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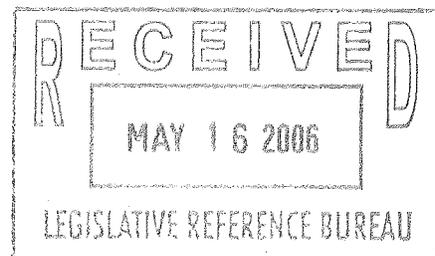
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Annual Report

Wisconsin Tobacco Prevention and Control Program 2005 Activities

Division of Public Health
Wisconsin Department of Health and Family Services

April 2006





State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

April 17, 2006

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 you and the Legislature the Wisconsin Tobacco Prevention and Control Program, 2005 Annual Report. The enclosed report is required by s.255.15 (4).

Wisconsin continued its success during 2005 in preventing youth tobacco use, promoting treating tobacco addiction, promoting the elimination of tobacco-related disparities and preventing exposure to secondhand smoke. Highlights include:

- Smoking among high school students decreased from 38 percent in 1999 to 23 percent in 2005. This equals almost 40,000 fewer high school smokers in 2005 than in 1999.
- Youth access to tobacco products declined substantially from 33.7 percent of establishments selling to minors in 2001 to 7.8 percent selling to youth in 2005.
- The Wisconsin Tobacco Quit Line received over 56,000 calls since its beginning in May 2001. The success for a smoker who quits "cold turkey" is approximately 5 percent. 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, administered by the Wisconsin Women's Health Foundation in partnership with the Department, provides intensive tobacco addiction treatment counseling and support for pregnant smokers on public assistance programs. The program is established in 114 sites in 63 counties and has served 3,479 women from 2003 through February 2006.
- The establishment of an Executive Order in 2005 made all state office buildings and vehicles smoke-free.

These successes mark the continued importance of the tobacco prevention and control in Wisconsin.

Sincerely,

Helene Nelson
Secretary

Enclosure



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

April 17, 2006

Patrick Fuller
Assembly Chief Clerk
17 West Main Street, Suite 401
Madison, WI 53708

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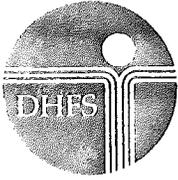
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Secretary

Enclosure

Wisconsin.gov



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

April 17, 2006

Robert J. Marchant
Senate Chief Clerk
17 West Main Street, Suite 401
Madison, WI 53708

Dear Mr. Marchant:

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I. Tobacco Use in Wisconsin

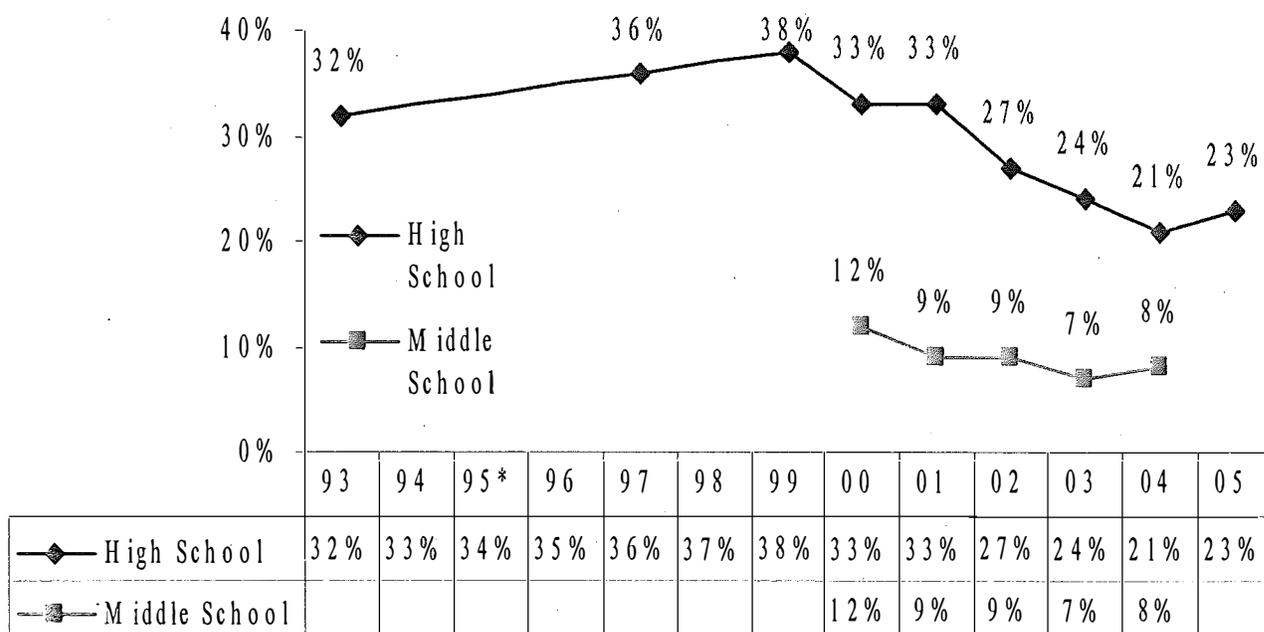
Smoking continues to be a devastating health and economic burden in Wisconsin. More than 7,200 deaths, or nearly 16 percent of all Wisconsin deaths in 2004, were attributable to cigarette smoking, with \$2.2 billion paid in direct health care costs and \$1.6 billion in lost productivity. Given that almost one million people continue to smoke cigarettes in Wisconsin, including an estimated 85,000 youth, cigarette smoking will continue to cause disease, death and health care costs well into the future.

This report highlights not only the progress that has been made, but also the strong need for tobacco prevention and control programs in Wisconsin.

