



# REQUIRED ANNUAL REPORTS

HEALTH AND HUMAN SERVICES APPROPRIATIONS SUBCOMMITTEE  
STAFF: RUSSELL FRANSEN

ISSUE BRIEF

## SUMMARY

This Issue Brief provides information regarding six reports currently required to be given to the Health and Human Services Appropriations Subcommittee by the Department of Health. A list of six other reports from the Department of Health given to the legislature but not specifically to the Health and Human Services Appropriations Subcommittee, that may be of interest to this subcommittee also is included. Additionally, the brief includes recommendations regarding other reports which the subcommittee may wish to have reported to it.

## DISCUSSION AND ANALYSIS

### **Reports that are required by statute:**

- 1) **Tobacco Prevention and Control in Utah** - UCA 63-97-401(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. "As a result of smoking, Utah incurs approximately \$369 million in direct medical expenses and \$294 million in lost productivity each year."
  - b. "In FY2009, nearly 12,000 tobacco users from all of Utah's 29 counties utilized (Tobacco Prevention and Control Program)-funded quit services."
  - c. "Since 2001, the percentage of children exposed to secondhand smoke in their homes declined by 68%."
- 2) **Tobacco Settlement Restricted Account** – UCA 51-9-201 directs all agencies receiving funds from the Tobacco Settlement Restricted Account to provide a report on program activities by September 1 of each year. The following is a list of agencies and the amount of funds received as well as the status of their reports:
  - a. \$14,300,000 to Department of Health – included in Tobacco Prevention and Control in Utah report discussed above and the Children's Health Insurance Program report discussed below.
  - b. \$1,646,700 to Department of Human Services –submitted their report late.
  - c. \$193,700 to Administrative Office of the Courts – combines their report with the Department of Human Services.
  - d. \$77,400 to Board of Pardons – submitted their report late.
  - e. \$81,700 to Department of Corrections – has not submitted a report.
  - f. \$4,000,000 to State Board of Regents – submitted their report late.
- 3) **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 2009 \$67,140 was collected from tax returns and used to help 20 families with the financial costs of their children's organ transplants.

- 4) **Organ Donation Contribution Fund** -UCA 26-18b-101(2)(c) requires annual report on the activities on the fund. In FY 2009 the fund received \$102,523 from voluntary donations through motor vehicle license registrations that were used to promote organ donation.
- 5) **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. "83.9% of parents surveyed said that they 'Always' or 'Usually' got timely care."
  - b. "87.7% of CHIP enrollees had one or more visits with a primary care practitioner in 2007."
  - c. "In January 2009, CHIP moved to a full risk contract for services provided through Molina."
  - d. "In February 2009, the Department was awarded a grant from the Robert Wood Johnson Foundation, Maximizing Enrollment for Kids...This grant aims to increase enrollment and retention of eligible children in Medicaid and CHIP by helping states streamline their systems, policies and procedures and to measure the impact of changes."
- 6) **Expansion of 340B drug pricing programs** – UCA 26-18-12 requires quarterly progress reports on expanding the use of 340B drug pricing programs within the Medicaid program. The following are some quotes from the report:
  - a. "Because of the difficulty and expense associated with program design and CMS approval, disease management programs under freedom of choice waivers should be limited to specific disease states treated with expensive medications. This will help assure potential cost savings exceed administrative implementation expense."
  - b. "The accelerated pace imposed by passage of H.B. 74 enjoins patience throughout the process of problem identification and resolution. The importance of provider satisfaction, client access, and strict compliance with federal regulations, cannot go unrecognized."

Additionally, the Department has indicated that it submitted a 340B expansion plan to the federal government in November 2009. The federal government is still requesting more information and has not concluded its review of the submitted proposal.

All of these reports mentioned above from the Department of Health have been included as attachments behind Appendix A.

### **Other Reports That May be of Interest**

- 1) **Primary Care Network** – UCA 31A-22-633 requires an annual report from the Department of Health to the Health and Human Services Interim Committee regarding the Primary Care Network. This report is available at <http://health.utah.gov/pcn/pdf/PCN2009LegislativeReport.pdf>. Below are some quotations from the report:
  - a. "In FY 2009 average monthly enrollment in (Primary Care Network) was 19,424."
  - b. "In FY 2009 total PCN claims were \$22,923,335."
  - a. "In FY 2009, the Department received 1,933 referrals for specialty care and arranged 584 specialty care visits."
  - b. "As of September 30, 2009, 249 adults and 521 children were enrolled in (Utah's Premium Partnership for Health Insurance)."

- 2) **Process to promote health insurance coverage for children** – UCA 26-18-15 required a one-time report from the Department of Workforce Services, the State Board of Education, and the Department of Health on developing a system to promote health insurance options during appropriate times of the school enrollment process by November 19, 2008. As of December 31, 2009 this report had not been provided.
- 3) **Drug Utilization Review Board** – UCA 26-18-103 requires an annual report to legislative leadership on the activities and results from work by the board. The FY 2009 report is available at <http://health.utah.gov/medicaid/stplan/LegReports/State%20of%20Utah%20DUR%20Report%202009.pdf>. Below are some quotations from the report as well as comments from the Department:
  - a. “Total paid drug claims increased \$1.4 million to \$141,281,032.”
  - b. “The average cost of a prescription decreased 4.3 percent to \$63.81.”
  - c. “Mental health drugs continue to account for 36 percent of all drug expenditures. The atypical antipsychotics, the number one drug class ranked by cost, accounted for \$27 million.”
  - d. “The contract with the University of Utah, College of Pharmacy's Drug Regimen Review Center (DRRC) has achieved at least \$2.2 million in savings for FY09 simply by assisting physicians to reduce the number of prescriptions that could cause potential adverse drug reactions or elimination of unnecessary and/or duplicate prescriptions. The DRRC currently reviews 150 cases per month.” The Department indicates that these savings are used to offset requests for caseload funding.
- 4) **Primary Care Grant Program** – UCA 26-18-305 requires an annual report on the implementation of the grant program for primary care services. In FY 2009 these grants served 20,201 individuals via 47 grants. This report is available at <http://health.utah.gov/primarycare/pdfs11-00/PrimaryCareGrantsFactSheet10-24-2008.pdf>.
- 5) **Annual Financial Audit (FY 2008)** - of the Department of Health by the Utah State Auditor. This report is available at <http://www.sao.state.ut.us/reports/08-33.pdf>. Findings from this audit are included in the report entitled “*Medicaid Review*.”
- 6) **Cigarette Tax Restricted Account** – UCA 59-14-204 directs all agencies receiving funds from the Cigarette Tax Restricted Account to provide a report on program activities by September 1 of each year. The following is a list of agencies and the amount of funds received as well as the status of their reports:
  - a. \$250,000 and 22% of the 2003 tax increase to Department of Health – this is combined with the Tobacco Prevention and Control in Utah discussed above.
  - b. 36% of the 2003 tax increase to the University of Utah - submitted their report late.

## **RECOMMENDATIONS**

Since the nature of the reports on the Cigarette Tax Restricted Account (#6 on the “other reports that may be of interest” list above), is similar to the Tobacco Settlement Restricted Account report (#2 on the required reports list) listed above, the fiscal analyst recommends the subcommittee request the report to also be given to the Health and Human Services Appropriations Subcommittee. This could be done permanently through legislation with a change made in statute or with intent language on an annual basis.

As a general overview, the committee may be interested in reviewing which of the reports above go to which subcommittee and consider/reducing/expanding the number of reports going to different subcommittees.

**LEGISLATIVE ACTION**

1. Change UCA 59-14-204 to provide reports on the Cigarette Tax Restricted Account to the Health and Human Services Appropriations Subcommittee.
2. Direct staff to bring back options on expanding/reducing the number of reports going to the Health and Human Services Appropriations Subcommittee and the Health and Human Services Interim Committee.

**APPENDIX A - REQUIRED ANNUAL REPORTS**

# Tobacco Prevention and Control in Utah

Ninth Annual Report, August 2009

**Saving Lives**  
**Saving Money**



**The TRUTH™**

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

Tobacco use and exposure to secondhand smoke are responsible for one in five deaths in the United States. In addition to causing severe health problems and extensive human suffering, tobacco use increases the cost to treat chronic diseases and contributes to rising health care costs and insurance premiums. Utah's Medicaid program alone spends \$104 million annually to treat smoking-related diseases.

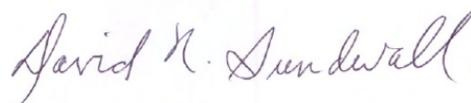
Utah's Tobacco Prevention and Control Program (TPCP) is successfully reducing these costs. Since the program was funded with Master Settlement Agreement (MSA) funds in 1999, both the adult and youth smoking rates have declined by one-third. Each percentage point in actual decline means 18,000 fewer adult smokers, 1,700 fewer high school smokers, and \$315 million savings in future health care costs. Through its comprehensive programs, the TPCP draws down \$1.4 million in federal matching funds, secures \$6.8 million in block grant funding for other health programs, and creates jobs in local communities.

Thanks to consistent funding from the state legislature, TPCP programs have led to declines in smoking that considerably exceed the national average. Utah remains the only state that has achieved the National Healthy People 2010 goal of reducing adult smoking to less than 12%. TPCP programs are predominantly funded through the MSA, a tobacco restitution fund designated to help alleviate the tobacco problem. These funds are providing a measurable return on investment in Utah.

Despite recent declines in smoking and exposure to secondhand smoke, much remains to be done. Nearly 190,000 Utah youth and adults still smoke and 1,150 Utahns die each year because of their smoking. Utah incurs \$369 million in annual smoking-attributable medical expenses, with an additional \$294 million in lost productivity. Smoking rates are higher than the national rate of 18% among some Utah population groups of low socioeconomic status. In addition, the tobacco industry is aggressively marketing a new line of smokeless tobacco products designed to addict a new generation of tobacco users and replace those who quit or die.

We know what works to reduce tobacco's health and economic burden. Investing in tobacco prevention and cessation saves lives and money. The experience of other states shows that decreased investments can stall out and even reverse progress. We thank the Utah legislature for its continued support of these critical programs.

Sincerely,



David N. Sundwall, M.D.  
Executive Director

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Cover page: Teri James, Midvale, Utah, former smoker and lung cancer survivor, with her family.



Utah has a highly successful tobacco prevention and control program and is noted nationally for driving use rates lower than ever thought possible. Its sustained and comprehensive approach is a model for other states.

Beverly May

Director, Western Region and Ohio National Campaign for Tobacco-Free Kids

## Utah TPCP Status Report 2009

Utah's investment in a comprehensive tobacco prevention and control program is paying off. Since tobacco restitution funds were first allocated to the TPCP in 2000, Utah has seen impressive reductions in smoking that closely match those of states that are recognized as national leaders in tobacco control. If Utah's adult tobacco use rate, now 9.1%, had remained unchanged at 13.5% (1999),<sup>1</sup> the state would have 85,000 additional adult smokers<sup>2</sup> - nearly half the population of Salt Lake City. Declines in smoking rates result in immediate and long-term improvements in health outcomes and substantial savings in future health care costs.

### Declines in Utah smoking since Master Settlement Agreement (MSA) funds were allocated to the TPCP:

- ↓ **33% decline in adult smoking (1999-2008)<sup>1</sup>**
- ↓ **34% decline in high school smoking (1999-2007)<sup>3</sup>**
- ↓ **29% decline in smoking among pregnant women (1999-2008)<sup>4</sup>**
- ↓ **68% decline in children exposed to secondhand smoke in their homes (2001-2008)<sup>5</sup>**

To ensure tobacco prevention and control initiatives reach all populations, the TPCP partners with Utah's 12 local health departments, 10 school districts with higher than average tobacco use rates, 12 community-based agencies, and more than 1,500 members of local coalitions. The TPCP counters tobacco industry advertising with The TRUTH anti-tobacco marketing campaign and offers smokers who want to quit free phone counseling, web-based quit services, cessation classes, and individual counseling. The TPCP and partners work closely with businesses, recreational facilities, and multi-unit housing complexes to ensure that workers, families, and children are protected from secondhand smoke and smokers have access to quit resources.

In FY2009, nearly 12,000 tobacco users from all of Utah's 29 counties utilized TPCP-funded quit services.<sup>6,7,8,9,10</sup> More than 20,000 students participated in tobacco prevention education classes promoted through TPCP grants. The overwhelming majority of youth and adult smokers reported that they recently saw or heard anti-tobacco messages.<sup>11</sup> The TPCP's partners assisted with developing six new policies in outdoor recreational areas, the number of smoke-free multi-housing units increased from about 9,000 to more than 13,000, and thousands of employees and patrons of the hospitality industry are protected from secondhand smoke after new legislation requiring taverns and private clubs to be smoke-free went into effect in January 2009.

Despite these successes, more must be done to help those at greatest risk for tobacco-related disease and death. With declining smoking rates, tobacco use is increasingly becoming an issue that affects Utah's poorest communities. The tobacco industry has stepped up efforts to market its deadly products among people with the least access to resources. Smoking rates in Utah communities with lower than average family income and educational status frequently exceed the national average.<sup>1</sup> In addition, new smokeless products that promote nicotine dependence in places where smoking is prohibited aim at preventing smokers from quitting and recruiting new tobacco users. Continued investment in tobacco prevention and control is crucial to ensure that all Utah children grow up tobacco-free and that all tobacco users are able to quit.

## 2009 Highlights for TPCP Goals

### Helping Tobacco Users Quit

- The TRUTH campaign continued to reach adults with messages that encouraged quit attempts and informed about quit services. Eighty-six percent of Utah adult smokers reported seeing anti-tobacco ads in the past month.<sup>11</sup> Ninety-five percent of adult smokers were aware of the Utah Tobacco Quit Line, and 74% reported knowing about the online quit service, Utah QuitNet.<sup>11</sup>
- Sixty-four percent of adult smokers reported that they thought about quitting after seeing The TRUTH ads.<sup>11</sup>
- During FY2009, nearly 12,000 Utahns participated in TPCP-funded quit services.<sup>6,7,8,9,10</sup> Since FY2008, demand for quit services increased by more than 30%. TPCP-funded quit services greatly increased tobacco users' quit success.<sup>6,7,8,9,10</sup>
- Since the introduction of the Utah Tobacco Quit Line in 2001, nearly 52,000 Utahns have registered for services. In FY2009, the Quit Line served an average of 557 Utahns per month with free counseling and quit information.<sup>6</sup>
- In FY2009, more than 3,500 Quit Line callers received free Nicotine Replacement Therapy such as nicotine patches and gum.<sup>6</sup>
- Since 2001, 7,700 youth participated in Utah's court-approved teen tobacco cessation program Ending Nicotine Dependence.<sup>8</sup>

### Preventing Youth from Starting to Use Tobacco

- Ninety-four percent of Utah youth ages 4 to 17 reported that they saw or heard anti-tobacco advertisements in the past month.<sup>11</sup>
- Since 2002, 17 Utah school districts serving more than 200,000 students in 352 schools implemented comprehensive school tobacco policies that included tobacco education and policy enforcement.
- Since 2001, illegal tobacco sales to underage youth during compliance checks declined 56% to 7.0%.<sup>12</sup>
- Phoenix Alliance youth coalition members from 21 counties engaged more than 8,000 peers and community members in education about the tobacco industry and the health effects of tobacco use.

### Protecting Utahns from Secondhand Smoke

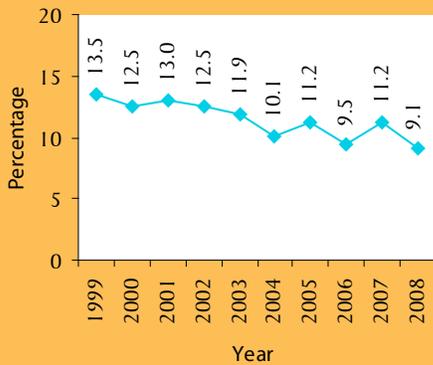
- Ninety-three percent of Utahns have established rules against smoking in their homes.<sup>1</sup>
- Ninety-eight percent of Utah children live in smoke-free homes.<sup>5</sup>
- In the last year, the number of smoke-free apartment and condominium units in TPCP's Smoke-free Apartment and Condominium Statewide Directory increased 46% to 13,000 across 11 Utah counties.
- In FY2009, 29 worksites, 12 health care entities, six outdoor recreation venues, one college, one school district, and one church passed policies that protect Utahns from secondhand smoke exposure.
- A TPCP-developed employer toolkit to help improve tobacco-free policies in worksites was downloaded from the TPCP web site nearly 19,000 times.

### Eliminating Tobacco-related Disparities

- The four TPCP-funded Ethnic Tobacco and Health Networks worked on tobacco prevention with unique strategies addressing the health, spiritual, or social implications of tobacco use in their populations.
- More than 4,000 low-income, uninsured, or Medicaid-insured Utahns received free counseling and more than 6,000 prescriptions for medications to help them quit using tobacco.<sup>10,13</sup>
- Community groups working with high-risk populations helped worksites, health care settings and churches pass 18 tobacco-free policies and educated more than 2,500 community members in culturally appropriate ways about the negative health effects of secondhand smoke and tobacco use.

