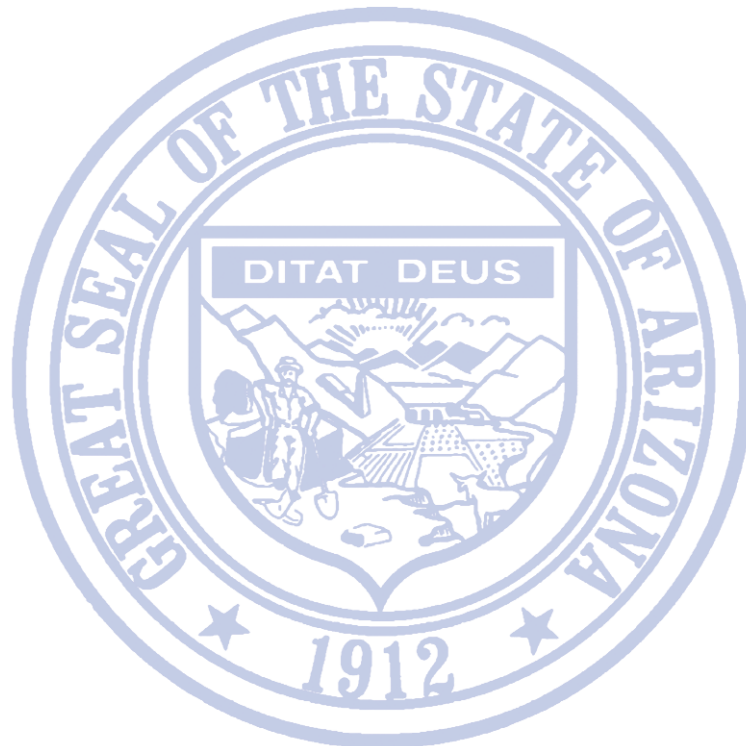


ARIZONA DEPARTMENT OF HEALTH SERVICES
Tobacco Education & Prevention Program

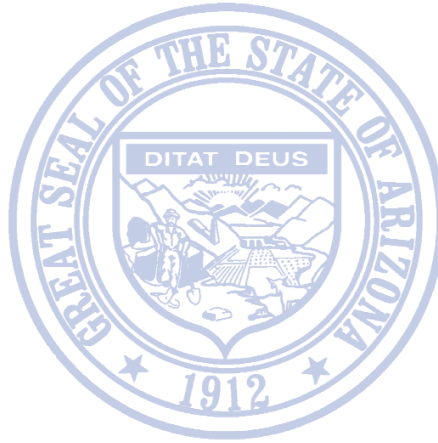


2004 Biennial Evaluation Report

FY 2002 – 2004

A REPORT ON TOBACCO CONTROL PROGRAMS AND SERVICES

ARIZONA DEPARTMENT OF HEALTH SERVICES TOBACCO EDUCATION AND PREVENTION PROGRAM



2004 Biennial Evaluation Report

Janet Napolitano, Governor
State of Arizona

Catherine R. Eden, Ph.D., Director
Arizona Department of Health Services
150 North 18th Avenue
Phoenix, Arizona 85007-3228

Division of Public Health Services
Office of Tobacco Education and Prevention Program

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THIS REPORT WAS PREPARED BY

ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
Office of Tobacco Education and Prevention Program

SPECIAL THANKS AND APPRECIATION ARE EXTENDED TO

THE PROGRAM STAFF
OF THE OFFICE OF TOBACCO EDUCATION
AND PREVENTION PROGRAM

and

THE OFFICE OF TOBACCO EDUCATION
AND PREVENTION PROGRAM
EVALUATION UNIT

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

Rosemary Conner, Assistant Director
Division of Public Health Services

and

Raul Muñoz, Deputy Assistant Director
Public Health Prevention Services

EXECUTIVE SUMMARY

- Youth smoking prevalence continues to decrease. The prevalence of current cigarette use (i.e., any use of cigarettes in last 30 days) for middle school students was 9% in 2003 compared to 11% in 2000. For high school students this rate dropped from nearly 25% in 2000 to 19% in 2003.
- In 2003, 42% of students who live with a smoker were repeatedly exposed to second hand smoke compared to 8% of students who did not live with a smoker.
- In Fiscal Year 2004 nearly one third (32%) of all Arizona schools with grades 4-8 received intensive school-based tobacco prevention education (i.e., structured multi-lesson curricula).
- For Arizona adults, the smoking rate remains below the national average, is steady, and adults are smoking fewer cigarettes. The 2002 adult prevalence was 20%. In the same year, the average number of self-reported packs smoked per month was at 22, down from 30 packs per month in 1999.
- During the 12 months prior to the 2002 Arizona Adult Tobacco Survey, 43% of current smokers said they tried to quit.
- There was an increase in reported household smoking restrictions among non-smoking households, from 89% of households in 1999 to 96% in 2002.
- Data from Fiscal Year 2003 show that three months after completing services, nearly 25% of clients who went through multi-session in-person counseling, and nearly 30% of clients who went through multi-session phone counseling, reported that they had not used tobacco at all in the preceding 30 days.
- The Arizona HealthLinks program, which helps worksites create smoke-free environments and provides or refers for a variety of tobacco control and wellness services, has potentially reached over 88,000 employees in Fiscal Year 2003-2004 alone.
- Marketing efforts are targeted to the overall general market, and supplemented with specific efforts in the key ethnic communities in Arizona: Hispanic, African-American, Native American and Asian-American. These efforts are executed through an integrated advertising campaign including media, public relations, event sponsorships, sports sponsorships, distribution of promotional items, and community outreach.

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INTRODUCTION

This report contains a brief description of the Arizona Department of Health Services Tobacco Education and Prevention Program (ADHS TEPP) for Fiscal Years 2002, 2003 and 2004, as well as expenditures. A description of program activity and services provided along with key results for youth and adult tobacco-related behavior and attitudes are presented.

The report is complemented by detailed information found in the 2002 Adult Tobacco Survey Report, the 2003 Youth Tobacco Survey Report, and the Tobacco Education and Prevention Program Strategic Plan for Fiscal Year 2004-2005. These documents are available from the Tobacco Education and Prevention Program. In addition, Program staff and contractors are available to answer any questions and provide additional information.

ARIZONA DEPARTMENT OF HEALTH SERVICES Tobacco Education & Prevention Program

DESCRIPTION OF ADHS TEPP

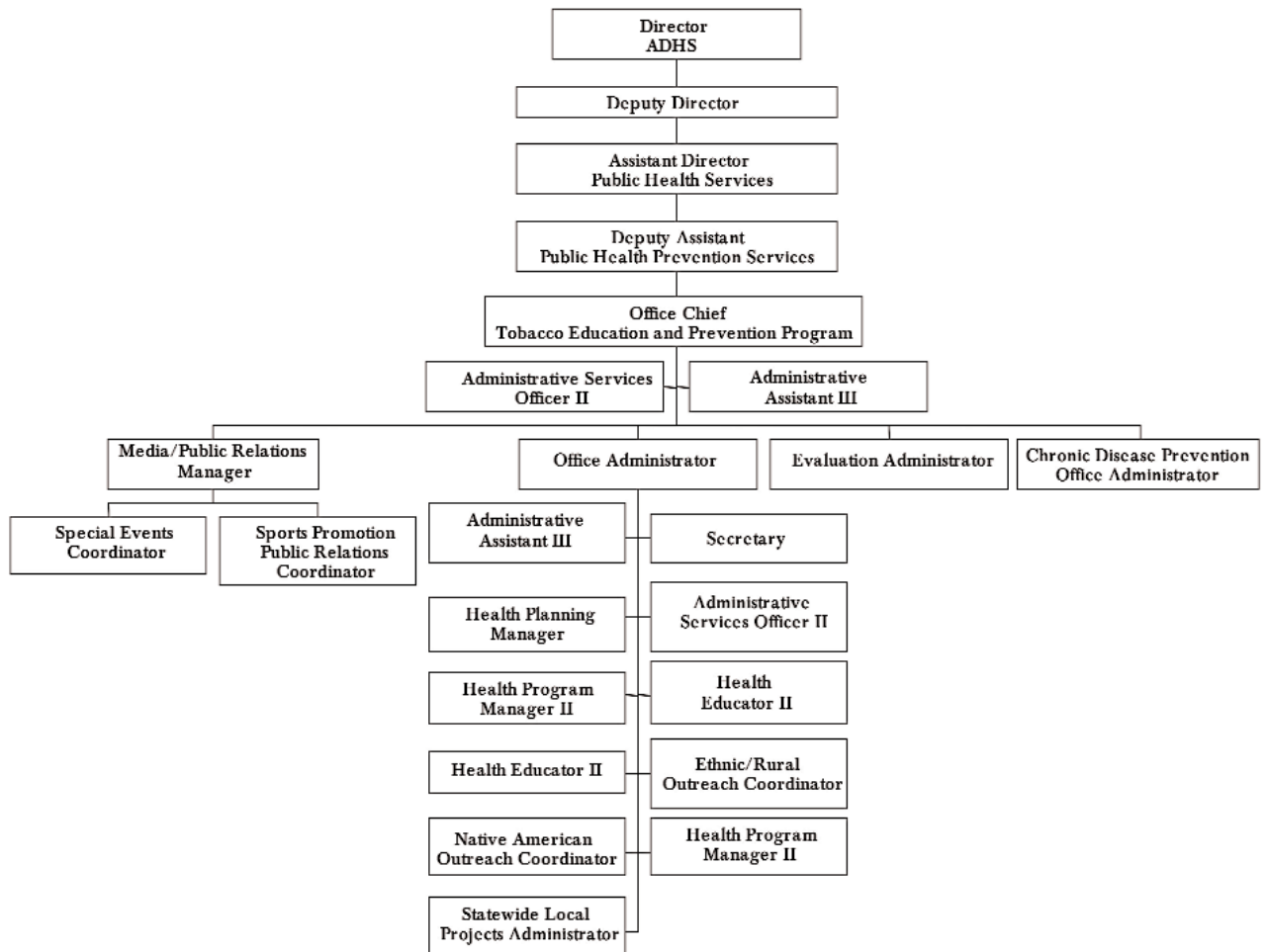
ADHS TEPP was the third statewide comprehensive tobacco control program in the United States, following California and Massachusetts. The majority of program funds come from the 1994 Arizona tobacco tax initiative. A description of the program expenditures can be found in the next section.

