



Arkansas Department of Health



Arkansas Tobacco Prevention and Cessation Program Fiscal Years 2010 and 2011

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PROGRESS

REPORT

Arkansas Tobacco Prevention and Cessation Program
Fiscal Years 2010 and 2011

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LETTER FROM DR. HALVERSON



Greetings from the Arkansas Department of Health,

Thank you for your interest in the Arkansas Tobacco Prevention and Cessation Program and for taking the time to review this progress report. The report focuses on the program's key activities and successes for fiscal years 2010 and 2011, but the depth and breadth of work done in the past two fiscal years is much more extensive than can be included in these pages.

Tobacco use continues to have a devastating toll on Arkansas. It remains our leading cause of death and preventable disease, and is a major risk factor for the top four diseases that account for over 60 percent of Arkansas deaths. In addition, smoking costs the state \$812 million in health care expenditures and \$1.4 billion in lost productivity.

That's why the Arkansas Tobacco Prevention and Cessation Program exists – to provide Arkansans the tools they need to fight tobacco use and live longer, healthier lives. And, the program has made significant progress recently:

- More than 30,000 Arkansas tobacco users enrolled in a program for help to quit.
- Act 811 of 2011 now covers 78 percent of Arkansas kids, protecting them from exposure to secondhand smoke in cars, compared to only 34 percent previously.
- Adult smoking remains at a much lower rate of 22.9 percent than the rate of 26.3 percent in 2002, the year after TPCP received funding from the Master Settlement Agreement.
- Smoking among pregnant women has continued to decline.
- Grassroots programs associated with the media tobacco counter-marketing campaign continue to see significant growth in youth participation.

It is critical that we continue to fund tobacco control programs at the highest level possible. While Arkansas has made great strides in reducing tobacco use and exposure to secondhand smoke, studies from other states show this can be reversed if program funds are reduced. I hope you'll support the Tobacco Prevention and Cessation Program in its work to protect Arkansans from the effects of tobacco use.

Sincerely,

Paul K. Halverson, DrPH, FACHE
Director and State Health Officer

AN OVERVIEW OF TOBACCO CONTROL IN ARKANSAS

TOBACCO USE REMAINS ONE OF ARKANSAS' GREATEST HEALTH BURDENS, KILLING ALMOST 5,000 PEOPLE A YEAR AND COSTING THE STATE MORE THAN \$812 MILLION ANNUALLY IN SMOKING-RELATED HEALTH CARE.

The Arkansas Tobacco Prevention and Cessation Program (TCP) was established in 1993 through a federal grant from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). In July 2001, the program was significantly expanded through funding from the Master Settlement Agreement (MSA). As per the Arkansas Tobacco Settlement Proceeds Act of 2000 passed by Arkansas voters, 31.6 percent of the annual payment into the Tobacco Settlement Program is to be used for TCP. In addition, the Act requires that 15 percent of the 31.6 percent be used for tobacco prevention and cessation programs in minority communities.

THE MISSION

TCP's mission is to reduce death, disability and disease related to tobacco use among Arkansas citizens.

BEST PRACTICES

The program is organized to align with the CDC's Best Practices for Comprehensive Tobacco Control Programs, through the following five components:

ADMINISTRATION AND MANAGEMENT

CESSATION INTERVENTIONS

HEALTH COMMUNICATION INTERVENTIONS

STATE AND COMMUNITY INTERVENTIONS

SURVEILLANCE AND EVALUATION

ADMINISTRATION AND MANAGEMENT

This component provides monitoring, budgetary and financial support for the program. Its recommended funding level based on CDC Best Practices is four percent of the total program budget.

CESSATION INTERVENTIONS

A vital aspect of strong tobacco control programs is cessation interventions which drive changes in behavior, social norms and health outcomes. This component's recommended funding level based on CDC Best Practices is 31 percent of the total program budget.

HEALTH COMMUNICATION INTERVENTIONS

Media and health communications are important in delivering messages that are persuasive and can motivate change. This component's recommended funding level based on CDC Best Practices is 14 percent of the total program budget.

STATE AND COMMUNITY INTERVENTIONS

This component includes supporting and implementing programs and policies that influence communities and youth to make behavior choices consistent with a tobacco-free lifestyle. Its recommended funding level based on CDC Best Practices is 42 percent of the total program budget.

SURVEILLANCE AND EVALUATION

This section provides the evidence base to support the program and to indicate where there are needs in the state. It also charts changes in tobacco use and tobacco-related costs. The recommended funding level for this component based on CDC Best Practices is nine percent of the total program budget.

Funding for TCP is used to implement the above best practices through a wide network of partners that includes colleges, community-based organizations, corporations, health care providers, hospitals, law enforcement agencies, local health units, media companies, nonprofits, and other state agencies. The program's MSA budgets for FY10 and FY11 were \$22 million and \$19 million, respectively, plus \$1 million in CDC funding in each year.

TCP adopts the following CDC goal areas:

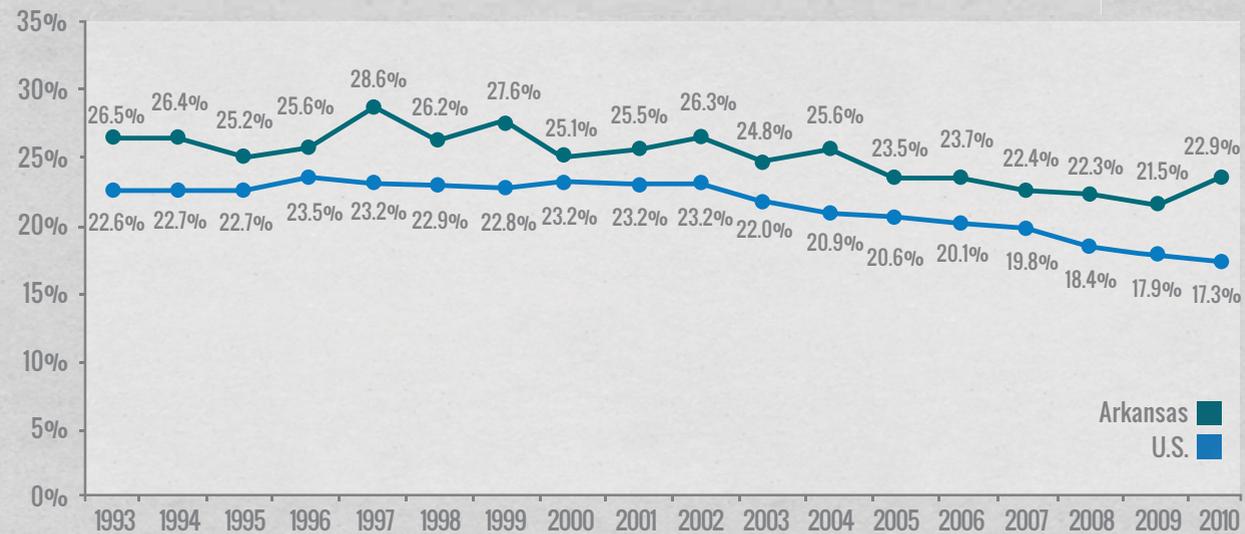
- Preventing the initiation of tobacco use among youth and young adults
- Promoting quitting among adults and youth
- Eliminating exposure to secondhand smoke
- Identifying and eliminating tobacco-related disparities among population groups