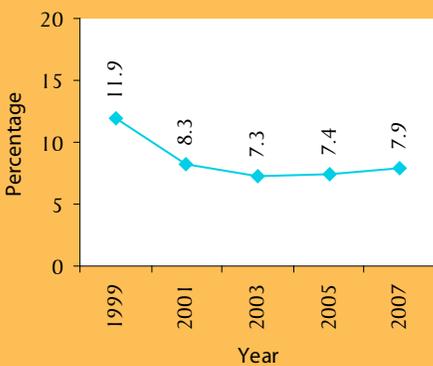
# Tobacco Use in Utah

**Figure 1.**  
Percent of Adults Who Reported Current Cigarette Smoking, Utah 1999-2008 (Age-adjusted)



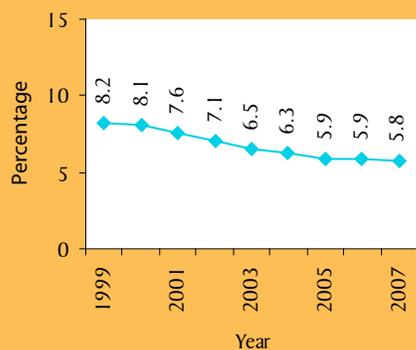
Source: Utah BRFSS<sup>1</sup>

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



Source: Utah YRBS<sup>3</sup>

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



Source: Utah Vital Statistics<sup>4</sup>

## Smoking Rates and Health Consequences

### Adult Smoking

- In 2008, Utah's age-adjusted adult smoking rate was 9.1% (Figure 1). Since 1999, Utah's adult smoking rate has declined by 33%.<sup>1</sup> If rates had not declined since 1999, Utah would have nearly 85,000 additional adult smokers.<sup>1,2</sup>
- Smoking disproportionately impacts Utahns with lower incomes. In 2008, 18% of Utah adults with a household income of less than \$25,000 reported current smoking.<sup>1</sup> In comparison, only 4% of Utah adults with a household income of \$75,000 or higher reported current smoking.<sup>1</sup>

### Youth Smoking

- The 2007 Utah high school smoking rate of 7.9% was less than half the national rate of 20.0%.<sup>3</sup> Since 1999, the rate of high school smoking decreased by 34% (Figure 2), though most of the decline occurred early.<sup>3</sup>
- Since the early 1990s, the percentage of Utah high school students who had ever tried cigarette smoking declined by nearly 50%.<sup>3</sup>

### Smoking Among Pregnant Women

- Since 1999, smoking among pregnant women decreased by 29% (Figure 3).<sup>4</sup> In 2007, 5.8% of pregnant women in Utah smoked cigarettes.<sup>4</sup>
- Pregnant teens and pregnant women with less than a high school education continue to report smoking rates of 10% or higher.<sup>4</sup>

### Exposure to Secondhand Smoke

- Since 2001, the percentage of children (age 17 and younger) exposure to secondhand smoke at home declined by 68% (from 6.0% in 2001 to 1.9% in 2008).<sup>5</sup> As a result, nearly 28,000 fewer Utah children are at risk for secondhand smoke-related health problems.<sup>2,5</sup>
- People living in rented homes are twice as likely to be exposed to secondhand smoke in their homes as people living in owned homes.<sup>5</sup>

### Tobacco-related Disease and Death

- More than 1,150 Utahns die each year as a result of smoking.<sup>14</sup>



World No Tobacco Day, Salt Lake City, Utah State Capitol, May 31, 2009. Candle lighting and commemorative wall to remember the Utahns who die every year of smoking-related illnesses.

### FACT

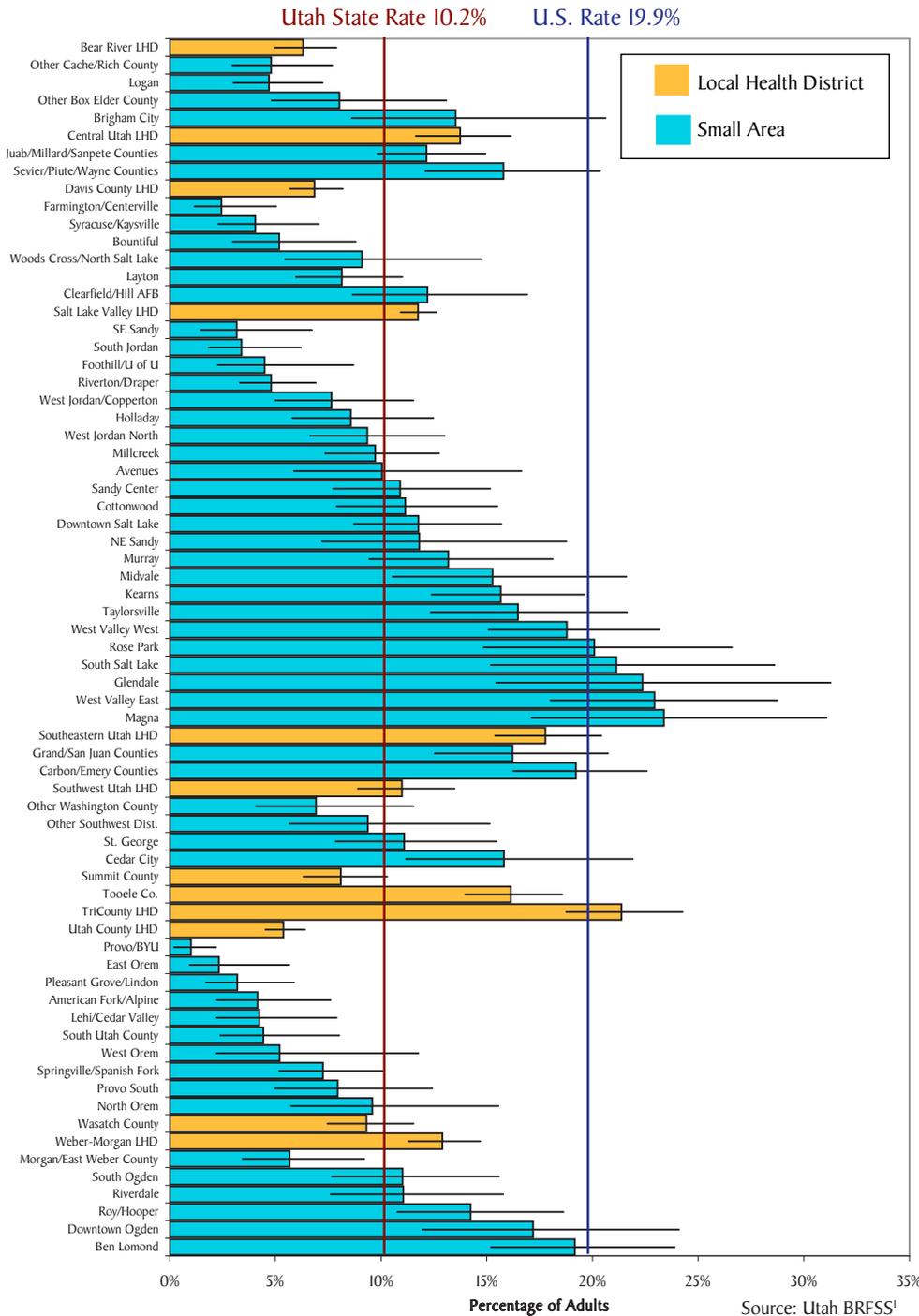
As a result of smoking, Utah incurs approximately \$369 million in direct medical expenses and \$294 million in lost productivity each year.<sup>14</sup>

# Tobacco Use in Utah

## Smoking Rates by Utah Localities

**Figure 4.**

Current Cigarette Smoking by Local Health District, Small Area, Utah, and U.S. Adults, 2004-2008, (Aggregated Data, Age-adjusted)\*

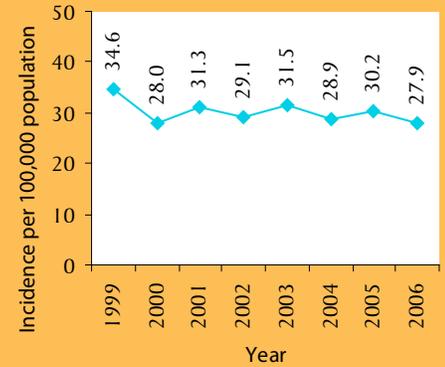


As shown in Figure 4, Utah's adult smoking rates vary considerably by small area. BRFSS data from 2004-2008 show that the small area with the highest rate of cigarette smoking was Magna (23.4%); Provo/BYU had the lowest rate at 1%. Due to significant variation of smoking rates within health districts,

small area data are used by partners to target tobacco prevention and cessation programs where they are most needed. For example, in Salt Lake Valley Health District (overall prevalence 11.7%), the small area rates range from a low of 3.2% in Southeast Sandy to a high of 23.4% in Magna.<sup>1</sup>

**Figure 5.**

Age-adjusted Cancer Incidence Rates for Lung and Bronchus Cancer, Incidence per 100,000 Population, Utah 1999-2006



Source: Utah Cancer Registry<sup>15</sup>

### FACT

Utah's lung and bronchus cancer incidence has decreased significantly since 1999.<sup>15</sup> Smoking is the leading cause of lung cancer death in men and women.<sup>16</sup>



\*Note: Local health districts are represented by orange bars. The blue 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.<sup>17</sup> The horizontal lines extending from the bars indicate 95% confidence intervals. Confidence intervals are used to show the reliability of an estimate. A 95% confidence interval means that 95% of the time, the given interval will contain the true parameter value.

# Capacity and Infrastructure

The UDOH Tobacco Prevention and Control Program provides critical support to our local tobacco prevention efforts in Utah County. Our programs are strengthened by the professional training, technical assistance, and evaluation expertise provided by TPCP staff. By coordinating efforts, we have successfully reduced tobacco use in our community through programs and policies that are comprehensive, evidence-based, and cost-effective. TPCP also provides the public with free and easily accessible quitting programs that help many of our local tobacco users to quit each year.

Eric Edwards, MPA, CHES  
Director, Health Promotion  
Utah County Health Department



We value our collaborative relationship with the administration and staff of the state Tobacco Prevention and Control Program. Their role is a critical component of an effective statewide comprehensive program. The support they give is vital to our efforts in identifying and reducing tobacco-related disparities in Weber and Morgan counties. The open line of communication is mutually beneficial as we work toward eliminating and reducing tobacco use in Utah.

Kristi Jones and Anna Guymon  
Tobacco Prevention & Control Specialists  
Weber-Morgan Health Department

## The TPCP Builds Local Capacity and Infrastructure

To increase the capacity, effectiveness, and sustainability of local organizations to reduce tobacco use and improve the health of their communities, the TPCP provides statewide infrastructure, technical assistance, tobacco-related data, and program evaluation services. The state and local infrastructure coordinated and supported by the TPCP ensures that Utahns benefit from a comprehensive tobacco prevention and control program informed by national standards and tailored to meet local needs.

### Statewide Services

The coordination of large-scale projects organized at a state level helps ensure consistency among local agencies and decreases costs. Some examples of statewide services are:

- Carrying out statewide strategic planning and completing required progress reporting to state and federal funders.
- Implementing a statewide system and training for retailer compliance checks to enforce underage tobacco sales laws that meet national accountability standards for the Division of Substance Abuse and Mental Health's federal block grant funding.
- Establishing and maintaining statewide cessation programs for youth, adults, and pregnant women.
- Partnering with health systems that serve low-income Utahns to provide counseling and quit medications.
- Working with health care providers and insurance companies on statewide systems changes that increase access to tobacco cessation assistance.
- Developing marketing materials and resources for local initiatives and high-risk groups.
- Providing outreach to disparate populations and cultivating community partnerships.

### Training and Technical Assistance

To ensure that local partners have access to information about best practices and regional and national innovations in tobacco prevention and control, as well as opportunities to network and share plans and experiences with each other, the TPCP offers a variety of training and technical assistance opportunities. These options include:

- Training and technical assistance for the public and partners regarding secondhand smoke, the Utah Indoor Clean Air Act and Secondhand Smoke Amendments.
- Training community members to facilitate youth cessation programs.
- Resources and information for public distribution, such as policy guides and educational materials.
- Tailored assistance for local partners during site visits and regular phone calls.

### Data and Evaluation

To increase access to interventions and services for populations at greatest risk for tobacco use, the TPCP relies on a variety of tobacco-related data. In addition, the TPCP requires that its funded programs are rigorously and consistently evaluated. To encourage the development of data-driven local programs and build local capacity for conducting evaluations, the TPCP offers the following support to funded partners:

- Statewide and local-level survey data that helps with identifying population groups and geographic areas with the highest tobacco use rates as well as statewide tobacco use rates and rates of tobacco-related illnesses.
- Local health district-level data that include smoking rates for adults, youth, and pregnant women, rates of under-age tobacco sales, etc.
- Technical assistance for planning evaluations, for developing tailored surveys or focus group guides, and for conducting data analysis and writing reports.

# The TRUTH Campaign

## Utah's The TRUTH Anti-tobacco Marketing Campaign

### "Teri's Story"

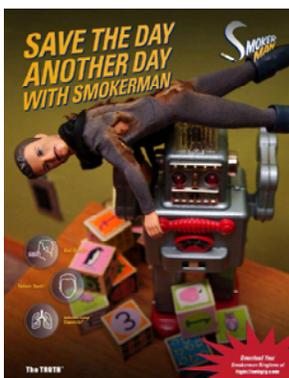
In 2001, Teri James (Midvale, UT) knew her life would have to change. After visiting her doctor to learn how to quit smoking, James discovered what smokers everywhere fear: she had lung cancer. After multiple surgeries, operations, and procedures, James made the choice to make her story public to encourage others to quit using tobacco. The



Web site [www.WeDiditStory.com](http://www.WeDiditStory.com) houses all of the ads, including a nine-minute compilation story of James, her family, and her doctors. Each ad describes an element surrounding the damage tobacco causes. One of the most poignant spots involves Teri lamenting her addiction as "selfish," and something that could have left her family suffering.

### "Smokerman"

The 2009 Smokerman youth campaign featured the superhero who can't. With prevention-designed spots, the concept incorporated iconic figures (Smokerman, Speedyman, Powerman), a catchy jingle ("Smokerman is the one who can't"), and interactive opportunities (on-line video games and a downloadable cell phone ringtone) to increase knowledge and awareness of tobacco's harmful



effects. In every spot, Smokerman is hampered by his addiction. At one point, the child playing with Smokerman laments on his inability suggesting, "Maybe you should try quitting smoking." A survey of 830 4th through 6th graders showed that they overwhelmingly understood the message of the advertisements, that smoking makes you unhealthy and not cool.<sup>18</sup> This message rang true for the targeted age.

### "Gerardo"

To spread the word about the serious physical and emotional impact of tobacco on users and their families, this Hispanic campaign featured ads about 60-year-old Gerardo Ozorio, a former smoker who quit in June 2008 after smoking for 46 years. Two months later, Ozorio was



diagnosed with stage IV lung cancer. He passed away January 1, 2009, shortly after recording these powerful ads for The TRUTH. His family was interviewed by local media and articles ran throughout the Wasatch Front. The Ozorio family shared their story in hopes that it will help others quit tobacco. See page 36 for more.

## March to 1,000

With media usage constantly changing, The TRUTH hosted a Facebook page called "March to 1,000" for people trying to quit using tobacco. This helped to create a social network of support for people trying to quit and for those trying to stay quit. Launched with Casey Scott of KUTV Channel 2, the online group grew to more than 800 in the four months since it began.



"Nothing can prepare you in life to see your father sick this way. Nothing prepares you in life for something as horrible as cancer," says Gustavo Ozorio, Gerardo's son.

### FACT

The tobacco industry spends an estimated \$57.9 million each year to market tobacco to Utahns.<sup>19</sup> 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.<sup>20</sup>

# The TRUTH Campaign

## Awareness of Anti-tobacco Ads and TPCP Quit Services

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

reduce exposure to secondhand smoke. Utahns continue to report high levels of awareness of anti-tobacco messages and quit services such as the Utah Tobacco Quit Line and QuitNet. Nearly two-thirds of adult smokers report that they thought about quitting after seeing the ads.<sup>11</sup>

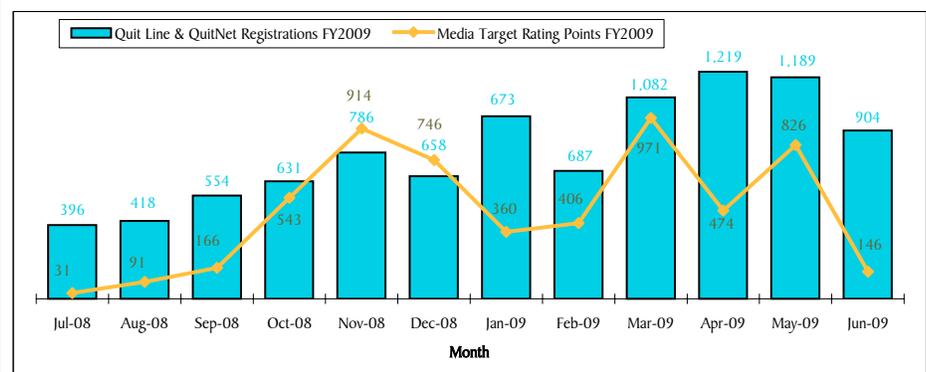
2009 recall of anti-tobacco ads and TPCP quit services	Youth	Adult smokers
Remember seeing or hearing anti-tobacco ads in the last month	94.4%	86.1%
Know about the Utah Tobacco Quit Line	84.5%	95.0%
Know about Utah QuitNet	89.4%	74.3%
Thought about quitting after seeing the ads	n/a	63.9%

Source: 2009 TPCP Youth and Adult Smoker Media Surveys<sup>11</sup>

## The TRUTH Campaign Drives Participation in Quit Services

Increased airing 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, FY2009



Source: Utah Tobacco Quit Line, Utah QuitNet, and Crowell/Love contractor reports, 2008-2009<sup>6,7,21</sup>

Note: Increased registrations in January are likely due to New Year's resolutions to quit smoking; increased registrations in April are likely due to an increase in the federal tax on tobacco products.



The 2009 Truth from Youth Anti-Tobacco Advertising Contest winners Marinda Swan and Kaedyn Crabtree attend East Elementary School in Tooele County. Their commercial emphasized the damage smoking does to the brain, heart, and lungs.

## The TRUTH Campaign Youth Contests Educate Students

### Anti-tobacco Advertising Contest

Since 1998, The TRUTH campaign has hosted the annual Truth from Youth Anti-tobacco Advertising Contest. Coupling anti-tobacco school presentations with marketing campaigns is a best practice utilized effectively by The TRUTH.<sup>20</sup> In 2009, nearly 4,500 4th and 5th graders from 20 Utah counties entered more than 7,000 radio, television and print advertisements that tackled a range of problems associated with tobacco use. More than 20% of the entries came from areas at highest risk for smoking.

### Real Noise

Real Noise is a contest for middle- to high school-aged students to create an anti-tobacco event or ad that will resonate with their peers. Students from 15 school and community groups around the state reached about 15,000 peers with anti-tobacco interventions designed for the competition. Students from Fast Forward High School in Logan won the contest with a set of 15 television commercials ranging from funny to serious and dramatic. The commercials aired on local cable stations.

# The TRUTH Campaign

## Utahns' Response to Specific 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. A listing of telephone survey results for specific ads is below."