Since its inception in 1995, the program and its contractors have used a variety of strategies and implemented simultaneous interventions that address prevention (i.e., reducing initiation, especially among youth), cessation (i.e., increasing quitting) and second hand smoke (i.e. reducing exposure to second hand smoke), the three core areas of tobacco control.

Because tobacco use is a serious public health problem, with a significant impact on morbidity and mortality, state statute (i.e., ARS 36-772) directed the Arizona Department of Health Services to administer the state's tobacco control efforts.

An organization chart for the Tobacco Education and Prevention Program and its location within the Arizona Department of Health Services is presented on the next page. Currently 12 full-time Arizona Department of Health Services staff manage 16 community-based contracts, a statewide media contract, six statewide program contracts, one evaluation contract, and two surveillance contracts.

ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF TOBACCO EDUCATION AND PREVENTION SERVICES



ADHS TEPP CONTRACTS

The 16 community-based contracts include all 15 Arizona counties:

- Apache
- Cochise
- Coconino
- Gila
- Graham
- Greenlee
- La Paz
- Maricopa
- Mohave
- Navajo
- Pima
- Pinal
- Santa Cruz
- Yavapai
- Yuma

Most of these contracts are with county health departments. These contracts include the provision of services in school and community-based prevention, in adult cessation and in the creation of smoke-free worksites and homes.

The sixteenth contract is with the Inter-Tribal Council of Arizona, who in turn contracts with seven American Indian tribes:

- Colorado River Indian Tribes
- Kaibab-Paiute
- Hopi
- Hualapai
- Pascua Yaqui
- Salt River Pima-Maricopa
- White Mountain Apache

and three urban Native American centers:

- Native Americans for Community Action (Flagstaff)
- Native American Community Health Center (Phoenix)
- Tucson Indian Center (Tucson)

Currently the Native American programs focus on both school and community-based prevention education.

In addition to their in-house media and public relations efforts, the statewide media contractor has a variety of sub-contracts, including professional sports teams marketing contracts with the Diamondbacks, Suns, Mercury, Coyotes, and Cardinals; and ethnic marketing contracts with agencies serving Hispanic/Latinos, American Indians, African-Americans, and Asian Pacific Islanders.

The six statewide program contracts include:

- The Arizona Smokers' Helpline (i.e., phone-based information, referral and cessation services);
- Arizona HealthLinks (i.e., statewide smoke-free worksite policy and healthy lifestyle education);
- Health Care Partnership (i.e., health care provider training and education);
- Arizona Attorney General (i.e., tobacco merchant compliance checks);
- US Script (i.e., cessation pharmacotherapy (e.g., nicotine patch, gum, etc.) coordination);
- Arizona Interscholastic Association (i.e., healthy lifestyle and character education for coaches, school athletic directors, parents, and children).

The Department contracts with the University of Arizona for evaluation services and the contract is briefly described in the Activity and Services Provided Section of the report. The two surveillance contracts are with Northern Arizona University (i.e., Adult Tobacco Survey) and the Arizona Department of Education (Youth Tobacco Survey).

ADHS TEPP EXPENDITURES

EXPENDITURES

Projects	Description	Fiscal Year 2004	Fiscal Year 2003	Fiscal Year 2002
Local Projects	Inter-Tribal Council of Arizona	768,637.23	1,026,541.84	750,247.86
	Apache County	171,367.47	155,201.73	218,206.88
	Cochise County	356,805.59	209,179.68	428,558.47
	Coconino County	401,902.52	388,164.77	551,908.00
	Gila County	178,929.19	157,751.84	190,748.85
	Graham County	163,810.77	119,742.17	162,342.00
	Greenlee County	76,896.97	86,261.14	84,484.16
	La Paz County	117,709.33	89,415.92	123,483.99
	Maricopa County	3,130,352.56	4,647,151.49	5,524,152.33
	Mohave County	381,576.08	414,126.25	672,190.01
	Navajo County	235,868.39	194,147.75	265,890.79
	Pima County	1,262,606.16	1,081,080.68	2,006,637.28
	Pinal County	310,183.87	306,272.99	356,565.05
	Santa Cruz County	152,633.43	190,159.59	187,744.00
	Yavapai County	347,006.00	455,681.38	677,664.72
	Yuma County	406,553.45	370,004.14	446,432.07
	Total Local Projects	\$8,462,839.01	\$9,890,883.36	\$12,647,256.46
Other Projects	Media	7,800,000.00	8,500,000.00	7,600,000.00
	Statewide Project Planning Contracts	2,942,950.45	1,784,971.03	868,907.88
	Arizona Tobacco Information Network (Clearinghouse)	---	894,474.14	3,070,793.61
	Other Contracts	909,519.98	3,550,480.62	3,277,514.17
	Administrative	1,005,026.99	5,991,469.80	15,749,057.48
	Total Other Projects	\$14,501,011.87	\$18,736,338.48	\$30,606,653.18
	Grand Total Expenditures	\$21,120,336.43	\$30,612,278.95	\$42,613,529.60
			Total FY02 Revenue Transfer to AHCCCS	\$10,000,000.00
			Total FY02 Operation Transfer to AHCCCS	\$2,827,700.00
			Total Prior Years Operation Transfer to AHCCCS	\$15,000,000.00
			Total FY02 Transfer to AHCCCS	\$27,827,700.00

FY 03 Notes: The administrative expenditures includes \$5,000,000.00 transferred to AHCCCS Medically Needy Account, Per HB 2709 Sec. 29.

FY 02 Notes: 1) Amounts paid in FY02 for FY 01-02 contracts are included in FY02 expenditures. 2) Some amounts of FY02 expenditures paid in FY03 are not included in FY02 expenditures. 3) \$27,827,700.00 was transferred from the Tobacco Education Account by the Arizona State Legislature SB 1007 to the AHCCCS.

ACTIVITY AND SERVICES PROVIDED

PREVENTING INITIATION THROUGH SCHOOL-BASED EDUCATION

In Fiscal Year 2003/2004, the ADHS TEPP Evaluation Unit developed and implemented a new approach to collecting school-based program activity data. The following information is from this new database.

During Fiscal Year 2004 (i.e., 2003/2004 academic year) ADHS TEPP provided some form of tobacco prevention education to 38% of all public schools in Arizona with 4-8 grade students. More specifically, 32% of all schools with 4-8 grade students received intensive school-based tobacco prevention education. Among the state's two most population dense counties, Maricopa and Pima, 29% and 53% of schools with grades 4-8, respectively, received intensive tobacco prevention education in the 2003/2004 academic year.

Intensive school-based tobacco prevention education (i.e., structured multi-lesson curricula) is only taught in grades 4-8. These grades include children who are predominantly between the ages of 10 and 14 and are entering, or in, a developmental phase where experimentation with tobacco begins. School-based prevention efforts, complemented by adult cessation and individual and societal (e.g., policy) changes that reduce exposure to second hand smoke, are intended to provide refusal skills, establish negative attitudes toward tobacco use, and ultimately delay or eliminate initiation.

A pilot evaluation of the intensive curriculum-based prevention education programs was conducted in schools on a voluntary basis in Fiscal Year 2004. More than 2,000 4th and 5th graders in 40 schools and 3300 6th, 7th and 8th graders in 52 schools participated.

Over 91% of the students from all grades reported that the classes gave them good reasons not to smoke or use tobacco and that what they learned from the classes would help keep them from using tobacco. Over 93% reported that they believe it is important to be tobacco free. Regarding program content, over 94% of the students said they learned about how smoking and smokeless tobacco harms their body, about what happens when people get addicted to tobacco, about how other people's smoke harms their body, and why it's hard to quit using tobacco.

Only 12% of the 6th, 7th, and 8th graders said they thought they might try tobacco sometime soon and 13% said they would try smoking if one of their best friends wanted them to. Results from the statewide evaluation of all intensive school-based prevention education programs in the current fiscal year (i.e., 2004/2005), coupled with other youth surveillance data, will help ADHS TEPP identify schools at which there is the highest risk for taking up tobacco and direct intensive prevention education resources and programming to those schools.