Youth

- Middle school students who are identified as current smokers have declined from 12 percent in 2000 to 7.7 percent in 2004. This equals almost 10,000 fewer middle school smokers in 2004 than in 2000.
- High school students who identified themselves as current smokers have declined from 38 percent in 1999 to 23 percent in 2005. This equals 40,000 fewer high school smokers in 2005 than in 1999.
- Youth access to tobacco products has declined substantially from 33.7 percent of establishments selling to minors in 2001 to 7.8 percent selling to youth in 2005.

Current cigarette smoking among middle and high school youth in Wisconsin, 1993-2005

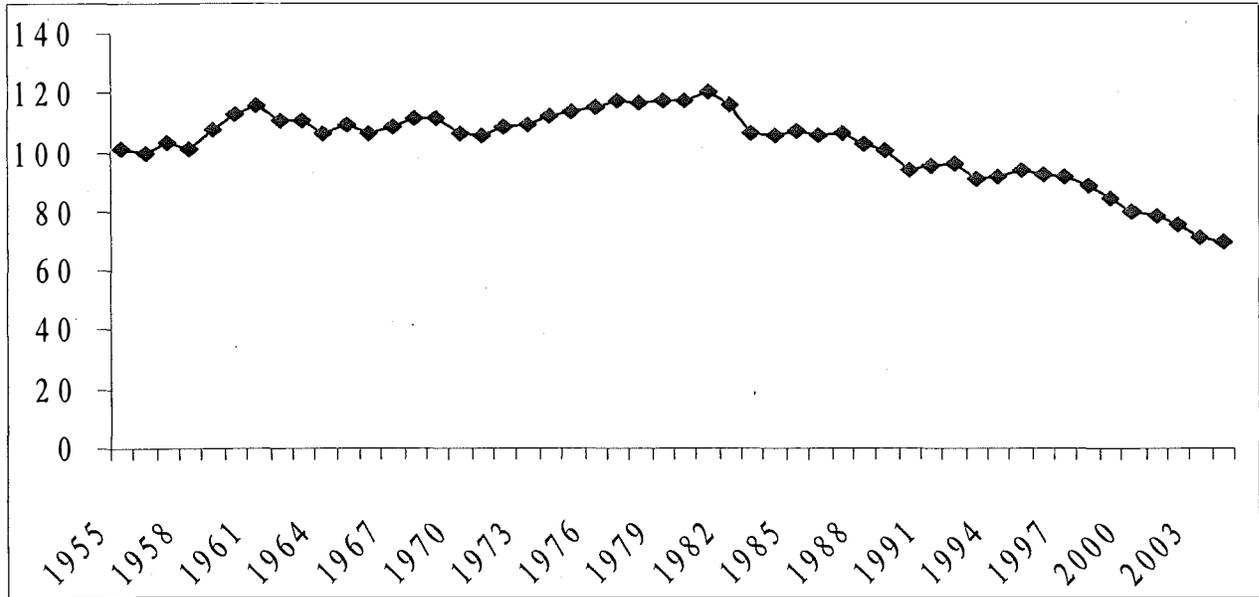


Source: Wisconsin Youth Risk Behavior Survey, 2001, 2003 & 2005, Department of Public Instruction (DPI) Wisconsin Youth Tobacco Survey, 2000, 2002 & 2004, Department of Health and Family Services, Division of Public Health, Tobacco Prevention and Control Program

Adults

- In 2004, the smoking rate among adults in Wisconsin was 22 percent or more than 900,000 people. This rate mirrors the national adult smoking rate of 23 percent.
- Approximately 2.8 percent of adults currently use smokeless tobacco in Wisconsin.
- Per capita consumption is declining from 94.0 packs sold per capita in 1990 to 69.9 packs in 2004.
- In 2004, more than 7,200 Wisconsin residents died from smoking related illnesses, with an additional 850 deaths of non-smokers from secondhand smoke.

Per capita consumption in Wisconsin, 1950-2004

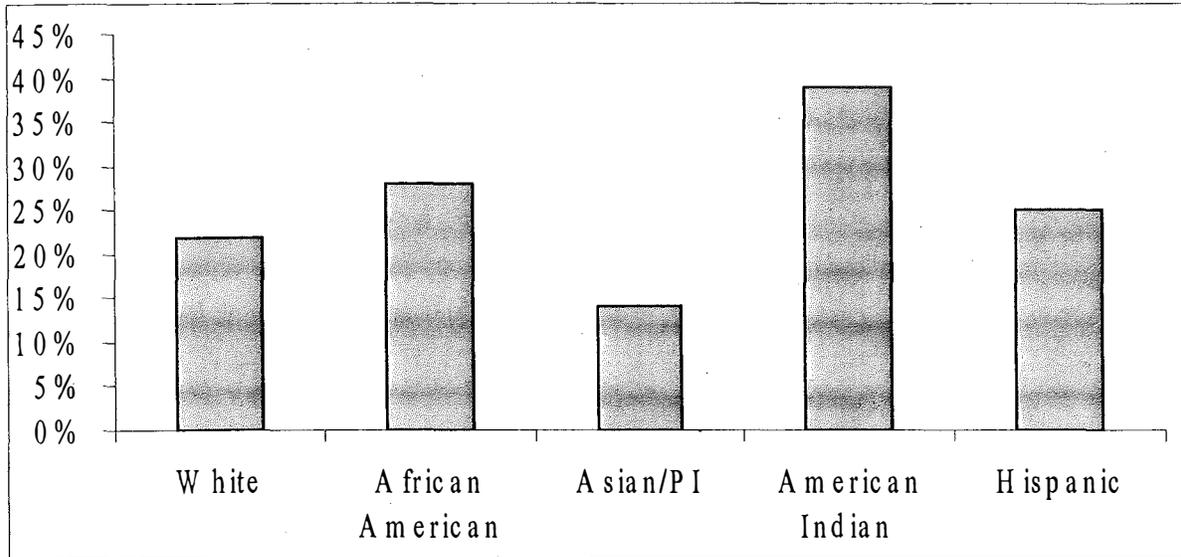


Source: Wisconsin Department of Revenue data published in *The Tax Burden on Tobacco (Historical Compilation, Volume 39, 2004)*, Produced by Orzechowski and Walker

Disparities

- 18-24 year olds and 25-44 year olds have the highest current smoking rates of all age groups at 28 percent. Smoking declines by age, with individuals 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.