"Teri's Story" Teri, an ex-smoker, and her family and doctors share her struggle with lung cancer.		Adult Smokers
	<b>Recall:</b>	
	Remembered seeing the ads	65.7%
	<b>Opinions of Ad Viewers:</b>	
	Found the ads convincing	84.2%
	<b>Behavior Changes of Ad Viewers:</b>	
Made a quit attempt	40.5%	
<i>Note: 96% of teens who remembered seeing Teri ads found them convincing and 71% encouraged someone to quit.</i>		
"What Were We Thinking?" Scenes from the '50s, '60s, and '70s show secondhand smoke exposure in places where it used to be common, but due to growing evidence of toxic effects is no longer allowed (airplane, diner, etc.).		Adult Smokers
	<b>Recall:</b>	
	Remembered seeing the ads	81.6%
	<b>Opinions of Ad Viewers:</b>	
	Found the ads convincing	59.5%
	<b>Behavior Changes of Ad Viewers:</b>	
Stopped smoking indoors	64.5%	
Made a quit attempt	68.6%	
<i>Note: 85% of teens who remembered seeing SHS ads found them convincing and 61% asked someone not to smoke around them.</i>		
"Chemicals" A classroom instructor describes the harmful effects of toxic chemicals found in cigarettes.		Youth
	<b>Recall:</b>	
	Remembered seeing the ad	76.2%
	<b>Opinions of Ad Viewers:</b>	
	Found the ads convincing at discouraging teens from starting to smoke	92.3%
	Found the ads convincing at encouraging teen smokers to quit smoking	85.9%
<b>Behavior Changes of Ad Viewers:</b>		
Were motivated to ask someone to quit or not start smoking	65.7%	
"Smokerman" Smokerman, a cartoon action figure, tries to be a superhero, but can't because of health effects related to smoking.		Youth
	<b>Recall:</b>	
	Remembered seeing the ads	69.7%
	<b>Opinions of Ad Viewers:</b>	
	Found the ads convincing at discouraging teens from starting to smoke	89.0%
	Found the ads convincing at informing about the health and physical effects of smoking	87.2%
<b>Behavior Changes of Ad Viewers:</b>		
Talked to their parents, guardians or other family members about the ads	28.0%	

# Quit Programs

## FACT

Helping tobacco 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.<sup>22</sup>



## Quitting Tobacco Improves Health, and Help is Available

### 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.<sup>1</sup>
- The increased risk of smokers developing heart disease is reduced by as much as half within one to two years after quitting.<sup>23</sup>
- Ten years after quitting, the risk of lung cancer is 30% to 50% lower than for those who continue to smoke.<sup>23</sup>
- Each percent decline in Utah's adult smoking rate is expected to lead to a reduction in future health care costs of \$172.9 million.<sup>24</sup>
- Each percentage point decline in youth smoking will lead to an estimated \$141.8 million in future health care savings.<sup>24</sup>
- Use of telephone, group, or individual counseling can double or triple a person's chances of quitting for good.<sup>25</sup> The TPCP and partners provide access to free quit services on the telephone, online, and in person.

### Utah Tobacco Quit Line

The TPCP offers a variety of cessation services for people who want to quit their tobacco addiction. Among these are the Utah Tobacco Quit Line (1.888.567.TRUTH), which has seen almost a doubling in monthly registered callers since the federal tobacco tax was signed in February 2009. The Quit Line's coaches are highly educated and have specific training in telephone counseling. The service is available to Utah residents from 6 a.m. to 1 a.m. daily in English and Spanish.

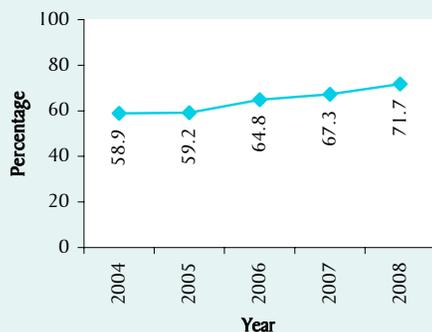
Tobacco users from every county in Utah utilize Quit Line services. Nearly 40% of the callers who used the Quit Line since 2002 reported that they heard about the service through paid media, such as television or radio commercials.

In addition to the Quit Line, TPCP funds support groups and in-person cessation classes through local health departments and other partners. Specific help for low-income Utahns, youth, and pregnant women is also available.

## More Utah Health Care Providers Advise Their Patients to Quit Tobacco Use

**Figure 7.**

Percent of Current Adult Smokers Who Saw a Health Care Provider in the Past Year and Were Advised to Quit, Utah 2004-2008



Source: Utah BRFSS<sup>1</sup>

Brief interventions by health care providers can increase smokers' chances of quitting successfully.<sup>21</sup> TPCP and its partners work directly with health care providers to systematically advise patients to quit and refer tobacco users to quit services. In 2008, 72% of Utah smokers reported that they received quitting advice from their health care provider, a significant increase from 2004.<sup>1</sup> In 2009, health care providers linked nearly 500 tobacco users to the Utah Tobacco Quit Line through a fax referral system.

"Patients appreciate it when you look at them as a whole person," says Dr. Marc Collman, an Ogden area dentist who refers his patients to the Utah Tobacco Quit Line. "Smoking -- this is not complicated. It has to stop. Cancer treatment gets very complicated, very expensive, and sometimes doesn't work."



Dr. Marc Collman advises all his patients who use tobacco to quit.

## Other Quit Programs for Adults, Youth, and Pregnant Women

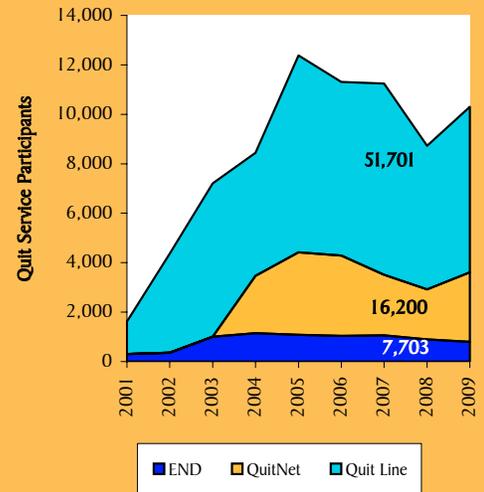
- Utah QuitNet**  
 Utah's free online tobacco cessation support program offers quit guides, personalized cessation plans, peer support, and quitting assistance from trained counselors.
- Medicaid Program**  
 The TPCP partners with Medicaid to identify pregnant women who use tobacco and to provide counseling and quit medications to all Medicaid clients. This partnership brought nearly \$150,000 in federal money to help Utahns most in need of tobacco cessation services.
- 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. Nearly 800 youth participated in FY2009.
- Not On Tobacco (NOT)**  
 NOT is a voluntary tobacco cessation class for youth who want to stop smoking. More than 150 youth participated in a NOT class.<sup>9</sup>



Quit ad used at local monster truck events.

**Figure 8.**

Number of Quit Service Participants by Type of Service and Fiscal Year, Utah FY2001-2009



Sources: Utah Tobacco Quit Line, Utah QuitNet, and END reports, FY2001-2009<sup>6,7,8</sup>

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

## FY2009 Participation in Quit Services

Quit Service	Number of Participants	Quit Success	Satisfaction
Utah Adult Quit Line <sup>6</sup>	English registrations: 6,159 Spanish registrations: 179*	30-day quit rate: 40.7% Reduction rate: 58.0%	84.0% were mostly or very satisfied.
Utah Teen Quit Line <sup>6</sup>	Registrations: 534	30-day quit rate: 60.6%	93.7% were mostly or very satisfied.
Utah QuitNet <sup>7</sup> 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: 2,812 QuitNet member visits: 41,270 Anonymous visits: 41,153	Utah data unavailable. MN-7-day quit rate: 20.3% <sup>26</sup> MN-reduced from heavy/moderate to light smoker: 19.7% <sup>26</sup>	Utah data unavailable. MN-78.0% were very or somewhat satisfied. <sup>26</sup>
Ending Nicotine Dependence (END) <sup>8</sup>	Mandatory participants: 632 Voluntary participants: 98 Undefined: 69	End of class quit rate: 17.0% Reduction rate: 46.8%	79.3% of participants said they liked or really liked their class.
Medicaid Program for Pregnant Women <sup>10</sup>	Participants: 1,247	Quit rate: 25.6% Reduction rate: 31.2% Want to quit: 34.9%	No satisfaction data available.

\*Due to the small number of respondents for the Spanish survey sample, the quit, reduction, and satisfaction data for Spanish-language respondents are not reported.

Note: Quit Line quit, reduction, and satisfaction rates are based on seven-month follow-up surveys with the following completion rates (non-respondents were excluded from the analysis): English-speaking adults (36.5%); youth (32.6%).

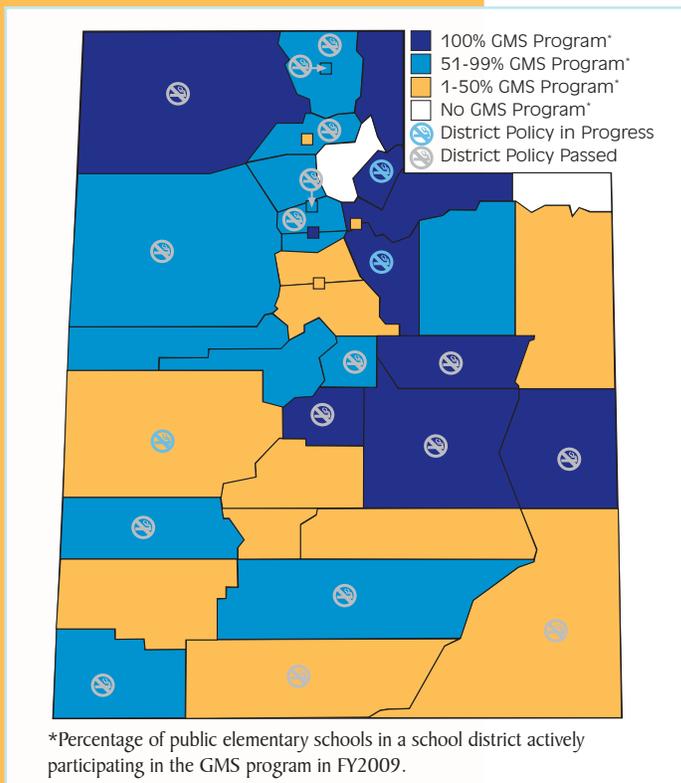
# Youth Tobacco Use Prevention

## Prevention Program Overview

Ensuring that all children and adolescents make informed decisions about tobacco use and avoid the cycle of addiction and disease that teen tobacco users face in adulthood is one of the primary functions of tobacco prevention and control. Utah's TPCP and local partners in schools and communities use the following proven prevention components to decrease youth tobacco use and counter tobacco industry efforts to recruit new tobacco users:

- Comprehensive tobacco-free school policies
- Mass marketing and school-based education
- Enforcement of underage tobacco sales laws
- Youth-led advocacy and street marketing

**Figure 9.**  
Tobacco Policy Interventions by School District, Utah FY2002-2009



## Utah School Districts Pass Comprehensive Tobacco Policies

With assistance from TPCP and local health departments:

- 17 Utah school districts passed comprehensive tobacco-free policies (Figure 9). Three more are in progress.
- More than 200,000 students in these districts benefit from tobacco-free school policies and related improvements in health and academic outcomes.

The TPCP focused on partnering with districts with high tobacco use rates. Comprehensive school tobacco policies reduce tobacco use through prohibiting tobacco use at all school facilities and events, improving access to quit services, providing tobacco prevention education in all school types, and ensuring that tobacco-free norms are shared with the community.

## Partnership with Gold Medal Schools (GMS) Improves Health Policies

In FY2009, 344 public, private, and charter elementary schools in 38 Utah school districts continued their participation in the GMS program (Figure 9) since 2002. The GMS program improves the health of students, faculty, and staff through enhanced school health policies. GMS schools advance through bronze, silver, gold, and platinum medal status. As part of the program, schools adopt and enforce comprehensive tobacco-free policies, establish a tobacco cessation referral system, and organize tobacco-free educational events for students, parents, and teachers. In FY2009, eight junior high schools participated in a Power-Up pilot project that aims to improve health policies in higher grades.

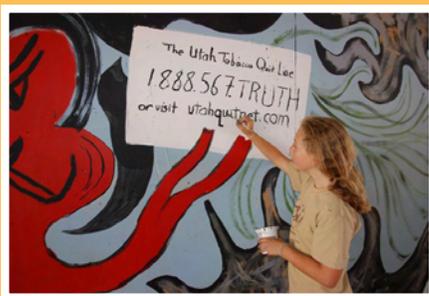
With TPCP funding, Grand County School District's Teen Advocacy Group created anti-tobacco public service announcements for local radio, hosted an anti-tobacco skateboard competition, and collected smoke-free pledges, among other activities, to educate their community about the dangers of smoking and secondhand smoke.

## Grand County Youth Educate Their Community About Tobacco

With TPCP funding, Grand County School District's Teen Advocacy Group created anti-tobacco public service announcements for local radio, hosted an anti-tobacco skateboard competition, and collected smoke-free pledges, among other activities, to educate their community about the dangers of smoking and secondhand smoke.

### FACT

Ninety percent of all adult smokers begin while in their teens, or earlier, and two-thirds become regular, daily smokers before they reach the age of 19. The addiction rate for smoking is higher than addiction rates for marijuana, alcohol, or cocaine, and symptoms of serious nicotine addiction often occur only weeks or even just days after youth "experimentation" with smoking first begins.<sup>27</sup>



Cori Spencer, 8th grade student from Moab and member of the Grand County School District's Teen Advocacy Group helps to create an anti-tobacco mural near the Moab Youth Garden.

# Youth Tobacco Use Prevention

## The TPCP's Youth Coalition, the Phoenix Alliance, Rocks Youth Advocacy

Body bags, extreme sports, rodeos and ghouls. The Phoenix Alliance, a statewide youth coalition, used a diverse array of outreach strategies to educate Utah youth on tobacco industry tactics and the dangers of tobacco use.

The Phoenix Alliance leadership team of about 25 high school students reached more than 8,000 people with educational activities across the state. Membership includes more than 1,300 youth from 21 Utah counties. Youth join through the group's web site ([www.utahphoenixalliance.org](http://www.utahphoenixalliance.org)) and during outreach at youth-oriented events.

The Phoenix Alliance's methods were both powerful and inexpensive. Body bags set up around Salt Lake City represented Utahns who died from tobacco-related illnesses. In one activity, pairs of youth carried one body bag around town, with a sign indicating that

one in three smokers die because of their habit. The youth donned scary makeup for "Night of 1,000 Corpses," a room in the Castle of Chaos, and spooked hundreds of Utahns with messages about tobacco addiction. They also generated awareness at events like skate competitions, alternative rock concerts, and the Action Sports Tour (AST), which brought extreme sports stars to Salt Lake City for four days. These events attract teens at high risk for tobacco use and who are prime tobacco industry targets.

In collaboration with three colleges, the group provided education about the need to eliminate tobacco industry sponsorship of college rodeos. Other local youth groups across the state will join with the Phoenix Alliance to inform Utahns about the risks associated with new tobacco products in FY2010.



Phoenix Alliance youth used a signed guitar as a means to draw crowds to their educational message at the popular rock concert event BASH in June 2009. Nationally and internationally known bands signed the guitar.

## Local Health Departments Promote Tobacco-free Communities

Utah's 12 local health departments coordinated community- and school-based programs to keep children tobacco free. These programs included:

- Supporting local anti-tobacco youth groups, peer-to-peer education, and youth involvement in efforts to strengthen tobacco-free policies and norms throughout Utah communities.
- Promoting The TRUTH Anti-tobacco Advertising Contest in elementary schools and the Real Noise anti-tobacco contest in middle and high schools.
- Informing communities about the

dangers of tobacco addiction and the benefits of prevention at community events, health fairs, and through local media.

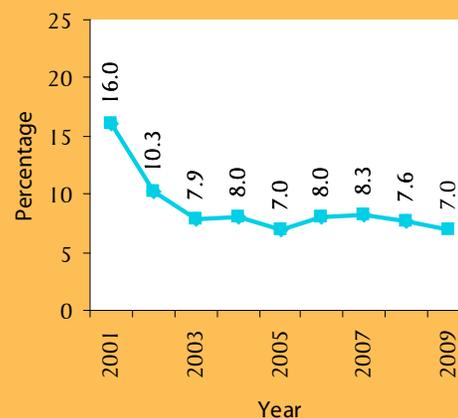
- Working with school districts to offer tobacco prevention classes for 20,000 4th to 6th graders. Surveys of more than 1,500 participating students show that 99% intended to not smoke or use chewing tobacco in the next year.<sup>18</sup> At post-test, students' knowledge of the addictiveness of tobacco, of the dangers of secondhand smoke, and of tobacco use among their peers had increased significantly.<sup>18</sup>

## Compliance Checks with Retailers Reduce Youth Access to Tobacco

Illegal tobacco sales to underage youth fell from 16.0% in 2001 to 7.0% in 2009, marking a 56% decrease (Figure 10).<sup>12</sup> The TPCP worked with retailers and local health departments to update retailer education materials, coordinate retailer training on Utah laws, and ensure recognition of tobacco outlets

that consistently do not sell tobacco to underage youth. During FY2009, local health departments and local law enforcement conducted 5,384 compliance checks statewide. Thanks to these efforts, fewer than 10% of Utah high school smokers report that they usually acquire cigarettes by buying them in stores.<sup>28</sup>

**Figure 10.** Percent of Retail Outlets that Sold Tobacco to Underage Youth During Compliance Checks, Utah, FY2001-2009

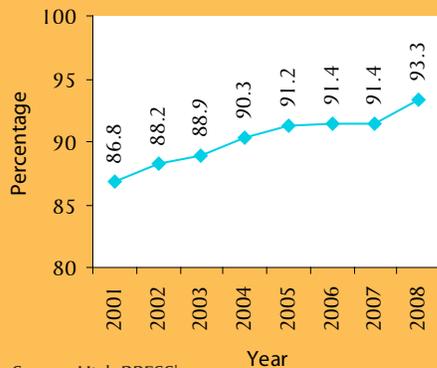


Source: TPCP Compliance Check Summary<sup>12</sup>

# Reducing Exposure to Secondhand Smoke (SHS)

**Figure 11.**

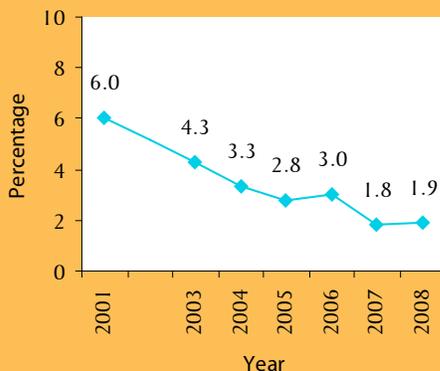
Percent of Adults Who Have Established Rules that Prohibit Smoking in Their Home, Utah 2001-2008



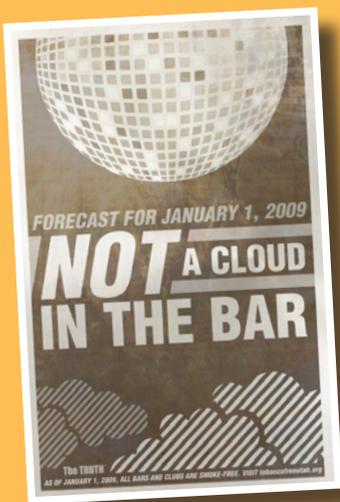
Source: Utah BRFSS<sup>1</sup>

**Figure 12.**

Percent of Children Exposed to SHS at Home, Utah 2001 and 2003-2008



Source: Utah Healthcare Access Survey<sup>5</sup>

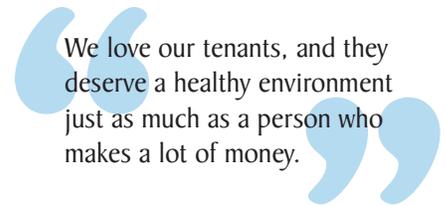


The TPCP provided educational items like this poster to bars and clubs to help them with the January 1, 2009 transition to being smoke-free.

