

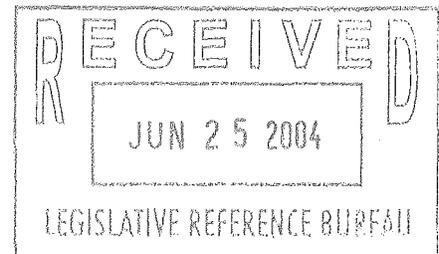
STATE DOCUMENT

2004 Annual Report

[2003 activities]

Wisconsin Tobacco Prevention and Control Program

Division of Public Health
Wisconsin Department of Health and Family Services



STATE DOCUMENT



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

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May 27, 2004

The Honorable Jim Doyle
Governor, State of Wisconsin
Room 115 East. State Capitol
Madison WI 53702

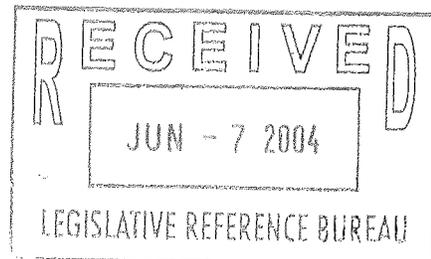
Dear Governor Doyle:

The Department of Health and Family Services is pleased to submit to the Governor and the Legislature the *Wisconsin Tobacco Prevention and Control Program, 2004 Annual Report*. The report is required by 2003 Wis. Act 33, SB 44, Section 2462, 255.15(4).

Sincerely,

A handwritten signature in black ink, appearing to read 'Helene Nelson', written over a faint, larger version of the same signature.

Helene Nelson
Secretary



Wisconsin.gov



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

May 27, 2004

Robert J. Marchant
Senate Chief Clerk
17 West Main Street, Suite 401
Madison WI 53707

Dear Mr. Marchant:

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Secretary



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

May 27, 2004

Patrick Fuller
Assembly Chief Clerk
17 West Main Street, Suite 208
Madison WI 53707

Dear Mr. Fuller:

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Helene Nelson
Secretary

REPORT TO THE GOVERNOR AND THE LEGISLATURE

As Required By

2003 Wis. Act 33, SB 44, Section 2462, 255.15(4)

**Report on the grants and activities related
to reducing the death, disease and health
care costs caused by tobacco use.**

April 15, 2004

Prepared by the
Department of Health and Family Services
Division of Public Health
Tobacco Prevention Section

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Table of Contents

	<u>Page</u>
I. Tobacco use in Wisconsin	3
II. Year in Review	6
III. Wisconsin's Comprehensive Program	7
A. Preventing Youth Initiation and Helping Kids Quit	10
B. Treating Tobacco Addiction	14
C. Addressing Tobacco-Related Disparities	16
D. Working in Communities	19
IV. Next Steps	21
Appendix I: Grants Allocated During SFY 03	22

I. Tobacco Use in Wisconsin

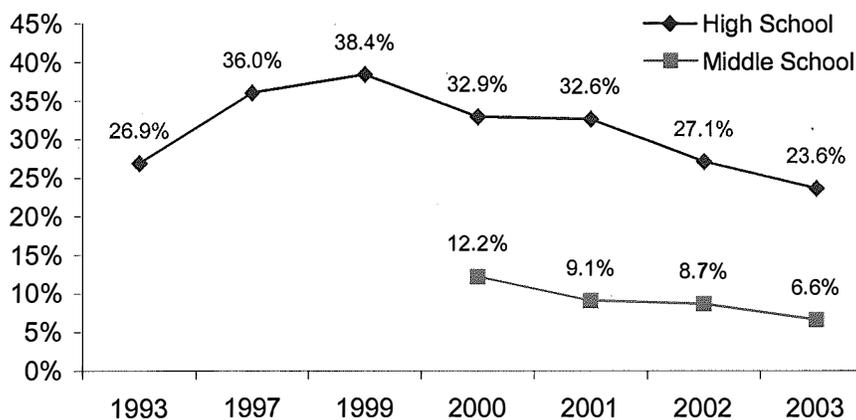
Smoking continues to be a devastating health and economic burden in Wisconsin. Over 7,300 deaths, or nearly 16% of all Wisconsin deaths in 2000, were attributable to cigarette smoking, with \$1.6 billion paid in direct health care costs and \$1.4 billion in lost productivity. Given that almost one million people continue to smoke cigarettes in Wisconsin, including an estimated 136,000 youth, cigarette smoking will continue to cause disease, death, and health care costs well into the future.

The following information highlights the progress that's been made, and the great need that still exists in Wisconsin.

