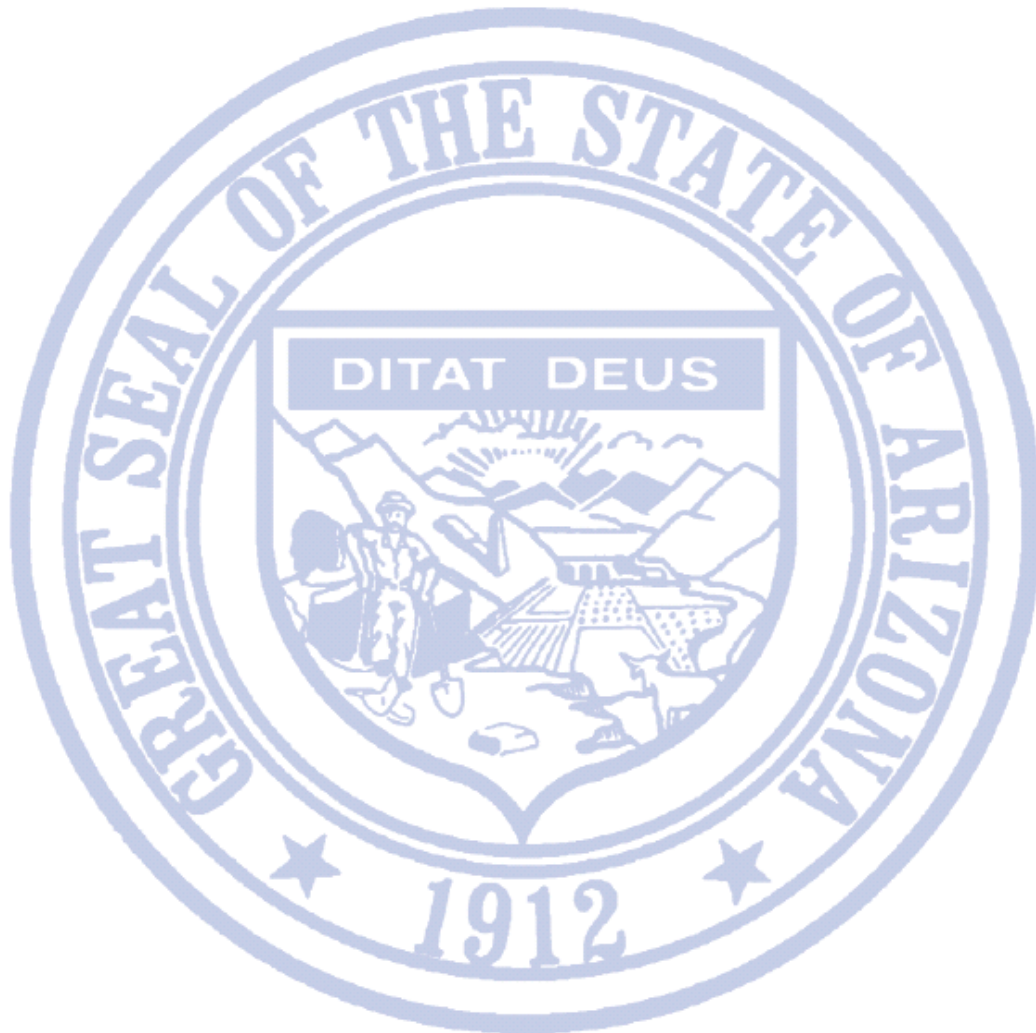


**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**Bureau of Tobacco Education and Prevention**



**2008 Biennial Evaluation Report**  
**FY 2007 – 2008**

**A REPORT ON TOBACCO CONTROL PROGRAMS AND SERVICES**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
BUREAU OF TOBACCO EDUCATION AND PREVENTION**



**2008 Biennial Evaluation Report**

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State of Arizona

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Phoenix, Arizona 85007-3228

Division of Public Health Services  
Bureau of Tobacco Education and Prevention

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**THIS REPORT WAS PREPARED BY**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
Bureau of Tobacco Education and Prevention**

**THANKS AND APPRECIATION FOR  
CONTRIBUTIONS ARE EXTENDED TO**

**Jeanette Shea-Ramirez, Assistant Director  
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## EXECUTIVE SUMMARY

### *Overview*

Tobacco Control in Arizona has gone through numerous changes over the last decade. Arizona tobacco taxation laws began in 1994 when voters passed the Tobacco Tax and Health Care Act (Proposition 200). This tax increased the state sales tax on tobacco products. Several increases have passed over the years, and the excise tax is now \$2.00; it is voter protected due to Proposition 300. Two percent of this tax is administered by the Arizona Department of Health Services (ADHS) Bureau of Tobacco Education and Prevention (BTEP).

Fiscal years 07-08 (FY07, FY08) were an era of change for ADHS BTEP, which led to new staff, a new direction, and a new strategic plan generated by intensive research and statewide community involvement. This report contains a description of the tobacco related activities within the state of Arizona for Fiscal Years 2007 and 2008 (FY07 and FY08, respectively).

### *Some highlights of the report include:*

**Preventing Youth Initiation through Intensive School Based Programming:** ADHS BTEP contractors served approximately 60,000 students in grades four through eight, which is representative of 15 percent of the entire student population in Arizona.

**Preventing Youth Initiation by Restricting Access to Tobacco:** Through a contractual agreement with ADHS BTEP, the Attorney General's Office (AGO) monitors compliance and enforces tobacco legislation relating to youth. The AGO found a 10 percent increase in total buys from FY07 to FY08, and in turn, there was a 17 percent increase in total citations from FY07 to FY08.

**Helping Tobacco Users Quit:** The Arizona Smoker's Helpline (ASHLine) provides access to effective, research-based tobacco use cessation services for Arizona residents, through telephone counseling in English and Spanish, web-based information, printed materials, and referrals to local quit tobacco classes. Since its inception, the ASHLine has received more than 10,000 calls each year.

**Medication to Assist Clients in Quitting:** Following a nationwide movement to provide Nicotine Replacement Therapy, including prescription medications, to clients enrolled in cessation classes, on March 1, 2008, the ADHS BTEP initiated a pilot project during which each client who enrolled in ASHLine services received free NRT+ for 12 weeks, including NRT patches, gum, lozenges, Bupropion, or Chantix®. The response to the benefit was overwhelming, and on May 1, 2008, the benefit was reduced to NRT (patch, gum, and lozenge) for two weeks. Follow-up with recipients has been ongoing and a report of findings from the pilot project will be published in early 2009.

**Marketing:** ADHS BTEP advertised ASHLine services through the "We Can Help" campaign in 2007. The 12-month campaign consisted of 18 commercials, six each

featuring three different characters, “Nick” “Jamie” and “Hector,” as they progressed through the stages of change from pre-contemplation through maintenance of quitting. The overall goal of the “We Can Help” campaign was to generate awareness of the states cessation services – to get the message out that help is available for those who want to quit tobacco. A secondary goal was to get smokers to call ASHLine to seek cessation services.

- The percentage of polled individuals that reported they had seen or heard advertising for the help available without being prompted of the advertising ranged from 20 percent to 34.4 percent.
- The 2007 call volumes for ASHLine averaged about 150 calls higher month-to-month than in comparative months in 2006. There was a 103 percent increase in call volume in for the first quarter of calendar year 2007 over first quarter 2006.

SmokeFree Arizona: In November 2006, Arizona voters approved the SmokeFree Arizona Act, which took affect May 1, 2007. The act bans smoking in all indoor public buildings with the exception of retail tobacco stores, veteran and fraternal clubs, designated smoking hotel rooms, and outdoor patios. The ADHS Office of Environmental Health is responsible for monitoring compliance with the law.

Identifying and Eliminating Tobacco-Related Disparities: ADHS BTEP offers a variety of services aimed at mitigating tobacco-related disparities including cessation counseling, education and prevention services through a variety of community-based organizations established to serve specific populations, such as the lesbian, gay, bisexual, or transgendered (LGBT) community and individuals of low socioeconomic status.

- Inter Tribal Council of Arizona assists sub-contracted Tribal tobacco education and prevention programs and Urban Indian Health Center tobacco education and prevention programs to develop culturally appropriate tobacco prevention programs.
- Gila River Indian Community provides tobacco education presentations and workshops at various conferences and community events.
- The Wingspan tobacco program provides services that include increasing the awareness of the incidence and health impact of smoking among Arizona’s LGBT community, providing smoking cessation classes, and providing training to volunteers on outreach, brief interventions, and cessation facilitation.
- The Tanner Community Development Corporation’s tobacco program’s mission is to reduce tobacco use in the African American and Faith-based communities in Arizona by providing education and prevention services and promoting quitting through cessation programs.

