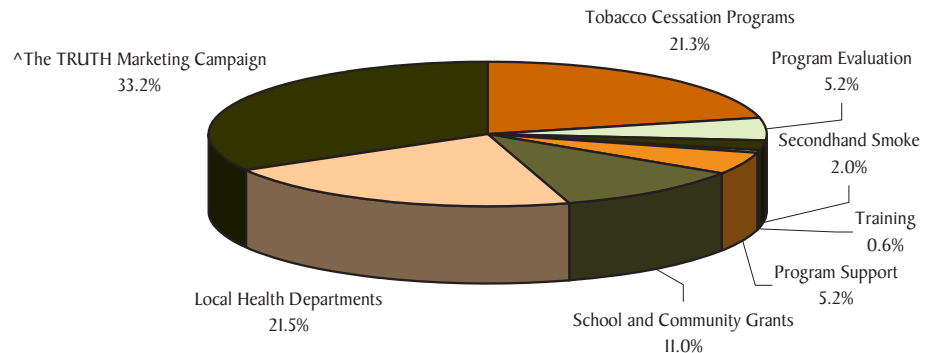
Centers for Disease Control and Prevention (CDC): \$1,306,000

In-kind Revenue: Marketing Campaign Added-value

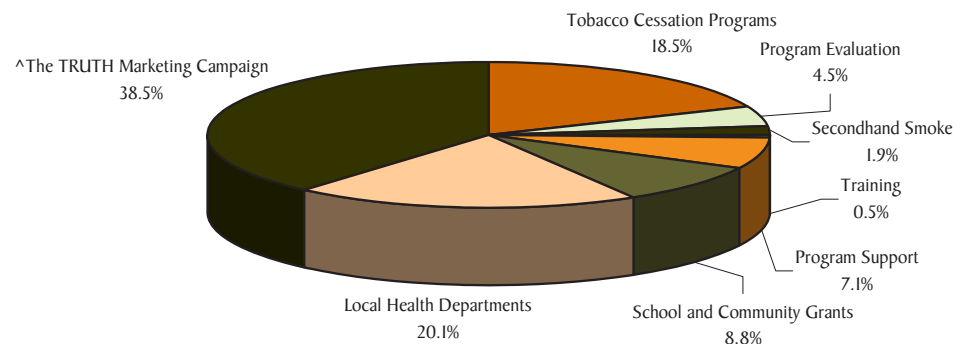
Media vendors donate approximately \$2 for every \$1 spent on media.

Increased airing of ads, news specials, and other media events: \$7,790,785

Revenue Appropriation: Utah Tobacco Settlement Account and Cigarette Tax Restricted Account



Revenue Appropriation: All Cash Revenue (Not In-kind)



Notes and References

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- 2 Population Estimates from the Governor's Office of Planning and Budget. Retrieved on August 14, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: <http://ibis.health.utah.gov/query/selection/pop/PopSelection.html>
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- 13 Utah Birth Certificate Database. Retrieved on June 3, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 14 National Center for Chronic Disease Prevention and Health Promotion. (2007). *Targeting Tobacco Use: The Nation's Leading Cause of Preventable Death*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved on August 12, 2008 from <http://www.cdc.gov/nccdphp/publications/aag/osh.htm>.
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- 30 Tobacco Prevention and Control Program. (2008). *Tobacco Prevention Survey database FY2008*. Salt Lake City: Utah Department of Health. Note: Prevention pre- and post-tests were collected from a convenience sample of more than 4,000 students out of approximately 7,000 students served.
- 31 Tobacco Prevention and Control Program. (2008). *Tobacco Use Among Utah's Middle and High School Students: Utah Youth Tobacco Survey 2003, 2005, 2007*. Salt Lake City: Utah Department of Health.
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**Utah Department of Health
Tobacco Prevention and Control Program
1 (877) 220-3466
www.tobaccofreeutah.org
www.health.utah.gov**

To view the Eighth Annual Tobacco Prevention and Control report online, please go to www.tobaccofreeutah.org and click on "FY2008 Annual Report" link or go directly to www.tobaccofreeutah.org/tpcfy08report.pdf.