PREVENTING INITIATION BY LIMITING ACCESS TO TOBACCO PRODUCTS

THE ARIZONA YOUTH TOBACCO PROGRAM

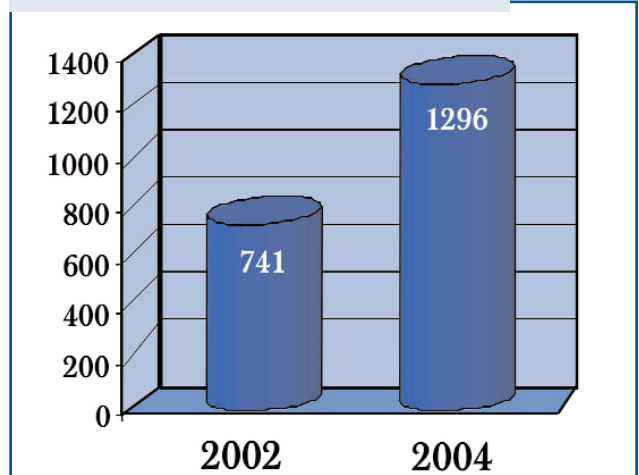
The Arizona Youth Tobacco Program ("Program") was created in September of 2001 through an Interagency Service Agreement between the Arizona Attorney General's Office (AGO) and the ADHS TEPP.

The goals of the Program are to reduce youth access to tobacco products and facilitate the enforcement of Arizona's youth tobacco statutes.



In Fiscal Year 2002, almost all compliance inspections were performed by local law enforcement agencies under contract with the AGO. During Fiscal Years 2003 and 2004, until December 31, 2003, the Program served as a pilot for the Department of Health's CounterActs Program. Compliance inspections for 2003 are not included for FY 2003, because these were only done in Maricopa County, and not statewide.

NUMBER OF COMPLIANCE INSPECTIONS BY FISCAL YEAR



HELPING TOBACCO USERS QUIT

A reduction in services occurred from Fiscal Year 2002 to 2004. The number of clients served by both the Arizona Smokers' Helpline (i.e., phone-based counseling and information, known as AshLine) and the local projects (i.e., in-person cessation counseling) dropped from Fiscal Year 2002 to 2004. The Smokers' Helpline was most impacted by the reduction in television and radio promotion. Local project cessation was most affected by a reduction in funds for cessation services, including pharmacotherapy (e.g., patch, Zyban, etc.).

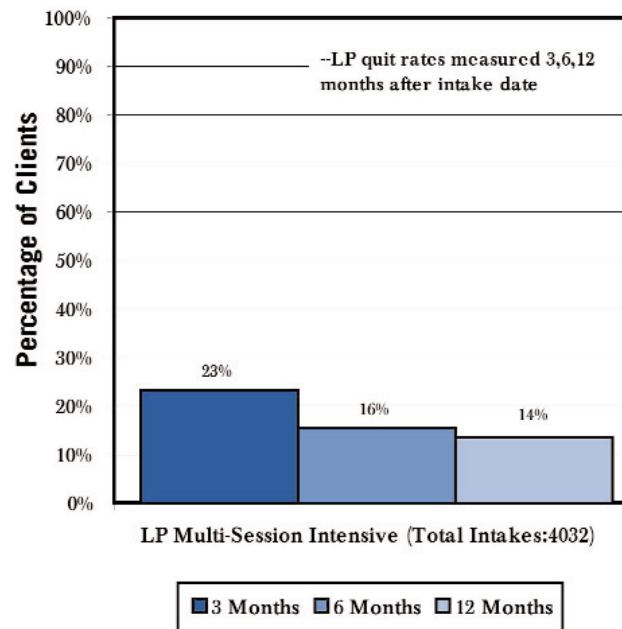
The number of cessation clients served by the Arizona Smokers' Helpline fell from 3,351 clients in Fiscal Year 2002, to 2,301 in 2003, and 1,858 clients in 2004. The number of cessation clients receiving in-person counseling by the ADHS TEPP local projects dropped from 5,649 in Fiscal Year 2002, to 4,274 in 2003, and 2,575 in 2004.

Three months after completing services, nearly 1/4 of clients who went through multi-session in-person counseling, and 1/3 of clients who went through multi-session phone counseling, reported that they had not used tobacco at all in the preceding 30 days.

These results are based on FY 2002 – 2003 data, the most recent data for which full follow-up is currently available. When followed up a year after completing services, about 15% of all counseling clients report not having used tobacco in the past 30 days. These results are based on an intent-to-treat model of analysis, whereby clients who were not able to be contacted at a follow-up point are assumed to be using tobacco again. It is a conservative estimate of the quit rate for ADHS TEPP cessation clients.

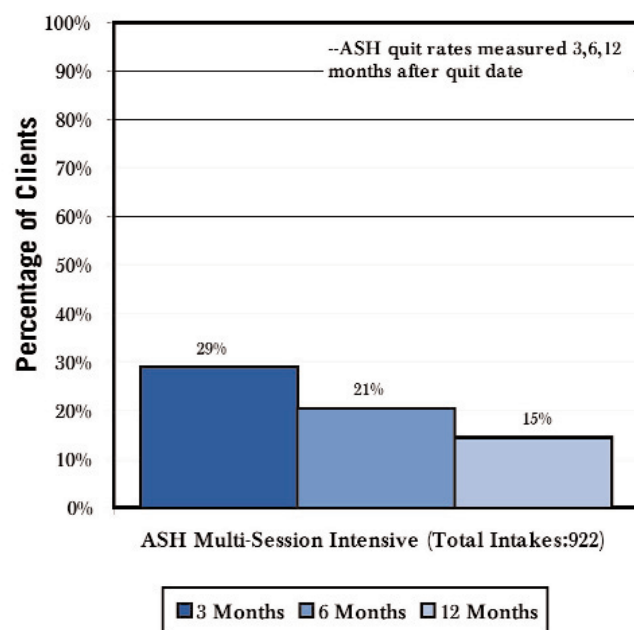
LOCAL PROJECT QUIT RATES: 30-DAY ABSTINENCE

(NOT EVEN A PUFF IN THE PAST 30 DAYS) FY 2001 – 2002



ASHLINE CESSATION QUIT RATES: 30-DAY ABSTINENCE

(NOT EVEN A PUFF IN THE PAST 30 DAYS) FY 2001 – 2002



In addition to cessation services, ADHS TEPP has a nationally recognized program for continuing education for health care professionals. From Fiscal Year 2002 to 2004, approximately 1,160 people in Arizona were certified to deliver a Five A, Brief Tobacco Cessation Intervention based on recommendations made by the Public Health Service Clinical Practice Guideline. Additionally, over 89 certified instructors

continued to build capacity within communities, organizations, and health care facilities throughout the state to teach others the information and skills to deliver the Public Health Service recommended Five A, Brief Tobacco Cessation Intervention. Approximately 4,000 people have been certified to deliver the Five A, Brief Intervention model since December 1998.

INDIVIDUALS CERTIFIED TO DELIVER A BRIEF TOBACCO CESSATION INTERVENTION IN ARIZONA FY 2000 – 2001 through 2003 – 2004

Arizona Certification Program	Workshops			Participants		
	FY (01-02)	FY (02-03)	FY (03-04)	FY (01-02)	FY (02-03)	FY (03-04)
	N	N	N	N	N	N
Basic Tobacco Intervention Skills Certification	74	71	65	294	354	260
Medical & Allied Health Professionals Basic Tobacco Intervention Skills Certification	0	1	2	0	7	38
Maternal & Child Health Basic Tobacco Intervention Skills Certification	0	1	3	0	16	23
Native American Basic Tobacco Intervention Skills Certification	1	0	1	1	0	25
Spanish Language Basic Tobacco Intervention Skills Certification	2	2	3	9	14	16
Basic Tobacco Intervention Skills Instructor Certification	2	4	3	5	40	26
Maternal & Child Health Basic Tobacco Intervention Skills Instructor Certification	0	1	1	0	1	1
Spanish Language Basic Tobacco Intervention Skills Instructor Certification	3	1	0	8+	8	0
Tobacco Treatment Specialist Certification	28	16	22	104+	65	65
Tobacco Treatment Specialist Instructor Certification	15	2	1	50+	23	1
Spanish Intensive Program: ¡Dejate De Ese Vicio!	0	1	1	0	11	8
Total	125	100	102	471+	539	463
Continuing Education for Health Care Professionals	61	64	88	752	1,114	1,160

At 2-month follow-up (FY 2002), 75% of health care professional continuing education participants identified new strategies, as recommended by the Public Health Service Guideline, that they had

incorporated into their practice setting as a result of attending a Health Care Partnership Continuing Education Presentation.

REDUCING EXPOSURE TO SECOND HAND SMOKE

The Arizona HealthLinks program was launched in Fiscal Year 2002-2003. The program helps worksites create smoke-free environments and

provides or refers for a variety of tobacco control (e.g., cessation) and wellness (e.g., exercise, nutrition, etc.) services.

ARIZONA HEALTHLINKS *(WORKSITE INTERVENTIONS)*

- **Identify worksites with employees at risk for smoking and related diseases**
- **Assess needs of worksite for intervention (collect baseline information on worksite policies and other health/wellness info)**
- **Provide or refer tobacco prevention, cessation, policy, and health & wellness interventions to these worksites**

INTENDED AZHL OUTCOMES

Short-term	Increased worksite participation in tobacco and wellness interventions
	Worksite/employee satisfaction with services
	Increased knowledge about health and wellness
	Increased wellness behaviors (e.g. participation in quit classes, exercise, nutrition)
Long-term	Worksite tobacco policy improvements
	Increased employee quit rates
	Decreased exposure to second hand smoke
	Improved worksite wellness norms
	Improved health of employees

ARIZONA HEALTHLINKS

The following table illustrates the 2002-2003 program goal numbers as well as the program deliverables.