- Chicanos Por La Causa focuses on reducing tobacco use among youth and their families by providing prevention and education services.
- The Mountain Park Health Center tobacco program works in conjunction with the various health departments of the MPHCC such as integrated behavioral health, nutrition and physical education, prenatal, asthma, and obesity prevention classes.
- The Asian Pacific Community in Action tobacco program provides education, prevention, and cessation services to multiple Asian and Pacific Islander communities in Maricopa County.

### ***Highlighted CDC Indicator Data***

**Youth Smoking Behavior:** According to the Arizona Youth Tobacco Survey (YTS), 2007, 59 percent of high school students reported ever using any tobacco product, and 34 percent of middle school students reported ever using any tobacco product. Fewer than 1 in 5 middle school students and 1 in 3 high school students reported current use of any tobacco product. According to the YTS, 57.4 percent reported never having tried cigarette smoking, even one or two puffs compared to 37.2 percent who reported ever trying a cigarette.

**Access to Tobacco Products:** 23 percent of middle school students under age 18 gave someone else money to buy them cigarettes and 30% of high school students. Both high school and middle school students reported gas stations as a typical store location for purchasing cigarettes (37 percent and 20 percent, respectively).

**Media Awareness:** Relating to anti-smoking commercials, the Arizona YTS Report revealed that 25.8 percent of students had not been exposed to any commercials during the past 30 days, 19.7 percent were exposed to a commercial one to three times in the past 30 days, 16 percent saw or heard a commercial one to three times per week, 18.8 percent saw or heard a commercial almost daily, and 12.8 percent reported seeing or hearing a commercial more than once a day.

**Cessation:** In 2007, roughly half of all current cigarette smokers in high school expressed a desire to quit. Comparatively, in middle school, there seems to be a declining trend in the reported desire to quit smoking cigarettes among current smokers.

**Pregnant Women and Smoking:** According to the Arizona Department of Health Services Bureau of Public Health Statistics (ADHS BPHS), Health Status and Vital Statistics Section the prevalence rate of women who report tobacco use during pregnancy is 4.7 per 100 births in 2007, which is slightly lower than 2005 (5.4 per 100 births).

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## INTRODUCTION

This report contains a description of the tobacco related activities within the state of Arizona for Fiscal Years 2007 and 2008 (FY07 and FY08, respectively). The primary responsibility for its content rests on the Arizona Department of Health Services (ADHS) Bureau of Tobacco Education and Prevention (BTEP) with supplemental information from SmokeFree Arizona and the Arizona State University W.P. Carey School of Business. Key outcome indicators for youth and adult tobacco-related behavior and attitudes are presented.

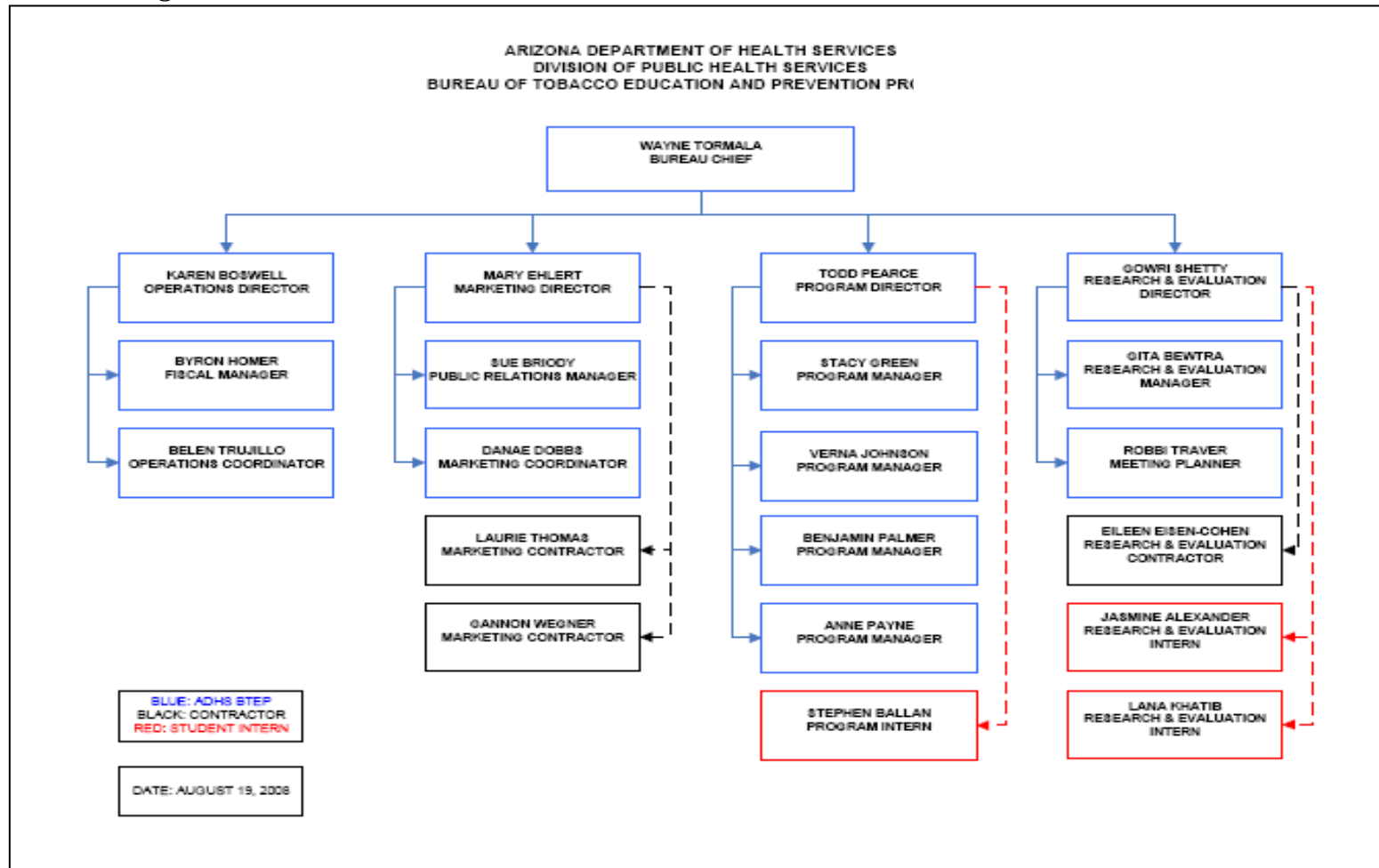
### *Background*

In 1994, Arizona voters passed the Tobacco Tax and Health Care Act (Proposition 200) which increased the state sales tax on tobacco products to fund several programs: health care for the medically needy, medically indigent, and low income children; tobacco education and prevention; and tobacco-related research. This marked the beginning of Arizona's tobacco taxation, which was increased with the 2006 vote to raise the excise tobacco tax to \$2.00. Proposition 303, passed in 2002, voter protected the tobacco tax monies; these funds were required to be spent toward tobacco prevention. Administered by ADHS BTEP in FY07 and FY08, two percent of the tax was dedicated to a chronic disease fund.

In November 2006, Arizona voters approved the SmokeFree Arizona Act, which took affect May 1, 2007. The act bans smoking in all indoor public buildings with the exception of retail tobacco stores, veteran and fraternal clubs, designated smoking hotel rooms, and outdoor patios. The ADHS Office of Environmental Health is responsible for monitoring compliance with the law.

Fiscal years 07-08 (FY07, FY08) were an era of change for the ADHS BTEP, which led to a new staff, a new direction, and a new strategic plan generated by intensive research and community involvement. To better illustrate the changes, the following pages include: the current organizational chart for ADHS BTEP, a table containing a list of the contracts and expenditures, a timeline of the events, and finally, some information about the strategic plan and a copy of a stakeholder chart.