TOBACCO USE IN ARKANSAS

ADULT SMOKING RATES IN ARKANSAS AND THE U.S.

The smoking rate among Arkansas adults has declined from 26.3 percent in 2002 to its lowest rate of 21.5 percent in 2009, followed by a slight increase to 22.9 percent in 2010. This 2010 rate is still 13 percent lower than the 2002 Arkansas smoking rate.

CURRENT CIGARETTE SMOKING AMONG ADULTS* ARKANSAS & THE U.S. 1993-2010

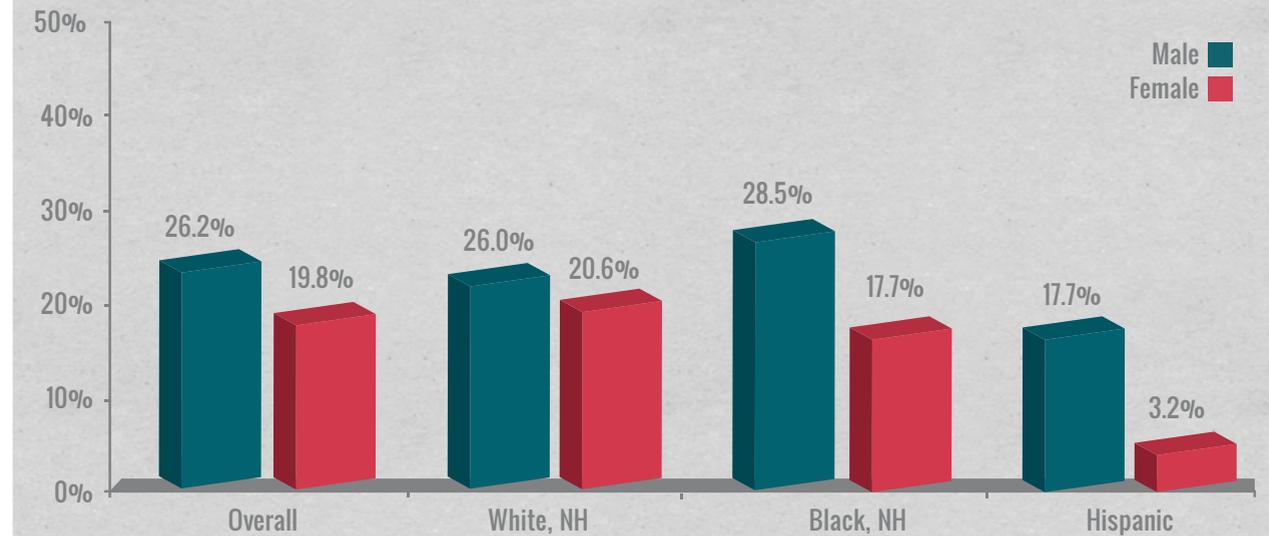


* Respondents aged ≥ 18 years who report having smoked 100 cigarettes in their lifetime and are current smokers on every day or some days.
Source: Behavioral Risk Factor Surveillance System (BRFSS)

SMOKING RATES BY RACE/ETHNICITY AND GENDER

The smoking rate among Black, non-Hispanics males was slightly higher than the general population in 2010.

CURRENT CIGARETTE SMOKING AMONG ADULTS IN ARKANSAS BY RACE/ETHNICITY AND GENDER – 2010



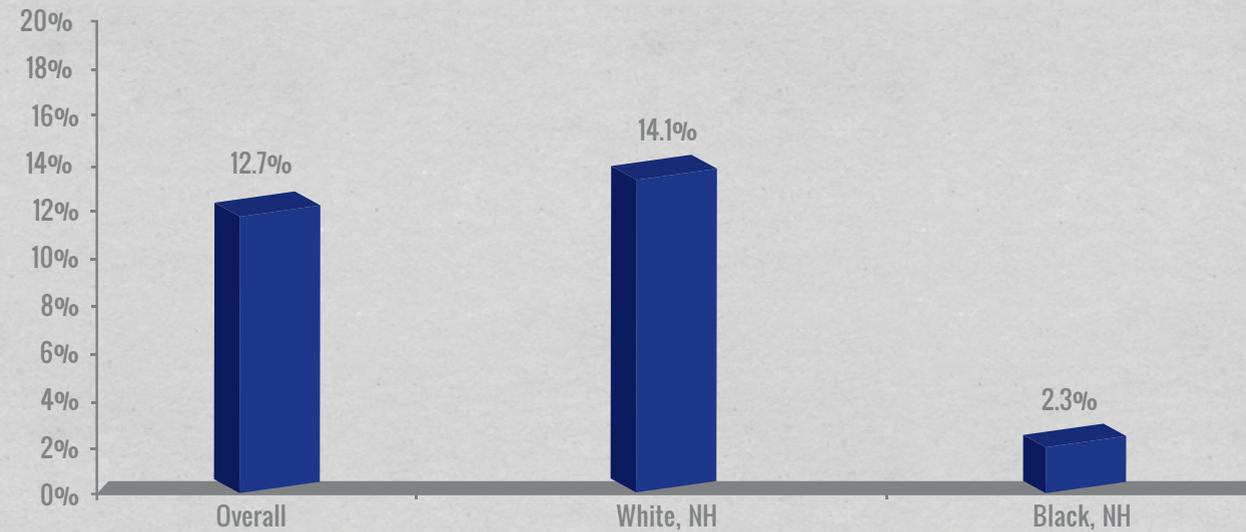
Source: Behavioral Risk Factor Surveillance System (BRFSS)

TOBACCO USE IN ARKANSAS CONTINUED

SMOKELESS RATES BY RACE/ETHNICITY AMONG MALES

The smokeless use rate among White adult males was considerably higher than the rate for Black adult males.