AZ HEALTHLINKS PROGRAMS / OUTCOMES *FY 2002 – 2003*

Az HealthLinks 2002-2003 Objectives	2002-2003 Outcome
Statewide master database shared with ADHS TEPP and 14 LP staff	14
3 Regional Managers provided technical assistance to 14 LP's	13
Local Projects participated in worksite outreach efforts	13
Regional Managers established a reporting system to document LP worksite data	14
LP's received individualized database training conducted by ACS	14
LP's meet with ACS Regional Manager to identify areas for collaboration	14
Workplaces Institutionalized Tobacco Control	30
Workplaces made a positive change for tobacco control	120
Workplaces participated in a needs assessment interview	224
Workplaces with 30 or more employees received introductory letters regarding Az HealthLinks Program	3935
Workplaces with tobacco-using adults recruited for cessation interventions	289
Workplaces with tobacco-using adults participated in an ACS event	138
Employees at workplaces participated in a ADHS TEPP or ACS wellness event/activity	1064
Coalitions formed on reservations in each region	0
Tribal Nations participated in an ACS/ADHS TEPP activity in each region	1
Regional Managers attended ITCA meetings in each region	1
ACS Worksite Packet generated increased levels of tobacco-related worksite activities	N/A
Regional Managers and LP staff disseminated ACS wellness packets to worksites	265

In the 2003-2004 contract year, objectives and goal numbers were tailored based on the results of the first year. In FY 2003-2004, Az HealthLinks conducted 385 program pitches to 375 worksites. In addition, 85 health fairs and 33 specialized programs were delivered to worksites. There were 212 wellness programs implemented in 180 worksites, and 244 tobacco programs implemented in 175 worksites.

Wellness programs included physical activity and nutrition programs and presentations; tobacco activities included providing cessation information, onsite cessation classes and policy trainings at worksites. Based on the number of worksites involved with Az HealthLinks during 2003-2004, there was a potential to reach a total of 88,040 employees.



AZ HEALTHLINKS PROGRAMS / OUTCOMES *FY 2003 – 2004*

Az HealthLinks Objectives 2003-2004	Total # of Worksites Receiving Programs 2003-2004	Total Programs Delivered 2003-2004
Az HealthLinks Pitch Delivered to 14 Counties (excluding Maricopa)	375	385
Health Fairs	81	85
Specialized Programs (Lung, Heart, etc) Implemented	22	33
Wellness Programs Implemented	180	212
Tobacco Programs Implemented (including Cessation and Policy)	175	244

CREATING AWARENESS AND EDUCATING THROUGH SOCIAL MARKETING

HISTORY

From 1998-2001 the ADHS TEPP media campaigns focused on three key initiatives that included adult cessation, teen prevention, and pregnant women. In late 2000, an RFP for a new agency of record was distributed, and due May 2001. The final determination of the agency of record was completed in November 2001.

OVERVIEW

E.B. Lane was contracted by ADHS TEPP in November of 2001 to support the ADHS TEPP goals through a range of media (marketing and public relations) efforts across a number of target groups throughout the state of Arizona.

The primary strategy of the media contract was to target efforts and create efficiencies to ensure a solid return on ADHS TEPP's financial investment for the contractual fiscal years, in both preventing and reducing the prevalence in tobacco use.

At the onset of the engagement several parameters existed, which included:

- The prior budget being reduced from \$16 million to \$7.5 million
- A previous general awareness strategy implemented with separate messages

The new strategy developed was to migrate from multiple programs and sponsorships to a single campaign that had a consistent brand message, and was able to bridge the gap of the various target markets.

THE SPECIFICS OF THE FOUR-YEAR STRATEGY PLAN INCLUDED:

- Elevating and reducing the existing programs to a cohesive campaign, while adjusting message and delivery systems for the ethnic markets
- Elevating the ADHS brands
- Focusing on fiscal responsibility (return on investment)
- Focusing on fiscal accountability (tying campaign efforts to specific and measurable results)

The initial step was taken to categorize the various programs into two groups (or functions): cessation or prevention, with cessation also speaking to second hand smoke.

CESSATION



- **AZ HEALTHLINKS** – helps worksites create smoke-free environments and provides or refers for a variety of tobacco control and wellness services.

GoColdTurkey.com



- **GOCOLDTURKEY.COM** – campaign and website services (tied to ashline.com) that reaches smokers who are already in the quit zone, offering cessation ‘hints.’



- **INHALE LIFE** – campaign designed with a positive and healthy message that focuses on physical activities, run through the sports sponsorships.

PREVENTION



- **GEARHEADZ** – ARS §36-772 mandates that \$550,000 per year be allocated for the development of anti-tobacco marketing programs for school buses. A pilot program using an animated series promoting an anti-tobacco message has been developed and tested in one school district and is scheduled for statewide distribution.



- **AZ HEALTHY KIDS FAIRS** – collaborative community outreach program delivered through school districts, and designed to provide a variety of health services, including prevention messages.



- **COUNTERACTS** – campaign to engage retailers in a program to ‘counter’ the sale of tobacco items to minors.

With the strategy and approach underway, media was reevaluated to aggregate the media buys into a single inventory to maximize reach and frequency. The current step is projecting the 'Inhale Life' single brand message brought to you by ADHS.

The overall marketing efforts are targeting the general market. However, distinct budget

allocations were designated and executed through sub-contractors in the Hispanic, African-American, Native American and Asian-American markets. The ethnic population efforts will be executed to carry the overarching brand message, and will be supported by the general population campaign, but have targeted media, public relations, event sponsorships, and community outreach.

SOCIAL MARKETING RESULTS

1. AZ HEALTHLINKS: See previous section.

2. COUNTERACTS: See AZ Youth Tobacco Program section, page 10.

3. GEARHEADZ: Within the one-month trial period the program delivered the anticipated results of driving the targeted population of elementary kids to the website. The results showed a 59% return (unique visitors) with the average length of stay at under just three minutes.

4. INHALE LIFE: Through several sports sponsorships, a large population in the state received a positive and healthy message, encouraging active involvement in their own lifestyle.

5. GO COLD TURKEY: People who saw the ads feel positively about the state on two levels:

- Believe government is providing tobacco users with resources to help them quit on their own
- Believe government is trying to help tobacco users.

Over 40,000 unique visitors went to the GoColdTurkey.com website, and almost 20% of them came back more than once. During the six months of the media campaign, the number of people who reached out via internet or telephone for help from the state services was up 13% in the counties where the campaign ran, in comparison to the six months prior.

6. HEALTHY KIDS ARIZONA: Healthy Kids fairs are held in high-risk use elementary school districts. Over 2,500 children have received free health screenings in a variety of areas including vision, dental and respiratory, with thousands more family members taking advantage of the educational and entertainment components of the events.

ACTIVITY AND SERVICES PROVIDED

Chart A	2002-2003	2003-2004
PR	• PR media training with the Coalition for Tobacco-Free Arizona • Governor Statewide press conferences • C.H.A.M.P.S. press conference and basketball clinic • CounterActs “Sting” coverage • Coalition for Tobacco-Free Arizona (CTFA) events • On-going media coverage of ADHS events and tobacco-related stories	• Gearheadz – pilot bus program • Media coverage of Cold Turkey • CounterActs ◦ Retail Store Evaluation Plan ◦ Special Reports ◦ Media coverage of “I Pledge” events • On-going media coverage of ADHS events and tobacco-related stories • “I Pledge” sponsorship • “Mix Kid of the Week” sponsorship • Governor’s Reception Honoring 2004 Olympians
Advertising	• Inhale Life ◦ TV and radio • CounterActs ◦ TV and radio ◦ Print ◦ Point of Purchase • American Lung Association Documercial • Ethnic Advertising ◦ TV and radio ◦ Print • Arizona Senior Olympics	• Inhale Life ◦ TV and radio • Cold Turkey ◦ TV and radio ◦ Internet ◦ Collateral • CounterActs ◦ TV and radio ◦ Print ◦ Point of Purchase • American Lung Association Video • Ethnic advertising ◦ TV , Radio and Print
Sponsorships	• American Lung Association Outreach Program – Camp Not-A-Wheeze • Senior Olympics • CounterActs retailer training videos • Arizona Interscholastic Association (AIA) : Pursuing Victory with Honor • Phoenix Martin Luther King Day Celebration • ASU Pow Wow • “Stop Smoking” Campaign in African-American Community	• Aloha Festival • Asian Festival • Matsuri Festival • Asian Lunar New Year • Asian Pacific Night at Bank One • Asian Pacific Community in Action – Community Outreach • Tanner Community Center – On-going Health Outreach • Expo Medica • Dia de Los Ninos • ASU Pow Wow • Phoenix Martin Luther King Day Celebration • Arizona HealthLinks ◦ Logo and brochure development and production