# ADHS BTEP Organization Chart



**ADHS BTEP – Expenditures and Contracts**

**ADHS BTEP - PROP. 200**

Projects	Expenditures	
	Fiscal Year 2007	Fiscal Year 2008
<b>Local Partners</b>		
Apache County	217,266	187,872
Cochise County	381,623	276,994
Coconino County	397,243	372,727
Gila County	144,079	165,402
Graham County	162,482	162,482
Greenlee County	115,588	74,914
La Paz County	74,264	80,019
Maricopa County	3,927,082	3,542,576
Mohave County	514,141	398,063
Navajo County	143,424	166,030
Pima County	2,066,374	1,488,802
Pinal County	375,146	309,741
Santa Cruz County	243,145	188,166
Yavapai County	466,968	357,360
Yuma County	389,119	314,134
<b>Total Local Partners</b>	<b>9,617,944</b>	<b>8,085,282</b>
<b>Administrative</b>	<b>1,224,612</b>	<b>1,369,336</b>
<b>Community Outreach</b>	<b>828,783</b>	<b>698,636</b>
<b>Evaluation</b>	<b>2,399,781</b>	<b>2,321,144</b>
<b>Marketing and Communication</b>	<b>12,194,703</b>	<b>5,111,071</b>
<b>Native American Outreach</b>	<b>1,167,976</b>	<b>1,404,231</b>
<b>Statewide Projects</b>	<b>3,524,720</b>	<b>2,762,240</b>
<b>Total BTEP Expenditures</b>	<b>30,958,519</b>	<b>21,751,940</b>

**Community Outreach Vendor List FY07 and FY08**

Asian Pacific Community In Action (APCA) / Chicanos Por La Causa / Mountain Park Health Center (MPHC) / Phoenix Fire / Tanner Community Development Corporation (TCDC) / Wingspan

**Evaluation Vendor List FY07**

AZ Criminal Justice / Dept. of Education / Northern Arizona University (NAU) / University of Arizona (U of A) Evaluation, Research and Development Unit (ERDU) (NAU paid an old bill)

**Evaluation Vendor List FY08**

Dept. of Education / ERDU

**Native American Outreach Vendor List FY07**

Inner-Tribal Council of Arizona (ITCA) / Gila River Indian Community (contract in place but no expenditures for FY07)

**Native American Outreach Vendor List FY08**

ITCA / Gila River Indian Community

**Statewide Projects Vendor List FY07**

American Cancer Society / American Interscholastic Association (AIA) / Attorney General’s Office (AGO) / Coalition for a Tobacco Free Arizona (CTFA) / US Script / U of A HealthLinks / University of Arizona Smoker’ Helpline (ASHLine)

**Statewide Projects Vendor List FY08**

American Cancer Society (ACS) / AIA (AIA was phased out and moved to Chronic Disease for the last leg of the contract) AGO / Coalition for a Tobacco Free Arizona / US Script / U of A HealthLinks / ASHLine / beBetter Networks, Inc (beBetter)

**ADHS CHRONIC DISEASE - PROP. 303**

Projects	Expenditures	
	Fiscal Year 2007	Fiscal Year 2008
<b>Local partners</b>		
Breast Cancer Screening	3,600	253,325
Colorectal Cancer Screening	57,855	712,249
Stroke Awareness	54,750	486,307
Lung – COPD	0	508,171
Hepatitis B	46,891	124,188
<b>Total Local Partners</b>	<b>163,096</b>	<b>2,084,240</b>
<b>Administrative</b>	<b>276,799</b>	<b>436,429</b>
<b>Community Outreach</b>	<b>801,857</b>	<b>105,694</b>
<b>Evaluation</b>	<b>31,500</b>	<b>107,346</b>
<b>Statewide Projects</b>	<b>696,795</b>	<b>1,327,584</b>
<b>Total Chronic Disease Expenditures</b>	<b>1,970,047</b>	<b>4,061,293</b>

**Community Outreach Vendor List FY07**

American Lung Association / APCA / Coconino County / Maricopa County / Mountain Park Health Center / Native American Comm. / Wingspan / TGen / (all projects were phased out and replaced by the Local Partners for FY08) Wesley Community Center

**Community Outreach Vendor List FY08**

APCA / Mountain Park Health Center / Phoenix Fire (contracts listed here are different than those listed in FY07) Wesley Community Center

**Statewide Projects Vendor List FY07**

American Cancer Society / AIA

**Statewide Projects Vendor List FY08**

American Cancer Society / AIA (Phased out in FY08)

**ADHS CDC - FEDERAL**

<b>Projects</b>	<b>Expenditures</b>	
	<b>Fiscal Year 2007</b>	<b>Fiscal Year 2008</b>
<b>Administrative</b>	<b>189,457</b>	<b>150,556</b>
<b>Evaluation</b>	<b>37,500</b>	<b>0</b>
<b>Marketing and Communication</b>	<b>372,698</b>	<b>162,500</b>
<b>Statewide Projects</b>	<b>72,500</b>	<b>55,000</b>
<b>Total Chronic Disease Expenditures</b>	<b>672,155</b>	<b>368,056</b>

**Evaluation Vendor List FY07**

ERDU

**Statewide Projects Vendor List FY07**

ACS / CTFA

**Statewide Projects Vendor List FY08**

CTFA

## ***Timeline***

### *Fiscal Year 2007, Quarter 1*

- Beginning of internal restructuring, driven by ADHS Director Susan Gerard and by Assistant Director for the Division of Public Health Prevention Services, Jeanette-Shea Ramirez.

### *Fiscal year 2007, Quarter 2*

- Internal ADHS BTEP staff restructuring and recruitment
- ADHS BTEP Partner's meeting for reorganization
- SmokeFree Arizona passed
- Excise tax increase of \$0.82, leading to a total of \$2.00 per pack as the current tax
- "We Can Help" cessation campaign launched (Dec. 26, 2006)

### *Fiscal year 2007, Quarter 3*

- ADHS BTEP Partner's meeting for reorganization
- New Bureau Chief, Wayne Tormala, begins Feb. 2007

### *Fiscal year 2007, Quarter 4*

- ADHS BTEP Partner's meeting for reorganization
- SmokeFree Arizona implemented May 1, 2007

### *Fiscal Year 2008, Quarter 1*

- Strategic Plan kickoff (July 25, 2007)
  - ADHS BTEP Director Gerard in attendance
  - Creation of Steering Committee and Workgroup
  - More than 30 community forums held statewide, through October 2007
- Arizona awarded 2009 National Conference on Tobacco or Health (NCTOH) to be held June, 2009\*

### *Fiscal Year 2008, Quarter 2*

- Continued Strategic Planning Activities
  - Steering Committee, more than 30 focus groups and community forums held statewide, gathering of best practices research from national resources, as well as other states and programs best practices

### *Fiscal Year 2008, Quarter 3*

- ADHS BTEP Marketing received two American Marketing Association Spectrum Awards for Excellence in Marketing Communications
  - Strategic Plan Wrap-Up
  - Bureau of Tobacco Education and Prevention named ADHS Team of the Year
- Mary Ehlert, ADHS BTEP Marketing Director, named ADHS Employee of the Year for her role in the ADHS BTEP transition

*Fiscal Year 2008, Quarter 4*

- ADHS BTEP Marketing won three International Association of Business Communicators (IABC) Phoenix Copper Quill Awards for excellence in marketing communications
- ADHS BTEP Marketing won an IABC Gold Quill Awards for excellence in marketing communications from IABC international

\*The National Conference on Tobacco or Health (NCTOH) assembles a vast array of leaders from large and small entities to create one voice on behalf of public health against the scourge of tobacco products. The forum promotes open dialogue among a collaborative audience of more than 3,500 tobacco control researchers, advocates, and lobbyists; public health officials from local, state and national agencies; smoking cessation experts; health policy advisors; legislative representatives; and tobacco control leaders from across the United States. As the premier national conference, NCTOH is dedicated to national collaboration on tobacco control and synergy from the field for a collective movement with a national scope and, more importantly, local impact.