THE KURT OSCARSON CHILDREN'S ORGAN TRANSPLANT FUND

November 2008

The Kurt Oscarson Children's Organ Transplant Fund was established in 1992 (UCA 26-18a) to provide financial support for children who require organ transplants and to promote organ donor awareness. A five-member committee oversees this restricted fund, which is funded through "check-off donations" on the Utah State Income Tax Form. Authority to make expenditures from the fund is granted by an appropriation from the Legislature. The committee may award financial assistance to eligible families through interest-free loans. The committee establishes the terms of repayment, which may include a waiver of the loan repayment. The committee works actively with families to help them secure other financial assistance as well as referring families to other agencies for support services. The committee has also approved expenditures to encourage organ donation. (Lack of donors is a greater problem than actually paying for the transplants.) Utah code requires the committee to make an annual report to the Appropriations Subcommittee.

During the 2008 Fiscal year, \$89,324 was collected through the tax check-off on the Utah State Tax Form. The fund assisted 20 transplant recipients (children under the age of 18 years) with transplant related expenses totaling \$42,827. In addition, the committee worked toward promoting organ donation awareness through the Utah Coalition for Eye, Organ and Tissue Donations. A total of \$45,100 was expended for promotion and awareness purposes in FY08.

Below is a summary of current and historical data:

Fiscal Period	Revenue Collected From Tax Returns	Administration Promotion Expenses	Medical Assistance Expenses	Fund Balance Year End	Number Families Assisted
Fiscal Year 2007	\$89,324	\$45,100	\$42,827	\$174,759	20
Prior 3 year Average	\$78,492	\$45,100	\$34,008	\$172,153	22
Fund 12 year History	\$1,148,190	\$518,212	\$455,219	\$174,759	90

Contact: Lori Utey, Fund Support Services Coordinator

LORIUTLEY@utah.gov

Work Phone: 801 924 2082

THE ORGAN DONATION CONTRIBUTION FUND

November 2008

The Organ Donation Contribution Fund was established in 2002 (UCA 26-18b) to promote and support organ donation, assist in maintaining an organ donation registry, and provide donor awareness education. The fund receives revenue from voluntary donations collected with motor vehicle registrations and driver licenses. A committee of five members administers and approves expenditures from the fund. This committee also administers the Oscarson Children's Transplant Fund. Authority to make expenditures from the fund is granted by an appropriation from the Legislature.

During the 2008 Fiscal year, \$114,743 in donations was collected through the Motor Vehicle and Driver License registrations, from which \$22,949 was reimbursed to the Divisions of Motor Vehicles (DMV) and Driver's License (DDL) for collection expenses. Expenditures of \$86,000 were made to Intermountain Donor Services for donor promotion services leaving the fund with a balance of \$95,998 as of June 30, 2008

Below is a summary of current and historical data:

Fiscal Period	Revenue Collected from Motor Vehicle License Registration	Less: Expenses	Donor Collection Expenses	Donor Promotion	Fund Balance YearEnd
Fiscal Year 2008	\$114,743	\$22,949	\$86,000	\$95,998	
Prior 3 yr Average	\$101,704	\$20,341	\$75,565	\$89,017	
Fund 6 yr History	\$560,105	\$105,378	\$358,729	\$95,998	

Contact: Lori Utley, Fund Support Services Coordinator

LORIUTLEY@utah.gov

Work Phone: 801 924 2082



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Lieutenant Governor

Health Care Financing

Michael T. Hales

Division Director

Bureau of Access

Nathan Checketts *Bureau*

Director

November 20, 2008

Members of the Health and Human Services Appropriations Subcommittee and the
Health and Human Services Interim Committee
State Capitol
Salt Lake City, UT

Dear Members:

Utah Code Section 26-40-109 directs the Department to provide an annual report on the Children's Health Insurance Program (CHIP). The Department submits the enclosed report as directed by statute.

We have also included a brief section on Utah's Premium Partnership for Health Insurance (UPP). Families who have access to employer-sponsored health insurance can receive a rebate when they enroll their children in their employer-sponsored health insurance rather than enrolling the children in CHIP.

If you have any questions about CHIP or UPP, please let me know.

Sincerely,

A handwritten signature in purple ink that reads "Nathan Checketts".

Nathan Checketts, Director
Bureau of Access
Utah Department of Health



Utah Children's Health Insurance Program (CHIP) 2008 Annual Evaluation October 2008

Overview

Since February 2001, CHIP has had periodic open enrollment periods which were determined based on available funding. Enrollment would often be closed for many months and then be reopened for a brief one or two week window. In 2007, the Legislature provided additional funding for CHIP which allowed the program to reopen for new enrollment on July 2, 2007 and remain open since then. The 2008 Legislature passed House Bill 326 which required CHIP to remain continuously open for all eligible children.