CURRENT SMOKELESS TOBACCO USE AMONG ADULT MALES BY RACE/ETHNICITY – ARKANSAS 2010

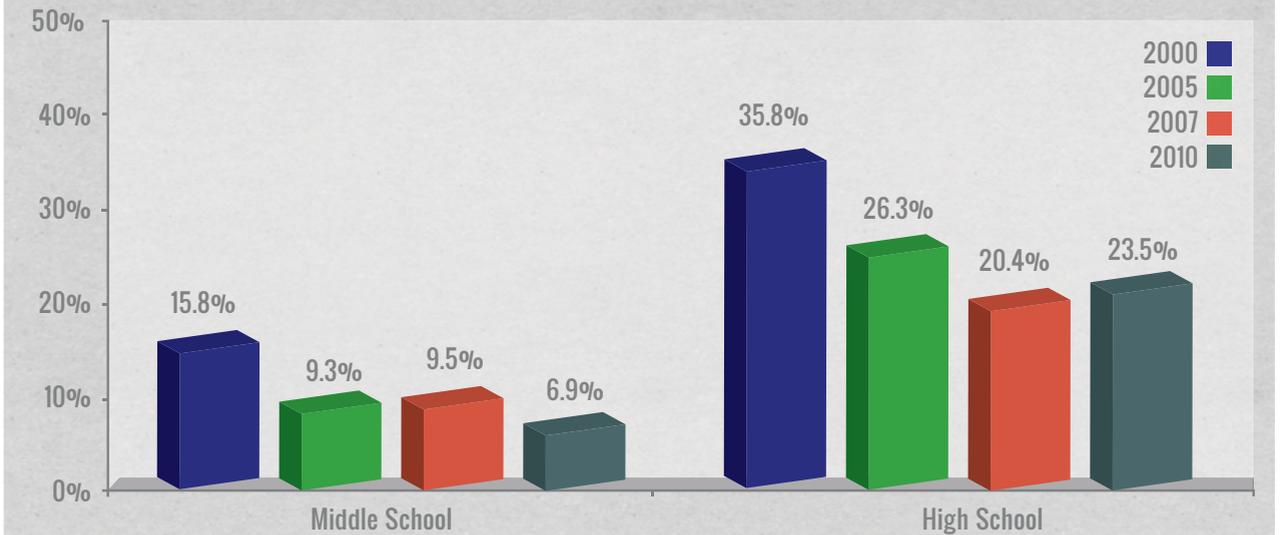


Q: Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
*Hispanic data not available for Arkansas (sample size <50 and/or Standard Error>10)
Source: Behavioral Risk Factor Surveillance System (BRFSS)

SMOKING AMONG YOUTH

The smoking rate among Arkansas high school students declined from 35.8 percent in 2000 to its lowest rate of 20.4 percent in 2007, followed by a slight increase to 23.5 percent in 2010. The 2010 rate was still 34 percent lower than the 2000 rate.

PERCENTAGE OF ARKANSAS STUDENTS WHO ARE CURRENT USERS OF CIGARETTES AR YTS 2000, 2005, 2007, & 2010



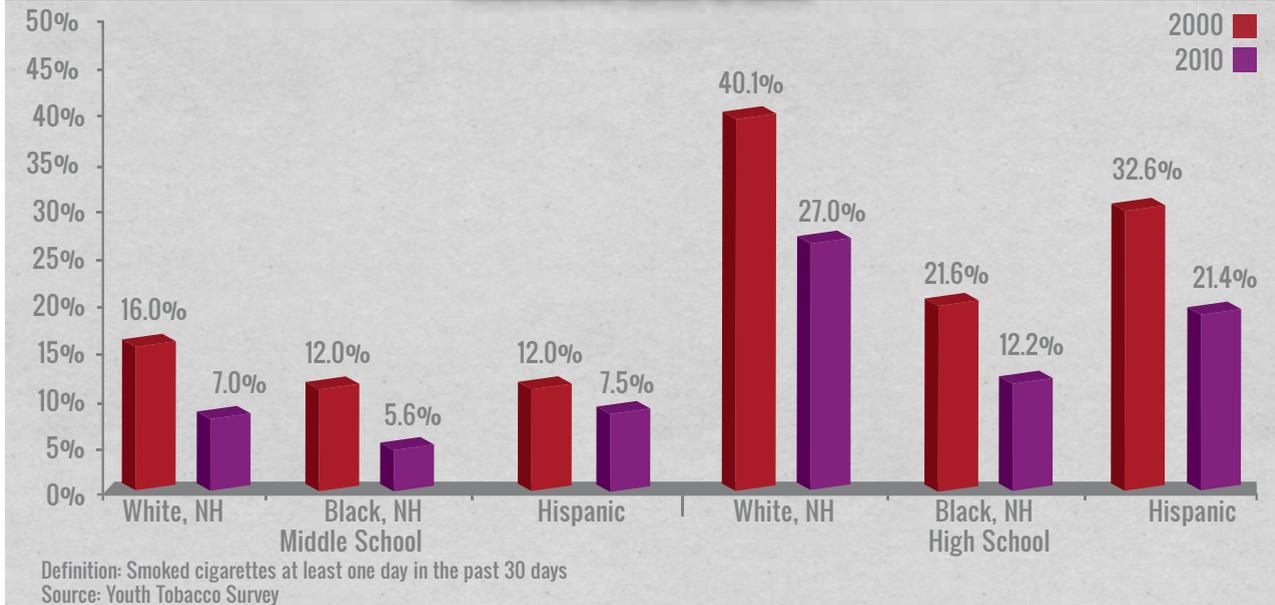
Source: Youth Tobacco Survey

TOBACCO USE IN ARKANSAS CONTINUED

YOUTH SMOKING RATES BY RACE/ETHNICITY

Among high school students, in 2000, 40.1% of Whites, 21.6% of Blacks, and 32.6% of Hispanics reported current use of cigarettes. In 2010, 27% of Whites, 12.2% of Blacks, and 21.4% of Hispanics reported current use of cigarettes.