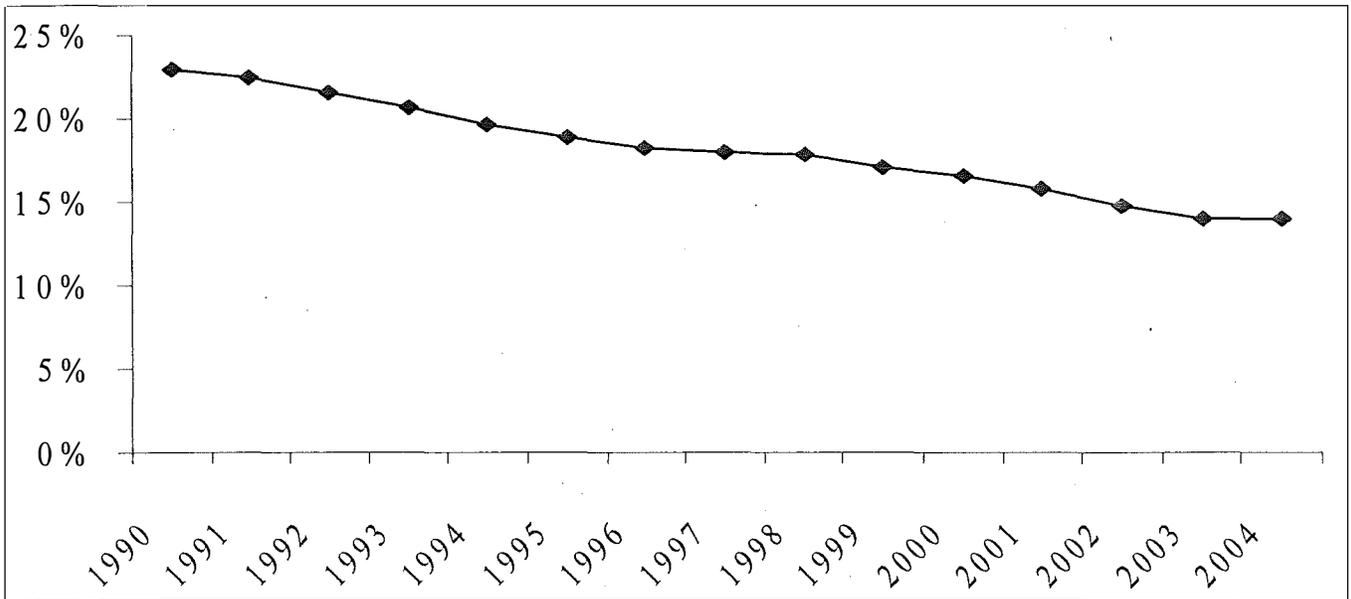
Current Smoking Prevalence Among Adults in Wisconsin by Race/Ethnicity, 2000-2004



Source: Wisconsin Behavioral Risk Factor Survey, 2004, Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy

- In 2004, 9,812 pregnant Wisconsin women (14 percent) smoked during pregnancy.
- Smoking rates are highest for pregnant women when they have less than a high school education, or are of American Indian descent, or receive no prenatal care, or are unmarried.

Smoking among Pregnant Women in Wisconsin, 1990-2004



Source: Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Births and Infant Deaths, 1990-2004 www.dhfs.state.wi.us/WISH

Secondhand Smoke

- As of January 2006, there are 3 comprehensive smoke-free workplace and restaurant ordinances in Wisconsin.
- 56 percent of municipalities banned smoking in their government buildings in 2003.

- 45 percent of Wisconsin middle school students and 39 percent of high school students live with someone who smokes, according to the 2004 WI Youth Tobacco Survey.

Treating Tobacco Addiction

- In 2004, 53 percent of adult smokers have deliberately quit smoking for one day or longer during the past 12 months.
- In 2004, among Wisconsin middle school students who smoke, 52 percent attempted to quit smoking during the past 12 months. Among high school students who smoke, 55 percent attempted to quit smoking during the past 12 months

II. Year in Review

Continued Program Successes

Wisconsin continued its success during 2005 in preventing youth tobacco use, promoting treating tobacco addiction, promoting the elimination of tobacco-related disparities and preventing exposure to secondhand smoke. Highlights include:

- Middle school smoking rates dropped from 12 percent in 2000 to 7.7 percent in 2004, a 4.3 percentage point reduction.
- Smoking among high school students decreased from 38 percent in 1999 to 23 percent in 2005. This percent decrease equals almost 40,000 fewer high school smokers in 2005 than in 1999.
- Youth access to tobacco products declined substantially from 33.7 percent of establishments selling to minors in 2001 to 7.8 percent selling to youth in 2005.
- Tobacco consumption declined from 80.1 packs per capita in 2000 to 69.9 in 2004.
- The Wisconsin Tobacco Quit Line received over 56,000 calls since its beginning in May 2001. The success for a smoker who quits "cold turkey" is approximately 5 percent. 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, administered by the Wisconsin Women's Health Foundation in partnership with the Division of Public Health, provides intensive tobacco addiction treatment counseling and support for pregnant smokers on public assistance programs. The program is established in 114 sites in 63 counties and has served 3,479 women from 2003 through February 2006.