Youth

- Middle school students who are identified as current smokers have declined from 12% in 2000 to 6.6% in 2003. This equals 11,248 fewer middle school smokers in 2003 than in 2000.
- High school students who identified themselves as current smokers have declined from 38% in 1999 to 24% in 2003. This equals 24,180 fewer high school smokers in 2003 than in 2000. However, there are still over 68,000 high school smokers.
- Youth access to tobacco products has declined substantially from 33.7% of establishments selling to minors in 2001 to 18.4% selling to youth in 2003.

Current cigarette smoking among middle and high school youth in Wisconsin, 1993-2003



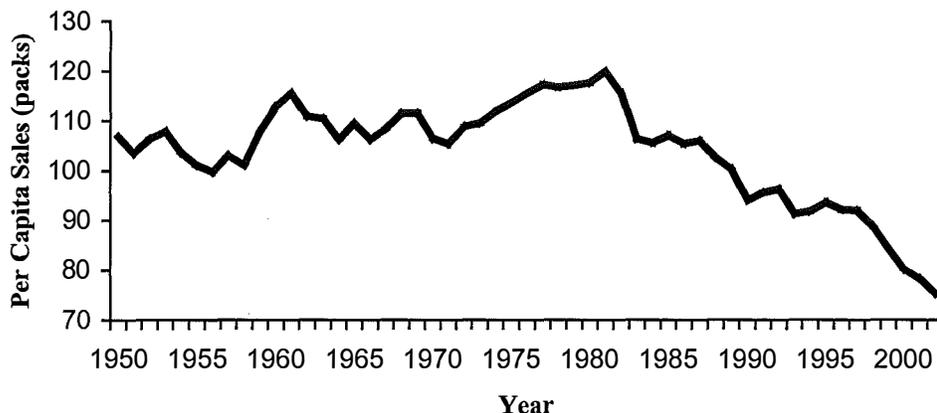
Source: Wisconsin Youth Risk Behavior Survey (1993-2003), Youth Tobacco Survey (2000-2003)

Adults

- The current smoking rate among adults in Wisconsin is 23% or 940,213 people. This mirrors the national adult smoking rate of 23%.
- Approximately, 2.8% of adults currently use smokeless tobacco in Wisconsin.
- Per capita consumption is declining from 94.0 packs sold per capita in 1990 to 71.0 packs in 2003.

- In 2000, more than 7,300 Wisconsin residents died from smoking related illnesses, with an additional 1,200 deaths of non-smokers from secondhand smoke.

Per capita consumption in Wisconsin, 1950-2002

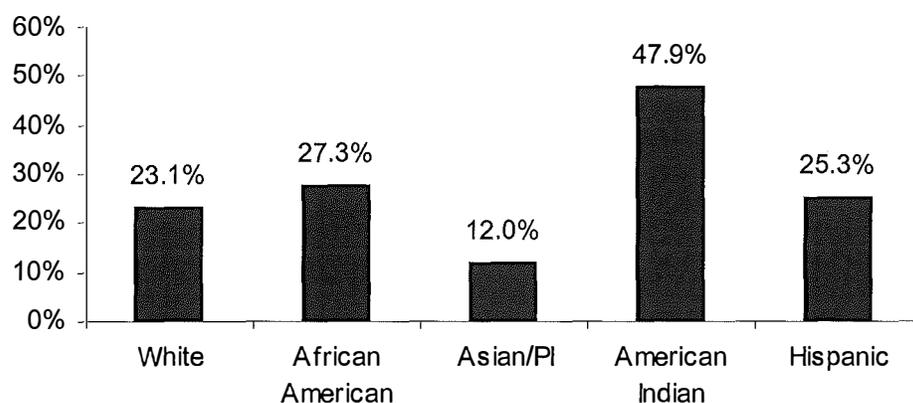


Source: Wisconsin Department of Revenue data

Disparities

- 18-24 year olds have the highest current smoking rate of any age group. Smoking declines by age with 65 and older having the lowest smoking rate.
- Smoking varies by race and ethnicity. Native Americans have the highest smoking rate, while Asian and Pacific Islanders have the lowest rate.
- Adults with low educational attainment and low household income have the highest smoking rates.