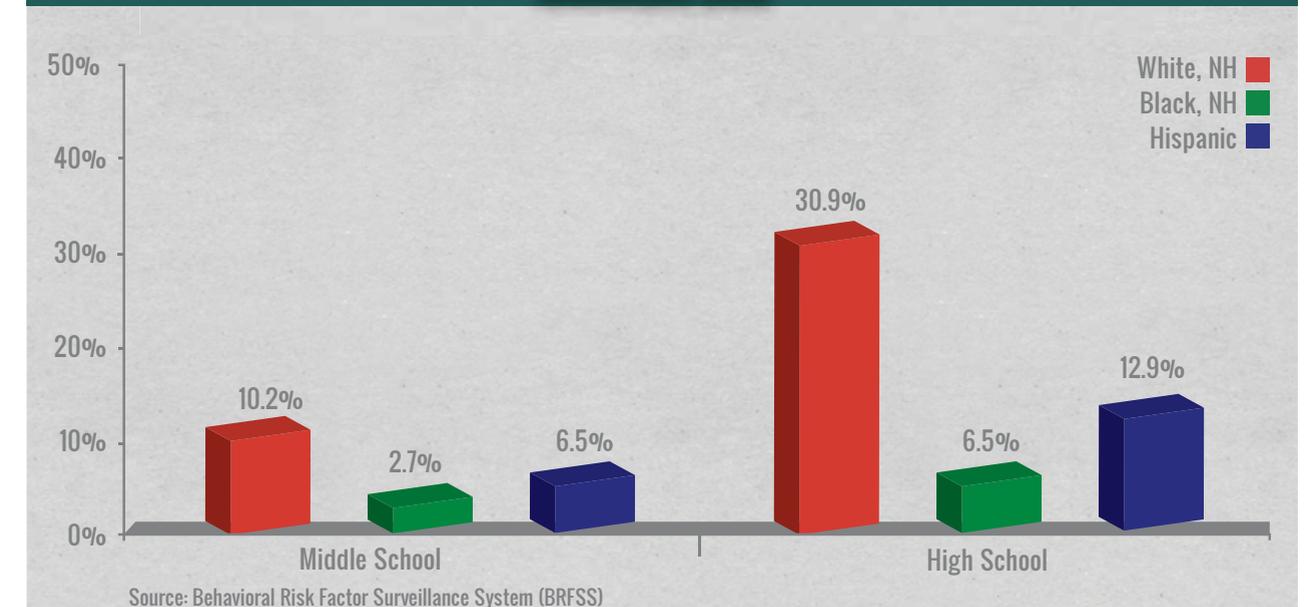
PERCENTAGE OF STUDENTS WHO ARE CURRENT USERS OF CIGARETTES, BY RACE/ETHNICITY ARKANSAS 2000 & 2010



SMOKELESS RATES BY RACE/ETHNICITY AMONG BOYS

The smokeless use rate among high school and middle school boys was significantly higher among Whites than Blacks and Hispanics.

PERCENTAGE OF BOYS WHO ARE CURRENT USERS OF SMOKELESS TOBACCO, BY RACE/ETHNICITY ARKANSAS 2010

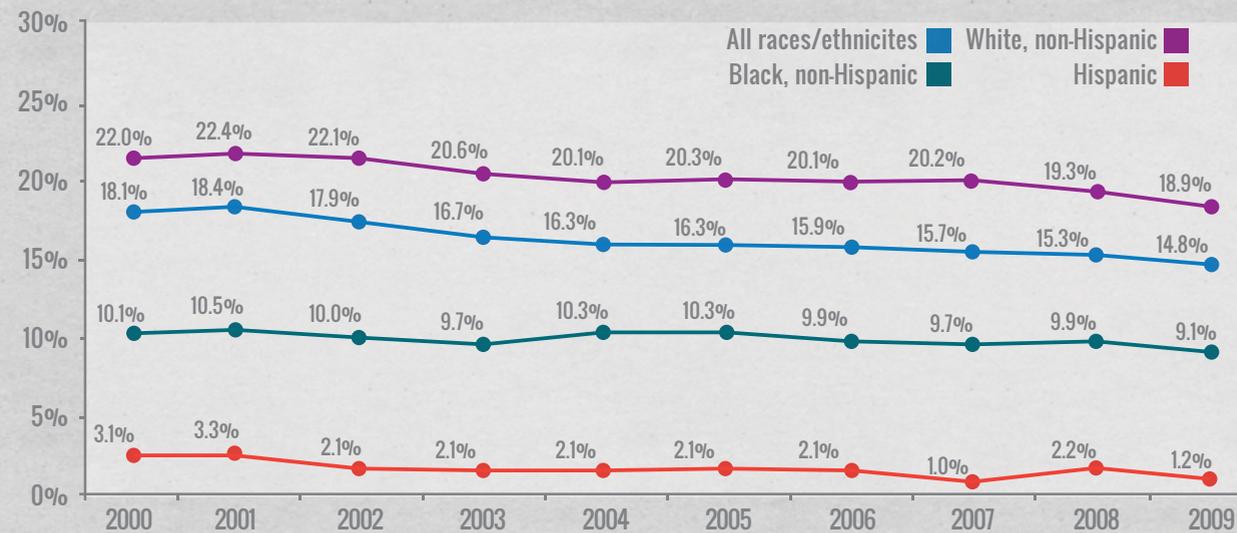


TOBACCO USE IN ARKANSAS CONTINUED

PERCENTAGE OF ALL MOTHERS WHO SMOKED DURING PREGNANCY BY RACE/ETHNICITY

The percentage of mothers who smoked during pregnancy declined from 18.4 percent in 2001 to 14.8 percent in 2009. The smoking rate was highest among White, non-Hispanic mothers.