### ***Strategic Planning Process***

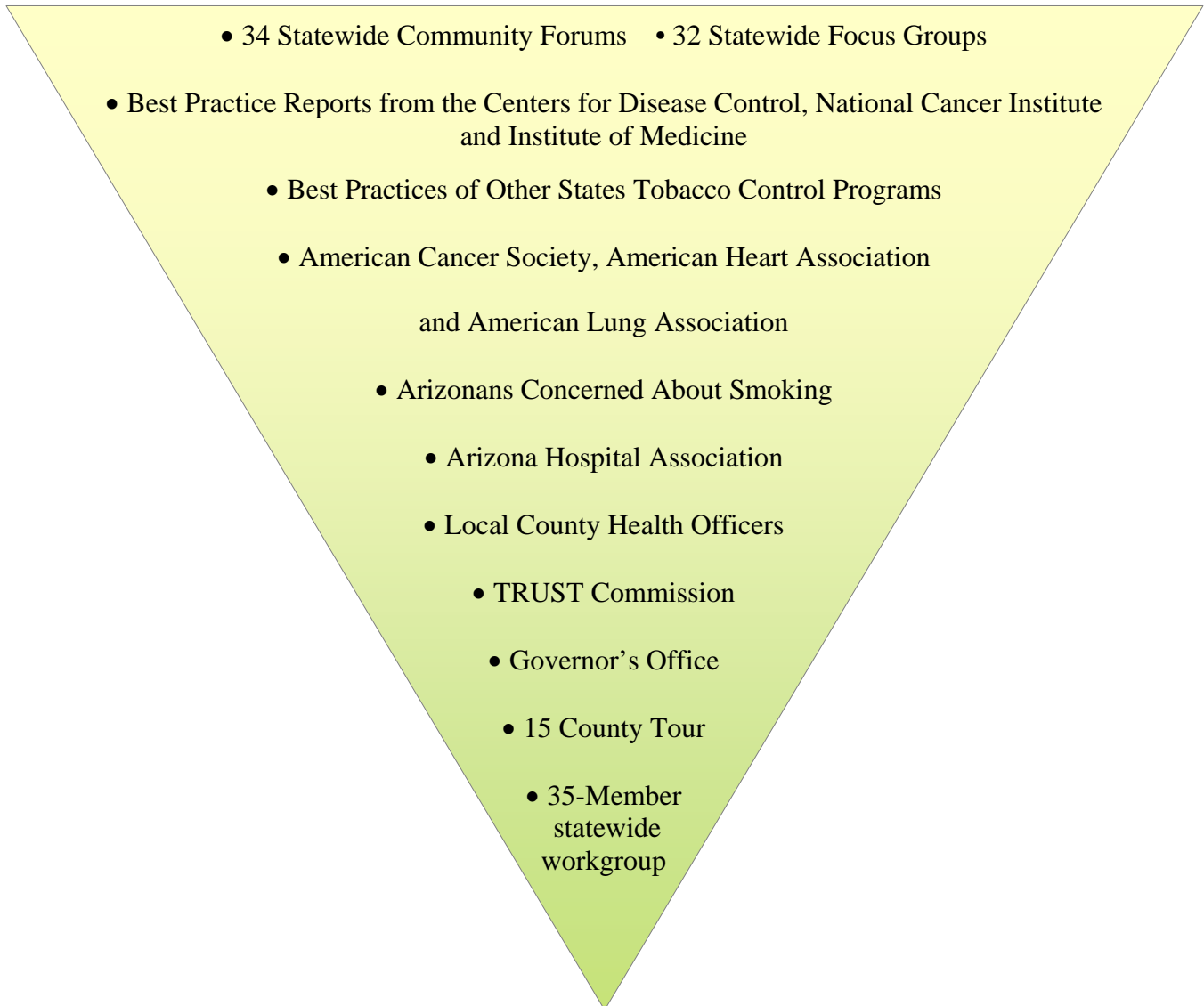
The Arizona Department of Health Services Bureau of Tobacco Education and Prevention (ADHS BTEP) began its strategic planning process in August of 2007. This strategic planning process aimed to create a model that focused on effective tobacco control which would engage stakeholders at the local, state and national levels. As such it was critical to ensure that the process was both transparent and participatory and included input and involvement from the full diversity of populations and regions across Arizona.

The process included a wide range of input, including 34 community forums, 32 focus groups, the TRUST Commission, an extensive review of the literature ( including new “best practice” reports from the CDC and the Institute on Medicine), and discussions with key national partners, including other state tobacco control programs, and the American Legacy Foundation. A Strategic Plan Work Group, comprised of 30 Arizonans that included a wide range of researchers, healthcare professionals, advocates, experts from the public and private sectors, and local leaders, met throughout the planning process to provide direction and oversight during the process.

Eight major goals were identified through the strategic planning process which will contribute to building an integrated network of individuals, organizations and communities to reduce the impact of commercial tobacco abuse in Arizona:

- Reduce Initiation of Tobacco Use among Youth
- Eliminate Exposure to Secondhand Smoke
- Promote Smoking Cessation among Youth and Adults and Help Smokers Quit
- Identify and Eliminate Tobacco Related Disparities in Specific Population Groups
- Assist in the Prevention and Early Detection of Four Leading Tobacco-Related Causes of Death in Arizona
- Develop and Implement a Comprehensive Tobacco Control Plan
- Conduct Surveillance and Evaluation
- Advance Policies that Reduce the Impact of Commercial Tobacco Use

## Stakeholders and Partners at the Local, State and National Levels



## PROGRAM ACTIVITIES AND SERVICES

### *Preventing Youth Initiation*

#### **INTENSIVE SCHOOL-BASED PREVENTION PROGRAMMING**

Beginning in 1996, ADHS BTEP funded local partners (including all 15 counties) to conduct intensive tobacco prevention education in schools. At the time the intensive school-based prevention programs targeted grades four through six at higher risk schools. A higher-risk school has students who are considered high-risk for tobacco initiation and use.

During FY07, local partners utilized health educators to provide brief and intensive tobacco prevention programming to area schools for students in grades K – 12. These services were designed to educate students on the effects of tobacco use and needed to prevent the initiation of tobacco use. Overall, ADHS BTEP contractors served approximately 60,000 students in grades four through eight, which is representative of 15 percent of the entire student population in Arizona.

In 2007, ADHS BTEP restructured the intensive school-based prevention program funding, due to the strategic planning process. One of the main objectives of the new school-based prevention programs is to increase youth knowledge about the harmful effects of tobacco and prevent youth initiation of tobacco use by implementing standardized, evidence-based curricula in selected Arizona schools and other venues.

In order to complete this project, ADHS BTEP will continue funding the local partners to conduct the intensive school-based prevention programs. However, programs will be focused in a Title I School, as designated by the Arizona Department of Education, grades four through eight.

#### *Prevention Curricula*

The curriculum utilized by the local partners is evidence-based, and they have been approved by ADHS BTEP. Some of the curricula include, but are not limited to:

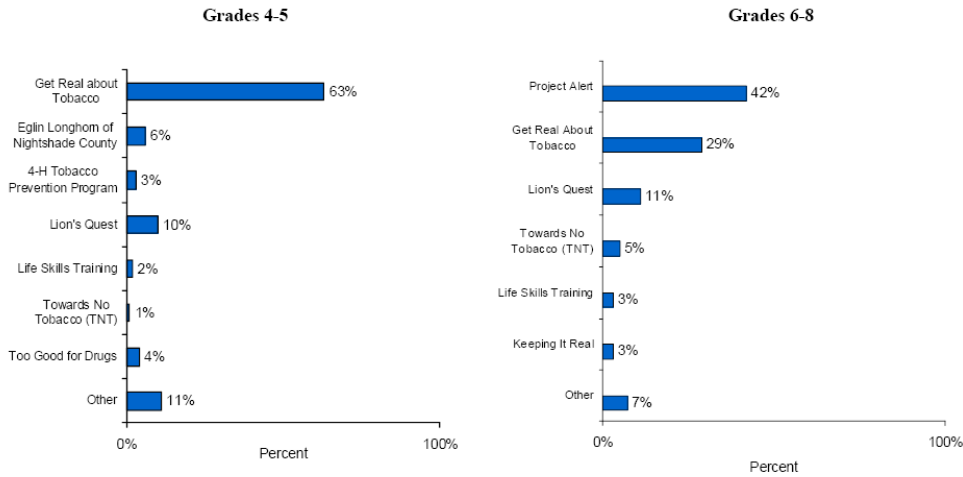
- Toward No Tobacco Use
- Project Alert
- Get Real About Tobacco
- Project BUTT

Each of the county contractors will decide the curriculum they would like to implement. Some of the partners will directly select the curriculum for the prevention education staff and the classroom teachers, while others work at the district or school level, allowing the school administrators and teachers to choose a curriculum.

The contractors typically used “Get Real About Tobacco” to target grades four and five, which “Project Alert” was the curriculum of choice for grades six, seven, and eight.

The following charts illustrate the curriculum choices by grade level for the schools in FY07.

Figure 1: Tobacco Curricula use in Grades Four-Five and Grades Six-Eight, FY07



According to the University of Arizona’s Evaluation, Research and Development Unit, most of the students expressed satisfaction with this curriculum. In grades four and five, almost all of the students found the class interesting (92 percent and 91 percent, respectively), and the majority of them also reported learning about how smoking harms their bodies (99 percent and 98 percent, respectively). In grades six, seven and eight, the students felt the information was important to them (95 percent, 91 percent, and 87 percent, respectively), and almost all the students reported learning how smoking harms their bodies (98 percent, 97 percent, and 96 percent, respectively).

**PREVENTING YOUTH INITIATION BY RESTRICTING ACCESS TO TOBACCO**

*School Policy Assessment*

The Maricopa County Tobacco Use Prevention Program (MACTUPP) was contracted by ADHS BTEP during FY07 to conduct school policy assessments using a previously designed school policy assessment tool. The purpose of this contract was for MACTUPP to generate a comprehensive list of tobacco-free policies at the local high school levels. In FY07, MACTUPP conducted 80 compliance checks.

*Attorney General's Youth Tobacco Program*

The Attorney General’s Office (AGO) monitors compliance with and enforces the tobacco Master Settlement Agreement (MSA), laws restricting the availability and sale of tobacco products to minors, and Arizona’s non-participating manufacturer legislation, A.R.S. §§44-7101 and 44-7111. AGO operates and maintains the Arizona Youth Tobacco Program. The program seeks to:

- Facilitate the efforts of local law enforcement agencies seeking to enforce Arizona’s youth tobacco laws
- Monitor the rate at which Arizona tobacco retailers comply with laws that prohibit the sale of tobacco to minors.