Current Smoking Prevalence Among Adults in Wisconsin by Race/Ethnicity, 1998-2002



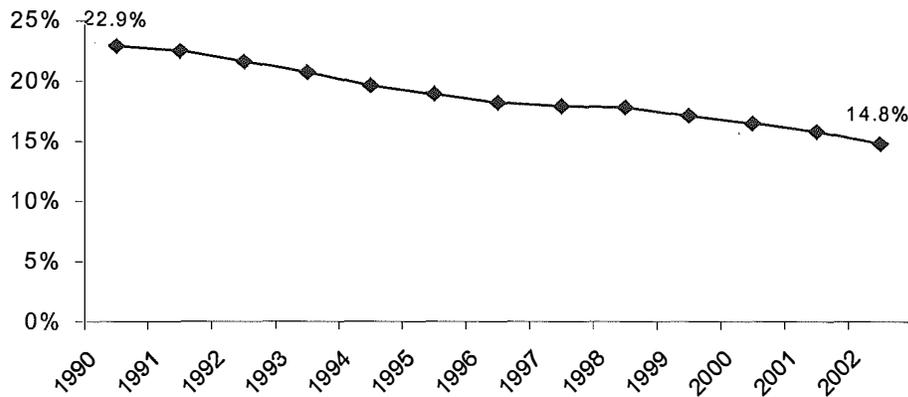
Source: Wisconsin Behavior Risk Factor Survey (1998-2002)

Pregnant Women

- 14.8% or 10,139 pregnant Wisconsin women smoked during pregnancy in 2002.

- Smoking rates are highest for pregnant women with less than a high school education, of American Indian descent, receive no prenatal care, and are unmarried.

Smoking among Pregnant Women in Wisconsin, 1990-2002



Source: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. *Wisconsin Births and Infant Deaths, 1990-2002*.

Secondhand Smoke

- As of December 31, 2003, there were 16 smoke free restaurant ordinances passed in Wisconsin.
- 56% of municipalities have banned smoking in their government buildings in 2003.
- 44% of Wisconsin middle school students are exposed to secondhand smoke at home.

Treating Tobacco Addiction

- In 2002, 68% of adult smokers in Wisconsin reported that they were considering stopping smoking in the next 6 months.
- 55% of adult smokers have deliberately quit smoking for one day or longer during the past 12 months in 2002.
- Among Wisconsin middle school students in 2003, 62% attempted to quit smoking during the past 12 months.
- 55% of Wisconsin high school students have tried to quit smoking in 2003.

These numbers provide a snapshot of smoking in Wisconsin. The rest of the report details what we're doing about it.

II. Year in Review

2003 was a transformative and transitional year for the Tobacco Prevention and Control Program.

Continued Program Successes

Wisconsin continued its success in preventing youth tobacco use, promoting nicotine addiction treatment, and preventing exposure to secondhand smoke. This report provides greater detail, but the following represent several 2004 highlights:

- Middle school smoking rates dropped from 12% in 2000, to 6.6% in 2003, an almost 50% reduction. This equals 11,248 fewer middle school smokers in 2003 than in 2000.
- In addition, smoking among high school students has decreased from 33% in 2000 to 24% in 2003, a 27% reduction in high school cigarette use. This equals 24,180 fewer high school smokers in 2003 than in 2000. However, there are still over 68,000 high school smokers.
- Youth access to tobacco products has declined substantially from 33.7% of establishments selling to minors in 2001 to 18.4% selling to youth in 2003.
- Tobacco consumption declined from 80.1 packs per capita in 2000 to 71.0 in 2003. This is an 11% reduction in three years.
- The Wisconsin Tobacco Quit Line has received over 44,000 calls since beginning in May 2001. The success for a smoker that quits “cold turkey” is about 5%. Smokers who use telephone counseling services, such as the Quit Line, are four to five times more likely to quit successfully.
- The First Breath Program, run by the Wisconsin Women’s Health Foundation in partnership with the Division of Public Health, established 75 sites statewide that provided intensive cessation counseling and support for over 678 pregnant smokers on public assistance programs.

Administrative Consolidations

At the beginning of 2003 the Tobacco Control Board (TCB) and the Department of Health and Family Services (DHFS) were working with many organizations to plan, implement and evaluate a comprehensive tobacco prevention program.

The 03-05 Biennial Budget dissolved the TCB and transferred its duties, responsibilities, authorities, assets and liabilities to DHFS. All tobacco prevention and control activities were then centralized in the Division of Public Health, Bureau of Chronic Disease Prevention and Health Promotion (BCDPHP). The BCDPHP has since been renamed the Bureau of Community Health and Prevention (BCHP).

This consolidation also included the Wisconsin Wins campaign to prevent access to tobacco products by minors. Wisconsin Wins assures Wisconsin retailers do not sell tobacco products to youth. Wisconsin is required by the national Synar regulation to measure compliance with State and federal laws prohibiting the sale of tobacco products to minors, and to keep that rate below 20%. Finally, the Secretary of DHFS selected a Tobacco Advisory Group, whose charge is to

provide advice and counsel to the Secretary on tobacco prevention and control programs and policies.