PERCENTAGE OF ALL MOTHERS WHO SMOKED DURING PREGNANCY BY RACE/ETHNICITY

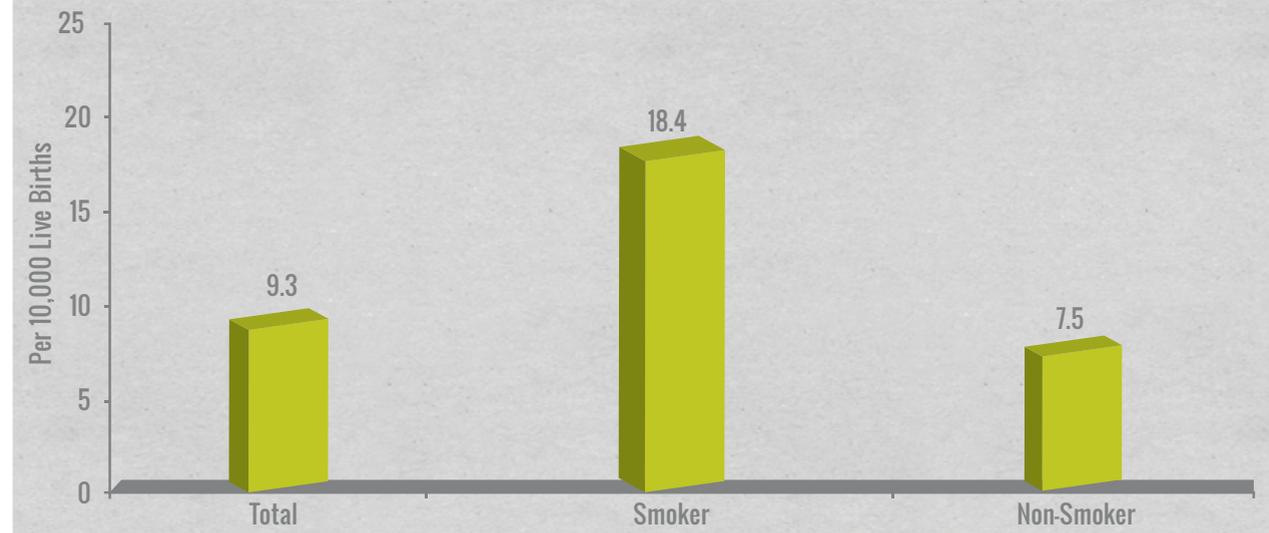


Note: Percentages are based on approximately 39,000 resident births per year
Source: Vital Statistics System, Health Statistics Branch, Arkansas Department of Health

SUDDEN INFANT DEATH MORTALITY RATE BY MATERNAL SMOKING STATUS

The number of deaths from Sudden Infant Death Syndrome (SIDS) was significantly higher among infants born to mothers who smoked during pregnancy than among mothers who did not smoke during pregnancy.

SIDS* MORTALITY RATE BY MATERNAL SMOKING STATUS, - ARKANSAS 2000-2008



Source: Linked Birth/Infant Death Data, Vital Statistics System, Health Statistics Branch, Arkansas Department of Health
*ICD-10 Code for SIDS, R95. Number of SIDS deaths from 2000 through 2008 (N) = 326.

STATE AND COMMUNITY INTERVENTIONS

COMMUNITY PROGRAMS

TPCP funded a total of 19 community programs in FY10 and FY11. These programs are a key part of tobacco control, delivering a wide range of integrated programs in 34 Arkansas counties. Activities included: 1) Promoting smoking cessation programs such as the Arkansas Tobacco Quitline, 2) Educating local communities about the benefits of smoke-free parks and workplaces, and 3) Delivering educational presentations to key stakeholders including city councils, chambers of commerce and others.

Successes from community programs include:

- Approximately 200 new tobacco control policies and practices were initiated by businesses and organizations. These include tobacco-free policies, new practices to refer clients and staff to the Arkansas Tobacco Quitline, and implementation of the Fax Back Referral program.
- Over 50 workshops were conducted to educate the community and policymakers on the benefits of comprehensive clean indoor air policies and the impact of tobacco cessation on local communities.

SCHOOL OUTREACH

TPCP collaborated with the Arkansas Department of Education to support the CDC's model of Coordinated School Health. Through this partnership, 20 school-based programs representing 20 Arkansas school districts received funding.

Coordinated School Health is an evidence-based model that facilitates collaboration between schools and communities to ensure that children are healthy and ready to learn. Areas of focus for schools funded included: 1) Tobacco prevention education, 2) Development, implementation and enforcement of comprehensive school tobacco policies, and 3) Promotion of cessation interventions for faculty, staff and students.

Success from CSH projects include:

- Eight (8) school districts implemented Comprehensive School Tobacco Control Policies that meet CDC guidelines.
- Over 11,000 students participated in tobacco education activities.
- Numerous communities were educated on the importance of smoke-free cars through information that was provided during PTA meetings, health fairs, school websites and newsletters.
- Educating school district staff and faculty on the Arkansas Tobacco Quitline during in-service training, and adding the Quitline's Click-to-Quit feature to school websites.