The AGO line systematically performs undercover investigations of tobacco retailers throughout the state. In order to assess compliance with the law, AGO agents and officers work with youth volunteers who visit tobacco retail outlets and attempt to buy tobacco products.

The AGO increased their compliance checks from FY07 to FY08 and found increases in the number of “failures to comply.” There was a 10 percent increase in total buys from FY07 to FY08, and in turn, there was a 17 percent increase in total citations from FY07 to FY08.

Table 1: Attorney General Compliance Check Results

	<b>Fiscal Year 2007</b>	<b>Fiscal Year 2008</b>
Total Inspections	4646	4984
Total Buys	859	943
Total Citations	497	583

## **COUNTER MARKETING**

### *“Tobacco Use: It’s a Personal Foul”*

The “Tobacco Use: It’s a Personal Foul” youth prevention campaign targeted primarily young children in grades three through six with an emphasis on lower socio-economic children. To support segments of this demographic, nearly all campaign materials were produced in both English and Spanish. The overall goal was to saturate the target demographic with the new prevention message “Tobacco Use: It’s a Personal Foul” to raise children’s awareness about not using tobacco, then, to extend that brand and awareness message via the electronic interactive kiosks and the website [personalfoul.org](http://personalfoul.org).

### *Helping Tobacco Users Quit*

#### **ARIZONA SMOKERS’ HELPLINE (ASHLine)**

ADHS BTEP funds ASHLine and, in FY07, community-based cessation classes. Beginning in FY08, with the launch of the new Strategic Plan, ADHS BTEP determined the most effective way to provide cessation assistance statewide, while effectively utilizing the diminishing tobacco tax revenues, is to primarily fund a quitline for cessation services, a trend appearing nationwide. Due to this, tobacco cessation classes are no longer funded by ADHS BTEP, and any mention of cessation classes throughout this report refers to the past.

The goal of ASHLine is to provide access to effective, research-based tobacco use cessation services for Arizona residents. In order to achieve this goal, ASHLine offers the following services on an individual basis:

- Telephone counseling in English and Spanish.
- Web-based information
- Printed materials
- Referrals to local quit tobacco classes in your community.

The ASHLine provides tobacco use cessation services to all Arizona residents. Since its inception, the ASHLine has received more than 10,000 calls each year. ASHLine utilizes various approaches to maximize the accessibility of tobacco cessation, including:

- Individualized quit planning design
- Client anonymity and confidentiality
- Proactive counseling
- Structured protocol counseling
- Culturally competent and sensitive counseling
- Multilingual services, including English, Spanish, Korean, and Arabic.

#### *Medication to Assist Clients in Quitting:*

Current research indicates that one of the most effective tobacco cessation methods is a combination of quitline and nicotine replacement therapy, including prescription medications (NRT+). ADHS BTEP, during FY07 and through February 2008, offered a medication benefit to clients older than age 18 years who are enrolled in intensive cessation programs, including ASHLine or the community-based classes. The distribution service ADHS BTEP contracted with for this service is US Script. The benefit included a 50 percent discount of the price of over-the-counter nicotine replacement therapy (NRT), specifically nicotine patch, gum, or lozenge. During this time period, the only prescription medication covered by this benefit was Bupropion. Each client received the benefit for six weeks, and the vouchers were dispensed every two weeks at the class or mailed after the phone counseling session.

Following a nationwide movement to provide NRT+ to clients enrolled in cessation classes, the ADHS BTEP decided to provide each client who enrolled in cessation services with the ASHLine free NRT+ for 12 weeks, including patch, gum, lozenge, Bupropion, and Chantix<sup>®</sup>. On March 1, 2008, this benefit was launched through the beBetter Networks, Inc<sup>™</sup> distribution system. The response to the benefit was overwhelming, and on May 1, 2008, the benefit was reduced to NRT (patch, gum, and lozenge) for two weeks.

### *How Clients Heard About the Program*

The primary way that clients heard about the ASHLine was through their health care providers. A description of the proactive Quitfax Referral program is detailed in the Healthcare Provider Services section.

ADHS BTEP advertised ASHLine services through a major advertising campaign launched at the end of 2006 through 2007. The “We Can Help” campaigns generated awareness of cessation services. The call to action was to get smokers to call ASHLine. The 12-month campaign consisted of 18 commercials, six each featuring three different characters, “Nick” “Jamie” and “Hector,” as they progressed through the stages of change from pre-contemplation through maintenance of quitting.

### *Users’ Satisfaction with Tobacco Cessation Classes*

The Evaluation, Research and Development Unit (ERDU) at the University of Arizona developed a report titled: “Results of the Cessation Class Satisfaction Survey Report: Arizona Summary”. The following information was obtained from the executive summary of that report.

1,535 of the individuals who completed a cessation class in Arizona filled out a satisfaction survey. “This number represents 35 percent of individuals who completed a Client Intake Form (CIF) on the initial session of the cessation class (4376 CIFs were received from local project clients in FY06-FY07).” Eighty-two percent of Arizona cessation class participants who completed a satisfaction survey indicated that the class met their needs, and almost all, 94 percent, would refer another tobacco user to the class. Most of the class and facilitator ratings on the satisfaction survey were positive with ratings of “excellent” and “good”. For the items ‘Easy to use the coupons for patches, gum, Zyban or lozenges’ and ‘audio-visual materials’, many respondents in a number of the counties answered ‘Not Applicable’ suggesting classes differed in their use of these materials.

### *Who Are Service Users?*

The clientele of ASHLine is diverse, in part due to media reach. The following table (Table 2: ASHLine Client Demographics) is an indication of the clientele for FY07 and the first quarter of FY08. The final data for FY08 is still being processed by ERDU and will not be reported. The percentages in this table are based on the number of CIFs completed for the fiscal year.

Table 2: ASHLine Client Demographics

	Fiscal Year 2007 (N/%)	Fiscal Year 2008, Quarter 1 (N/%)
Client Intake Forms Completed	2949/100%	911/100%
<b>Gender</b>		
Male	1219/41.3%	324/35.6%
Female	1640/55.6%	578/63.4%
<b>Service Language</b>		
English	2758/93.5%	881/96.7%
Spanish	185/6.3%	29/3.2%
<b>Sexual Orientation</b>		
Heterosexual	2627/89.1%	863/94.7%
Gay, Lesbian, Bisexual or Transgender	85/2.9%	34/3.7%
<b>Race</b>		
American Indian/Alaska Native	42/1.4%	14/1.5%
Asian	15/0.5%	5/0.5%
Black or African-American	166/5.6%	51/5.6%
Native Hawaiian or Other Pacific Islander	6/0.2%	1/0/1%
White/Caucasian	2040/69.2%	676/74.2%
Other	485/16.4%	129/14.2%
<b>Hispanic</b>		
Yes	545/18.5%	131/14.4%
No	2223/75.4%	760/83.4%

## HEALTHCARE PROVIDER SERVICES

### *HealthCare Partnership*

The Healthcare Partnership (HCP) has evolved into an “evidence-based statewide education and training model that brings together seasoned professionals in the areas of tobacco dependence treatment, adult education methods and techniques, instructional design and teaching, data management and analysis, and public health.” The program’s mainstay is its continuing education, certification, and training programs.

### *Proactive Referral System/QuitFax*

Health and human service providers are recommended to ask every client about their tobacco use at every visit. For those clients who are looking for help quitting tobacco, ASHLine has created a fax referral form (QuitFax) making it easier for providers to ensure their clients have access to tobacco cessation services.

The form provides ASHLine with a client’s name and contact information. Within 24 hours of receiving a QuitFax, a counselor attempts to contact the client, with a minimum

of three attempts to reach them in 10 days. The clients are informed of the telephone cessation coaching available at the ASHLine, as well as about quit tobacco classes that meet in their area. In order to keep the providers informed, ASHLine sends a fax with information on the services a client has accepted to the healthcare provider.

Table 3: QuitFax Referral System

	<b>Fiscal Year 2007</b>	<b>Fiscal Year 2008</b>
Total Referrals	3059	9647
Percent of Clients Reached by Phone	69% (2110)	67% (6449)
Received Some Level of Service (of the Clients Reached)	55% (1160)	84% (5447)

### **FREE NRT PILOT – MOHAVE**

Mohave County served as a pilot project for free NRT. This benefit was offered to county residents from April 2006 to July 2006. In order to be eligible for this benefit, the client had to attend the first or second session of a cessation class offered by Mohave County. For every week of class attended, the client would receive one week of NRT. More participants were returned throughout the program when free NRT was offered. For example, on the last week of classes, the free NRT period had a retention rate of 60%, while the group who did not receive free NRT had a retention rate of 48%.