Funding Reductions

Although the Tobacco Control Board originally allocated over \$16 million during SFY 2003, the 03-05 Biennial Budget also reduced the program's annual baseline funding from \$15 to \$10 million. With the dissolution of the TCB, DHFS assumed the financial and programmatic management responsibility for contracts totaling about \$8.2 million for the 6-month period, July 1, 2003 to December 31, 2003. DHFS had to reduce many of the SFY 03 grants (included in Appendix I) or face a situation of administering a statewide and comprehensive program with about \$1.8 million for the period January 1, 2004 through June 30, 2004.

The situation mandated that DHFS also make and prospectively implement several changes to the composition and funding allocations for calendar 2004 contracts. Some of these changes included reducing funding for community coalitions from \$4.5 million (CY 2003) to \$2.2 million (CY 2004), increasing the allocation for the Wisconsin Wins program from about \$400,000 CY 2003 to over \$850,000 (CY 2004) and reducing media/counter-resources from \$3.5 million (CY 2003) to \$2.1 million (CY 2004) and reducing surveillance and evaluation resources from \$1.1 million (CY 2003) to \$500,000 (CY 2004).

CY 2003 was a year of continued successes and challenges. However, it's clear that Wisconsin's statewide comprehensive program is producing results. The following reports numerous outcomes from 2003. We know what works and Wisconsin will continue its fight against the death, disease, and health care costs caused by tobacco.

Changing perceptions of tobacco use. Programs, coalitions, and partners are working toward changing social norms around tobacco use. Today, 16 Wisconsin communities have local smoke-free dining ordinances. If we teach our kids smoking is bad for them, our communities should reflect the realities of tobacco and secondhand smoke. Until we denormalize tobacco use, more kids will start smoking, and smokers will have a harder time quitting.

All of these activities, coupled with strong evaluation of program outcomes, assure our efforts reduce the burden of tobacco in Wisconsin. We know what works, and our 2003 successes and continued commitment to a comprehensive program will save lives and health care costs for years to come.

A. Preventing Youth Initiation and Helping Kids Quit

Preventing youth from starting is the surest way to prevent future death and disease caused by tobacco use. Wisconsin has established a strong infrastructure of youth prevention and cessation programs, and this work – and success – was continued in 2003.

The 2003 data points to our successes and challenges. The 2003 Youth Tobacco Survey (YTS) data indicates that the current smoking rate has decreased for the fourth year in a row among middle school youth. Current smoking is down from 12% in 2000 to 6.6% in 2003. The 2003 Youth Risk Behavioral Survey also indicates that high school current smoking rates are decreasing from 38% in 1999 to 24% in 2003. We also know that students are hearing the message about the dangers of secondhand smoke, with 91% indicating they believe smoke from other people's cigarettes is harmful.

But there's more work to be done. We know that 52% of current smokers in middle school want to stop, and 62% have attempted to quit smoking during the past 12 months according to the 2003 YTS. In addition, despite awareness of the dangers of secondhand smoke, exposure is high, with 42% living with someone who smokes cigarettes and 54% being exposed during the past week. Despite these challenges, a rich complement of youth programs helped prevent and reduce youth tobacco use in 2003.

School Tobacco Program

Funding was provided to 46 projects covering 201 school buildings in 55 districts in Wisconsin. The purpose was to continue to support enhanced implementation of school tobacco programs, which followed the Centers for Disease Control and Prevention's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.

The outcomes of Wisconsin's school-based efforts can be measured both by the decreases in youth tobacco use, but also by the direct efforts of the grantees. School districts reported approximately 33,000 students received classroom instruction, about 22,000 received new or enhanced peer services, and over 1,800 were served by or referred to tobacco cessation programs. The number of students reportedly served by cessation services in the second year was three times the number referred or served during the first year of the program. These increases occurred despite significant reductions to funding, with the average funding award decreased from the first year average of about \$22,500 to \$11,500. Our schools continue to be the front lines in preventing kids from starting a life of tobacco addiction.

Thomas T. Melvin Program

The Melvin Program has spent that last 4 years reducing middle school smoking rates and assuring a healthier future for Wisconsin students. Using a multi-media campaign and community-based educational events, the Melvin "B-FREE" campaign is changing youth attitudes about smoking.

The Melvin Program worked in 9 communities implementing research-based, best practices designed to change middle school youth awareness, attitudes, knowledge and behaviors about

tobacco use. The Melvin program supported local leadership consistent with community cultural norms, and focused on school and community strategies which identified and eliminated disparities, denormalized tobacco use, promoted media literacy, offered positive alternatives to tobacco use and fostered leadership in changing local policies.