In addition to the change in open enrollment, during 2008, the program carried out several significant projects:

- Rebenchmarked benefits and co-payments to be actuarially equivalent to benefits received by enrollees in the commercial health plan with the largest insured commercial enrollment offered by a Health Maintenance Organization (HMO) in the state (effective July 1, 2008)
- Released an Request for Proposal (RFP) seeking bids from health plans interested in providing CHIP medical benefits

Looking forward to FY 2009, CHIP faces the following opportunities and challenges:

- Continue statewide emphasis to increase outreach and enrollment
- Respond to new requirements of federal CHIP reauthorization (when new bill is passed)
- Improve health plans' reporting of client data to allow better comparisons with private health plans
- Publish an RFP seeking bids from health plans interested in providing CHIP dental benefits

Background

The Department manages CHIP through the Division of Health Care Financing, the same division that manages Utah's Medicaid program. All eligibility actions are handled through the Department of Workforce Services (DWS). CHIP is a state-sponsored, health insurance plan for uninsured children whose family income is under 200 percent of the federal poverty level (FPL). In 2008, this limit is equal to \$42,400 in annual income for a family of four.

This summer, CHIP celebrated its 10th birthday. Since being signed into law in 1998, CHIP has covered more than 136,000 Utah children, making it possible for them to get the check-ups they need to stay healthy and see the doctor when they get sick or injured.

The CHIP benefit plan was modeled after traditional commercial health insurance plans and historically utilized the Public Employee's Health Plan (PEHP) for state employees as the benchmark of coverage. Beginning July 1, 2008, benefits were rebenchmarked to be actuarially equivalent to benefits received by enrollees in Select Health's Small Business Account plan, the commercial plan with the largest enrollment in the state. CHIP currently contracts with two health plans to provide medical services, Molina Healthcare and PEHP. All dental services are provided through the Public Employee's Dental Plan.

CHIP 2008 Annual Evaluation

Utah's Premium Partnership for Health Insurance (UPP)

In an effort to create private health insurance opportunities for individuals that qualify for CHIP, the Department obtained federal approval to offer families the ability to purchase their employer-sponsored health insurance rather than enroll their children in CHIP. Since November 1, 2006, qualified families can receive a rebate of \$100 per month per child when they purchase health coverage through their work. In addition, qualified families can also receive an additional rebate of \$20 per month per child if they purchase dental coverage through their work. If the family does not purchase dental coverage for their children through their work, the children can be enrolled in CHIP dental coverage, which is provided through the Public Employee's Dental Plan.

In September 2008, there were 366 children enrolled in UPP, or about one percent of the total CHIP enrollment. Of the 366 UPP enrollees, 295 received both the medical and dental reimbursement and 71 received the medical reimbursement and were enrolled in CHIP dental.

On September 9, 2008, the Department submitted an 1115 waiver amendment to CMS for UPP changes. The amendment requested the following changes:

- Expand UPP to individual policies
- Expand UPP to cover individuals going into HIPUtah
- Expand UPP to cover individuals going into COBRA
- Prohibit children from enrolling in CHIP if their parents qualify for UPP
- Extend CHIP and UPP crowd out requirement from 90 days to 6 months
- Access a portion of Disproportionate Share Hospital (DSH) allotment if necessary to meet federal budget neutrality requirements

Financial

CHIP receives approximately 80 percent of its funding from the federal government with the other 20 percent coming from state matching funds. From FY 2001 to FY 2007, state funds came exclusively from the proceeds of the Master Settlement Agreement between the State and tobacco companies. In FY 2008 and FY 2009, the state funding also includes General Fund.

- For FY 2001, the Legislature appropriated \$5.5 million for the required State match.
- For FY 2004, the Legislature increased CHIP funding to \$7.0 million to cover more children and to restore dental services.
- For FY 2006, the Legislature increased CHIP funding to \$10.3 million to cover more children.
- For FY 2008, the Legislature added \$2.0 million in ongoing General Fund and \$2.0 million in one-time Tobacco Settlement Restricted Fund to cover more children. The program's FY 2008 state funds budget was \$12.3 million in Tobacco Settlement Restricted Fund and \$2.0 million in General Fund.
- For FY 2009, the Legislature appropriated \$10.3 million in Tobacco Settlement Restricted Fund, \$2.0 million in General Fund, and \$2.0 million in carryover funds from FY 2008.