### **COUNTER-MARKETING**

Arizona’s highest smoking prevalence is among white males age 18-34 years and age 35-64 years old of low socio-economic status (ADHS BTEP 2006 Biennial Evaluation Report). However, men in the lower age category typically do not seek out cessation assistance as readily as those males age 35-64 years. ADHS BTEP Marketing wanted to develop a cessation campaign to target the age group with the highest prevalence but also with highest likelihood of seeking services. This campaign focused on 30-40 year old, white, low socio-economic status males. Additionally, the campaign targeted women. Arizona, especially in some of its rural counties, has high smoking prevalence numbers among women age 35-64 years of low socio-economic status. Hispanic males age 35-64 were included in our intended audience due to the fact the Hispanic population is approaching 50 percent of Arizonans.

The overall goal of the “We Can Help” campaign was to generate awareness of the states cessation services – to get the message out that help is available for those who want to quit tobacco. A secondary goal was to get smokers to call ASHLine to seek cessation services.

The 12-month campaign consisted of 18 commercials, six each featuring three characters “Nick” “Jamie” and “Hector” as they progressed through the stages of change from pre-contemplation through maintenance.

The campaign included television advertising, radio advertising, in-theater advertising, print advertising, and public relations (earned media) activities. The television and radio commercials featured the characters having frank discussions with the viewers/listeners about the desire to quit. A public relations effort was executed for the campaign's kick-off for New Year's 2007. Additional media interviews took place throughout the campaign.

An independent media evaluation source was engaged to evaluate the campaign. The evaluators utilized telephone surveying of 125 unique calls per month as the source for their evaluation. According to their research, ADHS BTEP achieved and far exceeded its goals with the "We Can Help" campaign. The primary goal was to increase awareness of the help available to smokers. The percentage of polled individuals that reported they had seen or heard advertising for the help available without being prompted of the advertising ranged from 20 percent to 34.4 percent. Individuals that did not recall the advertising, but remembered after a description was read to them ranged from 26.4 percent to 45.4 percent. Total awareness from all individuals, whether they were reminded or not, ranged from 31.2 percent to 57.6 percent. When asked how well the advertising "got its message across" (with 1=not very well and 6=very well) the averages ranged between 4.70 and 4.11. After rating the attributes, the percentages for "got its message across?" ranged from 41 percent to 67 percent.

The secondary goal of the campaign was to increase calls to the ASHLine by six percent over the prior year's calls. The campaign far exceeded this goal as well. In fact, the "We Can Help" campaign generated the highest average monthly television-initiated calls to ASHLine over all previous years combined. The 2007 call volumes averaged about 150 calls higher month-to-month than in comparative months in 2006. There was a 103 percent increase in call volume in for the first quarter of calendar year 2007 over first quarter 2006. ASHLine's total call volume during the campaign was increased by 45 percent over the prior year's calls.

### ***Reducing exposure to secondhand smoke***

#### **COMMUNITY-BASED OUTREACH**

In order to raise awareness of the dangers of secondhand smoke, ADHS BTEP contracted with local partner programs, specifically the counties, to conduct activities to reach the community. The Partners conducted health fairs, festivals, or presented the information to various community groups. In FY07 and FY08, more than 5000 events were conducted statewide reaching more than 400,000 people annually.

#### **WORKSITE SECONDHAND SMOKE POLICY ASSISTANCE**

ADHS BTEP local and statewide contractors provide information and technical assistance to worksites in creating and maintaining smoke-free policies. They also provide information on the benefits of developing and maintaining in-home rules about smoke.

Primarily, the Arizona HealthLinks (AzHL) program promotes and helps employers establish smoke-free policies. The worksites they specifically target are staffed with workers who are at higher-risk for chronic disease, including tobacco-related diseases. According the Arizona HealthLinks final report, “between October 2004 and December 2007, AzHL delivered a pitch and/or other wellness programs in 1629 worksites throughout Arizona.”

## **MOHAVE AIR QUALITY STUDY**

ERDU evaluated a study, conducted by the Mohave County Department of Public Health (MCDPH), to determine the impact of air pollution in Mohave County establishments prior to instatement of the statewide smoking ban. MCDPH began this study by identifying a sample of bars and restaurants, which allowed smoking before the ban. It measured the air quality before and after the smoking ban.

The study included seven establishments, and the visits lasted approximately 30 minutes each. After following a procedure for measuring air quality, utilizing Environmental Protection Agency standard, the study demonstrated a 99 percent decrease in air pollution. This indicates that compliance with the statewide smoking ban will help decrease exposure to secondhand smoke.

## **SMOKEFREE ARIZONA**

Arizona went SmokeFree in FY07. In November 2006, Arizona voters approved a statewide smoking ban (Smoke-Free Arizona Act A.R.S. §36-601.01), which essentially prohibits smoking in most enclosed public places, as well as worksites. The establishments are required to follow the 20 foot rule: smoking within 20 feet of an entrance is prohibited. According the SmokeFree Arizona website ([www.smokefreearizona.com](http://www.smokefreearizona.com)), the following establishments were required to implement the ban:

- Restaurants, bars, grocery stores, or any establishment that serves food
- Office buildings and work areas such as meeting rooms, employee lounges, classrooms, and private offices
- Healthcare facilities, hospitals, health care clinics, and doctor’s offices
- Company-owned or employer-owned vehicles during working hours if the vehicle is occupied by more than one person
- Enclosed common areas in hotels and motels
- Lobbies, elevators, restrooms, reception areas, halls, stairways, and any other enclosed common-use areas in public and private buildings including condominiums and other multiple-unit residential facilities
- Any place of employment not exempted
- Tribes are Sovereign Nations. The SmokeFree Arizona Act has no application on Indian reservations as defined in A.R.S. §42-3301 (2).

The ADHS Office of Environmental Health is responsible for monitoring compliance with the law.

### ***Identifying and eliminating tobacco-related disparities***

There are certain groups that exhibit disproportionately high morbidity and mortality rates associated with tobacco use. Factors including, but not limited to, an individual's age, race/ethnicity, educational attainment, income, and sexual orientation greatly contribute to health disparities within a given population. Tobacco-related disparities are demonstrated by increased prevalence of tobacco use, greater exposure to secondhand smoke, and limited access to educational information and prevention/cessation programming among other considerations.

ADHS BTEP offers a variety of services aimed at mitigating tobacco-related disparities including cessation counseling, education and prevention services through a variety of community-based organizations established to serve specific populations, such as the lesbian, gay, bisexual, or transgendered (LGBT) community and individuals of low socioeconomic status. ADHS BTEP also works with nine tribal nations and three urban Indian centers which provide an array of services to Native American communities throughout the state. Most recently, ASHLine has coordinated with an ADHS BTEP community project, Asian Pacific Community in Action (APCA) to provide cessation services to Vietnamese, Korean, and Chinese-speaking populations within Arizona.

A unique government-to-government relationship exists between Indian Tribes and Federal and State Governments. ADHS BTEP recognizes the uniqueness of tribes and urban American Indian populations. ADHS BTEP, in collaboration with tribes, urban American Indian organizations, and the Inter Tribal Council of Arizona, Inc, supports local partners in tribal communities planning and implementing tobacco education and prevention programs. These local partners play a key role in developing strategies that best fit their community's needs.

### **INTER TRIBAL COUNCIL OF ARIZONA, INC. (ITCA)**

The Inter Tribal Council of Arizona, Inc. sub-contracts with eight tribal nations and three urban Native American organizations. The tribal nations are located in the northern, central, southern, and western regions of Arizona. The urban center provide services to the Native American populations located in Flagstaff, Phoenix, and Tucson

The objective of the ITCA is to fund and assist program capacity of sub-contracted Tribal tobacco education and prevention programs and Urban Indian Health Center tobacco education and prevention programs to develop culturally appropriate tobacco prevention programs. ITCA also provides program management, research, data collection, resource development and evaluation. The ITCA also organizes and conducts meetings, workshops, and conferences to facilitate participation of the Tribes in Arizona and the urban Indian communities.

## **GILA RIVER INDIAN COMMUNITY (GRIC)**

The Gila River Indian Community tobacco program provides services to the tribal members on the Gila River Indian Community. The reservation is comprised of 372,000 acres and borders the cities of Tempe, Phoenix, Mesa, and Chandler.

The services provided to the GRIC community include tobacco education presentations and workshops at various conferences and community events. The GRIC tobacco program also provides education to other tribal government health education staff. The program works closely with the Gila River Health Care Corporation which provides cessation services to community members through their Quit Now program.

## **WINGSPAN**

Wingspan tobacco program provides services to the lesbian, gay, bi-sexual, and transgender (LGBT) population in southern Arizona.

The Wingspan tobacco program provides services that include increasing the awareness of the incidence and health impact of smoking among the LGBT community, providing smoking cessation classes, and providing training to volunteers on outreach, brief interventions, and cessation facilitation.

## **TANNER COMMUNITY DEVELOPMENT CORPORATION (TCDC)**

The Tanner Community Development Corporation provides services to the African American and Faith-Based community in Arizona.