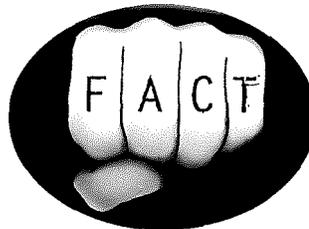
According to the 2003 YTS data, 58% have seen or heard anti-smoking ads that say “B-FREE” from tobacco. In the time that the B-FREE campaign has been active, middle school smoking rates have dropped by almost 50%. The Melvin Program has played an integral role in reducing youth tobacco use.



FACT, Fighting Against Corporate Tobacco

FACT, Wisconsin's Youth Led Movement has reached over 6,000 teens who use activism initiatives to share the messages of Big Tobacco's lies and deception. FACT members have engaged in peer and community education efforts that have helped reduce youth tobacco use, and have played an integral part in changing community policies on secondhand smoke and retail sales to youth. Youth participated in education and activism event that included e-mail blitzes, body art, fashion, letter writing, and targeted smoke-free campaigns in Wausau, Rhinelander, Stevens Point, Hudson, Stoughton, Milton and Wauwatosa.

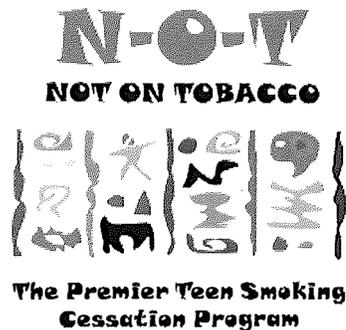
Many of the ideas were generated by youth during the *Back to FACT Weekend*, May 9 – 11, 2003 in Madison. 300 attendees came from 48 counties to be trained in the statewide activism initiative that addressed the social acceptability of smoking. Throughout the weekend, youth gained other valuable skills and information in the fight against Big Tobacco. FACT provides a way for youth to lead in reducing the death and disease caused by tobacco.



Not On Tobacco (N-O-T)

The N-O-T program is a school-based program focused on helping youth quit. The program demonstrated effectiveness in several State and national research studies and that success has been recreated in Wisconsin. Led by the American Lung Association of Wisconsin, the N-O-T program partners with school and community organizations to offer youth and gender specific counseling. A statewide corps of N-O-T facilitators is being trained and finding ways to help youth quit.

In 2003, eight N-O-T Facilitator Workshops were held throughout the State, certifying 94 facilitators. Program implementation and evaluation is tracked and reported July to June (per school year). The results for the 2002-2003 school year evaluation demonstrated a 23.5% quit rate and a 74.6% reduction rate among those participants who did *not* quit smoking entirely.



Stamp Out Spit Tobacco

In an effort to inoculate elementary school youth from the lure of spit tobacco, the Stamp Out Spit tobacco program educated approximately 110,000 children on the dangers of spit tobacco. The program featured classroom lessons, an educational comic book, and a unique partnership between the Milwaukee Brewers, Wisconsin Dental Association (WDA), Division of Public Health (DPH), and Department of Public Instruction (DPI). Using the star power of the Brewers, and the expertise of the WDA, DPH, and DPI, we are having an impact. Of participating classes, 67% of students increased their knowledge regarding myths, facts, and dangers of spit tobacco. Of particular note, the program had a significant impact on rural children, who made considerable gains in knowledge of spit tobacco and its dangers.

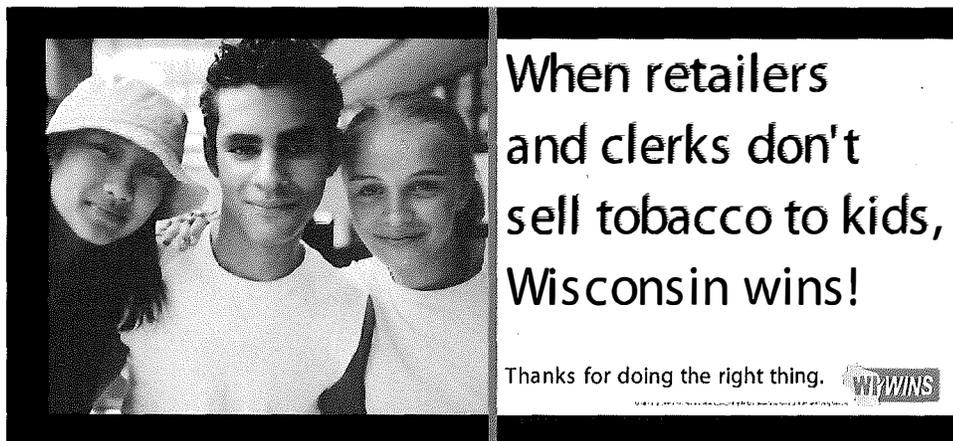


Wisconsin Wins

The Wisconsin Wins (WI Wins) campaign is a State-level initiative designed to comply with the federal Synar Regulation, which requires states to address illegal retail tobacco sales to minors. As part of a comprehensive approach to preventing youth initiation of tobacco use, states must reduce access to tobacco products.