For FY 2008, CHIP spent \$52.0 million on children's medical and dental benefits and \$5.5 million on administration. The majority of the administrative costs came from eligibility determination. With

CHIP 2008 Annual Evaluation

an average enrollment of 32,101 for FY 2008, the average cost per child was \$1,792 per year, or \$149 per month.

Benefits and Cost Sharing

In FY 2008, families paid quarterly premiums up to \$60 per quarter for enrollment in CHIP. The amount of premium varied depending upon family income. Families whose incomes are below 100 percent FPL and Native American families do not pay quarterly premiums. In FY 2008, CHIP collected \$1,690,334 in quarterly premiums. Premiums are used to offset the cost of benefits received by CHIP clients.

In FY 2008, most CHIP families paid small co-payments in addition to quarterly premiums. Native American families do not pay co-payments. As established in federal guidelines, no family on CHIP is required to spend more than five percent of their family's income on premiums, co-payments, and co-insurance over the course of a plan year.

For FY 2009, the Department significantly increased co-payments for families when it rebenchmarked the CHIP coverage to be actuarially equivalent to benefits received by a commercial health plan with the largest insured commercial enrollment offered by an HMO in the state. During this process, CHIP communicated with the federal government to insure that benefits and co-payments were in compliance with federal guidelines and a State Plan Amendment has been submitted. This rebenchmarking will help reduce CHIP expenditures and help offset the rate of growth in expenditures.

Many CHIP clients were not significantly affected by the FY 2009 rebenchmarked benefits, because federal guidelines limit the co-payments that can be charged to some income groups. The greatest impact was on families from 151 to 200 percent FPL, who also face increased deductibles for certain services. Of the approximately 35,000 children on CHIP on July 1, 2008, the greatest impact affected approximately 11,100 children whose families had higher incomes (between \$31,800 and \$42,400 for a family of four).

Eligibility

Prior to the passage of House Bill 326 during the 2008 legislative session, individuals could only apply for CHIP during periodic open enrollment periods. CHIP now continuously accepts new applications. Applications for UPP are also being accepted. UPP has never been closed for new enrollment.

Applications can be submitted through the mail or in-person using a simplified application form. Applicants may also apply online. A simplified renewal form and process has been implemented to reduce unnecessary barriers for the families being served. Eligibility is determined by DWS staff.

Basic Eligibility Criteria

1. Gross family income cannot be higher than 200 percent FPL (e.g., for a family of four, 200 percent FPL is \$42,400).
2. The child must be a resident of the state of Utah, and a U.S. citizen or legal alien.

CHIP 2008 Annual Evaluation

3. The child must be 18 years of age or younger.
4. The child must be uninsured and not eligible for Medicaid.

Children are enrolled in CHIP for twelve-month periods.

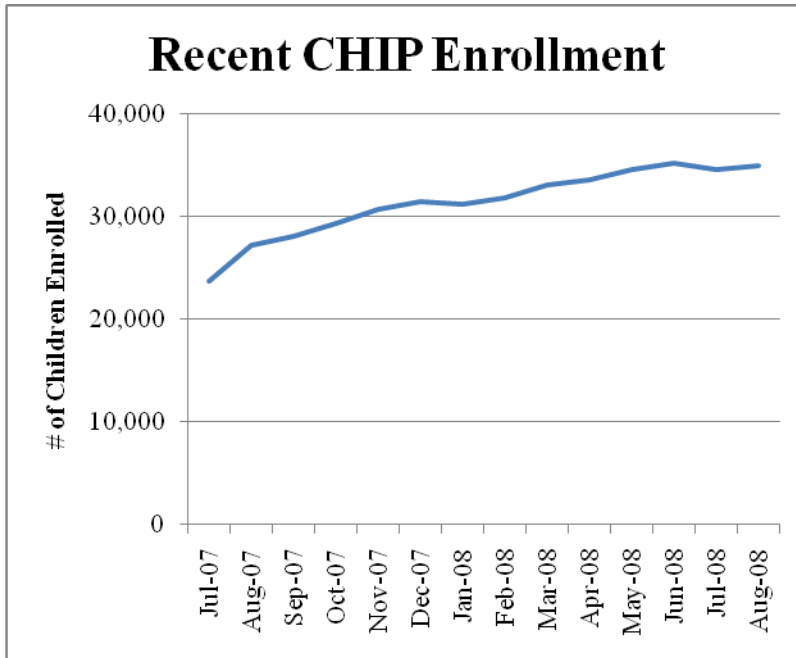
CHIP has contracted with two health plans to provide medical services for enrollees:

1. Molina Healthcare
2. PEHP

CHIP has contracted with the Public Employee's Dental Plan to provide dental services for all enrollees.