The TCDC tobacco program's mission is to reduce tobacco use in the African American and Faith-based communities in Arizona by providing education and prevention services and promoting quitting through cessation programs. An additional goal of the program is to increase the communities' capacity to move from awareness of the problem to reducing tobacco use and preventing youth from becoming smokers in the future.

## **CHICANOS POR LA CAUSA (CPLC)**

The Chicanos Por La Causa provides services to the Hispanic community members and providers throughout Arizona.

The CPLC tobacco program focuses on reducing tobacco use among youth and their families by providing prevention and education services. Additionally, CPLC provides information through outreach at various community events, workshops, and training to staff of early childhood programs in addition to working with community schools.

## **MOUNTAIN PARK HEALTH CENTER (MPHC)**

The Mountain Park Health Center provides services in medically underserved areas and improves the health status of medically underserved population. The MPHCC tobacco program provides services in two major communities in the Phoenix metropolitan areas – South Mountain and Maryvale.

The MPHCC tobacco program works in conjunction with the various health departments of the MPHCC such as integrated behavioral health, nutrition and physical education, prenatal, asthma and obesity prevention classes. The tobacco program provides education and prevention services in addition to providing cessation services in both English and Spanish.

### **ASIAN PACIFIC COMMUNITY IN ACTION (APCA)**

The APCA tobacco program provides education, prevention, and cessation services to multiple Asian and Pacific Islander communities in Maricopa County. Integrated in the program is chronic disease prevention education which includes information on cardiovascular and cancer risks related to tobacco use, lack of physical activity, and unhealthy eating habits.

### ***Reducing the Burden of Chronic Disease***

In November 2002, Arizona voters approved Proposition 303, which increased the tax on cigarettes by 60 cents per pack and taxed other tobacco products. The proposition set aside money for the prevention and early detection of the four leading disease related causes of death in Arizona. Currently, the four leading causes of death in the state are cancer, heart disease, stroke and chronic obstructive pulmonary disease (COPD). According to the CDC, 70 percent of all deaths in the U.S. can be attributed to these four chronic diseases. Furthermore, in the U.S., chronic diseases are consistently the most expensive yet preventable diseases, accounting for about 75 percent of the nation's health care budget.

ADHS BTEP provides administrative oversight for chronic disease programs funded with tobacco tax dollars. ADHS BTEP partners with the ADHS Bureau of Chronic Disease Prevention and Control, which provides direct management of a number of programs, including programs to provide screening for breast cancer and colorectal cancer, public awareness campaigns, training health care professions regarding COPD risk reduction, as well as a telemedicine project aimed at assisting individuals in rural areas of the state who suffer from stroke-related conditions.

### **WORKSITE CHRONIC DISEASE PREVENTION**

Arizona HealthLinks (AzHL), in partnership with the American Cancer Society, Great West Division, provides worksites with programs and services that focus on wellness and lifestyle improvement. AzHL assists businesses with employee-based activities that focus on physical activity (Active for Life, W.E.L.L. Arizona, and Walking Works), nutrition (Meeting Well), and tobacco policy and cessation information.

AzHL works with employers to develop comprehensive internal worksite policies that assist with reducing healthcare expenses and containing costs through the implementation of a health preventative program. According to the American Cancer Society, there is “an infrastructure in place to implement the AzHL program in all fifteen counties of Arizona which brings vast national experience in addressing chronic disease prevention and healthy lifestyles in the worksite setting.”

Table 4: Arizona HealthLinks Reach

	<b>Fiscal Year 2007</b>	<b>Fiscal Year 2008 (Based on first 9 months)</b>
# of Worksites pitched	308	342
# of Worksites received services	406	455
# of Programs Delivered	944	896

### **CHRONIC DISEASE PARTNERSHIPS**

When Arizona voters passed Proposition 303 in 2002 which increased the state tax on cigarettes by 60 cents per pack and taxed other tobacco products, two percent of this tax was set aside for a chronic disease fund which as administered by the ADHS BTEP.

During FY07, ADHS BTEP funded nine community outreach programs and two statewide outreach programs for chronic disease prevention; however, these projects were phased out and replaced by county programs in FY08. Shown below are lists of the programs which were funded under this provision.

#### **Community Outreach Vendor List FY07**

American Lung / APCA / Coconino County / Maricopa County / Mountain Park CHC / Native American Comm. / Wingspan / TGen / (all projects were phased out and replaced by the Local Partners for FY08) Wesley Community Center

#### **Community Outreach Vendor List FY08**

APCA / Mountain Park CHC / Phoenix Fire (contracts listed here are different than those listed in FY07) Wesley Community Center

#### **Statewide Projects Vendor List FY07**

American Cancer Society / AIA

#### **Statewide Projects Vendor List FY08**

American Cancer Society / AIA (Phased out in FY08)

## RESULTS

This section contains additional data relevant to the results of the Arizona tobacco control program. The data have been assembled to correspond with the outcome indicators for evaluating comprehensive tobacco control programs developed by the CDC. Results for all identified CDC outcome indicators are not presented here. Rather, a selection of outcome measures with the highest relevance to Arizona tobacco control activities is provided. The behavioral and attitude-related results are reported separately for youth and adults.

For every outcome measure reported the respective CDC indicator number and label are presented to ensure consistency of reported results with CDC recommended and approved standard outcome measures for comprehensive tobacco control measures.

### *Youth Smoking Behavior*

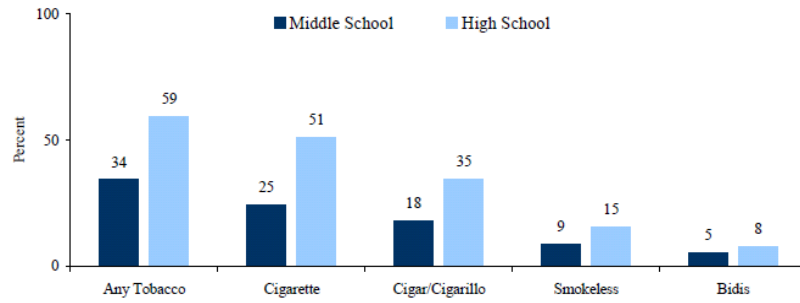
It is important to remember that the data in these school-based surveys are representative of the public school student population. Private schools, parochial schools, juvenile detention centers and other special schools are not included in the surveys. This limitation is important because of existing evidence demonstrating that adolescents who are not in school (and those with high numbers of absences) have higher rates of tobacco use than do adolescents who are in school. This is known to be true for high school drop-outs in particular.

### **TOBACCO USE**

#### *CDC Outcome Indicator 1.14.1 Prevalence of tobacco use among young people*

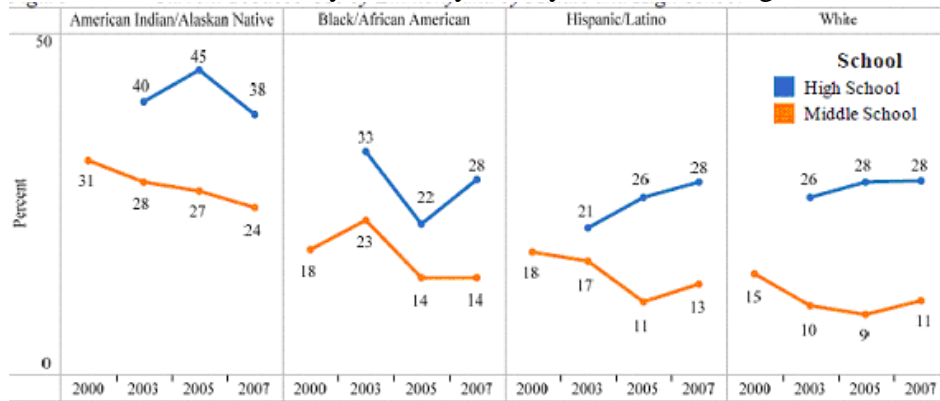
According to the Arizona Youth Tobacco Survey (YTS), 2007, 59 percent of high school students reported ever using any tobacco product, and 34 percent of middle school students reported ever using any tobacco product. Cigarettes were the most popular tobacco product ever tried across both groups. (Please refer to Figure 2.) Fewer than 1 in 5 middle school students and 1 in 3 high school students reported current use of any tobacco product. American Indian/Alaskan Native students reported the highest rates of *ever tobacco use*, as well as *current tobacco use*, in both middle and high school. In 2007, White students reported the lowest rates in both middle and high school. In high school, Hispanic/Latino and White students showed an increase in prevalence rates. In middle school, Hispanic/Latino and White students appear to have decreasing prevalence rates. American Indian/Alaskan Native and Black/African American students show a decrease for both middle and high school when compared to 2000. (Please refer to Figure 3.)