Continued on page 21

ACTIVITY AND SERVICES PROVIDED

Events	•Healthy Kids Arizona Free Health Fair •Grassroots Community Development •ADHS partnership: Youth Touring Musical Production “Tobacco: The Musical” •Traditional Tobacco Storytelling: ADHS partnership with Native American educational event discussing traditional use of tobacco	•Healthy Kids Arizona Free Health Fair •CTFA Annual Conference •Billy Picket Rodeo •Women’s Health Week Luncheon •Asian Business Expo •Asian Chamber Sports Day •Hispanic Women’s Conference •Community Tobacco Advisory Council (CTAC) Quarterly Meetings •Native American Research Project •TEPP/Alternatives/ITCA •Phoenix Indian Center Partnership •Spring 2004 Baby Expo •Billy Boat NASCAR events
Sports Marketing	•“Slam Dunk” event with the Phoenix Mercury •Arizona Interscholastic Association Native American Basketball Camp •Suns: includes TV and radio media, in-arena signage and promotions and Gorilla Assemblies •Diamondbacks, Cardinals, Mercury, Rattlers: includes TV and radio media, in-arena signage and promotions •Coyotes: in-arena signage •Billy Boat Events (including “I Pledge” events) •Joe Garagiola Little League events re: dangers of smokeless tobacco	•Native American Basketball Invitational (NABI) Sponsorship •Suns: includes TV and radio media, Internet, In-arena signage and promotions and Gorilla Assemblies •Diamondbacks, Cardinals, Mercury: includes TV and radio media, Internet, in-arena signage and promotions •AIA “Everyday” Heroes sponsorship •Cold Turkey appearances at Diamondbacks Spring Training and first pitch of September 2004 game

Under a unified campaign theme, Inhale Life/Be Tobacco Free, new youth prevention, adult cessation and second hand smoke communications will be disseminated statewide. Additional ethnic-specific efforts will continue to supplement the general market efforts, tying in to Inhale Life/Be Tobacco Free where relevant and appropriate.

Event marketing will continue, with participation focused on those events that maximize outreach

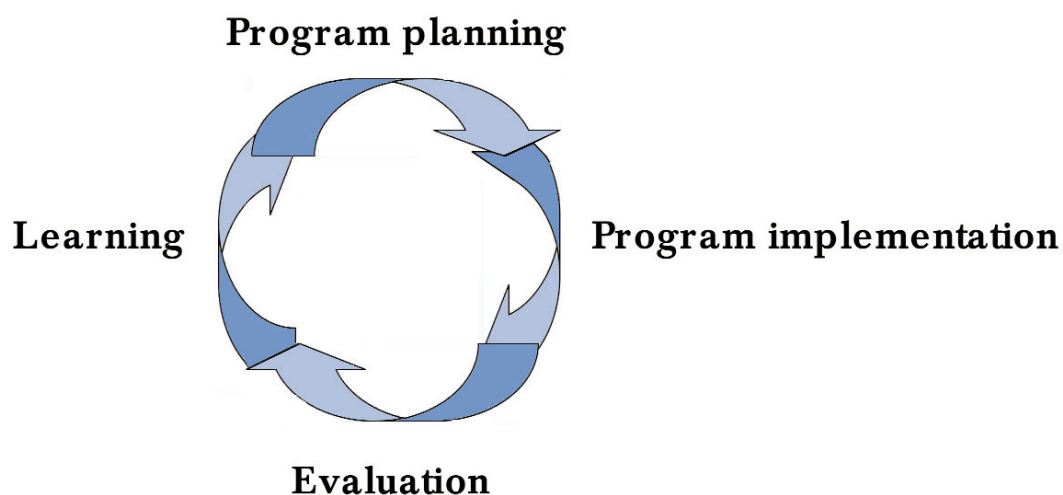
to the various communities throughout Arizona. The next Healthy Kids Arizona fair will take place in the spring of 2005 and will target a school district with a greater Native American population.

Ongoing efforts will look to enhance the existing evaluation systems in order maximize all social marketing communications.

ADHS TEPP EVALUATION AND SURVEILLANCE

PERSPECTIVE ON PROGRAM EVALUATION

Evaluation is a developmental process rather than a single event or periodic report card



The ADHS TEPP Evaluation Unit was established in July 2002, and is located at the University of Arizona. The mission of the ADHS TEPP Evaluation Unit “... to foster the development of sound and effective programs ...” through “... technical assistance to ADHS TEPP and to local and statewide projects to assure adequate information for program planning and refinement,” exemplifies that program assessment is seen as an integral, on-going program activity. The unit is responsible for coordinating all ADHS TEPP evaluation activities, developing and/or improving data collection systems (e.g., process, prevention outcome, cessation outcome, etc.), creating usable reports, and training ADHS TEPP staff, at all levels, on the best use of information. In the near future, the unit will expand its in-depth

analysis of surveillance, process, outcome, and impact data. This will be especially important to ADHS TEPP’s work in identifying and better serving populations and communities with tobacco control disparities.

In Fiscal Year 2005, the ADHS TEPP Evaluation Administrator and ADHS TEPP Evaluation Unit staff will oversee the fourth fielding of the Arizona Adult Tobacco Survey (ATS) and the third fielding of the Arizona Youth Tobacco Survey (YTS). These two surveys, along with the Arizona Youth Risk Behavior Survey (YRBS—implemented by the Arizona Department of Education) and the Arizona Youth Survey (AYS—implemented by the Arizona Criminal Justice Commission), represent the state’s primary adult and youth tobacco behavior surveillance.

Since 2002, the Arizona Department of Health Services, Arizona Department of Education, and Arizona Criminal Justice Commission have worked together to streamline youth surveillance data collection (i.e., YTS, YRBS, AYS) and coordinate analysis and reporting. Currently the YTS and YRBS are fielded, in coordination, within the same schools. The AYS has a much larger sample with a focus on attitudes, prevalence, and frequencies of substance use among youth. It is fielded in opposite years to the YTS/YRBS. In-depth analyses continue to be conducted for each survey, and coordinated across the surveys. The Arizona Department of Health Services, Arizona Department of Education, and the Arizona Criminal Justice Commission are all working together to better understand youth and young adult behavior, in order to develop better prevention and intervention programs, as well as an improved surveillance system, using this new information.

Future directions in evaluation will expand on current efforts to collect, analyze, distribute, and apply the best possible information. The appropriate use of valid and reliable information

for decision making continues to be the primary goal for the ADHS TEPP Evaluation Unit. More specifically, in the coming three years the ADHS TEPP Evaluation Unit will focus on establishing a standardized process evaluation system; improving outcome data for the three core services areas (i.e., prevention, cessation, second hand smoke) and social marketing; and conducting analyses that integrate process, outcome and surveillance results into timely information that can be used easily in program planning and development.

There is also an emerging effort within the Arizona Department of Health Services to better integrate all chronic disease efforts (e.g., heart disease, cancer, stroke, chronic obstructive pulmonary disease (COPD), diabetes, etc.). Through the use of the ADHS Chronic Disease Fund, and with the support of the Tobacco Revenue Use Spending and Tracking (TRUST) Commission, the Arizona Department of Health Services is aligning all chronic disease plans. It is anticipated that staff from the Tobacco Education and Prevention Program will be actively involved in these efforts.

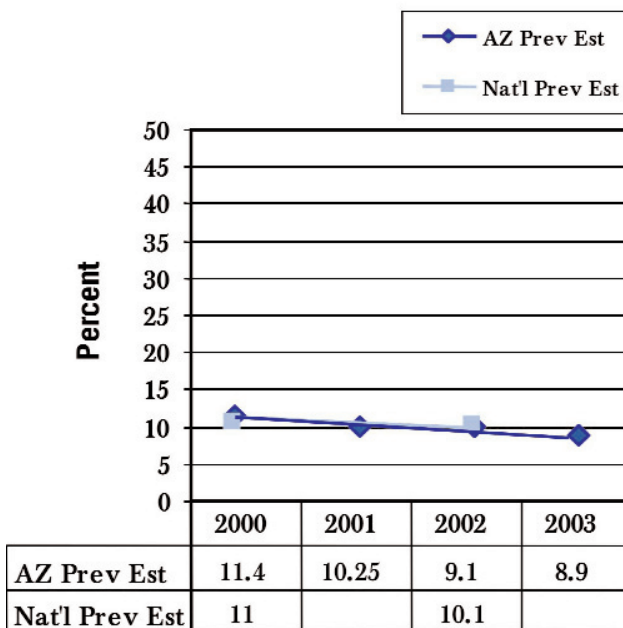
RESULTS

YOUTH BEHAVIOR AND ATTITUDES

YOUTH SMOKING PREVALENCE CONTINUES TO DECREASE

Current use of cigarettes, defined as any use of cigarettes, even a puff, during the past 30 days, was reported by 9% of middle school students and 19% for high school students. Both of these rates are below the national average and show a steady downward trend since 1997.