Enrollment

The following chart shows enrollment since CHIP was reopened in July 2007.



As of September 2008, there were 34,943 children on CHIP. Of the current enrollees, the ethnicity, race, age, and income breakdown are as follows:

Ethnicity (as of September 2008)

Hispanic	8,943	(25.6%)
Non-Hispanic	26,000	(74.4%)

Race (as of September 2008)

Asian	551	(1.6%)
Native Hawaiian/Pacific Islander	185	(0.5%)
Black	445	(1.3%)
Native American/Alaska Native	538	(1.5%)

CHIP 2008 Annual Evaluation

White	33,170 (94.9%)
Multiple Races	54 (0.2%)

Age (as of September 2008)

Less than 10	19,708 (56.4%)
10 to 19	15,235 (43.6%)

Income (as of September 2008)

Less than 100% FPL	10,572 (30.3%)
101% to 150% FPL	13,811 (39.5%)
151% to 200% FPL	10,560 (30.2%)

65% of CHIP children are residents of Davis, Salt Lake, Weber, and Utah counties.
35% are residents of other counties.

Strategic Objectives and Performance Goals

The 2007 Consumer Assessment of Health Plans Survey (CAHPS) measured what parents thought about the care and services their children received from their CHIP health plan in the past year. A survey was mailed to CHIP parents in February 2007 and follow-up telephone surveys were conducted in April 2007. A total of 1,199 CHIP parents responded to the survey.

Goal #1: Improve access to health care services for children enrolled in CHIP.

- 89.3% of children ages 1 to 11 had a visit with a primary care practitioner in 2006
- 96.4% of parents said that getting necessary care for their child was "Not a Problem"

Goal #2: Insure CHIP enrolled children receive high quality health care services.

- 82% of parents rated their child's health plan as an 8, 9, or 10
- 88.6% rated their health care received as an 8, 9, or 10
- 86.8% rated their personal doctor or nurse as 8, 9, or 10
- 86.5% rated their specialist as an 8, 9, or 10

Note: Above ratings were done on a scale of 0 to 10, with 10 being the highest rating and 0 being the lowest.

Goal #3: Insure that children enrolled in CHIP receive timely and comprehensive preventive health care services.

- 84.0% of parents surveyed said that they "Always" or "Usually" got timely care.

Note: In all the above goals, CHIP scored above national benchmarks.

CHIP 2008 Annual Evaluation

Core Performance Measures

The 2007 Health Plan Employer Data and Information Set (HEDIS) measurements are a core subset of the full HEDIS dataset reported by Utah's CHIP health plans to the Department based on information from patient visits in 2006. HEDIS consists of a set of performance measures that compare how well health plans perform in key areas: quality of care, access to care and member satisfaction with the health plan and doctors.

Measure #1: Well-child visits in the first 15 months of life.

- 75.5% of CHIP enrolled children who turned 15 months old during 2006 and had been continuously enrolled from 31 days of age, received at least 5 well-child visits.

Measure #2: Well-child visits in children the 3rd, 4th, 5th, and 6th years of life.

- 44.6% of the CHIP enrollees ages 3-6 had one or more well-child visits with a primary care practitioner in 2006.

Measure #3: Children's access to primary care practitioners.

- 85.6% of CHIP enrollees had one or more visits with a primary care practitioner in 2006.

CHIP Client Feedback

In the last 10 years, CHIP has helped many families, whether they were facing a financial crisis, or were not offered insurance by an employer. One example of a family who has benefited from CHIP is the Peterson family.

Amanda Peterson was worried about losing Medicaid when her husband graduated from college and got a good job. Like many Utah families, his company didn't offer any health insurance and they couldn't afford to buy insurance privately. "We seemed to be right in that income bracket where we made too much for Medicaid, but too little to afford anything for ourselves. We felt like we would be stranded without anything," said Amanda.

"I can't tell you how relieved I am," she continued, "to have insurance for my kids. It is so nice to know that they can go to the doctor and the dentist. I don't have to worry about how I will pay because the premium and the co-pays are very reasonable. We need this program."