Figure 2: Ever Tobacco use by Middle and High School



Data source: AZ YTS 2007

Figure 3: Current Tobacco Use by Ethnicity and by Middle and High School



Data Source: AZ YTS 2000, 2003, 2005, 2007

## SUSCEPTIBILITY TO INITIATING SMOKING

*CDC Outcome Indicator 1.13.2 Prevalence of young people who report never having tried a cigarette*

According to the YTS, 57.4 percent reported never having tried cigarette smoking, even one or two puffs compared to 37.2 percent who reported ever trying a cigarette.

## ACCESS TO TOBACCO PRODUCTS

*CDC Outcome Indicator 1.11.2 Proportion of young people reporting that they have been sold tobacco products by a retailer*

Students under age 18 years often acquire tobacco products through social networks such as borrowing or bumming cigarettes from friends. However, middle and high school students show different patterns of sources they reported for acquiring cigarettes. Potential sources for current smokers under age 18 year are shown below.

Table 5: How Current Smokers under 18 Reported Getting Cigarettes

	Middle School	High School
Gave someone else money to buy them	23%	30%
Took them from a store or family member	17%	4%
Borrowed or bummed them from someone else	16%	22%
A person 18 years old or older gave them to me	9%	9%
Bought them in a store such as a convenience store, supermarket, discount store, or gas stations	4%	21%
Other	32%	13%

Both high school and middle school students reported gas stations as a typical store location for purchasing cigarettes. Tobacco or smoke shops and convenience stores were also often used.

Table 6: Store Types Where Current Smokers under 18 Who Bought Cigarettes from a Store during the Past 30 Days Reported Buying Them

	Middle School	High School
Gas Station	20%	37%
Tobacco or Smoke Shop	11%	15%
Convenience store	7%	14%
Grocery Store	4%	6%
Internet	2%	4%
Drugstore	3%	2%
Other	53%	22%

## MEDIA AWARENESS

### *CDC Outcome Indicator 1.6.2. Level of receptivity to anti-tobacco media messages*

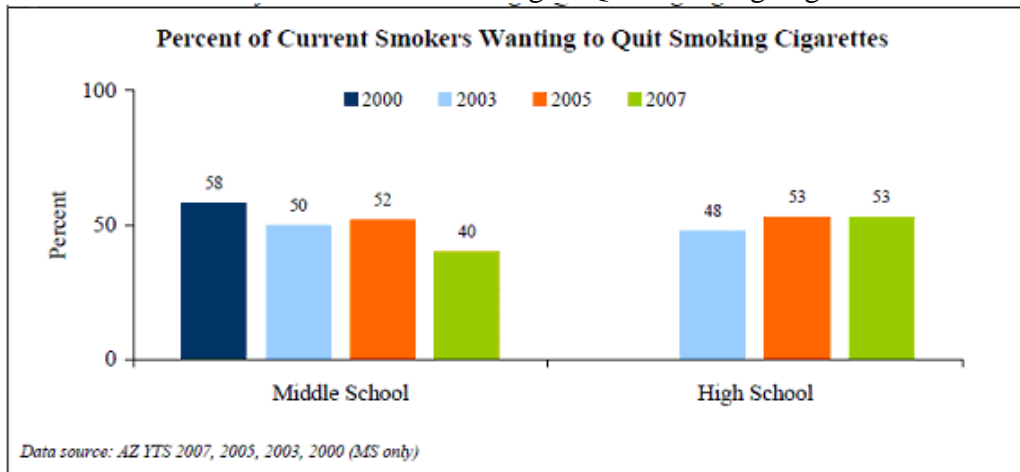
Item 71 of the Arizona YTS Report asks students whether they have seen or heard commercials on TV, the Internet, or on the radio about the dangers of cigarette smoking. Responses to this item reveal that 25.8 percent have not been exposed to any commercial during the past 30 days, 19.7 percent have been exposed to a commercial one to three times in the past 30 days, 16 percent saw or heard a commercial one to three times per week, 18.8 percent saw or heard a commercial almost daily, and 12.8 percent reported seeing or hearing a commercial more than once a day.

## CESSATION

### *CDC Outcome Indicator 3.11.2. Proportion of young smokers who have made a quit attempt*

In 2007, roughly half of all current cigarette smokers in high school expressed a desire to quit. Comparatively, in middle school, there seems to be a declining trend in the reported desire to quit smoking cigarettes among current smokers. (Please refer to Figure 4.)

Figure 4: Percent of Current Smokers Wanting to Quit Smoking Cigarettes



### ***Adult Smoking Behavior***

The Arizona Adult Tobacco Survey (ATS) is conducted tri-yearly; meaning the most recent data available for this report comes from the 2005 ATS. This information was published in the last Biennial Report, and will not be repeated here.

#### *CDC Outcome Indicator 3.14.1 Smoking Prevalence*

According to the 2007 Arizona Behavioral Risk Factor Surveillance Survey (BRFSS), 19.8 percent of respondents identified themselves as current smokers. Table 7 lists the weighted percentages of the respondents who are current smokers.

Table 7: 2007 Arizona BRFSS: Respondents Who Are Current Smokers

<b>Gender</b>				
Male	23.3%		Female	16.3%
<b>Age</b>				
18-24	64.4%		45-54	20.8%
25-34	21.9%		55-64	21.0%
35-44	16.9%		65+	10.1%
<b>Marital Status</b>				
Married	15.2%		Divorced	33.7%
Widowed	17.5%		Separated	31.3
Never Married	30.2%		Unmarried Couple	19.6%
<b>Education</b>				
Less than High School	33.9%		Some College/Tech School	16.3%
High School Graduate/GED	24.1%		College Graduate	14.9%
<b>Employment</b>				
Employed for Wages	22.7%		Self-employed	17.4%
Out of work	34.1%		Homemaker	9.4%
Student	13.8%		Retired	12.7%
Unable to work	29.9%			
<b>Income</b>				
<\$25,000	26.6%		\$50,000 - \$74,999	16.6%
\$25,000 – \$34,999	17.7%		\$75,000 or more	15.7%
\$35,000 - \$49,999	24.5%			
<b>Race/Ethnicity</b>				
White, Non-Hispanic	19.5%		Black, Non-Hispanic	23.9%
Other race, Non-Hispanic	24.8%		Hispanic	18.1%

*CDC Outcome Indicator 3.14.2. Prevalence of tobacco use during pregnancy*

According to the Arizona Department of Health Services Bureau of Public Health Statistics (ADHS BPHS), Health Status and Vital Statistics Section the prevalence rate of women who report tobacco use during pregnancy is 4.7 per 100 births in 2007, which is slightly lower than 2005 (5.4 per 100 births).

## AN ERA OF CHANGE

In an era of entrenched and disquieted tobacco users [The term “tobacco users” is used in this context to refer to the smoking and or chewing of all forms of commercial tobacco (e.g. cigarettes, cigars, pipes, chew tobacco, etc.)], created in large part by successful efforts to raise tobacco taxes and prohibit the use of commercial tobacco in public places, and in which further reduction in tobacco use can not be achieved by expecting past successes to continue..... a new way of doing business is called for!

In the summer of 2007, the Bureau of Tobacco Education and Prevention announced that “change is in the air” and that “no stone would go unturned.” For nine intensive months, staff were fully engaged on an exciting campaign to engage stakeholders at the state and local levels, and worked tirelessly to restore hope and energy across Arizona through the creation of an effective tobacco control model. There were many individuals and organizations who supported this endeavor, and they are listed at the end of this document. However, there are some outstanding contributions that warrant a special recognition, including: Susan Gerard, Director of the ADHS; Jeanette Shea-Ramirez, Assistant Director of Public Health Services at ADHS; members of the Tobacco Revenue, Use, Spending and Tracking (TRUST) Commission: the BTEP staff and Leadership Team; Dave Nakashima, our strategic planning facilitator; members of the Strategic Plan Workgroup; our community forum facilitators at On-the-Mark, Inc.; our focus group facilitators at Riester; and the many partners and stakeholders across Arizona who helped plan and participate in the forums, focus groups, and statewide meetings that were key to the planning process. This strategic plan would have been impossible without their help.

It is important to note that the timing of a new **Strategic Plan for A Tobacco-Free Arizona** is ideal! Indeed, it challenges us all to design and implement major shifts in thinking and doing, and a process in which “no stone goes unturned” creates understandable resistance within a broad-based network of service delivery and advocacy. But through the deployment of a community-based participatory process, combined with an evidence-based approach and the recent release of publications detailing the CDC Best Practices and Institute of Medicine (IOM) recommendations for tobacco programs, a statewide network of people and programs committed to a tobacco-free Arizona is now positioned to propel Arizona back into the national spotlight as a model for tobacco prevention and control.

Wayne Tormala, Bureau Chief  
Bureau of Tobacco Education and Prevention  
Arizona Department of Health Services  
April, 2008