Administrative Consolidations

In 2003, the WTCB and Synar/Wisconsin Wins programs were consolidated into the Tobacco Prevention and Control Program (TPCP), now a Section within the Division of Public Health's Bureau of Community Health Promotion, which assured greater program integration and coordination.

The Secretary of the Department of Health and Family Services appointed a new Tobacco Prevention and Control Advisory Group (TPCAG) to advise the Secretary's Office on tobacco-related issues. Specifically, the group, composed of representatives from state and local organizations including the American Cancer Society, Wisconsin Medical Society, UW Medical School, and local health departments, is charged with developing and making recommendations to the Secretary; bringing the expertise of the community and/or the organization each member represents to bear on statewide tobacco issues; acting as statewide advocates; and, promoting the goals of the Tobacco Prevention and Control Program. Tobacco Prevention and Control Advisory Group assures independent review of the program plans and advises the Secretary's Office on tobacco-related issues, including the establishment of an Executive Order making all state office buildings and vehicles smoke-free. The TPCP provides staff support to the advisory group.

In 2004, the program adopted a new planning and implementation model. As directed by statute, the model ensured the creation of an annual and comprehensive tobacco prevention and control plan for Wisconsin. Through this planning process, the Department of Health and Family Services engaged stakeholders from across the state in order to assure that Wisconsin's plan is

built, implemented, and evaluated on the expertise and leadership of our tobacco control community. The 2006 Wisconsin Tobacco Prevention and Control Plan contains objectives for 2006, 2008, and 2010 that are related to treating tobacco addiction, smoke-free air, youth prevention, and tobacco-related disparities.

Wisconsin is well-positioned to reduce the death, disease, and health care costs caused by tobacco use. In 2005, the program aligned its budget priorities to fit its mission goals, including an emphasis on policy change, disparities and a locally driven approach to training and technical assistance. Four independent ethnic networks were established, which in coming years will work with a facilitator on issues of common interest.

III. Wisconsin's Comprehensive Program

The body of research supporting effective programs regarding tobacco prevention and treating tobacco addiction has grown exponentially in recent years. As former Surgeon General Dr. David Satcher said, "We now know what works. We just need to do it." We are doing it in Wisconsin.

Relying heavily on recommendations from the Centers for Disease Control and Prevention, Wisconsin's program applies best practices from within Wisconsin and across the country to implement a comprehensive tobacco prevention and control program. With an emphasis on community interventions, Wisconsin's comprehensive program includes statewide media, youth programs, community interventions, smoke-free air policy change, treating tobacco addiction, and strong program evaluation. Wisconsin is using the comprehensive plan to improve the health of Wisconsin citizens by preventing tobacco use, promoting tobacco addiction treatment, protecting all residents and visitors from exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities.



CDC's *Best Practices for Comprehensive Tobacco Control Programs* is an evidence-based guide for State programs to prevent and reduce tobacco use.

Wisconsin's comprehensive plan embraces Guiding Principles that promote collaboration, understanding, and a commitment to common ideals among our partners. The guiding principles of the Wisconsin Tobacco Prevention and Control program are as follows:

- Support healthy families and communities.
- Promote recognition that tobacco is a public health issue needing a commitment to policy and system change in every community.
- Prioritize the elimination of tobacco-related disparities.
- Honor the culture, values and character of each community in developing policy and practice.
- Embrace collaboration with partners and constituencies as the basis for success.
- Establish program direction on research, best practice, and data.
- Respect, value and support each other in our everyday work.
- Recognize and celebrate individual and collective accomplishments.
- Promote a long-term comprehensive approach to tobacco prevention and control that emphasizes sustainability and capacity development.

Preventing youth initiation and helping kids quit

As recent data show, we can inoculate our youth from tobacco use and help youth smokers quit. It's no longer enough for health teachers and parents to tell kids smoking is bad for them.

*Annual Report
April 2006*

Wisconsin Tobacco Prevention and Control Program

Wisconsin has implemented aggressive media advertising and marketing strategies focused on tobacco industry targeting and manipulation. Coupled with local youth empowerment and peer education programs, this approach has helped Wisconsin attain solid results in reducing tobacco use among youth while achieving remarkable success in reducing illegal youth access to tobacco products. Wisconsin is supporting positive alternatives to smoking and tobacco use. Wisconsin will continue to support this type of research-based programs.

Treating tobacco addiction

Nicotine is addictive and we need to treat smoking and tobacco use like we treat other addictive drugs. This means that we need to provide access to professional counseling, pharmacotherapies, and health care systems to help the 80 percent of smokers who want to quit. There is demand, and we know what works.

Addressing tobacco-related health disparities

Death and disease caused by smoking has greater impacts on certain populations. Young adults, communities of color, low-income, less-educated residents, and blue-collar workers are the most susceptible to be targeted by the tobacco industry and the resulting tobacco addiction. Wisconsin will continue to assure our limited funds are targeted on those populations with the greatest need, and in which tobacco has created the heaviest burden.

Changing perceptions of tobacco use

If we teach our children that 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. Programs, coalitions, and partners are working toward changing social norms around tobacco use. Currently, 24 smoke-free ordinances have been passed in Wisconsin.