## New Policies Help Utahns Breathe Easier

### Smoke-free Housing Options are Increasing for Utahns

Apartments and condominiums statewide have continued to go smoke-free over the past year. In FY2009, the number of smoke-free multiple housing units listed in the Utah Smoke-free Apartment and Condominium Statewide Directory (<http://www.tobaccofreeutah.org/aptcondoguide-dir.htm>) jumped 46% to more than 13,000 units in 1,100 buildings in 11 Utah counties. "Owners are becoming more and more aware that they can do it," said UDOH's Cassandra Fairclough, who works with property managers and others who develop policies for making multi-unit housing smoke-free. This year, Fairclough was an invited speaker at the Utah Apartment Association Trade Show and the Affordable Housing Management Rocky Mountain Regional Meeting. She notes that low-income, subsidized housing organizations are increasingly interested in offering smoke-free homes.



We love our tenants, and they deserve a healthy environment just as much as a person who makes a lot of money.

Sandy Aldrich  
Danville Housing Corp.

Help to develop and implement a smoke-free policy is available at [www.tobaccofreeutah.org/aptcondoguide.html](http://www.tobaccofreeutah.org/aptcondoguide.html).

While much has been accomplished, people in 9.6% of rented households are still exposed to tobacco smoke in their homes compared to only 3.9% of owner-occupied homes.<sup>5</sup> In FY2010, the TPCP will provide mini-grant funding and technical assistance to organizations that work toward providing smoke-free options to low-income and other tenants of multi-unit housing.

### Worksites Protect Employees and Patrons from Tobacco Smoke

On January 1, 2009, all Utah taverns and private clubs went smoke-free in compliance with the Utah Indoor Clean Air Act. The TPCP provided coasters, napkins, and other educational material for patrons to help with the transition. The TPCP and its partners also assisted 29 other businesses ranging from pizza parlors to power plants to enhance worksite tobacco-free policies that protect workers and patrons from secondhand smoke.

The TPCP provides many on-line resources, including guidelines to help businesses develop signs that effectively communicate tobacco-related policies. A toolkit for employers working to improve tobacco-free policies has been downloaded nearly 19,000 times since it was posted to the TPCP web site in September 2007 (<http://www.tobaccofreeutah.org/shsworksitokit.pdf>).

Southeastern Utah Health Department assisted Deer Creek coal mine and three associated power plants in Emery County with a new tobacco-free policy that includes smokeless tobacco to protect workers and decrease employer costs. Smoking was not allowed in mines, but use of smokeless tobacco was common.

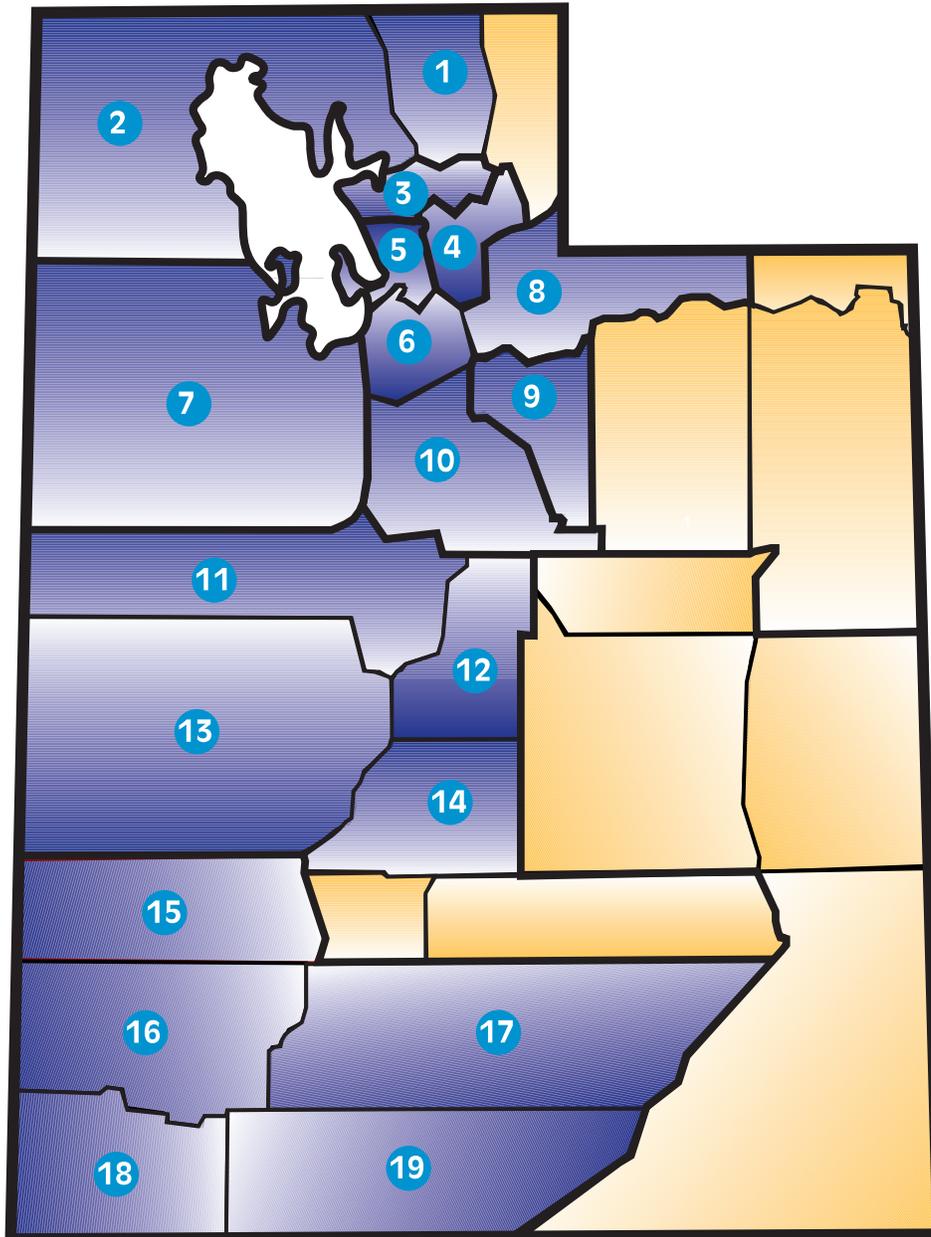
The policy, effective July 1, 2009, prohibits all tobacco use except in a few designated areas. Lowell Morris, a physician assistant who sees oil, coal, gas, and power plant workers in Carbon and Emery Counties told employees, "Everybody wins in this.... The company wins because you're healthier, and you win because you live longer." Morris, who is the Director of Occupational Medicine at Castleview Hospital, added that some employees saw the policy as a good reason to do something they had wanted to do for a while — quit tobacco.

# Reducing Exposure to Secondhand Smoke (SHS)

## Local Tobacco Policies Reduce SHS Exposure

**Figure 4.**  
Policies to Reduce SHS Exposure at Outdoor Venues, Utah FY2003-2009

This map indicates Utah counties where policies that establish smoke-free outdoor settings have been implemented and reported to the TPCP since 2003. Following national trends, these new policies help protect Utah children and adults from SHS exposure, set smoke-free societal norms, and reduce cigarette litter.



Source: TPCP Tobacco Policy Database

Note: Listed policies include ordinances, resolutions, and voluntary policies implemented by municipalities and private organizations and reported to the TPCP from FY2003 to 2009.

### FACT

Policies creating completely smoke-free environments are the most economical and efficient approach to providing protection from involuntary exposure to tobacco smoke.<sup>29</sup>

## Smoke-free Policies at Outdoor Venues by County, FY2003-2009

### 1 Cache County

- Cache County
- Fairgrounds (2006)
- Hyde Park (2007)
- Logan (2007)
- Smithfield (2007)
- North Logan City (2008)
- Millville (2009)
- Richmond (2009)

### 2 Box Elder County

- Brigham City (2008)

### 3 Weber County

- Hooper (2008)
- West Haven (2008)
- Weber County (2009)

### 4 Morgan County

- Morgan County (2009)

### 5 Davis County

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

### 6 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)

### 7 Tooele County

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

### 8 Summit County

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

### 9 Wasatch County

- Midway (2007)
- Wasatch County (2008)

### 10 Utah County

- Spanish Fork (2006)
- Orem (2008)
- Springville (2008)
- Utah County (2009)

### 11 Juab County

- Nephi City (2009)

### 12 Sanpete County

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

### 13 Millard County

- Delta (2007)

### 14 Sevier County

- Richfield (2008)
- Monroe City (2009)

### 15 Beaver County

- Beaver City (2007)

### 16 Iron County

- Cedar City (2008)
- Parowan (2008)

### 17 Garfield County

- Panguitch (2008)

### 18 Washington County

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

### 19 Kane County

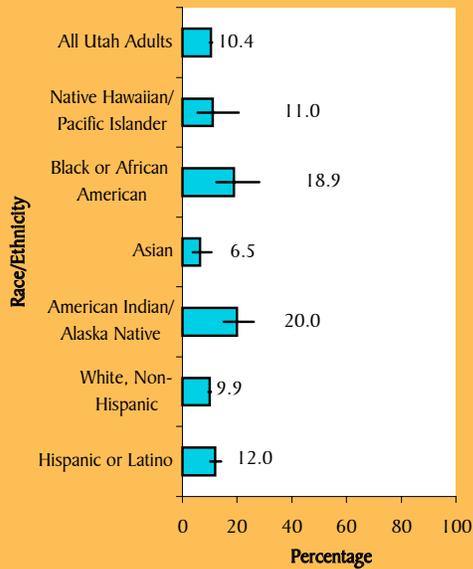
- Kanab (2008)

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

# Reducing Tobacco Use Among All Utahns

**Figure 14.**

Percent of Adults Who Reported Current Tobacco Smoking by Race and Ethnicity, Utah 2004-2008 (Aggregated Data, Age-adjusted)



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

Source: Utah BRFSS, 2004-2008<sup>1</sup>

## TPCP Provides Training and Funding to Utahns at Highest Risk

Though Utah's smoking rates are 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.<sup>1</sup> 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 improve access to cessation assistance for low-income Utahns around the state.

During FY2005, the TPCP began funding community-based groups to form Ethnic Tobacco Networks with the goal of reducing tobacco use and associated health problems among specific racial and ethnic populations in Utah. The Networks are statewide coalitions that use their tailored strategic plans to educate community leaders about tobacco-related inequalities, improve data collection on minority health issues in Utah, ensure 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 FY2009 are described below. Overall, each Ethnic Network and its leaders have become known in their communities as experts on minority health and tobacco prevention and cessation. Network leaders meet regularly to discuss common challenges and successes as well as the long-term sustainability of their work.

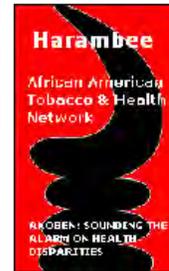
## Ethnic Networks Reduce Tobacco Use in Their Communities



More than 60 businesses, health providers, and non-profit organizations comprise the Utah Latino Network (ULN). The Network reached more than

1,500 Latinos with direct information on tobacco cessation and prevention. It also surveyed Latinos in Utah and found that 90% of respondents who smoked started smoking in their countries of origin, where tobacco education, regulation, and taxation are extremely limited. ULN used this information in program planning.

ULN educated local Latino businesses about the benefits of being smoke free, which led to more than 25 Latino businesses distributing tobacco education and cessation materials to customers and staff this year. The Network also continued to regularly staff an educational booth at the Mexican Consulate, community fairs, and cultural events.



Harambee, the African American Tobacco and Health Network, reached more than 700 African Americans at targeted community events. Harambee cultivated and enhanced relationships with local predominately African-American churches and recruited representatives from each congregation to serve as health specialists to their church populations.

Harambee organized events throughout the year, including a Kick Butts Day activity for youth called "Dodging Tobacco and Tobacco Marketing" where youth played dodgeball and, once out, had to answer a tobacco question from a teammate to get back in the game. By incorporating physical activity into its anti-tobacco messaging, Harambee became an example of the Centers for Disease Control and Prevention's best practices for integrating multiple health issues into program efforts.

# Reducing Tobacco Use Among All Utahns



The American Indian Network, Networking to Keep Tobacco Sacred in Utah (NKTSU), held an American

Indian health and wellness conference for which they also produced a brochure that addresses diabetes and smoking.

To better understand health beliefs and behaviors of American Indian youth, NKTSU worked to increase participation in statewide school-based surveys. All of Utah's tribes and representatives of urban American Indians participated in one or more Network activity and on the Network's leadership board. Leaders recognize the relationship NKTSU has with the UDOH as unique. "I feel a great deal of support from the tobacco program," says NKTSU's Eru Napia. "Native people from other states are surprised by the working relationship we have."

## Specialized Quit Assistance Targets Low-income Tobacco Users

In a Medicaid partnership unique among states, the TPCP helped expand services for low-income pregnant women and other tobacco users trying to quit. With TPCP assistance, more than 2,600 clients received nearly 5,000 tobacco cessation prescriptions and counseling sessions.<sup>10</sup> Additionally, 1,460 Medicaid clients registered with the Utah Tobacco Quit Line and 675 received nicotine replacement therapy.<sup>10</sup> The TPCP cost-shares these services with Medicaid. This year, the TPCP increased use of quit services through Medicaid mailers and through educating health care providers on tobacco services available for Medicaid patients.

To assist low-income tobacco users who are not on Medicaid and are uninsured, the TPCP partnered with the Association for Utah Community Health to provide more than 330 prescriptions for tobacco cessation medications to about 200 uninsured Utahns in 28 community health center sites throughout the state.<sup>11</sup>

## Small Grants Help Reduce SHS Exposure in High-risk Communities

The TPCP funded eight mini-grant projects to reduce secondhand smoke in communities at higher risk of SHS exposure. During the seven-month funding period, community-based groups approached their own populations with tailored strategies that resulted in 18 tobacco-free policies in worksites, health care settings and churches. The grantees surveyed more than 400 individuals, held 67 trainings with more than 393 participants, and directly shared educational materials about SHS and tobacco use with more than 2,500 people. The funding allows community-based groups to approach their own populations with tailored strategies that will be most effective for each population.



The Pacific Islander Ethnic Network (PIEN), in partnership with Kearns High School and Huntsman Cancer Institute,

hosted Utah's first Pacific Islander Youth Health Summit and the 2nd Annual Pacific Islander Health Summit to educate youth and adults about tobacco-related health issues. PIEN also worked with the Samoan Cultural Celebration organizers to pass a permanent tobacco-free policy that reinforces smoke-free social norms among thousands of visitors to the week-long annual celebration. The national organization Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) invited PIEN leaders to Washington, D.C. to meet with politicians on matters concerning Pacific Islanders. PIEN also hosted a Western region APPEAL conference in Salt Lake City.



The Pacific Islander Ethnic Network created smoke-free signs in Samoan, Tongan, and Hawaiian for this year's tobacco-free Samoan Cultural Celebration. This sign reads "Thank you For Not Smoking" in Samoan.

“The [family-health education] classes were very successful. The youth were able to be open about tobacco issues. They also enjoyed the ... classes where they got to role play with ... parents on tobacco issues. The parents found this class very useful in that some of the generational [and] cultural [issues] ... were addressed for the first time among many of the families.”

National Tongan American Society  
2009 TPCP Mini-Grantee  
Final Report

# Bear River Health Department

## Tobacco Use in Bear River

Adult Cigarette Smoking (2006-08) <sup>1</sup>	5.8%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	6.1%
Pregnant Women Smoking (2007) <sup>4</sup>	5.0%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	94.4%
Quit Line Registrations (FY2009) <sup>6</sup>	330
QuitNet Registrations (FY2009) <sup>7</sup>	154
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	90.7%

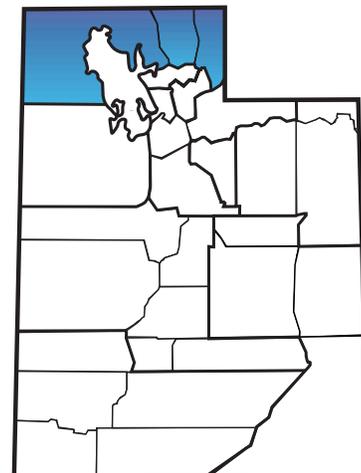


During the 2009 legislative session, 45 members of the Bear River Governing Youth Council (GYC) met with Representatives R. Curt Webb, Ronda Rudd Menlove, Fred R. Hunsaker, and Jack R. Draxler to discuss secondhand smoke and other health-related issues.