The WI Wins campaign was launched in the spring of 2002 to assure compliance with the Federal Synar regulation. The program design uses a positive reinforcement protocol known as Recognition and Reminder (R&R) to support retailers who “do the right thing” and refuse to sell tobacco to minors. Program components included a statewide media campaign consisting of radio, print, transit (bus), outdoor (billboard), and cinema ads. Direct mailings and phone contacts with retailers reinforce the media message. DHFS also contracts with local partners, including health departments and other human service agencies, to conduct investigations to determine retailer compliance with the law. Local initiatives also include retailer education and training, media, and community outreach and education.

In 2003, DHFS conducted a survey of 880 retailers to determine the level of statewide compliance with the law restricting tobacco sales to minors. The survey indicated non-compliance rate of 18.5 percent. This result reflects a reduction from the 2001 survey, which indicated a 33.7 percent non-compliance rate, and the 2002 survey with a 20.4 percent rate. Overall, in the two years since implementation, the WI Wins campaign has reduced the rate at which tobacco is available to minors at retail outlets by approximately 45 percent.



B. Treating Tobacco Addiction

There are approximately one million smokers in Wisconsin. Of these, we know that almost 80% want to quit. In coordination with work by local coalitions and health care providers, the Tobacco Prevention and Control Program funds several efforts that help smokers quit.



The Wisconsin Tobacco Quit Line

Approaching its third anniversary, the Wisconsin Tobacco Quit Line offers a single access point to tobacco addiction treatment. Between May 1, 2001 and December 31, 2003, the Quit Line received almost 44,000 calls from over 29,000 individuals. In addition to over 90% satisfaction rates with the Quit Line services, callers increase their likelihood of quitting tobacco by four times over individual efforts.

The Quit Line, managed by the UW Center for Tobacco Research and Intervention (UW-CTRI), offers a variety of services, including:

- **One-on-one practical telephone counseling.** Quit Line cessation specialists provide specific strategies on quitting for good.
- **Free Information.** For friends, family and tobacco users, the Quit Line provides information on tobacco use, dependence and cessation. Friends and family members can get information on how to help someone they know quit tobacco use.
- **Referrals to local cessation programs and services.** Quit Line cessation specialists have a list of resources from all over Wisconsin so they can refer callers to established programs within their own area.

UW-CTRI

Center for Tobacco Research and Intervention
University of Wisconsin Medical School

Outreach Program

The statewide Education and Outreach program is providing Wisconsin residents with access to state-of-the art, effective smoking cessation treatment. In doing so, the statewide Education and Outreach program blends medical treatment with public health approaches to cessation. UW-CTRI has placed six outreach specialists across the State to support the cessation needs of the entire State. Regional specialists also aid in the coordination of statewide, comprehensive cessation efforts and contribute to the success of community-based tobacco control activities.

C. Addressing Tobacco-Related Health Disparities



Eliminating health disparities related to tobacco use is a major public health challenge. In September 2001, the Division of Public Health convened a diverse workgroup to develop a strategic plan for addressing disparities related to tobacco. The resulting plan, *Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Wisconsin* was printed, distributed and marketed in 2003.

Disparities are found among populations grouped by age, race/ethnicity, income levels, education levels, and occupation. The workgroup did not limit the plan to particular groups but instead developed goals and set strategies aimed at addressing root causes. The plan outlines six goal areas:

- Improving data information on disparately affected populations
- Broadening partnerships to strengthen Wisconsin tobacco control efforts
- Increasing emphasis on disparities in existing tobacco control programs
- Advocating for resources to eliminate tobacco-related disparities
- Building capacity in disparately affected populations
- Promoting effective population-specific interventions

Prevalence – Current Cigarette Smoking	
Educational Attainment	
Less than high school	41%
High School Graduate	31%
Some College	24%
College Graduate	12%

Identifying and eliminating disparities is an ongoing process. The workgroup that was formed to develop a strategic plan evolved into a permanent Disparities Task Force that became a formal part of the program's planning and implementation model. This ensures diverse stakeholders' involvement in planning, identifying, and expanding the base on tobacco-related disparities.

During 2003, the Disparities Task Force marketed the strategic plan widely, including a series of training sessions aimed at local public health professionals, local tobacco control coordinators, and statewide tobacco control partners. The CDC National Disparities Network partnered with Wisconsin for these web-based training sessions and in planning efforts. All of the national networks participated in the training and provided their contact information to our local communities. Participants gained a greater understanding about disparities, knowledge of how to identify tobacco-related disparities and how to implement specific strategies.