All of these activities, coupled with strong evaluation of program outcomes, assure our efforts continue to reduce the burden of tobacco in Wisconsin. We know what works, and our 2005 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

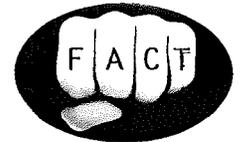
Preventing youth from starting smoking is the surest way to prevent future death and disease caused by tobacco use. Wisconsin has established a strong infrastructure of youth prevention and tobacco addiction treatment programs. A comprehensive set of youth programs helped prevent and reduce youth tobacco use in 2005.

Thomas T. Melvin School Program

The Thomas T. Melvin School Grants Program in partnership with the Department of Public Instruction provides funding to 25 projects within 28 school districts. These projects include 113 schools and reach approximately 200,000 students. The funding is used to continue implementation of the *CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*. Grants have focused on youth tobacco addiction treatment, youth advocacy, and youth working with local coalitions, as well as policy initiatives. Our schools continue to be the front lines to prevent our children from starting a life of tobacco addiction.

FACT, Fighting Against Corporate Tobacco

FACT is a youth led tobacco control initiative for ages 13-17 with a membership of 8,266 students as of January 2006. From July 1, 2005 through December 31, 2005, 227 Wisconsin youth joined the movement and became new FACT members. Many of these members are actively engaged in local anti-tobacco industry activism. These youth account for the hundreds of local actions and recruitment efforts that took place in 2005.



Over the past six months, strengthening of existing FACT groups and growth in new groups has led FACT to have a strong presence in 26 counties throughout Wisconsin. These counties have youth actively engaged in FACT activities or youth who have received FACT 101/Activism training.

Not On Tobacco (N-O-T)

Not On Tobacco (N-O-T) is a tobacco addiction treatment program for middle and high school students. The American Lung Association of Wisconsin administers N-O-T, and partners with school and community organizations to offer youth and gender specific counseling.



During the spring of 2005, the N-O-T program was promoted and recognized by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services from an *Effective Program* to a *Model Program*. In November 2005, the "Impact of Not On Tobacco on Teen Smoking Cessation: End-of-Program Evaluation Results, 1998 to 2003" was published in the *Journal of Adolescent Research*. The evaluation results demonstrated a 37 percent quit rate, while other impacted life skills and behaviors include: 59 percent exercising more, 69 percent feeling better about themselves, 69 percent dealing better with stress, and 58 percent dealing better with family and friends.

On November 18, 2005, the American Lung Association of Wisconsin and the Wisconsin Tobacco Prevention and Control Program launched a new cinema campaign, designed to bring a smoking cessation message to teen audiences. The campaign ran in 32 Marcus Theatres (some

200 screens) statewide featuring a 30 second N-O-T Public Service Announcement to promote the youth smoking cessation program.

Stamp Out Spit Tobacco

The Stamp Out Spit Tobacco program educates children on the dangers of spit tobacco in an effort to inoculate elementary school youth from the appeal of spit tobacco. The program features classroom lessons, an educational comic book, and a unique partnership between the Milwaukee Brewers, Wisconsin Dental Association, Division of Public Health, and Department of Public Instruction. In 2005, the anti-spit tobacco prevention initiative reached 87,000 fifth graders in public and private schools.



Wisconsin Wins

The Wisconsin Wins (WI Wins) campaign is a State and local partnership launched in the spring of 2002 to comply with the federal Synar Regulation. The federal Synar Regulation requires states to monitor and reduce illegal retail tobacco sales to minors as part of a comprehensive approach to preventing youth initiation of tobacco use. Some \$10 million or about 40 percent of Wisconsin's annual Substance Abuse Prevention and Treatment Block Grant relies on successful 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" by refusing to sell tobacco to minors. Program components include a statewide media campaign consisting of radio and print 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 include retailer education and training, media outreach, and community outreach and education.

In 2001, Wisconsin reported a retailer violation rate of 33.7 percent. As a direct result of the WI Wins campaign, the retailer violation rate fell to 7.8 percent in 2005.

B. Treating Tobacco Addiction

There are some one million smokers in Wisconsin. Of these, we know that almost 80 percent want to quit. The Tobacco Prevention and Control Program funds several efforts in coordination with work by local coalitions and health care providers that help smokers quit. Wisconsin's tobacco addiction treatment efforts support access to evidence-based treatment. The long-term objective is that any smoker who wants to quit will have access to affordable and effective tobacco addiction treatment. Wisconsin's efforts focus on three primary activities:

The Wisconsin Tobacco Quit Line (1-877-270-7867)

The UW Center for Tobacco Research and Intervention (UW-CTRI) manages the Wisconsin Tobacco Quit Line, a toll-free phone service for Wisconsin residents who use tobacco and want to quit. The number of tobacco users in Wisconsin is estimated at 940,000. From July 1, 2005 through December 31, 2005, the Wisconsin Tobacco Quit line serviced 2,990 tobacco users. In SFY 2006, African-Americans comprised 11 percent of the calls to the Quit Line, compared to being just 5.7 percent of the Wisconsin population. In addition to over 90 percent satisfaction rates with the Quit Line services, callers increase their likelihood of quitting tobacco by four times over individual efforts. The Quit Line offers a variety of services, including:



- ***Free information*** on tobacco use, dependence and treating tobacco addiction for friends, family and tobacco users. Friends and family members can get information on how to help someone they know quit tobacco use.
- ***Referrals to local tobacco addiction treatment programs and services.*** Quit Line tobacco addiction treatment specialists have lists of resources from all over Wisconsin so they can refer callers to established programs within the callers' own areas.
- ***One-on-one practical telephone counseling.*** Practical counseling can increase a smoker's chance of quitting successfully. Quit Line tobacco addiction treatment specialists provide both reactive and proactive counseling on specific strategies for quitting and staying off tobacco.