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 has decreased by 39%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 14%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes was 2.8% in 2001 and 1.2% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 5.2% of Bear River stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 53%.<sup>12</sup>

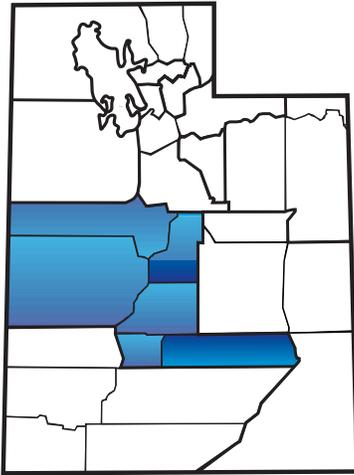


## Bear River Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation classes*	192 youth	Quit rate: 18% Reduction rate: 48%
TAR classes ^	21 youth	Participants received tobacco education.
First Step Prenatal Cessation Program	13 pregnant women	Four women received quit information; nine completed orientation class and received First Step services.
Working with community health clinics to implement Public Health Service (PHS) Guidelines	37 providers	37 providers at eight clinics established PHS Guidelines to treat tobacco use; one clinic adopted the Quit Line fax referral system.
<b>Prevention Programs</b>		
Promoting the Truth from Youth Anti-tobacco Advertising Contest as part of Tobacco on Trial curriculum	4,924 students	Youth from 21 schools created 462 contest entries. 4,924 students received tobacco prevention education.
At-risk youth advocacy project	34 Fast Forward Charter School students	Youth created 15 anti-tobacco ads, shown on local cable and to the school's 250 students.
Conducting training for retailers who sell tobacco	28 outlets	69 of Bear River's 80 outlets have certified programs for tobacco sales.
<b>Smoke-free Policies</b>		
Educating about tobacco policies for outdoor venues	Two municipalities	Richmond and Millville received assistance with adopting outdoor tobacco ordinances.
Educating about tobacco policies and conducting policy assessments at worksites and multiple dwelling units (MDUs)	10 MDUs, 10 worksites	Bear River Health Department conducted policy assessments at all locations and provided signs to one MDU that passed a tobacco-free policy. One worksite with three locations passed a tobacco-free policy.
Partnering with Hispanic Health Coalition to educate about smoke-free homes	512 community members	223 community members signed smoke-free home pledges.
Partnering with Child and Family Support Center to educate about smoke-free homes	116 families	116 families received smoke-free home kits and education about the Center's smoke-free policy. Two parents quit smoking.
Partnering with Utah State University (USU)	One campus	USU passed a policy that prohibits tobacco sales.

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

# Central Utah Public Health Department



## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Central Utah Public Health District has decreased by 15%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has remained unchanged.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 7.4% in 2001 to 5.4% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 6.8% of Central Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 51%.<sup>12</sup>

## Tobacco Use in Central Utah

Adult Cigarette Smoking (2006-08) <sup>1</sup>	13.8%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	8.7%
Pregnant Women Smoking (2007) <sup>4</sup>	10.8%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	91.1%
Quit Line Registrations (FY2009) <sup>6</sup>	176
QuitNet Registrations (FY2009) <sup>7</sup>	85
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	93.8%

## Central Utah Public Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END and TTRP teen tobacco cessation classes*	35 youth	Participants received quit support and were educated about the dangers of tobacco use.
First Step Prenatal Cessation Program	Four pregnant women	Participants received quit support and referrals to the Utah Tobacco Quit Line.
Adult one-on-one quitting support	36 adults	Participants received quit support and referrals to the Utah Tobacco Quit Line.
Encouraging health care providers to offer quit counseling and referrals to quit services	10 health care providers	Health care providers received The TRUTH Network Guide materials.
<b>Prevention Programs</b>		
Promoting the Truth from Youth Anti-tobacco Advertising Contest	1,105 4th and 5th grade students in 21 schools	4th and 5th grade students created 2,409 anti-tobacco ads for the statewide contest, the most of any other area.
Partnering with the Phoenix Alliance	1,631 youth	Community youth received tobacco education through presentations given by local Phoenix Alliance members.
Promoting the Real Noise competition	798 high school students	Students in three high schools received education on the harmful effects of tobacco and created Real Noise contest entries.
Informing the community about tobacco prevention and smoke-free policies	Eight newspaper articles	Community members received information regarding compliance checks, the Truth from Youth Contest, and smoke-free venues.
<b>Smoke-free Policies</b>		
Supporting college tobacco policy initiatives	Snow College, Richfield and Ephraim campuses	Local health department supported campus policy initiative and community education.
Providing education for smoke-free worksites	11 worksites	Worksites received support to reduce secondhand smoke and encourage quitting; Central Utah Public Health Department's eight clinics adopted a comprehensive tobacco-free policy.
Providing education about smoke-free parks	Two cities	Nephi City and Monroe City passed smoke-free policies for their parks.

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



Valyn Leavitt, health educator at Central Utah Public Health Department, presents Sean Cazier with his award for winning first place in the Spring City Elementary School 2009 Truth from Youth Anti-tobacco Advertising Contest.

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

# Davis County Health Department

## Tobacco Use in Davis County

Adult Cigarette Smoking (2006-08) <sup>1</sup>	6.0%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	8.6%
Pregnant Women Smoking (2007) <sup>4</sup>	4.8%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	93.2%
Quit Line Registrations (FY2009) <sup>6</sup>	459
QuitNet Registrations (FY2009) <sup>7</sup>	317
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	92.7%

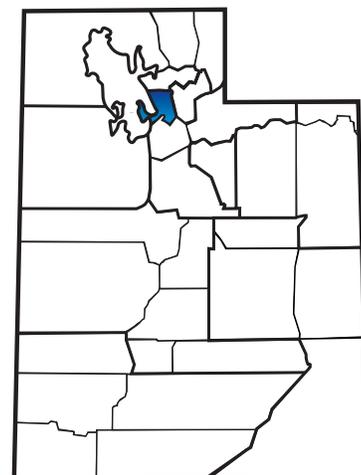


Gloria Mitchell, Early Head Start teacher and END facilitator at Canyon Heights in Kaysville.

END teen tobacco cessation classes are now being taught at Canyon Heights, an alternative high school for young mothers. Child care providers were selected as class facilitators because they have a relationship of trust with the young mothers whose children they care for each day. Classes are designed to alleviate child care and transportation barriers for a population in need of tobacco cessation services.

## Changes in Tobacco-related Risk

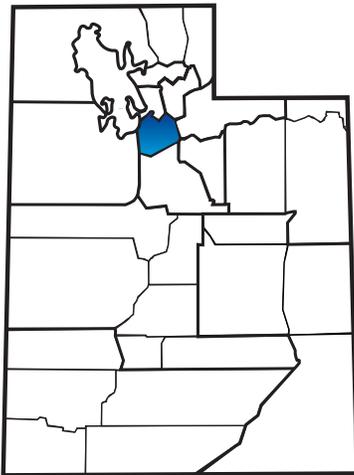
- Since the late 1990s, the estimated age-adjusted adult smoking rate in Davis County has decreased by 46%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 35%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 4.2% in 2001 to 1.5% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 8.3% of Davis County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 50%.<sup>12</sup>



## Davis County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	144 youth	Quit rate: 11% Reduction rate: 75%
Teen Tobacco Reduction Program	38 youth; 149 Clearfield Job Corps students	Participants received quit support and tobacco education.
Encouraging health care providers to offer quit program referrals and treatment	16 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	3,234 community members at worksites and educational settings	Increased knowledge of quit resources and referrals to quit services.
<b>Prevention Programs</b>		
Training teachers in Project TNT curriculum <sup>^</sup>	20 teachers	705 5th grade students increased their tobacco-related knowledge.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	12 elementary schools	4th and 5th graders created 415 local anti-tobacco ads for the statewide contest.
Conducting tobacco prevention activities in high-risk secondary schools	1,451 youth	Two junior high schools, two high schools, and three alternative high schools received tobacco prevention education.
Supporting Gold Medal Schools (GMS) health policy initiative	40 elementary schools	Comprehensive school tobacco policies have been adopted, enforced, and/or maintained by all 40 GMS in Davis County.
Supporting Gold Medal Schools Power-Up health policy initiative	Two junior high schools	Two junior high schools adopted or maintained comprehensive tobacco policies.
TOT curriculum <sup>^</sup>	35 teachers	1,635 4th grade students increased their tobacco-related knowledge.
<b>Promotion of Smoke-free Policies</b>		
Educating about the benefits of a tobacco-free campus	Clearfield Job Corps Center	Three newsletters and fliers informed staff and students about the tobacco policy.
Educating about smoke-free policies	Hill Air Force Base	Staff provided education on dangers of tobacco to Hill Air Force Base to work toward strengthening the tobacco policy.
Educating about the benefits of smoke-free multi-housing units	Five complexes, one housing authority	Davis County Housing Authority adopted a smoke-free policy.
*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations.		
<sup>^</sup> Project TNT: Towards No Tobacco; TOT: Tobacco On Trial		

# Salt Lake Valley Health Department



## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Salt Lake County has decreased by 31%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 36%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 7.6% in 2001 to 2.1% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 7.8% of Salt Lake stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 52%.<sup>12</sup>

## Tobacco Use in Salt Lake County

Adult Cigarette Smoking (2006-08) <sup>1</sup>	11.5%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	8.0%
Pregnant Women Smoking (2007) <sup>4</sup>	6.1%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	90.5%
Quit Line Registrations (FY2009) <sup>6</sup>	2,277
QuitNet Registrations (FY2009) <sup>7</sup>	1,203
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	92.4%

## Salt Lake Valley Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	76 youth	Quit rate: 14% Reduction rate: 29%
First Step Prenatal Cessation Program	25 referrals	Participants received quit kits and one-on-one quit support.
Promoting health care provider quit interventions through The TRUTH Network Guide	46 health care providers	46 medical and dental professionals received assistance in adopting or maintaining Public Health Service Guidelines for treating tobacco use.
Promoting quit services and providing secondhand smoke education to community members	Participants of health fairs and community and school events; worksites	Community members received tobacco prevention and quit education at nine events in schools, communities, and at worksites.
<b>Prevention Programs</b>		
Training teachers in TOT and Project TNT curricula <sup>^</sup>	2,214 students participated in tobacco prevention programs	17 schools taught TOT, seven teachers taught TNT. 2,214 students participated in these tobacco prevention programs.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	1,364 ads were created	Students created 1,364 local anti-tobacco ads for the statewide contest.
Maintaining the Teen Advocates Against Tobacco (TAAT) coalition	40 active members	TAAT members assisted with contest promotions and community education.
<b>Promotion of Smoke-free Policies</b>		
Preparing for new and more restrictive tobacco-free policies in Salt Lake Valley Health Department buildings	Six public health centers and Environmental Health Services	Salt Lake Valley Health Department began creating new or more restrictive tobacco-free policies for implementation in FY2010.
Educating the community about smoke-free outdoor venues	1,300 community members	TAAT youth informed communities about the benefits of smoke-free venues.
Promoting smoke-free apartments and homes	61 property managers, owners	450 smoke-free home pledges were collected; one smoke-free policy implemented.
Providing education about smoke-free worksites	Six worksites	Six worksites were educated about smoke-free worksite policies.
Providing education about secondhand smoke to low income households	496 households with tobacco users	Public health nurses solicited 496 smoke-free home and car pledges.

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

<sup>^</sup>TOT: Tobacco On Trial; Project TNT: Towards No Tobacco



Youth from Teen Advocates Against Tobacco and the Phoenix Alliance teamed up for the Great American Smokeout on November 20, 2008. The youth marched in downtown Salt Lake City from the Triad Center to The Gateway mall with anti-tobacco posters. Each poster contained the messages "Lose Their Label," "Quit for the Day," and the Utah Tobacco Quit Line phone number, "1.888.567. TRUTH." After the march, the youth took TRAX light rail to the Body Worlds Exhibit. During the trip, youth educated TRAX riders about the importance of avoiding the appealing advertisements and messages from the tobacco industry. After arriving at Body Worlds, the youth interacted with the public at the exhibit and educated them about the negative influence of the tobacco industry. Smokers were challenged to quit for the day, which may help them quit for a lifetime.

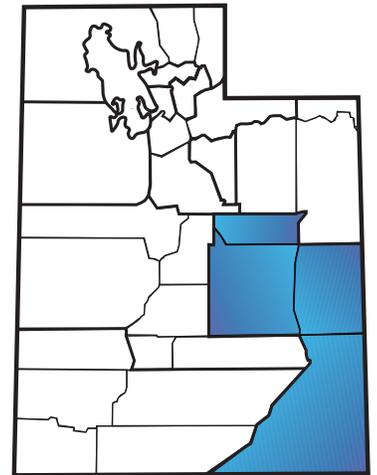
# Southeastern Utah District Health Department

## Tobacco Use in Southeastern Utah

Adult Cigarette Smoking (2006-08) <sup>1</sup>	17.8%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	15.0%
Pregnant Women Smoking (2007) <sup>4</sup>	14.5%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	85.9%
Quit Line Registrations (FY2009) <sup>6</sup>	209
QuitNet Registrations (FY2009) <sup>7</sup>	72
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	91.0%

## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Southeastern Utah Health District has decreased by 18%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 14%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 17.6% in 2001 to 7.1% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 6.4% of Southeastern Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 48%.<sup>12</sup>



MidAmerica Energy Company adopted tobacco-free policies at Deer Creek Coal Mine and three power plants, including Hunter Plant near Castle Dale, Utah, in Emery County. The policies were implemented July 1, 2009. "They wanted to be able to offer their people all the resources they could," said Debbie Marvidikis of the Southeastern Utah District Health Department. "It was a mandatory policy, [...] they were concerned about improving employee health." The Department helped each plant and the coal mine by presenting information on tobacco, on free telephone and web-based quit services, and by arranging for a cessation class for employees. The health department provided additional resources to the physician assistant working with these and other Emery and Carbon County extraction and utilities employees.

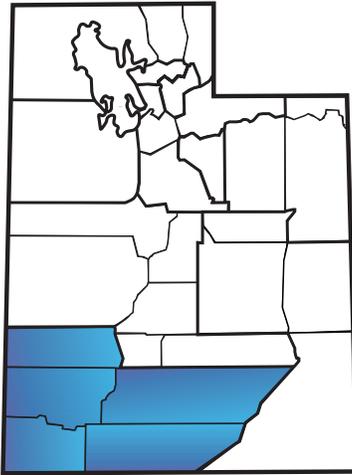
Southeastern Utah Health District Counties: Carbon, Emery, Grand, San Juan

## Southeastern Utah District Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	26 youth	Quit rate: 36% Reduction rate: 56%
Prenatal program (partnership with WIC, Medicaid, Baby Your Baby)	197 pregnant women	Participants received quit support and secondhand smoke education.
Marketing the Utah Tobacco Quit Line through newspaper and movie ads	6,500 newspaper readers	6,500 newspaper readers were exposed to anti-tobacco advertising. 35,500 movie tickets were sold for movies with anti-tobacco pre-show advertising.
Providing quit support and referral to quit programs	About 1,500 community members	Through community events, outreach, and links to other health programs, participants received quit support and referrals to statewide quit programs.
<b>Prevention Programs</b>		
Supporting school districts in maintaining comprehensive school tobacco policies	Carbon, Grand, Emery, and San Juan School Districts	School districts received technical assistance for enhancing and enforcing comprehensive school tobacco policies.
Partnering with Carbon and Emery High School Rodeo Clubs	650 students and community members	Rodeo attendants and students were exposed to anti-tobacco messages through banners, posters, and announcements at schools and school rodeos, and to an ad in the school newspaper about the dangers of spit tobacco.
Conducting retailer and worksite education to inform about Utah tobacco laws	1,725 participants	Management and workers at local businesses received tobacco education and referrals to quit services.
Recognizing retailers that do not sell tobacco to underage youth during compliance checks	71 retail outlets	Retail outlets that completed tobacco compliance checks with no sales to underage youth received a letter of recognition.
<b>Promotion of Smoke-free Policies</b>		
Educating about the benefits of smoke-free policies at worksites	MidAmerica Energy Company: Deer Creek Coal Mine and Hunter, Huntington, and Carbon Power Plants	Provided information and technical assistance for the development of a tobacco-free policy. The policy went into effect on July 1, 2009.

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

# Southwest Utah Public Health Department



## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Southwest Utah Public Health District has decreased by 6%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 10%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 3.5% in 2001 to 1.9% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 4.9% of Southwest Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 79%.<sup>12</sup>

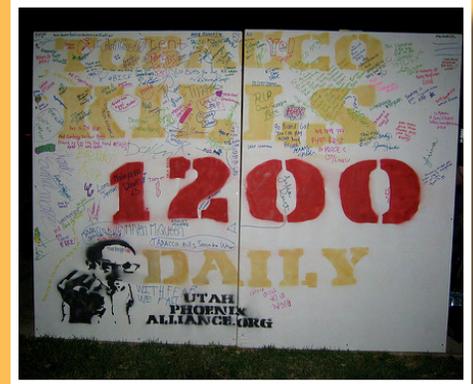
## Tobacco Use in Southwest Utah

Adult Cigarette Smoking (2006-08) <sup>1</sup>	10.7%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	3.7%
Pregnant Women Smoking (2007) <sup>4</sup>	6.1%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	94.6%
Quit Line Registrations (FY2009) <sup>6</sup>	377
QuitNet Registrations (FY2009) <sup>7</sup>	189
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	88.5%

## Southwest Utah Public Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	36 youth	Quit rate: 12% Reduction rate: 44%
First Step Prenatal Cessation Program	153 pregnant women	Pregnant women received quit information.
Adult cessation	Eight adults	To better address the needs of adults trying to quit, a focus group was conducted. Results will guide FY2010 quit support for adults.
Promoting health care provider interventions through The TRUTH Network Guide materials	31 health care providers	Six health care providers plan to use the Quit Line fax referral system.
Promoting quit services	400 individuals	Local health department quit services were advertised through local media and events.
<b>Prevention Programs</b>		
Supporting comprehensive tobacco policies in schools	One school district	Washington County School District implemented a tobacco-free policy for all 45 schools in its jurisdiction.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	3,068 4th and 5th graders at 22 schools	826 local ads were submitted to the statewide contest. Two St. George youth took 1st place in the billboard category.
Educating retailers to prevent tobacco sales to youth	340 retailers participated in 41 classes	At 4.9%, Southwest Utah Public Health District has one of the lowest illegal tobacco sales rates to underage youth in the state.
Supporting the Southwest Chapter of the Phoenix Alliance	67 youth	Southwest Phoenix Alliance members planned and conducted 10 community events to prevent tobacco use and promote cessation.
<b>Promotion of Smoke-free Policies</b>		
Assisting worksites in developing smoke-free policies	Six worksites	Southwest Utah Public Health Department adopted a tobacco-free policy for all health department properties. Five surrounding properties adopted policies as well.
Assisting multiple dwelling units in developing smoke-free policies	One apartment complex	Renee Ann Apartments is working on reducing exposure to secondhand smoke.
Providing education about smoke-free policies at outdoor venues	One city	Washington City is working toward adopting a smoke-free policy.

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



Above: Pledge and memorial wall displayed by the Phoenix Alliance on Kick Butts Day to allow the public to pledge to never use tobacco, or to remember loved ones lost due to tobacco use, St. George, March 27, 2009.

“Honestly, the Phoenix Alliance is the best thing that ever happened to me, and to St. George. I’m not only involved with my community, but my peers at school are starting to notice what “Big Tobacco” is all about. Phoenix Alliance is more than just extracurricular, it has become one of my greatest passions.”