Targeted Efforts

In addition to the plan to eliminate disparities, several efforts took place in 2003 that showcased and addressed the impact of tobacco in specific populations.

Wisconsin Ethnic Network Collaborative

Since 2001, the Wisconsin Ethnic Network Collaborative (WENC) has worked to address tobacco control issues in communities of color throughout Wisconsin. The four member organizations, representing the African-American, Hispanic/Latino, Native American, and Southeast Asian populations, monitor tobacco control policies and programs affecting their communities, facilitate training, and share culturally and linguistically appropriate ideas for tobacco control. These agencies include the Black Health Coalition, United Migrant Opportunity Services, Great Lakes Intertribal Council, and the Wisconsin United Coalition of Mutual Assistance Associations.

In 2003, WENC worked with the Wisconsin Tobacco Control Board to launch the “Let’s Be Clear” Campaign, Wisconsin’s first tobacco control media campaign designed for and featuring Wisconsin’s African American, Southeast Asian, Hispanic and Native American communities. The campaign showcased community leaders from Wisconsin discussing the health impacts of smoking and secondhand smoke, how to get support for quitting, and their personal experiences with tobacco. The \$1 million campaign ran statewide and in targeted markets. These community leaders also attended ethnic festivals across the State to draw attention to the disparate impact of tobacco in communities of color, and to recruit leaders in the fight against tobacco and secondhand smoke.

Women and Smoking

The Secretary of the Department of Health and Family Services held a press conference with the Women’s Health Foundation and UW-CTRI to address the unique issues of women and smoking. According to the UW Comprehensive Cancer Center, nearly five times as many Wisconsin women died from Chronic Obstructive Pulmonary Disease (COPD) in 1998 as died in 1979. Deaths from COPD among Wisconsin women in 1998 exceeded deaths from either breast or lung cancer. In addition, lung cancer has now surpassed breast cancer as the number one cause of cancer death among women. Approximately 90% of lung cancer and COPD cases are caused by cigarette smoke.

With a matching grant of \$200,000 from the American Legacy Foundation, Wisconsin launched a media campaign focused on women that promoted the Quit Line and the First Breath program. As a result, Wisconsin women called the Quit Line and enrolled in First Breath and were able to get help in quitting.



Smoking During Pregnancy

As noted earlier, over 10,000 pregnant Wisconsin women smoked during pregnancy in 2002. In 2003, the First Breath Program, run by the Wisconsin Women's Health Foundation in partnership with the Division of Public Health, established 75 sites statewide that provided intensive cessation counseling and support for over 678 pregnant smokers on public assistance programs. Over 35% of participants reported quitting, compared to 18% of a control group from the same populations. The program is projected to serve over 4,000 women over the next three years and has become a national model.

Campus Smoking

The University of Wisconsin Oshkosh (UW-O) continued the pilot program to reduce tobacco use among UW Oshkosh students. The program, which featured a campus-wide social marketing campaign with over 90% recall by the student body, increased tobacco addiction treatment services, and a policy initiative banning smoking in all dormitories and facilities, created an almost 30% reduction in tobacco use on campus. With the current successes, UW-O is currently working with two other campuses, UW River Falls, UW Stevens Point, to replicate the project. In addition, the work at UW-O was a catalyst for State bill banning smoking in all UW System dormitories.



Wisconsin has made progress in identifying tobacco-related disparities and addressing tobacco use in several priority populations. However, there are continuing opportunities for improving the health of our most vulnerable populations, and we look forward to addressing those in the future.

D. Working in Communities

In 2003, Wisconsin's local communities worked hard on the extremely difficult and highly political public health issue of tobacco. A strong body of experience and scientific evidence supports the effectiveness of local interventions. In 2003, coalitions worked in every Wisconsin County to implement evidence-based interventions leading to programs and policies that helped reduce tobacco use.

Wisconsin's State Health Plan provides the rationale for a strong local tobacco control program:

“The relationship between healthy people and healthy communities is clear. Building good health begins at the family and neighborhood levels, with each of those entities connecting to larger groups – local government, the county, the State, the nation and the world. Global environmental, economic and political events will affect local opportunities for success. Each level affects the other, yet the beginning is the family and local community. That is where the initial strong base must be built, the foundation on which all other health rests.”

Coalition Objectives

The 2003 DPH community intervention contracts required SMART (Specific, Measurable, Attainable, Realistic, and Timely) objectives directed toward research-based interventions. The performance-based contracting system assured accountability from all coalitions. The depth and breadth of the work done at the local level is clearly displayed in the following list of local objectives.