MIDDLE SCHOOL STUDENTS – 30-DAY CIGARETTE USE PREVALENCE

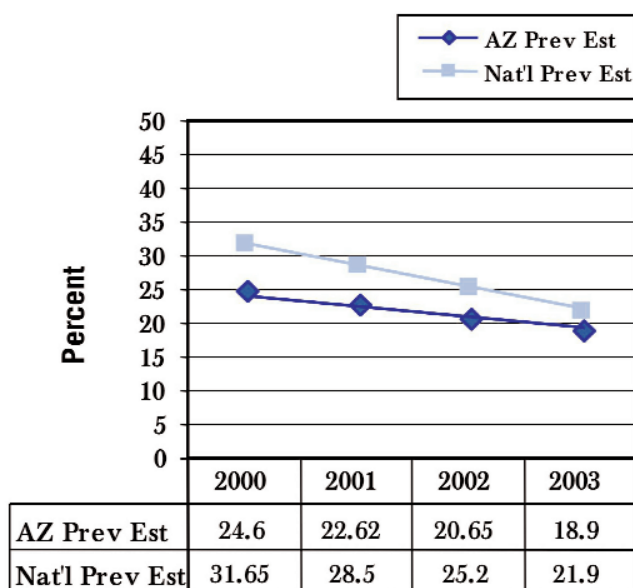


Arizona Data:

- 2000 = AZ Youth Tobacco Survey
- 2001 = mean of AZ Youth Tobacco Surveys 2000 & 2002
- 2002 = AZ Youth Survey
- 2003 = AZ Youth Tobacco Survey

National Prevalence Estimate = National Youth Tobacco Survey (Legacy Foundation/CDC)

HIGH SCHOOL STUDENTS – 30-DAY CIGARETTE USE PREVALENCE



Arizona Data:

- 2000: mean ('99 & '01)
- 2001: mean ('00 & '02)
- 2002: Arizona Youth Survey
- 2003: AZ Youth Tobacco Survey
- National Data: National Youth Risk Behavior Survey (CDC trend data, 1991-2003)

Although cigarettes were the most commonly used form of tobacco by both ever and current users in middle and high school, cigar and cigarillo use also accounts for a fairly large proportion of tobacco use, with other tobacco products accounting for smaller proportions.

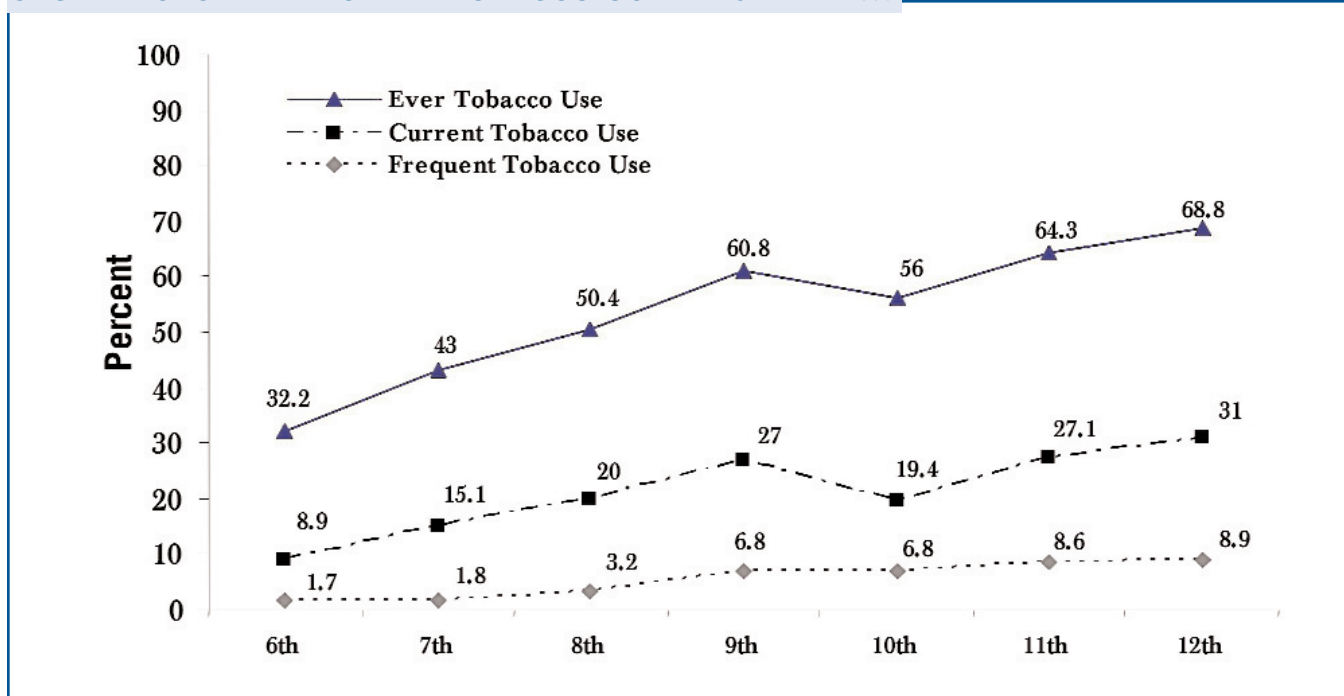
A comparison of the prevalence rates for middle school students from the 2000 and 2003 Youth Tobacco Surveys (YTS) shows that both the percent of students who report having ever tried tobacco and the percent who report current tobacco use has declined slightly for all types of tobacco. The rate for ever using tobacco decreased by 10%, while current use rates have declined by approximately 15%.

Overall, Arizona cigarette smoking and smokeless tobacco prevalence rates for both middle and high school students fall below those reported on national surveys. However, the percent of Arizona middle school students who report

currently using any form of tobacco is slightly higher than national rates, and the percent of Arizona middle schoolers who have ever tried cigars or cigarillos is also slightly higher.

Levels of tobacco use increase, for the most part, by grade, and therefore by age. There is, however, a noticeable drop in the percentage of ever and current users between the 9th and 10th grades. Adolescents typically reach the age of 16, the age at which they can choose to drop out of high school, when they are in 10th grade. Therefore, the dip in prevalence between 9th and 10th grades may be a result of 10th graders dropping out of school. This suggests that youth who are not captured in school-based surveys are likely to have a higher tobacco use rate than students. By the 12th grade, 31% of the students surveyed reported using tobacco during the past 30 days. This sets the stage for the high prevalence rate (29%) for the 18-24 age group reported in the 2002 Adult Tobacco Survey (ATS).

STUDENTS' SELF-REPORTED TOBACCO USE BY GRADE 2003

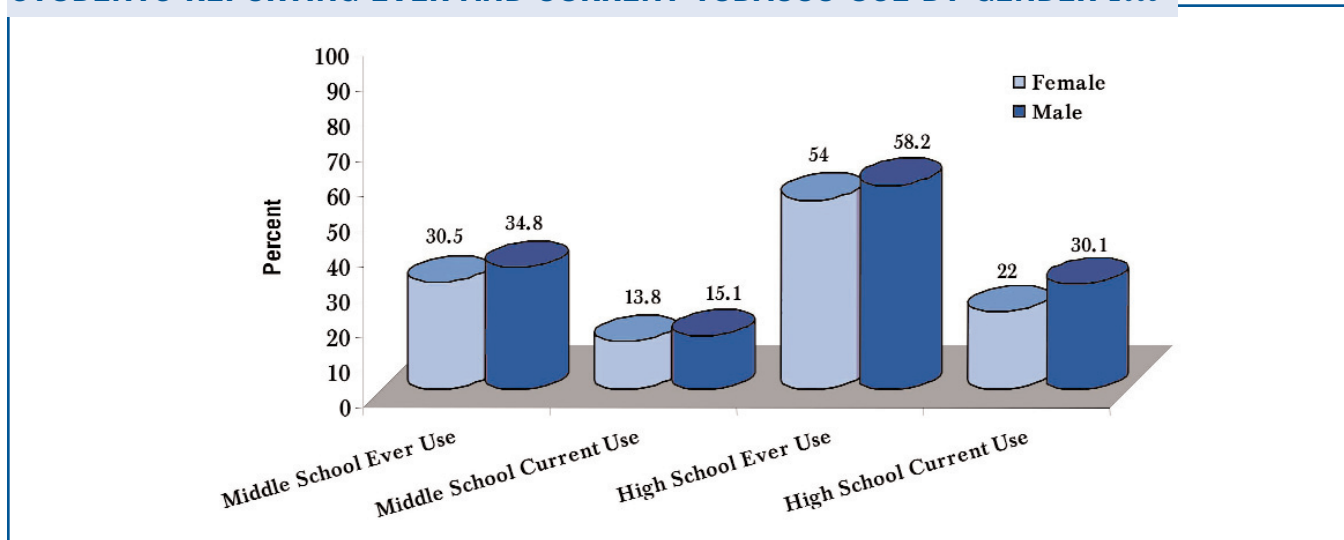


• Ever (ever used in lifetime) • Current (use during last 30 days) • Frequent (use on 20 or more of past 30 days)

Male students in middle and high school reported consistently higher tobacco use rates than did female students. Although only 1.4% more males than females reported current use of

tobacco in middle school, the difference widened to 8.1% in high school. Thus, the gender difference in current tobacco use rates among high school students is quite pronounced.