Kelsey Jetter, High School Student, St. George

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

# Summit County Public Health Department

## Tobacco Use in Summit County

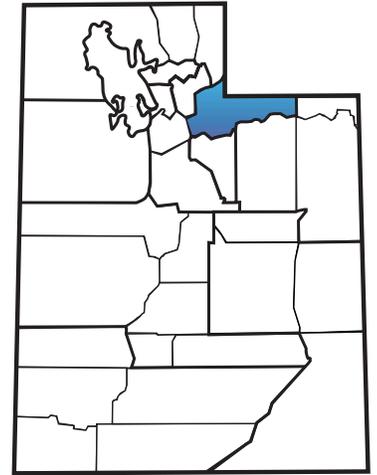
Adult Cigarette Smoking (2006-08) <sup>1</sup>	7.8%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	13.1%
Pregnant Women Smoking (2007) <sup>4</sup>	2.4%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	92.1%
Quit Line Registrations (FY2009) <sup>6</sup>	26
QuitNet Registrations (FY2009) <sup>7</sup>	28
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	88.1%



Summit County Health Department is working with the new Park City Medical Center on their tobacco-free policy.

## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Summit County Health District has decreased by 11%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has declined by 36%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 7.5% in 2001 to 2.4% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 10.4% of Summit County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 57%.<sup>12</sup>

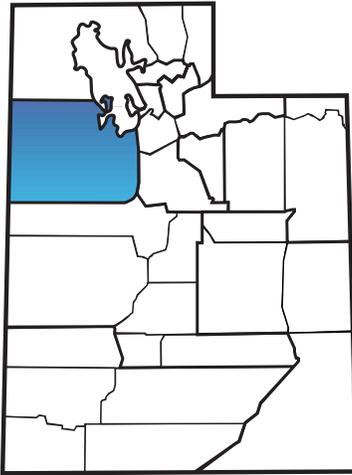


## Summit County Public Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
Health care provider resources	25 physicians	Summit County Public Health Department staff created and distributed a newsletter to physicians that included information on the Utah Tobacco Quit Line fax referral program, the cessation medication Chantix, and other cessation resources.
Juvenile court referrals to Utah Teen Tobacco Quit Line	Eight youth	Summit County Public Health Department staff worked with juvenile court to refer youth to the Utah Tobacco Quit Line.
<b>Prevention Programs</b>		
TOT curriculum*	194 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	90 Summit County students created 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 status possible in GMS.
Informing the community about tobacco prevention and smoke-free policies	Two newspaper articles printed in the Summit News	Community members received information regarding parents' role in tobacco prevention, school-based tobacco prevention education, and the Truth from Youth Contest.
<b>Promotion of Smoke-free Policies</b>		
Educating about tobacco-free policies at rodeos	500 rodeo patrons	South Summit High School rodeo grounds adopted a tobacco-free policy.
Educating about smoke-free policies at multiple dwelling units (MDUs)	Five MDUs	Two properties with a total of 120 rental units implemented smoke-free policies. Tenants received information on the new policies through letters, signs, and a community event.
Educating about smoke-free policies at hospitals	One hospital	Hospital administration received information about tobacco-free hospitals and the benefits of tobacco-free policies.

\* TOT: Tobacco On Trial

# Tooele County Health Department



## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Tooele County has decreased by 23%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 15%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 9.2% in 2001 to 4.2% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 3.6% of Tooele County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 85%.<sup>12</sup>

## Tobacco Use in Tooele County

Adult Cigarette Smoking (2006-08) <sup>1</sup>	15.3%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	11.6%
Pregnant Women Smoking (2007) <sup>4</sup>	8.9%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	87.5%
Quit Line Registrations (FY2009) <sup>6</sup>	14
QuitNet Registrations (FY2009) <sup>7</sup>	75
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	93.7%

## Tooele County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	90 youth	Quit rate: 21% Reduction rate: 31%
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	20 adults	Participants received one-on-one counseling and/or referrals to the Utah Tobacco Quit Line.
Promoting tobacco cessation through the Tooele Transcript Bulletin	16,000 (Tooele Transcript Bulletin readership)	Community members received information about the cost of smoking and resources for quitting.
Health care provider training on The TRUTH Network materials	100 health care providers in 19 clinics	Health care providers received education in tobacco cessation interventions and referrals to quit services.
<b>Prevention Programs</b>		
Supporting the school district in maintaining comprehensive tobacco policies in schools	25 schools in Tooele School District	Students received tobacco education and participated in advocacy events.
Promoting tobacco prevention in high schools	3,200 high school students	With the Phoenix Alliance and U-92 radio station, the health department held events at Tooele and Grantsville high schools to educate students about the dangers of tobacco use.
Conducting retailer education to prevent underage tobacco sales	204 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.
<b>Promotion of Smoke-free Policies</b>		
Educating county residents about secondhand smoke and quit programs	7,700 Tooele county residents, including 300 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 worksites	Tooele County Health Department	The Tooele Board of Health adopted a smoke-free campus policy for Tooele County Health Department.

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



Tooele County's "Human Billboard" for Kick Butts Day 2009. Tooele's Youth Tobacco Advisory Board stood on SR-36, just off the freeway exit, during the afternoon drive. Their message — tobacco kills 1,200 people each day in the U.S.

# TriCounty Health Department

## Tobacco Use in TriCounty

Adult Cigarette Smoking (2006-08) <sup>1</sup>	22.4%
High School Youth Cigarette Smoking (2005) <sup>28</sup>	13.9%
Pregnant Women Smoking (2007) <sup>4</sup>	16.0%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	81.8%
Quit Line Registrations (FY2009) <sup>6</sup>	100
QuitNet Registrations (FY2009) <sup>7</sup>	60
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	92.8%

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

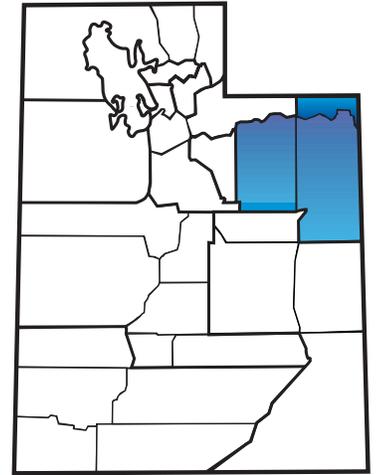


Tiffany Russell from Roosevelt and her two sons received bandanas with anti-tobacco messages at the Lane Frost Challenge Rodeo in Vernal in May 2009.

TriCounty Health District Counties:  
Daggett, Duchesne, Uintah

## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in TriCounty has increased by 17%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy remained unchanged.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 16.8% in 2001 to 5.9% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 4.1% of TriCounty stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 78%.<sup>12</sup>

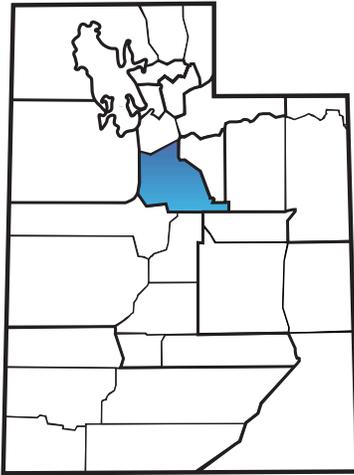


## TriCounty Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	88 youth	Quit rate: 19% Reduction rate: 34%
Educating county residents at local rodeo events about free cessation services, including the Utah Tobacco Quit Line and QuitNet, and about the dangers of smokeless tobacco use	3,250 rodeo patrons and contestants	Community received quit cards, brochures, and oral cancer information at the following youth and professional rodeo events held in Vernal: Lane Frost Challenge and its Kids Stampede, and CRC Battle of the Bulls.
First Step Prenatal Tobacco Cessation Program	Six participants in Women, Infants, and Children (WIC) First Time Mom classes	Class participants received tobacco cessation resources and information about the dangers of secondhand smoke.
<b>Prevention Programs</b>		
Promoting the Truth from Youth Anti-tobacco Advertising Contest	250 4th and 5th grade students	87 TriCounty 4th and 5th grade students created local anti-tobacco ads. Three local contest winners were selected.
Conducting retailer education to prevent underage tobacco sales	61 TriCounty retailers licensed to sell tobacco	TriCounty Health Department staff provided education to retailers on underage tobacco sales. In addition, all retailers received educational materials and tools to promote compliance, such as register stickers. TriCounty Health Department recruited and trained four new underage buyers to help with compliance checks, oversaw 232 compliance checks, and sent positive letters to all retailers in compliance.
<b>Promotion of Smoke-free Policies</b>		
Educating about secondhand smoke issues in Multiple Dwelling Units (MDUs)	Five MDU owners	TriCounty Health Department staff worked with five MDU owners to assess the status of their tobacco policies and provide education about secondhand smoke.

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

# Utah County Health Department



## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Utah County Health District has decreased by 7%.<sup>1</sup> Utah County's smoking rate remains the lowest in the state.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has declined by 27%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes was 1.1% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 6.2% of Utah County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 42%.<sup>12</sup>

## Tobacco Use in Utah County

Adult Cigarette Smoking (2006-08) <sup>1</sup>	5.1%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	1.8%
Pregnant Women Smoking (2007) <sup>4</sup>	2.8%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	95.9%
Quit Line Service Users (FY2009) <sup>6</sup>	846
QuitNet Registrations (FY2009) <sup>7</sup>	299
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	89.9%

## Utah County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	95 youth	Quit rate: 20% Reduction rate: 37%
First Step Prenatal Cessation Program <sup>^</sup>	326 pregnant women	Quit rate: 29% Reduction rate: 4%
Promoting health care provider quit interventions through The TRUTH Network Guide	Nine clinics, 63 dental hygienist students	Health care providers and dental hygiene students received training in tobacco cessation interventions and quit services.
<b>Prevention Programs</b>		
Supporting Youth Tobacco Task Force OUTRAGE	15 youth participated in 40 community events	OUTRAGE reached nearly 6,500 people with education about the benefits of smoke-free parks and won national and state awards for its support in making Utah County parks smoke-free.
Conducting tobacco education at alternative high schools and residential treatment centers	664 students and teachers	Participants were informed of the benefits of tobacco-free policies, the new Utah County smoke-free parks regulation, and the harmful effects of tobacco and secondhand smoke.
<b>Promotion of Smoke-free Policies</b>		
Educating about secondhand smoke issues in Multiple Dwelling Units (MDUs)	11 properties	Three MDUs adopted no-smoking policies. Owners and managers of 11 MDUs were educated on the benefits of tobacco-free policies.
Educating about the benefits of tobacco-free parks	24,369 community members at 47 events	The Utah County Board of Health unanimously passed a regulation for smoke-free parks. Community members received secondhand smoke education at events and health fairs.
Promoting tobacco-free policies at trade and technical schools	11 schools	Schools improved existing policies. Surveys and presentations were conducted at all schools.
Educating about the benefits of tobacco-free worksites	Four hospitals	Four hospitals in Utah County adopted tobacco-free campus policies.

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

<sup>^</sup>Quit and reduction rates based on 86 clients who completed the program during FY2009.



Members of the youth group OUTRAGE played a pivotal role in educating Utah County's residents about the benefits of smoke-free outdoor environments and making all parks in Utah County smoke free. The group was honored for its efforts with a national President's Environmental Youth Award and the Utah Public Health Association's youth award. Members are pictured here accepting the President's Environmental Youth Award in Washington, D.C.

# Wasatch County Health Department

## Tobacco Use in Wasatch County

Adult Cigarette Smoking (2006-08) <sup>1</sup>	7.8%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	8.4%
Pregnant Women Smoking (2007) <sup>4</sup>	4.9%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	90.4%
Quit Line Registrations (FY 2009) <sup>6</sup>	28
QuitNet Registrations (FY 2009) <sup>7</sup>	19
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	91.2%

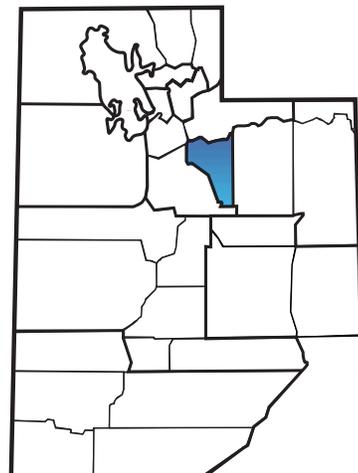


Thank you to the Wasatch County Health Department for helping us at Rocky Mountain Middle School to institute a comprehensive tobacco prevention program. We know this program helps students to make good decisions and live tobacco free.

Roger Pyper  
Health Teacher  
Rocky Mountain Middle School  
Heber City

## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Wasatch County has decreased by 39%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 22%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 4.2% in 2001 to 1.9% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 5.6% of Wasatch County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 60%.<sup>12</sup>

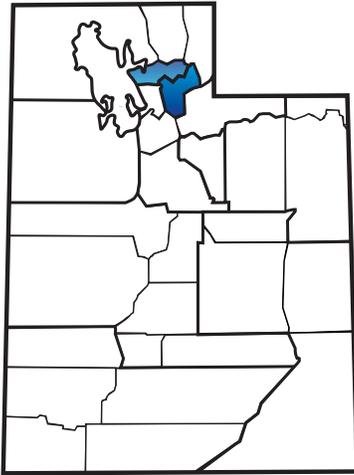


## Wasatch County Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	Nine youth	Five students reduced their tobacco use.
Health care provider training on the TRUTH Network materials	Five health care providers; four dental clinic	Health care providers were trained in quit counseling and services available for their patients. Four dental clinics in Wasatch County incorporated the 5 A's and the fax referral system into clinic operations.
<b>Prevention Programs</b>		
Providing TOT/TOT Booster/TF4 <sup>^</sup>	1,084 students	Students increased their knowledge of tobacco-related issues.
Promoting the Truth from Youth Anti-tobacco Advertising Contest	270 4th and 5th grade students	Wasatch County elementary school students submitted 24 anti-tobacco ads to the statewide contest.
Hosting Community Issues Conference	600 Wasatch County residents	Community members received education in media literacy and communication skills, and an article with tips on how to keep children tobacco-free.
Sponsoring High School Rodeo Club	900 high school students	The Wasatch High School Rodeo Club promoted tobacco-free messages through school announcements, a newspaper article, a rodeo banner, and an ad in the rodeo program.
Partnering with High School Rodeo Queen	11 rodeos	The High School Rodeo Queen carried the tobacco-free champion flag and delivered anti-tobacco messages at rodeos across the state.
<b>Promotion of Smoke-free Policies</b>		
Providing education about smoke-free outdoor venues	2,600 community members	The Wasatch County Tobacco Ordinance was promoted through a local newspaper, the Wasatch Wave, Wasatch County Fair Days, placement of "no smoking" signs, and a community conference.
Educating about the benefits of tobacco free policies in multiple dwelling units (MDUs)	Three MDUs	MDU owners received information about tobacco-free policies. Assistance with strengthening policies will carry on through FY2010.

\*END: Ending Nicotine Dependence program. Quit and reduction rates were calculated for students who completed pre- and post-class evaluations. <sup>^</sup>TOT: Tobacco On Trial; TF4: Prevention Curriculum

# Weber-Morgan Health Department



## Changes in Tobacco-related Risk

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Weber-Morgan Health District has decreased by 14%.<sup>1</sup>
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 36%.<sup>4</sup>
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 9.0% in 2001 to 4.3% in 2006-08 (combined data).<sup>5</sup>
- During State Fiscal Year 2009, 8.9% of Weber-Morgan stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 46%.<sup>12</sup>

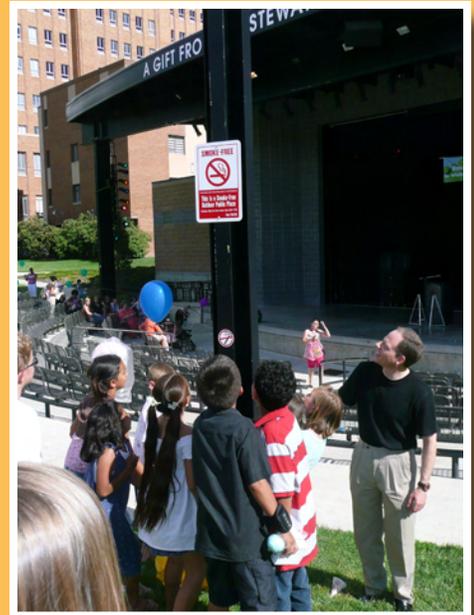
## Tobacco Use in Weber and Morgan Counties

Adult Cigarette Smoking (2006-08) <sup>1</sup>	13.2%
High School Youth Cigarette Smoking (2007) <sup>28</sup>	15.6%
Pregnant Women Smoking (2007) <sup>4</sup>	8.3%
Homes with No-smoking Rule (2006-08) <sup>1</sup>	92.2%
Quit Line Registrants (FY2009) <sup>6</sup>	811
QuitNet Registrations (FY2009) <sup>7</sup>	309
Anti-tobacco Ad Recall in the Past Month (2006-08) <sup>1</sup>	93.7%

## Weber-Morgan Health Department Activities to Reduce Tobacco Use

Projects	Participants	Outcomes
<b>Quit Programs</b>		
END teen tobacco cessation class*	44 youth	Quit Rate: 9% Reduction rate: 70%
Teen Tobacco Reduction Program (TTRP)	77 youth, 77 parents	Participants were educated about the dangers of tobacco use.
First Step Prenatal Cessation Program	14 pregnant women	Pregnant women received information and education on quitting.
Promoting health care provider interventions through The TRUTH Network Guide materials	73 health care providers; three clinics	Health care providers received education in quit counseling and information on referral and quit services. One clinic implemented a policy applying the 5 A's; two clinics are working toward strengthening their policies.
Adult tobacco cessation program	Four adults	All four participants reduced tobacco use.
Promoting tobacco cessation resources and services	2,000 community members	The department distributed quit cards, quit kits, and brochures to 2,000 community members at 18 venues.
<b>Prevention Programs</b>		
Promoting the Truth From Youth Anti-tobacco Advertising Contest	1,122 4th and 5th grade students in 11 schools	436 local anti-tobacco ads were submitted to the statewide contest. Two students won the radio ad competition.
Training future teachers in tobacco education	72 Weber State University students	Students' awareness of tobacco-related issues and prevention education increased.
Promoting anti-tobacco messages and healthy lifestyles	6,964 community members and students	Participants learned about the dangers of tobacco use and about quit services through community events, school curriculum, and newspaper insert.
Promoting school-based tobacco prevention curricula and materials	165 teachers	Teachers learned about the tobacco prevention curriculum TOT <sup>^</sup> and other resources.
<b>Promotion of Smoke-free Policies</b>		
Providing education about smoke-free policies at outdoor venues	Weber and Morgan Counties	The Weber-Morgan Board of Health adopted an ordinance banning smoking in outdoor places in Weber and Morgan counties.
Promoting smoke-free homes	270 families	Families received smoke-free homes kits and pledge cards to establish smoke-free homes.
Promoting tobacco-free sites with populations at increased risk for tobacco use	OUTreach Resource Center Two Ogden churches	OUTreach, a drop-in center for LGBTQ youth, adopted a tobacco-free policy. Two churches adopted smoke-free policies.