TOBACCO CONTROL SUCCESSES IN FISCAL YEARS 2010 AND 2011

1. On May 27, Act 811 of 2011 passed, making it a primary offense to smoke in a vehicle with children under 14 present. Act 811 amends the Arkansas Protection from Secondhand Smoke for Children Act of 2006, which previously protected children under age six and weighing less than 60 pounds. Because of this new law, 78 percent of Arkansas children will now be covered, protecting them from the dangers of secondhand smoke, compared to only 34 percent previously.
2. On August 1, 2010, all state-funded colleges and universities went smoke-free as a result of the Arkansas Clean Air on Campus Act of 2009. A follow-up survey of all colleges supported by the state showed 70 percent planned to implement a tobacco-free policy, and 30 percent planned to implement a smoke-free policy. (Source: 2010 Clearing the Air on College Campuses Survey Report)
3. The percentage of successful youth attempts to purchase tobacco from retail sources has dropped from 21.9 percent in 2001 to 3.4 percent in 2011. (Source: Synar)
4. The smoking rate among pregnant women has continued to decline from 18.1 percent in 2000 to 14.8 percent in 2009. (Source: ADH Vital Statistics data)



STATEWIDE PROGRAMS

TPCP funded two statewide coalitions during fiscal years 2010 and 2011: the Arkansas Cancer Coalition (ACC), and a youth movement known as the Youth Extinguishing Smoking Team (Yes Team). Each organization provides skills, resources and information essential in coordinating and combining local efforts to strengthen tobacco control in Arkansas. TPCP also provides funding to Arkansas Tobacco Control (ATC) to carry out statewide youth compliance checks and to conduct tobacco retailer training, both of which reduce youth initiation of tobacco rates. The statewide coalitions accomplished the following:

ARKANSAS CANCER COALITION

- Over 200 public health advocates attended the ACC's annual Cancer Summit in March 2011 where one of the key messages was the importance of clean air for all Arkansans, and the role tobacco control plays in the overall health of Arkansans.
- To build capacity among tobacco control coalitions and advocates in the state, the AAC conducted a series of webinars featuring TPCP's "Let's Clear the Air" media and education campaign. Over 100 coalition members logged in over the course of the four sessions to learn about the benefits of smoke-free environments. A follow-up survey showed that close to 100 percent of those who participated in the webinars found them helpful and would be likely to attend future training on tobacco control.

ARKANSAS TOBACCO CONTROL

- ATC regulates and enforces all laws regarding tobacco manufacturers, wholesalers and retailers in Arkansas. The agency also provides tobacco merchant education and a website of useful tools to ensure merchants comply with laws that govern the sales of tobacco.
- In FY10 and FY11, ATC conducted 5262 and 5170 compliance checks and reported violation rates of 7.22 and 7.23 percent respectively. (Source: ATC reports)

YES TEAM

- Through its advocacy event called Arkansas Tobacco-Free Kids Day "Yes on the Hill," the Yes Team provided a venue for 10 youths to participate in the Arkansas legislative process. Another 200 youths attended an annual press conference.
- In FY10, the Yes Team's Youth Leadership Initiative held three regional summits educating 100 youths on the dangers of tobacco use, and providing a venue for peer-led leadership training.
- In response to the Little Rock Zoo's plan to designate smoking areas at the zoo, the Yes Team obtained almost 900 signatures in opposition during their 2010 Boo at the Zoo: Advocacy in Action event in October. In November, the Board of Governors of the Little Rock Zoo unanimously passed a resolution to prohibit smoking on zoo premises.



FIGHTING DISPARITIES

The University of Arkansas Pine Bluff's Minority Initiative Sub-Recipient Grant Office (MISRGO) and the Master of Science in Addiction Studies programs promote tobacco prevention and cessation in minority communities.

- In FY10 and FY11, MISRGO funded 18 partners in 43 Arkansas counties.
- Nearly 400 adults and youths attended MISRGO's annual "Clearing the Air in Communities of Color" conferences, during which best practices in tobacco control were shared.
- Through community-based educational outreach, close to 10,000 minority participants received information on tobacco prevention and cessation.
- Fifteen (15) churches attended the 40 Days to Freedom program, a church-based tobacco cessation program.
- Through its media partner Advantage Communications, Inc., MISRGO reached the African-American and Hispanic communities with creative campaigns on television, print, radio and electronic media. A radio campaign featuring local gastroenterologist Dr. Alonzo Williams featured a straight-talk message to minority males on the dangers of smoking.
- A total of 20 students enrolled in the Master of Science in Addiction Studies program during this period.



CESSATION INTERVENTIONS

TPCP continues to deliver cessation services that are both well grounded in the evidence base and in line with recommendations from the CDC as follows:

THE ARKANSAS TOBACCO QUITLINE

1. In partnership with Alere, TPCP's Quitline provider, nearly 17,000 Arkansas tobacco users enrolled in the Quitline's counseling program in FY10. Of those, 288 specifically called to quit using smokeless tobacco. In FY11, over 13,000 Arkansas tobacco users enrolled to use the Quitline, with 197 calling primarily about smokeless tobacco.

2. The Quitline provides pregnant women with up to 10 one-on-one counseling sessions compared to five sessions for the other callers. In FY11, 319 pregnant women called for assistance compared to 205 in FY10.

3. An FY10 evaluation of the Arkansas Tobacco Quitline showed that 38.7 percent of callers who enrolled in a multiple-call program and received free nicotine replacement therapy medications remained tobacco-free after seven months. In FY11, 33.2 percent of tobacco users remained quit after seven months for the same program.



SUBSTANCE ABUSE AND MENTAL HEALTH

1. In a new direction seeking to integrate the practice of substance abuse counseling with tobacco cessation, TPCP partnered with the Department of Human Services, Office of Alcohol and Drug Abuse Prevention, the Department of Community Correction (DCC) and the University of Arkansas at Pine Bluff. Through this collaboration, Tobacco Treatment Specialist Training was provided to more than 110 substance abuse professionals. Because of this training, the substance abuse professionals have been assisting adult and juvenile drug court clients to quit using tobacco.

2. As a result of the above partnership, in FY10 and 11, 1,245 and 925 clients from DCC's adult drug court and probation and parole programs were admitted to Tobacco Use Treatment groups for help with quitting tobacco. (Source: DCC report)

3. Through technical assistance provided by TPCP, eight substance abuse/mental health sites implemented tobacco-free policies. These facilities, which serve over 300 clients per month, will provide recovery services in a tobacco-free environment, and will also integrate tobacco treatment into their services.

SYSTEMS TRAINING OUTREACH PROGRAM (STOP)

In FY11, TPCP developed and launched the Systems Training Outreach Program (STOP) in response to a 2010 survey that revealed the need to increase the practice patterns and use of brief tobacco intervention programs among health care providers. The survey also revealed that there was a need to provide health care providers with additional training and to increase their awareness of the tobacco cessation resources available to patients.