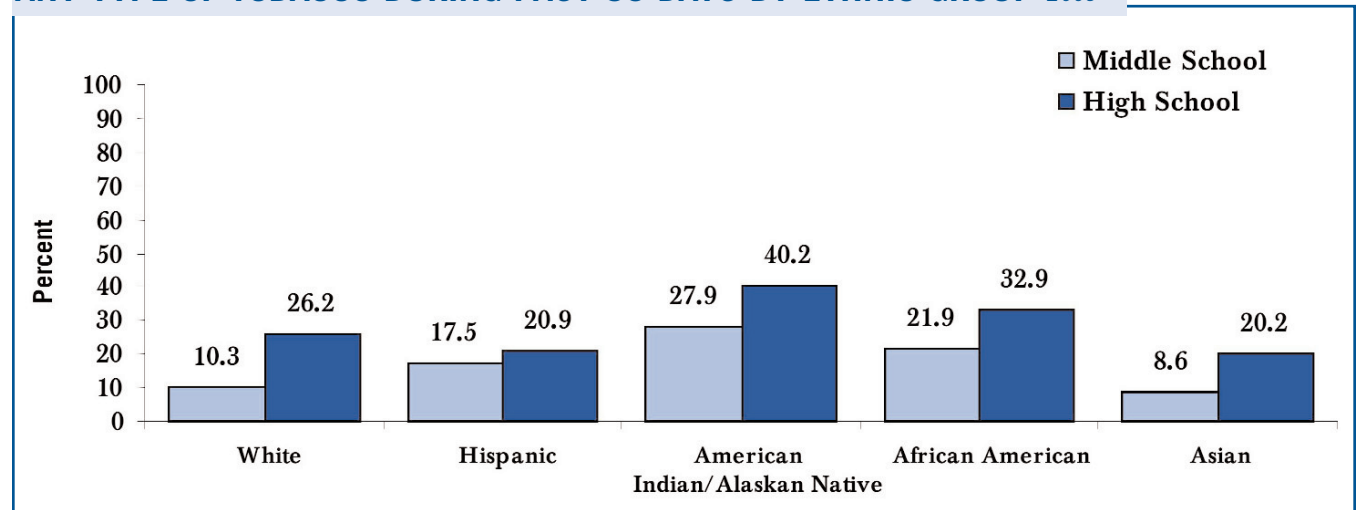
STUDENTS REPORTING EVER AND CURRENT TOBACCO USE BY GENDER 2003



American Indian/Alaskan Native youth reported the highest rate of tobacco use during the past 30 days, and African-American youth reported the second highest rates in both high school and middle school youth. Hispanic and Asian youth

reported the lowest use during the past 30 days among high school students. The current use rate for Hispanic middle school students (17.5%), however, was higher than White and Asian youth.

STUDENTS REPORTING USING ANY TYPE OF TOBACCO DURING PAST 30 DAYS BY ETHNIC GROUP 2003



YOUTH EXPOSURE TO SECOND HAND SMOKE

In 2003, students were asked on how many of the past 7 days they had been in the same room or the same car with someone who was smoking cigarettes. Among all students, 58% reported exposure to cigarette smoke in a room at least once during the past week, and 40% reported exposure at least once in a car.

If we compare the exposure to second hand smoke of students who live with a smoker to those who do not, we find important differences. Seventy-seven percent of students who live with a smoker reported exposure in a room at least once during the past week, compared to 43% who do not live with a smoker. Exposure on three or more occasions was 58% for those living with a smoker compared to 17% for those who did not.

YOUTH EXPOSURE TO SECOND HAND SMOKE

Exposure to Cigarette Smoke	Lives with a smoker	Does not live with a smoker
Room: Any exposure during past week (percent who were in the same room as someone who smoked on at least 1 day)	77%	43%
Room: Repeated exposure during past week (percent who were in the room as someone who smoked on at three or more days)	58%	17%
Car: Any exposure during past week (percent who were in the same car as someone who smoked on at least 1 day)	63%	20%
Car: Repeated exposure during past week (percent who were in the room as someone who smoked on at three or more days)	42%	8%

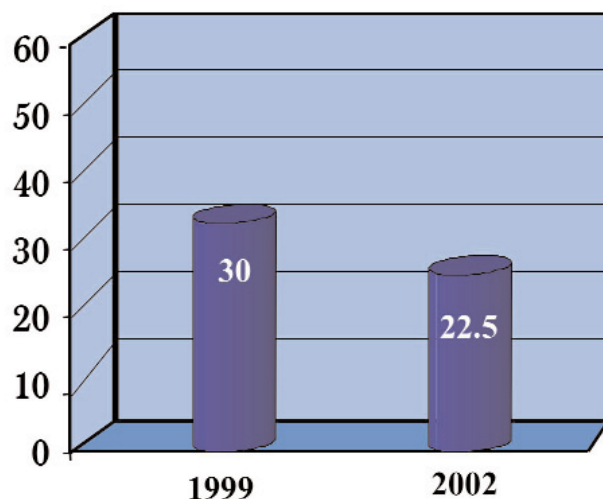
ADULT BEHAVIOR AND ATTITUDES

ARIZONA ADULT SMOKING RATE REMAINS BELOW THE NATIONAL AVERAGE, IS STEADY, AND ADULTS ARE SMOKING FEWER CIGARETTES

The estimated smoking prevalence rate is 20% for adult Arizona residents and this rate has been a stable trend over time. This consistent trend is supported by the results for the last three Adult Tobacco Surveys (ATS), as well as the last twelve Arizona Behavioral Risk Factor Surveys (AZ BRFs – another statewide phone-based survey that includes tobacco questions). The current national estimate of smoking prevalence for adults, based on the 2003 National Behavioral Risk Factor Surveillance Survey, is 22%.

Although smoking prevalence has remained steady, there is evidence that Arizonans have decreased the number of cigarettes they are smoking. The percentage of current smokers reporting smoking every day declined from 83% in 1999 to 77% in 2002. In addition, current smokers in 2002 reported smoking fewer cigarettes per day on average (15/day) than they reported in 1999 (20/day). Taken together, the average number of packs smoked monthly by current smokers in 2002 is estimated to be about 22, down from 30 packs/month, reported in 1999.

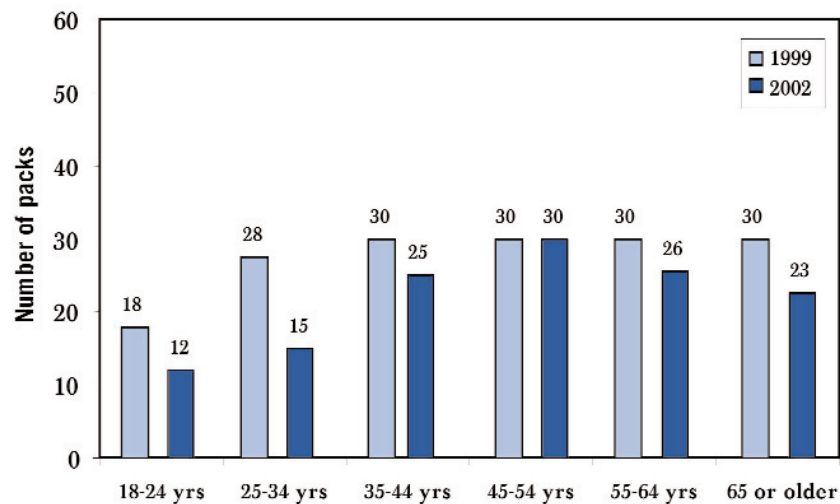
AVERAGE NUMBER OF SELF-REPORTED PACKS SMOKED PER MONTH ATS



The decrease in the number of packs smoked per month can be seen across most age groups. This is the case even among 18–24-year-olds

who have the highest prevalence of any age group (i.e., 29%), but the lowest reported use (i.e., 12 packs/month).

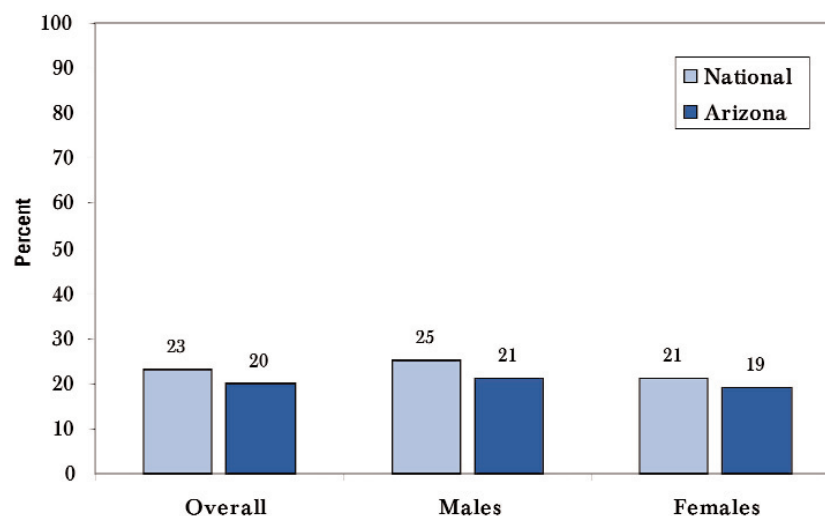
ESTIMATED NUMBER OF PACKS SMOKED PER MONTH BY AGE GROUP



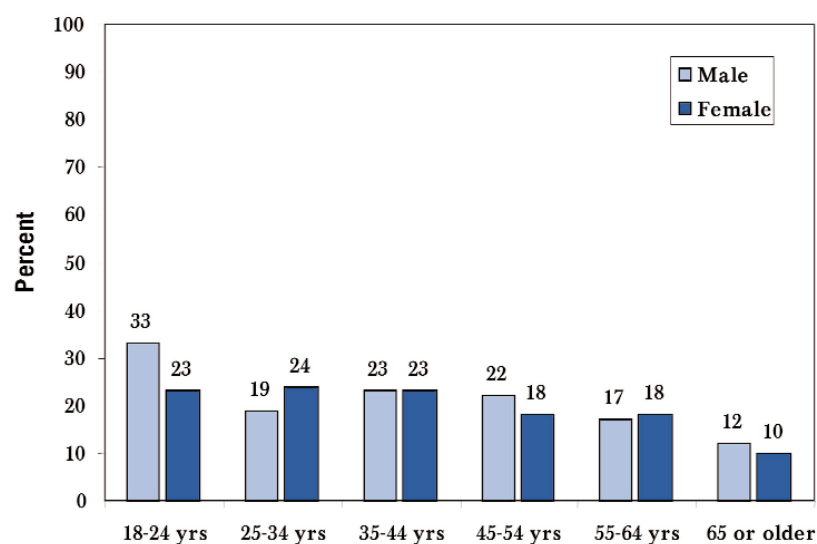
Overall, there is not a large difference in smoking prevalence between men and women. The estimated rate for men in Arizona is 21%, and for women it is 19%. This gap is smaller

than that reported nationally, primarily because the overall reported smoking rate for men appears to be somewhat lower in Arizona.