Youth initiatives:

- ✓ 42 objectives related to policy changes by organizations to adopt a curriculum or peer education program or to policy changes resulting from youth advocacy or adoption of alternative to citation or to increased license fees.
- ✓ 31 objectives involved youth advocacy projects,
- ✓ 7 objectives increased knowledge of elected officials about storefront advertising or youth about industry marketing.

Treating Tobacco Addiction:

- ✓ 31 objectives involved policy changes by medical providers, adoption of youth cessation programs, and poverty service organizations.
- ✓ 55 objectives related to increased knowledge about cessation services by individuals or healthcare providers.

Coalition development:

- ✓ 51 objectives involved ratifying a multi-year action plan
- ✓ 49 objectives increased diversity and member knowledge about effective tobacco control strategies.

Secondhand Smoke:

- ✓ 124 objectives dealt with policy changes in government buildings, worksites, homes and vehicles, community service organization delivery, rental units, and community events.
- ✓ 58 objectives involved advocacy by individuals, organizations, physicians, or elected officials.

- ✓ 47 objectives dealt with increasing knowledge of dangers of secondhand smoke by students, policy makers, or other groups.

Training and Technical Assistance

Ongoing training and technical assistance is essential in assuring community interventions use the best possible strategies and tactics. The following are few examples of the kind of training and support provided in 2003:

- *Youth - the Untapped Resource* featured the latest research on youth prevention strategies.
- *Identifying and Eliminating Disparities* offered information on tobacco-related disparities, methods for identifying these disparities, and assistance in preparing communities to implement effective strategies.
- *Midwest Academy Community Organizing* increased the capacity of local coalitions to effect community change.
- *Kick Starting Your Coalition: Increasing Active Coalition Involvement* provided participants with tools to increase active involvement of key community members in order to carry out long-term plans.
- *Wisconsin Wins Recognition and Reminder* explained the compliance check protocol, educated on ordinance review and revision, identified legal issues, strategies on working with law enforcement, and methods for data reporting.

With clear goals and accountability, ongoing technical assistance and training, and local commitment and leadership, we will continue to prevent and reduce tobacco use in communities across Wisconsin.

Appendix I: Grants Allocated During SFY 2003

The following table identifies grantees and original grant amounts entered into during SFY 2003.

Program Component	Activities	2003 Grant
Youth Programs		
1) Thomas T. Melvin Youth Prevention Initiative	Middle school "B-Free" media and education campaign	\$2,000,000
2) Youth-led Movement, Golin-Harris	Grants to local districts to support comprehensive school-based tobacco prevention programs	\$ 661,520
3) School Grants, Department of Public Instruction (DPI)	Statewide youth-led movement	\$ 625,000
4) Youth Cessation, American Lung Association (ALA) Wisconsin	Partnership with Wisconsin Dental Association and the Milwaukee Brewers to prevent spit tobacco use	\$ 106,500
5) Spit Tobacco Initiative, DPI	Not-On-Tobacco (N-O-T) cessation counseling program	\$ 106,500
Community Based Interventions		
1) Community Coalitions	Local prevention and cessation initiatives	\$4,500,000
2) WI Clearinghouse for Prevention	Clearinghouse of local, state, and national tobacco control resources	\$ 175,000
3) UW-Comprehensive Cancer Center, UW Public Health and Health Policy Institute	Support for statewide and local efforts to assure the implementation and evaluation of best practices	\$ 426,000
Cessation		
1) Cessation Outreach, UW Center for Tobacco Research and Intervention (UW-CTRI)	Education and outreach to providers and health care systems to integrate the Clinical Practice Guidelines	\$1,177,500
2) Wisconsin Tobacco Quit Line, UW-CTRI	Toll-free counseling services for smokers who want to quit	\$1,000,000
3) First Breath, WI Women's Health Foundation	Specialized counseling support for pregnant smokers	\$ 200,000
Media and Countermarketing		
1) BVK	Media and counter-marketing support for statewide and local programs and messages	\$2,835,500
Communities of Color		
1) Wisconsin Ethnic Network Collaborative, Black Health Coalition	Partnership addressing tobacco prevention and control within Wisconsin's African American, Native American, Latino, and Southeast Asian populations	\$ 523,742
Young Adult Programs		
1) Young Adult Pilot Studies, UW-Oshkosh. UW-School of Pharmacy	Pilot studies addressing tobacco use by 18- to 24-year-olds	\$ 575,000
Monitoring, Evaluation, and Research		
1) UW-Comprehensive Cancer Center, Medical College of Wisconsin	Surveillance, evaluation and research of annual tobacco use trends, program activities, and best practices	\$1,615,000
Total SFY 03 Grants		\$16,527,262

* Table does not include amendments resulting from 03-05 Biennial Budget reductions (see Year In Review)

For further information, please contact:

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