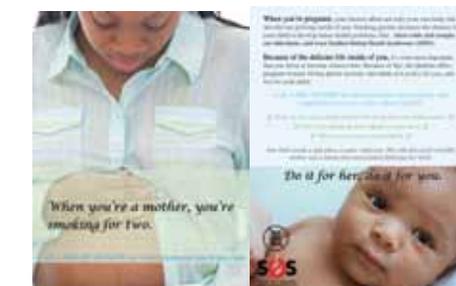
STOP has had the following successes.

- An advisory board with medical and public health professionals was developed to guide TPCP's outreach to health care providers in the state.
- Online training was launched to educate health care providers on how to use the brief tobacco intervention program while counseling tobacco users. The training providers received Continuing Medical Education and Continuing Education Units for successful completion.
- The central and northeast regions of Arkansas were identified as being areas of focus for the STOP program.
- Two outreach specialists were hired by Alere to educate health professionals and implement systems change in the two regions.

FIGHTING SMOKING DURING PREGNANCY

In Craighead and Mississippi counties, TPCP launched a pregnancy incentive pilot program aimed at helping pregnant women lead tobacco-free lives. Program participants received a small financial incentive for demonstrating positive strides in their decision to stay quit, which was confirmed through feedback obtained from biochemical verification during scheduled appointments. An FY11 report revealed that:

- 37 pregnant women who smoke had enrolled in the program and set a quit date.
- Six (6) were quit for more than three months.
- Three (3) of the six delivered four healthy infants, including a set of twins.



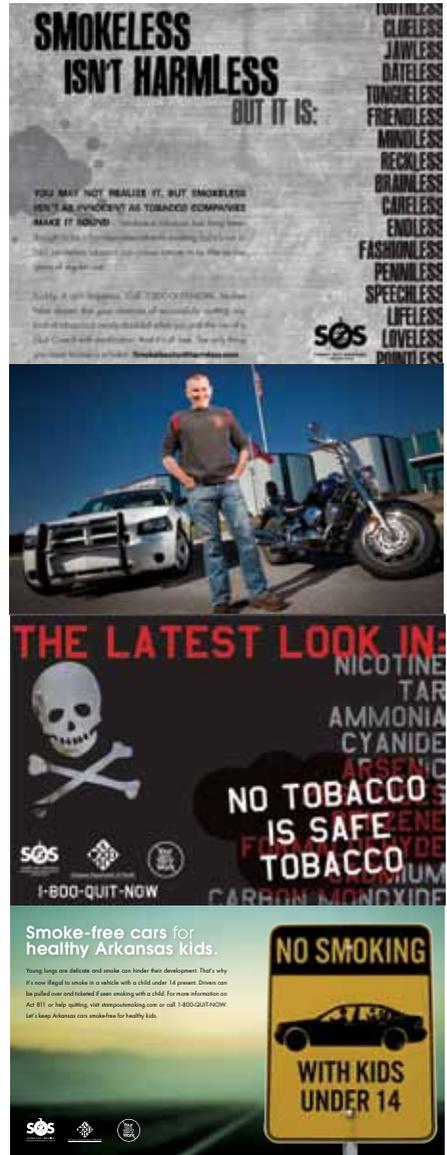
MEDIA AND HEALTH COMMUNICATIONS



SECONDHAND SMOKE IN WORKPLACES

In FY10 and FY11, SOS implemented the Let's Clear the Air Campaign to heighten public awareness of the deadly consequences of secondhand smoke and educate communities on the benefits of comprehensive smoke-free laws.

The campaign featured stories from a bartender, musician and waitress impacted by secondhand smoke in the establishments in which they work. Three television ads, three radio ads, six print ads, online banner ads and a website told their stories to audiences statewide. In addition, the campaign equipped coalition members, partners and advocates with a community education toolkit, an educational brief on the benefits of smoke-free environments, business flyers, fact sheets, a sample presentation, talking points, news release and letter to the editor templates, and discussion guides.



SMOKELESS TOBACCO

To educate communities about the new smokeless products that the tobacco industry has launched, new display kits were developed for each of the Department of Health's public health regions. The kits contain an exhibit booth, a PowerPoint presentation and sample products for use during workshops and health forums. In FY 2011, 43 educational sessions were hosted in 19 counties, reaching 1,492 people.

To raise awareness about smokeless products, SOS launched a new grassroots campaign. Targeting college-aged males, "Smokeless Isn't Harmless" includes a website featuring testimonials from former smokeless tobacco users, resources to quit and information on the new smokeless products. In FY11, the website received 118 hits. A print ad and fact cards are also available to tobacco control partners statewide, for use in educating their communities.

SECONDHAND SMOKE IN VEHICLES

On May 6, 2010, TPCP partnered with state law enforcement agencies and tobacco control partners to increase awareness and enforcement of the Arkansas Protection from Secondhand Smoke for Children Act of 2006. To demonstrate the harmful effects of secondhand smoke on children, SOS hosted three news conferences simultaneously in Fayetteville, Jonesboro and Little Rock. National expert Dr. Neil Kleipeis, an Environmental Scientist from Stanford University in California demonstrated that smoking in a car makes dangerous particle levels rise within seconds of a cigarette being lit. The news conferences reached more than 1.2 million television viewers and 660,000 newspaper readers.

SOS also provided educational materials to more than 270 Arkansas Head Start offices, over 260 fastfood establishments and 40 Hispanic restaurants and organizations. And before the close of fiscal year 2011, work began on a new paid media campaign to raise awareness of the amendment to the law, which now covers all Arkansas children under age 14 from the effects of secondhand smoke in vehicles.