2002 ARIZONA SMOKING PREVALENCE COMPARED TO NATIONAL DATA



2002 PREVALENCE OF CURRENT SMOKERS BY AGE AND GENDER



However, when looked at by age, the gender gap seen in the youth prevalence numbers persists into young adulthood, and the high prevalence rates among 18–24-year-olds appears to be driven by high rates among males in that age group.

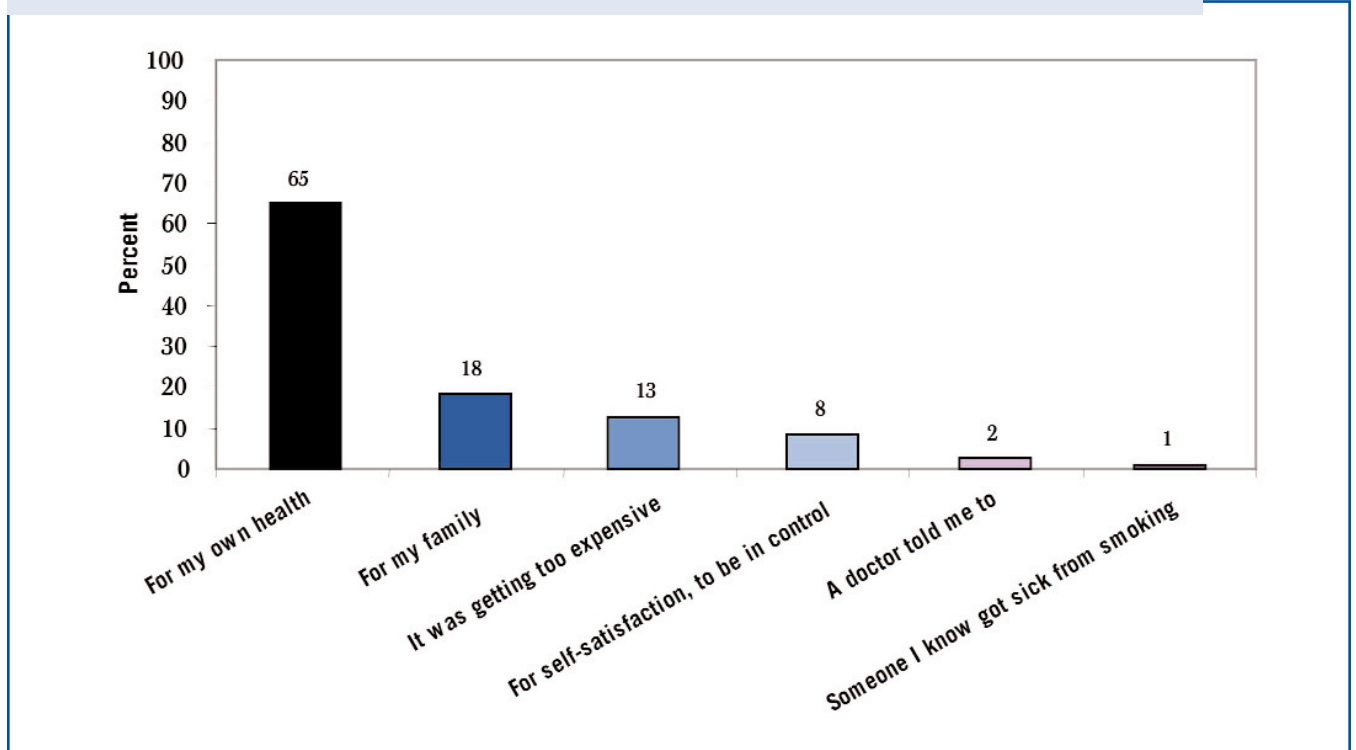
Overall, the 2002 ATS data show a continuing trend of higher smoking rates among Whites and African-Americans, and lower prevalence rates for Hispanics and American Indians. Prevalence rates by race and ethnicity were essentially stable between 1999 and 2002 with the exception of a notable decline in prevalence among respondents who identify as Black or African-American (from 24.1% in 1999 to 20.8% in 2002). This finding should be interpreted cautiously, however, because of the small number of African-Americans surveyed (n=183).

CESSATION

Forty-three percent of current smokers reported trying to quit in the 12 months prior to responding to the ATS. Of those attempting to quit, 23% used a pharmaceutical quit aid, and

7% used classes, counseling, or some other type of non-medicinal quit aid. Most smokers said that the most important reason for making their last quit attempt was “for my own health.”

MOST IMPORTANT REASONS WHY SMOKERS DECIDED TO QUIT ATS 2002 (n=1028)

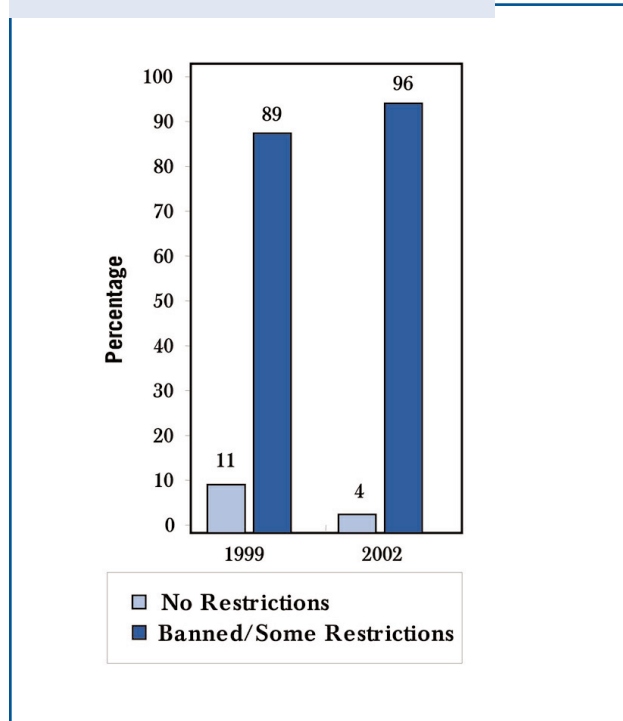


ADULT EXPOSURE TO SECOND HAND SMOKE

Among non-smoking households, the percentage restricting smoking inside the home increased from 89% in 1999 to 96% in 2002. For smokers'

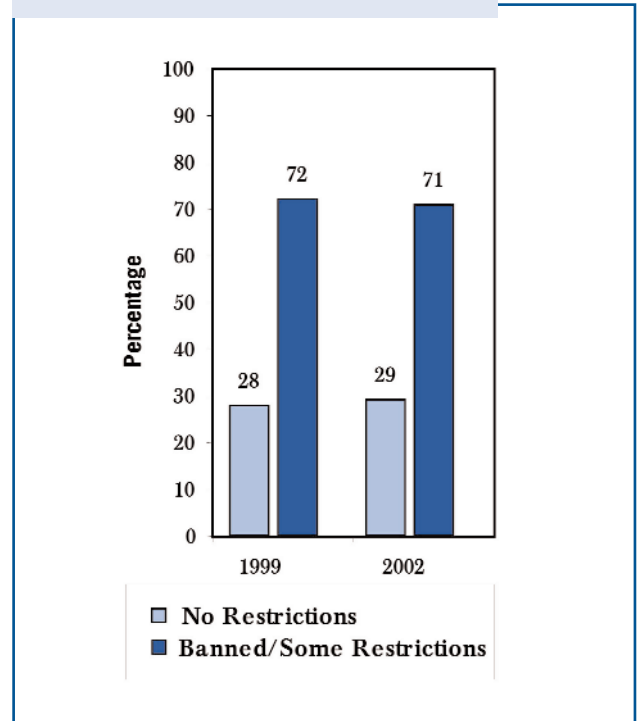
households, smoking restrictions stayed about the same, from 72% in 1999 to 71% in 2002.

HOUSEHOLD SMOKING RULES FOR NON-SMOKERS 1999 & 2002



The increase in home smoking restrictions among non-smoking households is consistent with the increasing support for clean indoor air in restaurants, public and private buildings and other indoor venues. Since 1999, Arizona has seen several key community ordinances for clean indoor air (i.e., Tempe, Guadalupe, Tucson,

HOUSEHOLD SMOKING RULES FOR SMOKERS 1999 & 2002



Pima County, among others). It is understandable that such "municipal" support would translate to support for smoke free homes. The increasing public support for clean indoor air does not seem to have an effect on smokers' household bans as indicated by the lack of change in the rates from 1999 to 2002.