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



Ogden Mayor Matthew Godfrey and local youth unveil the first smoke-free park sign in Ogden at the May 29, 2009 "Come and Play Smoke-Free Today." The event celebrated smoke-free outdoor areas and was sponsored by the Weber-Morgan Health Department.

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 year.

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

- Tobacco prevention and control program staff and health promotion directors in 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
- Utah's Tobacco Control Advisory Committee:
  - Tamara Lewis, M.D., M.P.A., M.P.H., Intermountain Healthcare, Committee Chair
  - Lloyd Berentzen, M.B.A., Bear River Health Department
  - Heather Borski, M.P.H., Utah Department of Health\*
  - Scott Brown, M.S., American Heart Association of Utah
  - 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
  - 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, Community Member

\*non-voting members



LÍNEA EN UTAH PARA DEJAR DE FUMAR

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The TRUTH

# Funded Partners

2nd Baptist Church, Ogden  
 American Lung Association of Utah  
 Association for Utah Community Health  
 Bear River Health Department  
 Cache County Senior Citizen Center  
 CBA Alternative High School, Delta  
 Central Utah Public Health Department and Public Health Department Clinics  
 Child and Family Support Center, Logan  
 Clearfield Job Corps  
 College of Eastern Utah  
 Comunidades Unidas  
 Crowell/Love Partnership  
 Davis Applied Technology Center  
 Davis County Health Department  
 Davis Head Start  
 Davis Youth Summit  
 Delta High School  
 DPR Communications  
 Emery School District  
 Free & Clear, Inc.  
 Gateway Village Management Company  
 Grand County School District  
 Granite School District  
 Green River Community Center

Healthways QuitNet, Inc.  
 Housing Opportunities, Inc.  
 Indian Walk-In Center  
 IHC Urban South Region  
 Latin American Chamber of Commerce  
 Logan Regional Hospital  
 Monroe City Parks  
 National Tongan American Society  
 Nephi City Parks  
 Nephi Rubber Plant  
 Northridge High REAL Team  
 North Sanpete School District  
 OUTreach Resource Center  
 Project Success Coalition, Inc.  
 Public Employees Health Program  
 Queen Center, Inc.  
 Richfield Governing Youth Council  
 Riverdale Elementary School  
 Salina Governing Youth Council  
 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  
 Tintic High School  
 Tooele County Health Department  
 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 Navajo Health Systems  
 Utah Partners for Health  
 Utah State University  
 Wasatch County Dental Clinic  
 Wasatch County Health Department  
 Weber-Morgan Health Department  
 Weber State University, Students Working Against Tobacco (SWAT)



# Use of Funds FY2009

“We are making progress. The legislature’s continued commitment to fund Utah’s Tobacco Prevention and Control Program is decreasing the human and fiscal toll caused by tobacco. The small investment has lowered the number of youth beginning to smoke and has provided the needed help for adult smokers to kick the habit. More work remains to be done. With continued commitment, we will continue to save lives.”

Scott Brown  
Advocacy/State Health Alliance Director  
American Heart Association

## State TPCP Revenue

Utah Tobacco Settlement Account: \$3,993,900

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

One-time carryover from FY2008: \$167,847

Note: All FY2009 funds allocated to tobacco prevention and control through the Cigarette Tax Restricted Account and Master Settlement Agreement were expended in FY2009.

## Draw Down of Federal Funds Through TPCP Activities

**Federal and private revenues depend on matches with state funds.**

- TPCP’s work with retailers to prevent underage tobacco sales protects \$6.8 million in Synar block grant funding for Utah’s Division of Substance Abuse and Mental Health.
- TPCP state funds allow the program to secure \$1,302,200 in funding from the Centers for Disease Control and Prevention.
- The TRUTH marketing campaign draws down \$1,392,281 in federal Medicaid match.
- The Utah Tobacco Quit Line draws down \$94,466 in federal Medicaid match.

## In-kind Revenue: Marketing Campaign Added Value

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

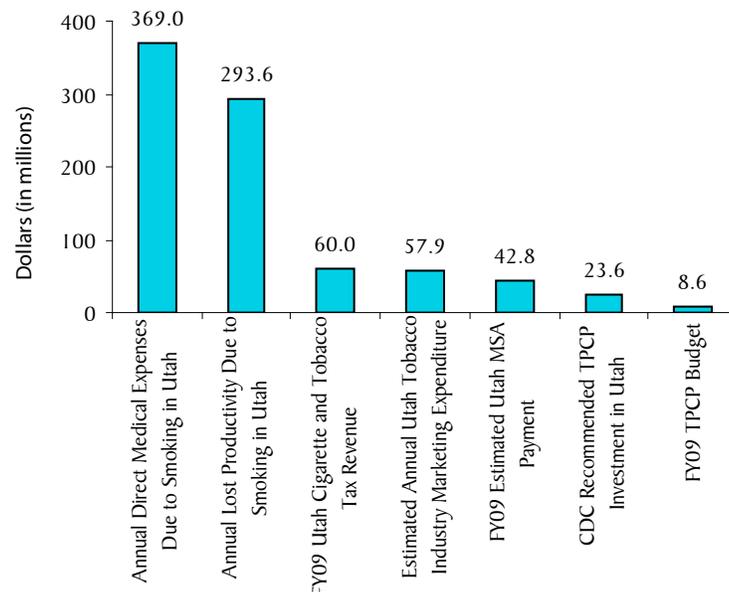
Donated airing of ads, news specials, and other media events: \$7,449,184

## Tobacco-related Expenditures

Tobacco use costs the Utah economy an estimated \$663 million annually in smoking-related medical costs and lost productivity.<sup>14</sup> The tobacco industry spends nearly \$60 million every year to market tobacco products in Utah and recruit new tobacco users.<sup>19</sup> Net cigarette and tobacco tax revenue to Utah is estimated at \$60 million. Utah’s FY2009 estimated tobacco settlement payment was \$42.8 million. The Centers for Disease Control and Prevention recommends that Utah spends \$23 million annually to reduce tobacco use.<sup>20</sup> At \$8.6 million the TPCP was funded at 36% of the recommended level (Figure 15).

**Figure 15.**

Estimated Annual Cost of Smoking in Utah, Cigarette and Tobacco Tax Revenue, Tobacco Industry Marketing Expenditures in Utah, Utah Tobacco Settlement Payment, and CDC Recommended and Actual Annual Investment in Tobacco Prevention and Control, 2009

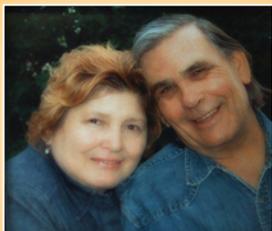


# Notes and References

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1989–2008*. Salt Lake City: Utah Department of Health. Center for Health Data. To estimate numbers of adult smokers, the BRFSS 2008 crude smoking rate (9.3% of Utah adults) was used. These data may underestimate adult smoking prevalence because the sample excludes mobile phone numbers. Research shows that people who use only mobile phones and not land lines tend to have higher smoking rates than the general population. For more information please see CDC. Blumberg SJ, Luke JV. Wireless substitution: early release of estimates based on data from the National Health Interview Survey, July–December 2006. Accessed August 10, 2009 from <http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless200705.pdf>. Changes in local health district adult smoking prevalence were calculated with combined 1997–1999 data compared with combined 2006–2008 data.
- 2 Population Estimates from the Governor's Office of Planning and Budget. Retrieved on August 24, 2009 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/builder/pop/PopMain/Count.html>.
- 3 YRBSS: Youth Risk Behavior Surveillance System. Youth Online: Comprehensive Results. Retrieved August 10, 2009, from <http://apps.nccd.cdc.gov/yrbss/>.
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# In Memoriam

Gerardo Ozorio, 60, loving husband, father, and grandfather, died January 1, 2009 after battling lung cancer. Gerardo's family will always remember him as a strong, charismatic, hard-working man. Born in Paraguay, Gerardo and his wife moved to Orem, Utah more than 10 years ago. He was an experienced contractor, who loved to sing and cook for his family.



Gerardo smoked cigarettes for more than 40 years. He tried numerous times to quit and finally succeeded one month prior to being diagnosed with stage IV lung cancer that had spread to four locations in his body, including the lymph nodes.

In November 2008, the Ozorio family began working with The TRUTH to produce an anti-tobacco campaign in Spanish to help educate the Latino community about tobacco. Gerardo, his wife Adolfinia, and their three sons, Gustavo, Francisco and Ramon, shared personal experiences of how Gerardo's battle against tobacco and lung cancer had affected each of them. "My husband allowed his experience to be used because he wanted to teach everyone not to smoke. It hurts me so much to see someone smoking. Every time I see someone smoking I wish they could see a picture of my husband and see how our family was left," said Adolfinia.

The message of each radio and TV spot is the same. Tobacco addiction not only kills individuals, it devastates entire families. Ramon Ozorio, Gerardo's youngest son, also an ex-smoker, encourages others to quit. "I know quitting is hard, but it's worth it. It's worth living 10 or 15 years longer."

The State of Utah and The TRUTH campaign greatly appreciate the Ozorio family for sharing their story, which has motivated many Latino families in Utah to fight even harder to win their own battles against tobacco.

The TPCP dedicates this publication to Gerardo Ozorio.

**Utah Department of Health  
Tobacco Prevention and Control Program  
1 (877) 220-3466  
[www.tobaccofreeutah.org](http://www.tobaccofreeutah.org)  
[www.health.utah.gov](http://www.health.utah.gov)**

To view the Ninth Annual Tobacco Prevention and Control report online, please go to [www.tobaccofreeutah.org](http://www.tobaccofreeutah.org) and click on the "FY2009 Annual Report" link or go directly to [www.tobaccofreeutah.org/tpcfy09report.pdf](http://www.tobaccofreeutah.org/tpcfy09report.pdf).



## THE KURT OSCARSON CHILDREN'S ORGAN TRANSPLANT FUND

November 2009

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 2009 Fiscal year, \$67,140 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 \$37,448. 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 FY09.

Below is a summary of current and historical data:

Fiscal Period	Revenue Collected From Tax Returns	Donor Promotion Expenses	Medical Assistance Expenses	Fund Balance Year End	Number Families Assisted
Fiscal Year 2009	\$67,140	\$45,100	\$37,448	\$159,351	20
Prior 3 year Average	\$76,215	\$45,100	\$34,111	\$169,157	20
Fund 16 year History	\$1,215,330	\$563,312	\$492,667	\$159,351	90

Contact: Lori Utley, Fund Support Services Coordinator

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## THE ORGAN DONATION CONTRIBUTION FUND

November 2009

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 2009 Fiscal year, \$102,523 in donations was collected through the Motor Vehicle and Driver License registrations, from which \$20,505 was reimbursed to the Divisions of Motor Vehicles (DMV) and Driver's License (DDL) for collection expenses. Expenditures of \$92,000 were made to Intermountain Donor Services for donor promotion services leaving the fund with a balance of \$86,016 as of June 30, 2009.

Below is a summary of current and historical data:

Fiscal Period	Revenue Collected from Motor Vehicle License Registration	Less: Collection Expenses	Donor Promotion Expenses	Fund Balance Year End
Fiscal Year 2009	\$102,523	\$20,505	\$92,000	\$86,016
Prior 3 yr Average	\$107,569	\$21,514	\$84,333	\$90,739
Fund 7 yr History	\$662,627	\$125,882	\$406,435	\$86,016

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**Covering Utah's Children**

**CHIP**

**Children's Health Insurance Program**



**Annual Report | 2009**

"I wish private health care providers would make insurance policies more affordable for people in difficult circumstances and/or small business owners like me. The CHIP program has taken a huge burden off our backs. We are very thankful that there is a program able to provide low-cost health insurance for our children."

- Shawn Toohey, CHIP Parent



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# Background

The Utah Department of Health (Department) manages CHIP through the Division of Medicaid and Health 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 parents' income is less than 200 percent of the federal poverty level (FPL). In 2009, this limit is equal to \$44,100 in annual income for a family of four.

Since being signed into law in 1998, CHIP has covered more than 155,000 Utah children, making it possible for them to get preventive care to stay healthy and medical services when they get sick or injured.

In accordance with Section 26-40-106, Utah Code Annotated, CHIP benefits are actuarially equivalent to benefits received by enrollees in the commercial plan with the largest enrollment in the State, Select Health's Small Business Account plan. CHIP currently contracts with two HMO plans to provide medical services, Molina Healthcare of Utah (Molina) and the Public Employee's Health Plan (PEHP). All dental services are provided through PEHP's dental plan.

# Year in Review

In January 2009, CHIP moved to a full risk contract for services provided through Molina. This change meant that CHIP's capitated premium payments to Molina would serve as full payment for all services provided to clients enrolled with Molina and that Molina would accept full risk for expenditures that exceed premium payments.

In February 2009, Congress passed the Children's Health Insurance Program Reauthorization Act (CHIPRA), which extended federal funding for CHIP through September 2013. CHIPRA placed many new requirements on CHIP:

- Mental health parity
- Mandatory dental benefit
- Application of most Medicaid managed care regulations
- Special contracting with Federally Qualified Health Centers

In February 2009, the Department was awarded a grant from the Robert Wood Johnson Foundation, Maximizing Enrollment for Kids. Utah is one of only eight states that were awarded the grant and is the only state to receive the grant west of the Mississippi. This grant aims to increase enrollment and retention of eligible children in Medicaid and CHIP by helping states streamline their systems, policies and procedures and to measure the impact of changes. The Department will be conducting surveys and focus groups with clients and eligibility staff to determine where the greatest barriers are in the enrollment and renewal processes. The Department will also be working with school districts to obtain information regarding uninsured children receiving Free or Reduced Price School Meals.

In the latter part of the fiscal year, CHIP prepared for significant changes in July including:

- Annual re-benchmarking of benefits and co-payments to be actuarially equivalent to private plan benefits
- Publishing of a Request for Proposal (RFP) seeking bids from Health Plans interested in providing CHIP medical benefits for a network that received no bids in response to the 2008 medical benefits RFP
- As required by CHIPRA, matching the service limits and the cost sharing requirements for mental health benefits with CHIP's

# Private Insurance Option

## 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. Beginning November 1, 2006, qualified families were eligible to receive a rebate of up to \$100 per month per child when they purchased health coverage through their work. In addition, qualified families 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 PEHP.

In August 2009, there were 503 children enrolled in UPP. Of the 503 enrollees, 404 received both the medical and dental subsidy and 99 received the medical subsidy and enrolled in the CHIP dental plan.

On September 9, 2008, the Department submitted an 1115 waiver amendment to the Centers for Medicare and Medicaid Services (CMS) in order to make changes to UPP. 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

CMS has not approved any of these requests to date. Current discussions with CMS indicate that approval of the COBRA request will likely happen before November 2009. CMS has indicated that it is willing to consider the changes to allow coverage of individual policies and HIPUtah within the next 12 months. CMS has expressed serious concerns about the other elements of the amendment.

# Financial

CHIP receives approximately 80 percent of its funding from the federal government under Title XXI of the Social Security Act 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 included an appropriation from the General Fund.

- For FY 2001, the Legislature appropriated \$5.5 million from Tobacco Settlement funds in State match.
- For FY 2004, the Legislature increased CHIP funding to \$7.0 million to cover more children on the program and to restore dental services.
- For FY 2006, the Legislature increased the state share of CHIP funding to \$10.3 million to cover more children on the program.
- 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 on the program. For FY 2008 the total appropriation of state funds was \$14.3 million (\$12.3 million in Tobacco Settlement Restricted Fund and \$2.0 million in General Fund.)
- For FY 2009, the total appropriation in state funds was \$14.3 million (\$10.3 million in Tobacco Settlement Restricted Fund, \$2.0 million in General Fund and an expected \$2.0 million in carryover from FY2008).
- For FY 2010, the Legislature decreased the ongoing General Fund to \$0.5 million and increased the Tobacco Settlement Restricted Fund to \$14.1 million to cover the loss in the General Fund. The program also has \$1.9 million in carryover from FY2009.

For FY 2009, CHIP spent \$63.8 million on health plan premiums and \$6.0 million on administration. The majority of the administrative costs came from eligibility determination. With an average monthly enrollment of 38,029 in FY 2009, the average cost per child was \$1,835 per year, or \$153 per month.

# Cost Sharing & Benefits

In FY 2009, families paid quarterly premiums up to \$60 per quarter for enrollment in CHIP. The amount of premium varies depending upon family income. As of July 1, 2009 premiums for families from 151 to 200 percent FPL increased from \$60 to \$75. Families with incomes from 101 to 150 percent FPL continue to pay premiums of \$30 per quarter. As directed by federal guidelines, families whose incomes are at or below 100 percent FPL and Native American families do not pay quarterly premiums. In FY 2009, CHIP collected \$1,749,354 in quarterly premiums. Premiums are used to fund CHIP services and are appropriated as dedicated credits in the annual CHIP budget. On July 1, 2009, CHIP implemented a \$15 late fee for families that fail to pay their premium on time.

Nearly all CHIP families pay co-payments when they receive services. Federal regulations limit co-payments for families at or below 150 percent FPL and prohibit co-payments for Native American children. As established in federal regulations, no family on CHIP is required to spend more than five percent of their family's annual gross income on premiums, co-payments and other cost sharing over the course of a plan year.

Federal guidelines allow states to select from several options in creating a benchmark for CHIP coverage. As of July 1, 2008, CHIP moved to a commercial health plan benefit for its benchmark.

# Eligibility

As required by House Bill 326 (2008), CHIP does not close enrollment and continuously accepts new applications. Applications for CHIP and UPP can be submitted through the mail, in-person, and online. A simplified renewal form and process has been implemented to reduce unnecessary barriers for the families being served.