In order to promote the Quit Line and assure all smokers are aware of the resource, ads featuring the Quit Line number have run statewide. Promotion continues with the Quit Line via statewide media buys.

Fax To Quit Program

The Fax to Quit program offers the opportunity for intense intervention and follow-up to a site-based intervention by a clinician. Following a discussion about tobacco use and treating tobacco addiction, a patient can agree to have the Quit Line contact her/him to begin the counseling process. The Quit Line makes the first outgoing call to the patient upon receiving her/his permission via a fax from the clinician's office. The Quit Line will then communicate with that clinician about each patient's self-selected intervention plan.

Since July 1, 2005, 129 new fax referral sites were established, bringing the total number of sites to 576. These sites consist of clinics, health departments, dentists, pharmacies, worksites, and First Breath sites. These 76 sites produced 4,539 fax referrals to the Quit Line from January through December 2005.

Education and Outreach Program

In addition to the Wisconsin Quit Line, the UW-CTRI coordinates a statewide education and outreach program that provides Wisconsin residents with access to state-of-the art, effective tobacco addiction treatment. In 2005, 1069 clinicians and staff in 107 clinics and 12 hospitals across 27 healthcare systems received UW-CTRI training and technical assistance. 22 employers received UW-CTRI training and technical assistance on cessation services for employees. UW-CTRI outreach staff provided training and/or technical assistance to a total of 2094 people in 810 contacts across the state from July 2005 through December 2005.

Six UW-CTRI outreach specialists support treating the tobacco addiction needs of the State. They provide training, technical assistance and education to hundreds of clinics, physicians, hospitals, businesses, community leaders and officials and patients on using evidence-based treatments to help people quit smoking. UW-CTRI outreach specialists also aid in the coordination of statewide, comprehensive tobacco addiction treatment efforts and contribute to the success of community-based tobacco control activities. The program blends medical treatment with public health approaches to treating tobacco addiction.

UW-CTRI developed a *Treating Tobacco Dependence in Hospitalized Smokers Manual* which all 150 Wisconsin Hospital Association member hospitals received in 2005. UW-CTRI outreach specialists continue to contact each of the member hospitals to provide training and technical assistance. UW-CTRI has worked with over half of the member hospitals to increase the rates that patients are asked, advised, and referred to counseling services for tobacco use.

The Quit Line, outreach specialists, and targeted efforts in Wisconsin are providing smokers the help they need to quit. However, with almost a million smokers in Wisconsin, there is much more work that needs to be done.

UW-CTRI

Center for Tobacco Research and Intervention
University of Wisconsin Medical School

C. Addressing Tobacco-Related Health Disparities



Tobacco is not an equal opportunity killer – every year tobacco disproportionately impacts low socio-economic (income, education, and occupation) groups, people with mental health and AODA needs, racial and ethnic groups, and 18-24 year olds. No single factor determines patterns of tobacco use among disparately-impacted populations. The burden is the result of complex interactions of multiple factors, such as socioeconomic status, cultural characteristics, acculturation, stress, biological elements, targeted advertising, price of tobacco products, and varying capacities of communities to mount effective tobacco control initiatives.

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 and distributed in 2003.

Disparities are found among populations 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

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.

The Disparities Task Force continues to work on the implementation of "Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities." This group continues to revisit its membership to ensure diverse and inclusive partnerships. Priorities have been focused on the goal to increase the capacity of disparately affected populations to address tobacco-related issues and increase the number of existing tobacco control programs and strategies that include an emphasis on the elimination of disparities.

Targeted Efforts

In addition to implementing the plan to eliminate disparities, several 2005 efforts addressed the impact of tobacco in specific populations. Through an RFP process, four ethnic networks targeting Hispanic/Latino, African American, Asian, and Native American were funded to focus on tobacco-related disparities within these populations. Also, the Poverty and Prevention Network and the First Breath Program were funded to address tobacco-related disparities within low socio-economic populations and with pregnant women.

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. The Wisconsin Ethnic Network Collaborative developed and aired the "Let's Be Clear" media campaign.

Ethnic Networks

During the fall of 2005, four ethnic networks were established through an RFP process. The agencies selected to coordinate each network included UMOS, the Wisconsin United Coalition of Mutual Assistance Associations, the Black Health Coalition of Wisconsin, Inc., and the Great Lakes Inter-Tribal Council. Each statewide network will provide the opportunity for collaboration, sharing information, advocating, and supporting each other's activities. Each agency will work with network member organizations to:

- Incorporate tobacco prevention into their organizational structure
- Educate and support organizational possibilities to reduce tobacco use and promote quitting
- Identify and eliminate tobacco-related disparities among each specific population
- Collaborate and communicate with local and statewide programs funded by the Wisconsin Tobacco Prevention and Control Program as well as the Disparities Team.

An example of one network's activities is demonstrated by the Wisconsin Asian Tobacco Prevention Network. To gain community buy-in, the Wisconsin Asian Tobacco Prevention Network promoted the program through Hmong radio, newsletters, the internet and materials were distributed at gatherings such as festivals, workshops, and community meetings. The network planned and coordinated the 2005 Hmong annual conference in October 2005.

In addition, the Asian, Latino/Hispanic, African-American, and Prevention and Poverty Networks have begun developing recommendations on how to improve the Quit Line and treating tobacco addiction services for their respective populations.

Smoking During Pregnancy

14 percent of pregnant Wisconsin women smoked during pregnancy in 2003. The First Breath Program, administered by the Wisconsin Women's Health Foundation in partnership with the Division of Public



Health, provides intensive tobacco addiction treatment counseling and support for pregnant smokers on public assistance programs. The program is established in 114 sites in 63 counties and has served 3,479 women from 2003 through February 2006. More than 35 percent of participants reported quitting compared to 18 percent of a control group from the same populations. The First Breath program has become a national model of tobacco addiction treatment counseling to pregnant smokers.