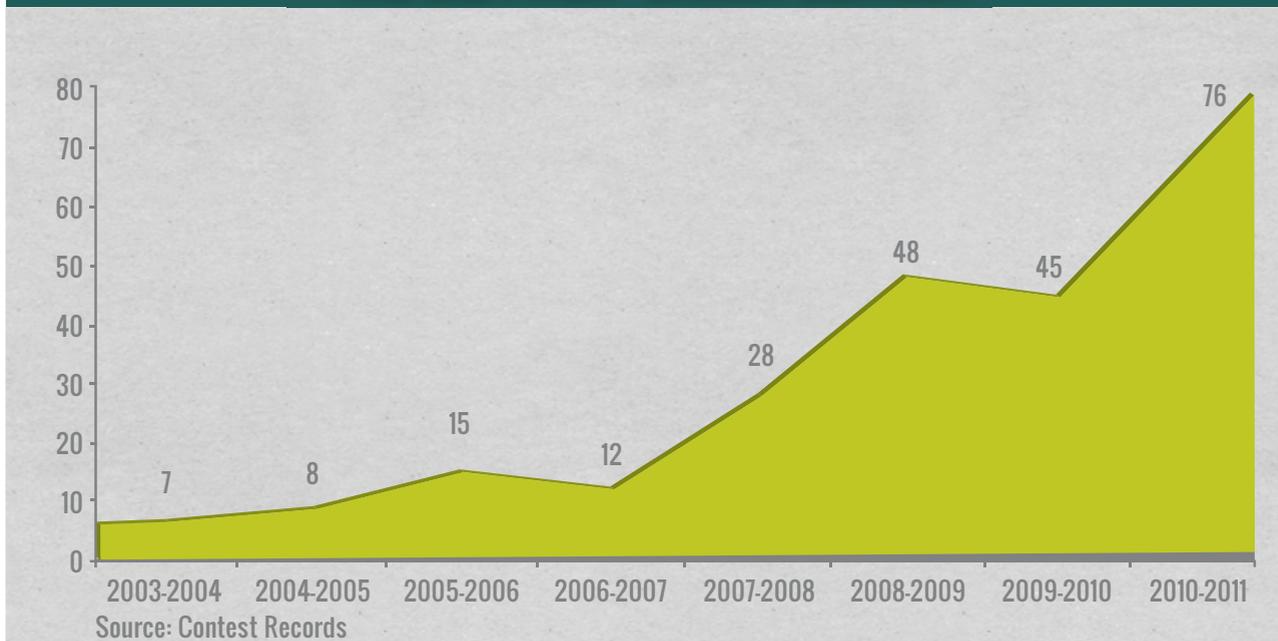
YOUTH TOBACCO PREVENTION PROGRAMS

Every year, SOS collaborates with schools throughout the state to creatively engage young people of all ages.

“The Big Pitch” Drama Contest challenges middle, junior and high school students to develop 27-second television commercials that relay the dangers of tobacco usage and the importance of prevention among peer groups. Children in grades 2-9 are given the opportunity to enter the “Tobacco Tackle” Essay Contest and write about their modern day healthy heroes. The annual Coloring Contest features the “Clean Air Avengers,” whom kids in kindergarten through fifth grade are challenged to bring to life with crayons, colored pencils and markers.

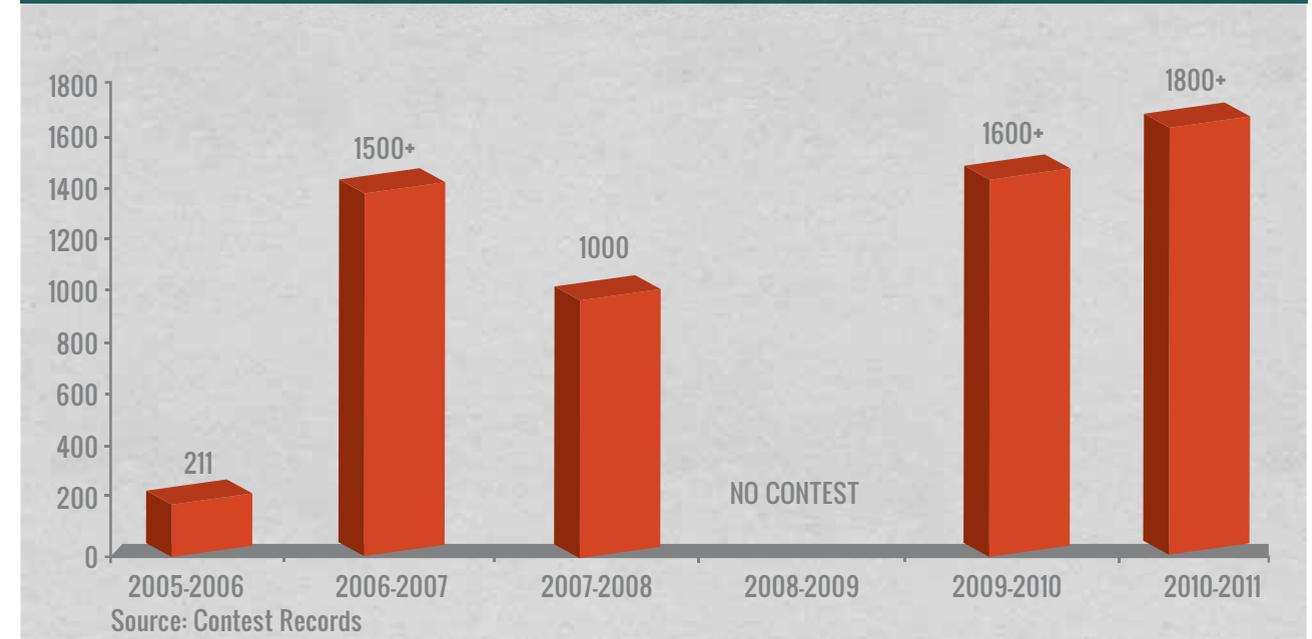
In FY11, contest participation reached the highest levels to date, spreading the prevention message to new, young audiences across the state. Most recently, the Drama Contest received 76 entries and more than 5,500 votes for the People’s Choice Award. Nearly 150 schools participated in the Coloring Contest, submitting more than 28,000 entries, and the Essay Contest received more than 1,800 submissions.

NUMBER OF ENTRIES FOR “THE BIG PITCH” DRAMA CONTEST



The number of entries for “The Big Pitch” Drama Contest has grown from four in FY02 to 74 in FY11.

NUMBER OF ENTRIES FOR “HEALTHY HEROES” ESSAY CONTEST



The number of entries for the “Healthy Heroes” Essay Contest has grown from 211 in FY02 to 1,800 in FY11.