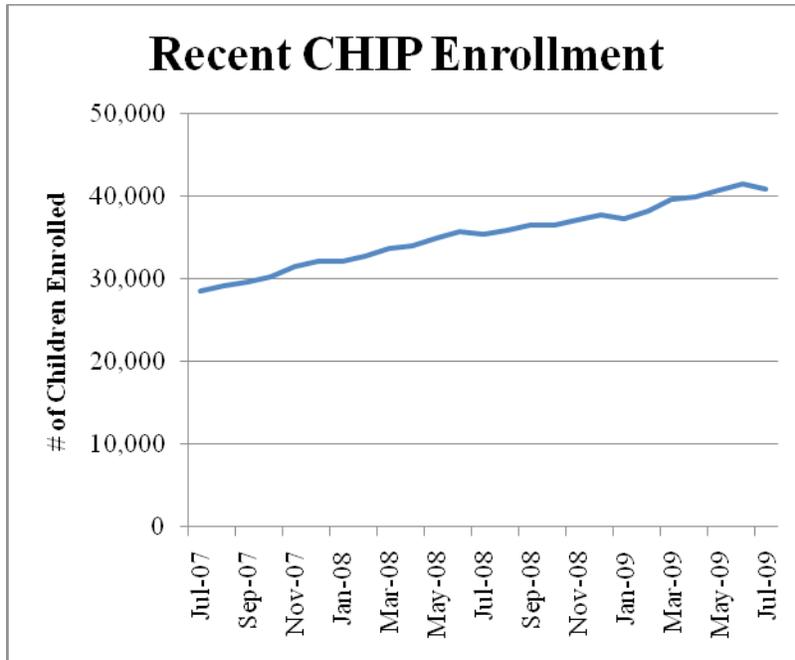
Basic eligibility criteria:

1. Gross family income cannot be higher than 200 percent FPL (for a family of four, 200 percent FPL is \$44,100).
2. The child must be a resident of the state of Utah, and a U.S. citizen or legal alien.
3. The child must be 18 years of age or younger.
4. The child must be uninsured and not eligible for Medicaid.

CHIP children are enrolled in the program for a twelve-month period.

# Enrollment

The following chart shows enrollment since CHIP was re-opened in July 2007:



# Enrollment

As of August 2009, there were 40,245 children enrolled in CHIP. Of the current enrollees, the ethnicity, race, age and income breakdowns are as follows:

## **Ethnicity (as of August 2009)**

Hispanic	10,355
Non-Hispanic	29,890

## **Race (as of August 2009)**

White	38,259
Asian	694
Native American/Alaska Native	523
Black	436
Native Hawaiian/Pacific Islander	245
Multiple Races	88

## **Age (as of August 2009)**

Less than 10	21,568
10 to 19	18,670

## **Income (as of August 2009)**

Less than 100% FPL	14,088
101% to 150% FPL	15,747
151% to 200% FPL	10,245

Sixty-seven percent of CHIP children are residents of Davis, Salt Lake, Weber, and Utah counties. Thirty-three percent are residents of other counties.

# Strategic Objectives & Performance Goals

The 2008 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 2008 and follow-up telephone surveys were conducted in April 2008. A total of 1,327 CHIP parents responded to the survey.

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

- 85.4% of children ages 1 to 11 had a visit with a primary care practitioner in 2007
- 84.6% of parents said that getting necessary care for their child was “Not a problem”

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

- 79.2% of parents rated their child’s health plan as an 8, 9, or 10
- 89.1% rated their health care received as an 8, 9, or 10
- 87.6% rated their person doctor or nurse as 8, 9, or 10
- 78.4% 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: Ensure that children enrolled in CHIP receive timely and comprehensive preventive health care services.

- 83.9% of parents surveyed said they “Always” or “Usually” got timely care

# Core Performance Measures

The 2008 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 2007. 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.

- 79.7% of CHIP enrolled children who turned 15 months old during 2007 and who had been continuously enrolled from 31 days of age, received at least 5 well-child visits

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

- 47.8% of the CHIP enrollees ages 3-6 had one or more well-child visits with a primary care practitioner in 2007

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

- 87.7% of CHIP enrollees had one or more visits with a primary care practitioner in 2007

# Future

As we look forward to FY 2010, CHIP faces the following opportunities and challenges:

- Responding to and implementing new requirements resulting from the passage of CHIPRA
- Issuing an RFP and awarding contracts to Health Plans to provide CHIP medical benefits
- Issuing an RFP and awarding contracts to Dental Plans to provide CHIP dental services
- Planning and implementing steps to reach the goals set out in the Maximizing Enrollment for Kids grant

"We seemed to be right in the income bracket where we made too much to get Medicaid coverage, but too little to afford anything for ourselves. We felt like we would be stranded without anything. I can't tell you how relieved I am to have insurance for my kids. It's so nice to know 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."

- Amanda Peterson, CHIP Parent



# CHIP

Covering Utah's Children

**1-877-KIDS-NOW**  
**[www.health.utah.gov/chip](http://www.health.utah.gov/chip)**



**Utah Department of Health**

**Division of Health Care Financing**

# **Expansion of 340B Drug Pricing Programs**

**Volume 7**

**Report to**

**The Utah Legislature's**

**Health and Human Services Interim Committee**

**and**

**Health and Human Services Appropriations Subcommittee**

**Presented**

**November 21, 2009**

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## **I. H.B. 74 –Expansion of State Medicaid 340B Drug pricing program**

The 2008 Legislature directed the State Medicaid agency to expand program use of savings under the 340B drug pricing program. Specifically, the Department of Health shall determine:

- The feasibility of developing and implementing one or more 340B pricing programs for a specific disease, similar to the hemophilia disease management program;
- Whether the 340B program results in greater savings for the department than other drug management programs for the particular disease. The Department shall report regarding:
  - Potential cost savings to the Medicaid program from the expansion of use of the 340B program;
  - Amendments and waivers necessary to implement increased use of 340B pricing;
  - Projected implementation of 340B pricing programs;
- The Department shall work with the Association for Utah Community Health to identify and assist community clinics that do not have 340B drug pricing programs to determine whether:
  - Patients of the Community Health Center would benefit from establishing a 340B drug pricing program on site or through a contract pharmacy;
  - The Community Health Center can provide 340B drug price savings to the Health Center's Medicaid patients

Program managers continue to pursue all available options.

### **Feasibility of additional disease management programs**

Designing disease management programs and securing approval from the Centers for Medicare and Medicaid Services (CMS) presents some challenges. Disease management programs, which restrict client pharmacy access to specially contracted providers, should be limited to specific disease states treated with expensive medications. This helps assure that potential cost savings will exceed administrative implementation expense. Simply duplicating the Hemophilia program is not a simple task.

In meetings with the current hemophilia disease management program provider in July of 2009, additional disease states were discussed. Further discussions of program specific details with other potential vendors have been delayed pending the outcome of State Plan and waiver negotiations with CMS. Among the potential disease states for more immediate consideration are multiple sclerosis, cystic fibrosis, rheumatoid arthritis conditions, hepatitis C, and crohns disease.

Program staff has worked to develop a State Plan template for the disease management programs. The core idea behind this is if a base structure is in place then future expansion into other disease states could be simplified. CMS prefers each disease state be separately described in detail. This expands the time needed to complete a State Plan Amendment since only the Hemophilia prototype exists. Further progress is slowed until CMS is comfortable with the plan descriptions.

In order to realize any potential savings through avenues other than disease states, collaboration with care provider specialties and pharmacy provider claim adjudication systems are essential. The programming and billing standards and requirements, for both Medicaid and providers remain primary challenges for pharmacy point-of-sale and physician office settings. This has proven to be very difficult and recent developments on the national scene with regard to Medicaid hospital billing requirements have complicated the issue. Medicaid staff continues to work diligently with the various providers to create workable solutions which will allow maximum benefit of 340B pricing.

In meetings over the course of the last three months, the largest 340B provider has indicated that providing 340B pricing on all claims submitted will cause them to withdraw from serving Medicaid clients through the loss of revenue. The pharmacy provider contracting for services to 340B clients of member clinics with the Association of Utah Community Health has also voiced intent to discontinue providing these services if revenue concerns are not addressed stating reasons similar to the largest 340B provider.

All savings from implementing a 340B program come entirely from the providers. Revenues derived from the 340B program were intended to help 340B providers offset losses resulting from discounted and free medical services provided to the uninsured and underinsured. A change to strict fill-and-bill 340B pricing would essentially eliminate that revenue.

## Potential Cost Savings

In previous reports potential savings have been calculated. These savings will only be possible should CMS provide the required approvals. Since the initial calculation of potential savings, the Medicaid program has changed reimbursement rates through the expansion of the Utah Maximum Allowable Cost program. As these reimbursement rates continue to change over time, the original savings available through the expansion of the 340B drug Disease Management program will likely be reduced.

340B pricing information is not accessible directly to Medicaid. Cost savings were originally calculated based on estimated 340B prices. Bill Von Oehson, president and general counsel of “The 340B Coalition,” a national organization of safety net Disproportionate Share Hospitals (DSH) based in Washington D.C. maintains that 340B prices are on average AWP minus 49 percent. The actual price varies by drug product. There is no question that potential cost savings exist. Those savings are not always attainable given the constraints of the system, such as 340B requirements, CMS approvals, and availability of willing contractors.

## Necessary Amendments and Waivers

There are several distinct components for the 340B program. One, termed medical, deals with services provided in a physician's office setting (e.g., hospital clinics, or community clinics). The second, termed point-of-sale (POS), deals with prescriptions obtained through a pharmacy. The third component, referred to as disease management, is administered through a POS setting with some medical services also provided.

In previous reports, the Division has addressed the expansion of the current 340B Disease Management program to include the management of additional disease states. CMS initially indicated that expansion of this program is subject to approval of a new Freedom of Choice 1915(b) waiver and additional State Plan Amendments. CMS approval still remains possible. In June 2009, CMS indicated that if only a single provider can meet the prescribed needs of the program, a new Freedom of Choice waiver may not be necessary. That need cannot be determined until the revised draft State Plan Amendment (SPA) is approved. The CMS Regional office's previous position was that one general SPA for disease state management would not suffice. Revised instructions required the submission of a single, comprehensive disease management SPA that includes plan details for each disease state to be managed along with the medication products intended to be used. That Draft has been submitted to CMS for review and comment. When and if new disease states are subsequently added to the program, new amendments will be required. Communications with CMS are on-going.

As Utah Medicaid seeks to expand its disease management approach to 340B savings, a single 340B pharmacy provider is required because access to the 340B purchased drugs for disease management must be restricted to a single 340B covered entity. Otherwise, clients can access medications at any Medicaid participating pharmacy, including non-340B pharmacies. This would result in a corresponding loss of potential savings. The current freedom of choice waiver (under review for renewal by CMS) was extended for six months effective July 1, 2009. This waiver is for the Utah Managed Care Plan, and provides the umbrella under which the hemophilia program operates. Full renewal is still pending CMS approval. Utah is currently responding to requests for information regarding this waiver which included questions over the previous approval of the hemophilia contract. Should the waiver not be approved, current authority for the hemophilia disease management program would expire, leaving the current disease management SPA in question. CMS previously took a position that any new disease management waiver should be submitted after approval of the current managed care waiver. Nevertheless, draft waiver language was prepared and has been submitted to CMS. As noted above, CMS indicated that a separate new freedom of choice waiver may not be necessary if only a single provider can meet the disease management requirements submitted in the revised draft SPA. A complete review by CMS of the current Hemophilia Disease Management plan was required before CMS would consider a new disease management SPA. This review has now been completed, however, if the Freedom of Choice Waiver renewal is not approved there will be no authority to continue the Hemophilia Disease Management program.

## Projected implementation of 340B programs

### Fill-and-Bill at 340B Pricing

In 2009 Medicaid met multiple times with Point-of-Sale (POS) and medical providers to seek input to ensure 340B cost billing could be supported by the providers. Both the providers (also known as 340B covered entities) and Medicaid face challenges with 340B billing. A narrative of the issues involved was provided in the May 2009 report. Accordingly, we seek solutions to make it possible to implement a savings program that requires all 340B covered entities to fill-and-bill at POS with 340B purchased drugs for all Medicaid clients of the covered entity.

Meetings continue with medical providers to develop needed solutions to current billing processes. Given the differences between current reimbursement methodologies and a 340B reimbursement methodology, arriving at an equitable reimbursement has proven difficult. Programming must satisfy all federal, state and industry standards while working within current MMIS system constraints.

Because of the Deficit Reduction Act (DRA) of 2005, Medicaid is required to pursue manufacturer rebates on drugs administered in a physician's office. This affects 340B covered entities because rebates cannot be sought from manufacturers for 340B purchased drugs. MMIS system programming must be able to accommodate both the 340B requirements and the rebate program needs. In January 2008, Utah began requiring Hospitals to provide NDC drug information on all outpatient clinic claims submitted for reimbursement. This was done in order to obtain the required information necessary for rebate collection as well as to facilitate future 340B pricing verification. Without NDCs, Medicaid cannot audit pricing nor identify the specific drug product administered.

In August of 2008, the Safety Net Hospitals for Pharmaceutical Access (SNHPA) filed suit to prevent NDC collection requirements imposed on hospitals as a result of the DRA. The lawsuit settled on October 9, 2009, and CMS issued guidance to the states on October 19, 2009 which states (emphasis added):

*Section 1927(j)(2) of the Social Security Act exempts certain hospitals from the rebate requirement as long as the hospitals bill Medicaid for covered outpatient drugs at no more than the "hospital's purchasing costs for covered outpatient drugs (as determined under the State Plan)."... A hospital's claims for covered outpatient drugs are not subject to the NDC reporting requirement if the hospital meets the criteria of Section 1927(j)(2). States are therefore not required to collect NDCs under the DRA for these claims.*

Accordingly, hospitals claim they no longer need to report NDCs to Medicaid. A legal review requested of Department attorneys states:

*Section 1927(j)(2) of the Social Security Act (codified as 42 USC 1396r-8(j)(2)) provides that if hospitals meet a certain criteria, they are not subject to NDC reporting requirements.*

*The CMS clarification letter stated that the Section 1927(j)(2) exemption still applies despite the requirements in 42 CFR 447.520.*

*[Staff's] question concerned the language of the CMS clarification letter which stated "States are therefore not required to collect NDCs under the DRA for these claims." [Staff] wondered if this was permissive language, where although a State is not "required to collect NDCs" a State could still opt to collect NDCs from Section 1927(j)(2) hospitals if the State made it a requirement.*

*The CMS letter read by itself leaves open the question on whether States even though not required, could opt to still have Section 1927(j)(2) hospitals provide NDCs. However, Section 1927(j)(2), is clear that States do not have an option to have NDC requirements for Section 1927(j)(2) hospitals.*

*Section 1927(j)(2), provides in part that hospitals meeting the exemption requirements of the 1927(j)(2) "shall not be subject to the requirements" which include NDC reporting requirements. This exemption language precludes States from subjecting 1927(j)(2) hospitals from NDC reporting requirements. The CMS clarification letter should be read in the context of this exemption language found in 1927(j)(2).*

A 1927(j)(2) hospital is a hospital that:

- Provides medical assistance under the State Plan,
- Dispenses covered outpatient drugs using drug formulary systems, and
- Bills the [State] plan no more than the hospital's purchasing costs for covered outpatient drugs (as determined under the State Plan).

This would include any hospital, not just 340B Hospitals. Meetings with providers have resulted in postponement of the implementation dates for this program. Due to the issues referenced from the May report above, provider dissatisfaction over reimbursement, and legal requirements imposed as a result of the SNHPA lawsuit settlement, implementation of this program is currently on hold while disease management programs are developed.

## **Disease Management**

The aforementioned Freedom of Choice waiver, with disease management programs, can take a long time to get approved. Such was the case with the original Hemophilia program. Depending on the disease state and number of patients involved, implementation can take an additional six to seven months. Table 1 in previous reports outlined specific implementation tasks for the suggested Multiple Sclerosis program expansion. This time line was to be revised. Lacking responses from CMS with regard to the submitted draft SPA, this timeline cannot be revised.

## **Association for Utah Community Health**

The Association for Utah Community Health (AUCH) is an organization of 340B community health centers, federally qualified health centers, and family planning clinics. There are 29 covered entities in the AUCH organization. AUCH pharmacies charge 340B clients the cost of the 340B drugs plus a five dollar co-pay, providing a great benefit to their patients. Medicaid patients are insensitive as to whether or not 340B purchased drugs are used since using 340B drugs does not change their co-pay. Medicaid clients cannot pay more than three dollars for a co-pay. In fact, a five dollar co-pay would disadvantage a Medicaid client. For them, the Medicaid co-pay is better. Negotiations with the AUCH organization are focusing on methods to make it attractive for the Medicaid client while maintaining the revenue for the covered entity. As stated previously, the pharmacy provider contracting for services to 340B clients of member clinics with the Association of Utah Community Health has also voiced intent to discontinue participating unless reimbursement issues (e.g., higher dispensing fees) are addressed.

A 340B covered entity by definition buys 340B drugs for use in the facility. All covered entities provide 340B purchased medications, at least in the physicians' offices, whether or not pharmacy services are available onsite or through a contracted pharmacy. Most AUCH members have onsite pharmacies or have a contracted pharmacy. Presently, covered entities can elect whether or not they will choose to fill-and-bill with 340B purchased drugs for their Medicaid patients; none have elected to do so. AUCH has indicated to Medicaid that its organization of covered entities will work towards participation pending satisfactory resolution of reimbursement issues.

## **II. Conclusion**

The 340B drug purchasing program is a program of the Health Resources Services Administration (HRSA), and is administered by the Office of Pharmacy Affairs. The entire program is governed by rules and regulations external to CMS and the Medicaid Agency. Because the 340B program impacts the Medicaid drug rebate program, both have requirements that must be met for access to 340B drug savings.

The department continues to actively pursue means to expand the existing 340B programs to help reduce costs and, in the case of disease management programs, benefit the clients through greater control of certain chronic diseases.

## **III. Recommendation**

Because of the difficulty and expense associated with program design and CMS approval, disease management programs under freedom of choice waivers should be limited to specific disease states treated with expensive medications. This will help assure potential cost savings exceed administrative implementation expense. Simply duplicating the Hemophilia program is not easily done.

Another opportunity for Medicaid to take advantage of 340B savings is to require 340B covered entities to fill-and-bill with 340B purchased drugs. During this process, it must be recognized that provider costs of filling the prescription will need to be accounted for in the new reimbursement methodology. It is not as simple as just asking the providers to fill-and-bill at 340B prices as many costs may then go uncompensated. Pursuit of this option predates H.B. 74, but was delayed pending this legislation. The accelerated pace imposed by passage of H.B. 74 enjoins patience throughout the process of problem identification and resolution. The importance of provider satisfaction, client access<sup>1</sup>, and strict compliance with federal regulations, cannot go unrecognized.

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<sup>1</sup> Client access could be impacted by an expansion to fill and bill at 340B pricing as many 340B pharmacies may no longer choose to participate in the Medicaid program.