WI Tobacco Prevention and Poverty Network

The WI Tobacco Prevention and Poverty Network has been established in the state to provide the opportunity for social service agencies serving low socio-economic populations to collaborate, advocate, identify resources, share information, and support each other's activities in order to eliminate tobacco-related health disparities in vulnerable populations. The Salvation Army was awarded the grant to provide support and act as the coordinating agency for the Network. The WI Tobacco Prevention and Poverty Network through the Salvation Army developed and offered a series of web-based trainings, a resource CD, and a rural summit. The network also hosted "Bridges Out of Poverty" workshops.

Because of the inequitable impact of tobacco-related death and disease among specific populations, eliminating disparities is a priority to the Wisconsin Tobacco Prevention and Control Program and to our partners. 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. Community-based Interventions

Wisconsin's local communities worked hard on the extremely difficult public health issue of tobacco in 2005. A strong body of experience and scientific evidence supports the effectiveness of local interventions. Coalitions implemented evidence-based interventions leading to programs and policies to reduce tobacco use in every county. With clear goals and accountability, ongoing technical assistance and training, and local commitment and leadership, our local coalitions are one of the most impressive accomplishments of tobacco prevention and control in Wisconsin.

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.”

Coalitions and Community-based Interventions

Local tobacco prevention and control coalitions are successful in mobilizing youth prevention efforts, treating tobacco addiction, targeting high risk populations and other populations disparately affected by tobacco use, and supporting public policies through local advocacy efforts. Each calendar year, funding is provided to local tobacco prevention and control coalitions through a performance-based contracting system. The performance-based contracting system assures accountability from all local grantees and coalitions. The Division of Public Health (DPH) community-based intervention contracts require SMART (Specific, Measurable, Attainable, Realistic, and Timely) objectives directed toward research-based interventions. Each year, the program releases a boundary statement that sets parameters for what can be funded. Within the boundary statement are the program's goals and guidelines for funding, including requirements such as the local grantee must have a multi-year action plan and devote a third of its program funding toward smoke-free air initiatives. More than 40 communities throughout the state are funded to develop local tobacco prevention and control coalitions to prevent youth tobacco use, promote smoke-free environments, eliminate tobacco-related disparities, and treat tobacco addiction.

Coalitions provide education and outreach on the dangers of secondhand smoke exposure in the home, workplace and public places. In many counties across the state, coalitions assisted worksites that employ disparately affected populations to implement smoke-free worksite policies and employee benefit packages that include tobacco addiction treatment benefits. Coalitions encourage families through education and outreach to commit to implementing smoke-free policies in their homes and vehicles. When appropriate, coalitions and agencies provide referrals to tobacco addiction treatment resources including the Wisconsin Tobacco Quitline. Coalitions work with schools through peer education programs such as TATU (Teens Against Tobacco Use, American Lung Association) or youth-led movement such as FACT (Fighting Against Corporate Tobacco, WI's youth-led movement). Coalitions work with clinics and hospitals to promote and implement the *Clinical Practice Guideline: Treating Tobacco Use and Dependence* and other evidence based treatments. Coalitions also encourage and educate

agencies that serve disparately-impacted populations to adopt protocols to refer clients who smoke to local tobacco addiction treatment resources and/or the Wisconsin Quit Line.

One of the outstanding examples of the many successful coalition projects is the city of Milwaukee's "Tobacco-Free Sports" Program. The city of Milwaukee's "Tobacco-Free Sports" Program is a youth-led, adult-guided program of the Milwaukee Public Schools (MPS) Department of Recreation and Community Services. Partners in this initiative include Milwaukee Recreation, the City of Milwaukee Health Department, the American Cancer Society (Midwest Division, East Region), the American Lung Association of Wisconsin, MPS Drug Free Schools Program, and the Wisconsin Division of Public Health-Southeast Region. Some teens are trained as peer educators to present anti-tobacco education and prevention lessons to younger children who participate in Milwaukee Recreation's fall, winter, and spring sports teams. The program utilizes a three-pronged approach: tobacco control and prevention mini-sessions for parents and youth, a targeted media advocacy anti-tobacco event, and tobacco prevention trainings for sports program staff, including coaches and officials.

This program received NACCHO's (National Association of County and City Health Officials) 2005 Model Practice Award. The 2005 Model Practice Award identified Milwaukee's Tobacco-Free Sports as a program that demonstrates exemplary and replicable qualities in response to a local public health need.

Training and Technical Assistance

Ongoing training and technical assistance is essential in assuring that community interventions use the best possible strategies and tactics. The Training and Technical Assistance (TTA) Program of the Wisconsin Tobacco Prevention and Control Program is a partnership between numerous state, regional, and local partners. The TTA program is a regionalized system intended to support the activities of Wisconsin's local tobacco prevention and control leaders.

The purpose of Training and Technical Assistance is to build and sustain the capacity of state partners and local coalitions to implement evidenced-based tobacco control efforts in Wisconsin. In addition to these organizations and individuals, there are numerous other state and national partners who can provide valuable support for tobacco prevention and control efforts. Additional partners include the American Cancer Society, American Lung Association, American Heart Association, Center for Disease Control and Prevention, Campaign for Tobacco Free Kids, Americans for Nonsmokers' Rights, and others.

The TTA Program works to increase the knowledge and capacity of tobacco prevention and control leaders to effect lasting tobacco-related environmental and policy changes in their communities and statewide. Primary areas of training and technical assistance are:

- Policy education
- Tobacco addiction treatment
- Eliminating tobacco-related disparities
- Media
- Youth prevention and empowerment
- Program planning, evaluation, and sustainability

Training and technical assistance was provided in a variety of venues such as on-site in local communities, at coalition meetings and at regional networking and training sessions. The following are a few examples of the kind of training and support provided in 2005:

- *Youth Advocacy Conference 2005* featured the latest research on creating community change through youth strategies.
- *2005 Wisconsin Tobacco Prevention and Control Conference: Smoke-Free Air: Wisconsin Makes Its Mark!* focused on how to reduce the burden of secondhand smoke exposure and build sustainable relationships for smoke-free air policy change.
- *Using Social Marketing Strategies to Influence Behavior Change* was a web-based teleconference that assisted locals in developing a social marketing plan for a community health issue.
- The *Wisconsin Wins (WI Wins) Campaign* provided ongoing training and technical assistance to local contractors. This included compliance investigation protocols, data collection and reporting, and public/media outreach activities. The Campaign also maintained a website and listserv. In November 2005, the Campaign held its second statewide partners meeting. This conference brought together health professionals, administrators, policy makers, and law enforcement officials to network and explore ongoing issues related to reducing illegal tobacco sales to minors.

IV. Next Steps

We encourage local and statewide leaders to recommit to the fight against the preventable disease, death, and health care costs caused by tobacco use. Tobacco continues to be the number one preventable cause of death and disease in Wisconsin and the nation. Wisconsin's comprehensive program has built a strong infrastructure and realized early outcomes, particularly in youth prevention. There is more work to be done.

The Wisconsin Tobacco Prevention and Control Program will continue to collaborate with both funded and unfunded partners to build support of local training and technical assistance efforts. Training and technical assistance will continue to be strengthened through a locally driven approach.

The Wisconsin Tobacco Prevention and Control Program's direction will have a renewed emphasis on policy change and disparities. Policy change includes local and state policies, laws, and practices that reduce tobacco use in our communities and among our children. These include state and local smoke-free air policies, strengthened compliance check laws and local enforcement, coverage of effective tobacco addiction treatment, and other efforts affecting broad-based change.

The emphasis on eliminating tobacco-related disparities includes identifying communities and populations most adversely impacted by tobacco use and assuring effective prevention and treatment. These include development of culturally appropriate models for tobacco addiction treatment, improved systems for collecting data on particular populations, and increased collaboration with non-traditional partners.

Appendix I: Grants Allocated During SFY 2005

The following table identifies grantees and original grant amounts entered into during SFY 2005.

Program Component	Activities	SFY 2005 Grant
<i>Youth Programs</i>		
1) Thomas T. Melvin School Grants	Grants to local districts to support comprehensive school-based tobacco prevention programs.	\$ 500,000
2) Youth-led Movement, American Lung Association (ALA) Wisconsin	FACT Statewide youth-led movement	\$ 187,050
3) Department of Public Instruction (DPI), Spit Tobacco pilot program	Partnership with Wisconsin Dental Association and the Milwaukee Brewers to prevent spit tobacco use. Grant to December 31, 2004	\$ 52,375
4) Youth tobacco addiction treatment, American Lung Association (ALA) Wisconsin	Not-On-Tobacco (N-O-T) treating tobacco addiction counseling program	\$ 133,750
5) Spit Tobacco Initiative, WI Dental Association	Partnership with Wisconsin Dental Association and the Milwaukee Brewers to prevent spit tobacco use. Grant starting January 1, 2005	\$ 75,000
<i>Community Based Interventions</i>		
1) Community Coalitions	Local prevention and treating tobacco addiction initiatives.	\$2,973,164
2) WIClearinghouse for Prevention	Clearinghouse of local, state, and national tobacco control resources.	\$ 87,500
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.	\$ 661,825
4) WI Association of Alcohol and other Drug Abuse (WAAODA)	Provided training and technical assistance to governmental and community-based organizations to implement WI Wins.	\$ 62,411
<i>Treating tobacco addiction</i>		
1) Treating tobacco addiction Outreach, UW Center for Tobacco Research and Intervention	Education and outreach to providers and health care systems to integrate the Clinical Practice Guidelines.	\$ 752,000
2) Wisconsin Tobacco Quit Line, UW Center for Tobacco Research and Intervention	Toll-free counseling services for smokers who want to quit.	\$ 948,000
3) First Breath, WI Women's Health Foundation	Specialized counseling support for pregnant smokers.	\$ 200,000
<i>Media & Countermarketing</i>		
1) Knupp & Watson	Media & counter-marketing support for statewide & local programs.	\$ 2,000,000
<i>Communities of Color</i>		
1) Wisconsin Ethnic Network Collaborative, Black Health	Partnership addressing tobacco prevention and control within Wisconsin's African American, Native American,	\$ 460,000

Program Component	Activities	SFY 2005 Grant
Coalition	Latino, and Southeast Asian populations.	
2) Great Lakes Inter-Tribal Council	Development of a culturally competent model for tobacco addiction treatment among Native American populations.	\$ 236,525
<i>Young Adult Programs</i>		
1) Young Adult Pilot Studies, UW-Oshkosh. UW-School of Pharmacy	Pilot studies addressing tobacco use by 18- to 24-year-olds. Grant ended December 31, 2004	\$ 90,000
<i>Monitoring, Evaluation, & Research</i>		
1) WI Wins Data reporting PAXIS Institute	WI Wins data surveillance and reporting	\$ 30,400
2) UW-Comprehensive Cancer Center,	Surveillance, evaluation and research of annual tobacco use trends, program activities, and best practices.	\$ 550,000
	Total SFY 2005 Grants	\$10,000,000

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