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Executive Summary

In 2004, Coloradans approved Amendment 35 – a tax increase on both cigarettes and other tobacco products. Sixteen percent of the Amendment 35 funds are allocated to the Tobacco Education, Prevention and Cessation Grant Program with funding requirements designated to specific populations.

The Tobacco Education, Prevention and Cessation Grant Program, administered by the State Tobacco Education & Prevention Partnership at the Colorado Department of Public Health and Environment, uses the best scientific evidence available to help reduce the burden of tobacco use in Colorado. The program employs a “comprehensive approach” that consists of proven strategies directed toward prevention and cessation of tobacco use among youth and adults, elimination of exposure to secondhand smoke and reduction of tobacco-related health disparities.

Fiscal Year 2007 (FY07, July 1 through June 30) represented the seventh year of operation for the program and the second year with funding from Amendment 35 revenues. During FY07, the program received a total of \$38,476,671 in tobacco tax revenues, including interest and carry-forward from the previous year. The program distributed \$35,445,769 to 121 external grantees, and \$908,306 was retained by the program for administration.

During FY07, new and stronger evidence emerged that tobacco use is declining among Colorado's children, adolescents and adults:

- Results from a 2005 survey showed that Colorado adult smoking had declined significantly, to 17.3 percent – down from 19.7 percent in 2001.
- Colorado ranked in the top 10 states with the nation's lowest adult smoking prevalence.
- Colorado surpassed the Healthy People 2010 goal of 16 percent for cigarette smoking among high school students. The 2006 high school smoking rate was 14.6 percent – a 20 percent relative reduction from 2001.
- Middle and high school students became less likely to try smoking cigarettes. The rate of ever having smoked was 16.7 percent among middle school students and 43.2 percent among high school students.

The Tobacco Education, Prevention and Cessation Grant Program funded programs that optimized integration of comprehensive strategies. The following FY07 outcomes highlight multi component efforts:

- The Colorado QuitLine served 40,753 people. Among program enrollees, over 36 percent were successful in quitting tobacco.
- A statewide television campaign targeting African-American and low socio-economic status adult males who smoke increased calls to Colorado QuitLine by 40 percent.
- Under the tobacco prevention K-12 initiative, 427 schools in 17 districts implemented tobacco prevention program activities.
- Under the youth smoking cessation initiative, 1,656 students from 138 high schools and youth organizations participated. Eighty percent completed the program that either quit or cut back on smoking.
- A Mental Health Provider Toolkit and related materials were developed and disseminated throughout Colorado – drawing high interest from national leaders in mental health care.

I. Overview of Amendment 35 and Moneys Received and Expended

In the November 2004 election, Coloradans approved constitutional Amendment 35 – a tax increase on both cigarettes and other tobacco products. The revenue is statutorily allocated for public health insurance, community health centers, cancer prevention and treatment, and tobacco education, prevention and cessation programs.

The increased tax began Jan. 1, 2005 – a 64-cent increase for a pack of cigarettes and a 20 percent increase on other tobacco products. For a short period of time, this increase elevated Colorado to the national tobacco tax average.

Sixteen percent of the Amendment 35 funds are allocated to the Tobacco Education, Prevention and Cessation Grant Program. The statute §25-3.5-804(3)(b) C.R.S. requires that the majority of funds awarded to grantees go to evidence-based programs and programs that prevent and reduce tobacco use among youth and young adults. At least one-third of the funds are required to go to programs that serve school-aged children. At least 15 percent of funds must be allocated to help eliminate health disparities among minority populations that have higher-than-average tobacco burdens, and up to 15 percent of the funds must be awarded to grantees of the Tony Grampas Youth Services Program for proven tobacco prevention and cessation programs. The mandated Tobacco Education, Prevention and Cessation Grant Program Review Committee recommends grant funding to the Colorado Board of Health and ensures compliance with funding mandates and alignment with the *Colorado Tobacco Prevention and Control State Strategic Plan*.

The Tobacco Education, Prevention and Cessation Grant Program is administered by the State Tobacco Education & Prevention Partnership at the Colorado Department of Public Health and Environment. The program's mission is to prevent and reduce tobacco use and reduce exposure to secondhand smoke by implementing a comprehensive tobacco control program.

Annually, the appropriation, as written in the Long Bill for the Tobacco Education, Prevention and Cessation Grant Program, is determined by the latest tobacco tax revenue projections and projected fund balance. As mandated in the statute for the Tobacco Education, Prevention and Cessation Grant Program, 95 percent of the appropriation must be designated for grants and up to 5 percent is allowed for administrative costs.

In FY07, tobacco tax revenues totaled of \$38,476,671 and \$35,445,769 or 92 percent of the grant appropriation was distributed to 120 eligible grantees. Of this amount, a total of \$2,972,081 remained unexpended by grantees at the end of the fiscal year and was reverted to the Amendment 35 Tobacco Grant Program Trust Fund. An amount of \$908,306, or 2.4 percent was spent for administrative costs. Administrative funds were fully expended, with none reverting to the Amendment 35 Tobacco Grant Program Trust Fund.

The following provides a summary of the revenues and expenditures for FY07:

Total Revenues:	\$38,476,671
Total Expenditures	<u>\$35,504,590</u>
Amount Unexpended and Reverted	\$ 2,972,081

II. Background Description and Goals of the Program

The Tobacco Control Program in Colorado was founded in 1991 with a grant from the National Cancer Institute, through the American Stop Smoking Interventions Study. This funding continued through 1998. In 1999, the Centers for Disease Control and Prevention began funding Colorado's Tobacco Control Program – what is now known as the Tobacco Education, Prevention and Cessation Grant Program. As mandated by the statute, the State Tobacco, Education & Prevention Partnership administers the grant program that funds nonprofits and government agencies across Colorado.

Since inception, the Tobacco Education, Prevention and Cessation Grant Program has applied the best scientific evidence available to eliminate the health and economic burdens of tobacco use in Colorado. This evidence includes the Surgeon General's reports, the Task Force for Community Preventive Services' *Guide to Community Preventive Services*, the U.S. Public Health Service's Clinical Practice Guideline *Treating Tobacco Use and Dependence*, the National Institutes of Health's reports and the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*. The U.S Department of Health and Human Services' *Reducing Tobacco Use: A Report of the Surgeon General* provided the foundation for Colorado's comprehensive approach. This approach – one that optimizes synergy from applying a mix of educational, clinical, regulatory, economic and social strategies – is the guiding principle for eliminating the health and economic burdens of tobacco use.

The Tobacco Education, Prevention and Cessation Grant Program provides funding for community-based and statewide programs to (1) reduce initiation of tobacco use by children and youth; (2) promote cessation of tobacco use among adults and children; (3) eliminate exposure to secondhand smoke; and (4) reduce tobacco-related disparities. The program emphasizes a comprehensive program that uses effective and proven strategies to prevent and reduce tobacco use.

III. Grants Awarded in FY07

The grant program awarded a total of 121 grants in FY07, of which 47 were awarded to local public health agencies for community-based programming in 61 of Colorado's 64 counties; 44 were awarded to grantees of the Tony Grampsas Youth Services Program for the provision of tobacco prevention and cessation programs designed to target youth populations disparately affected by tobacco; 10 were awarded to address priority populations in an effort toward the goal of eliminating tobacco related health disparities; and 20 were awarded to address the four goal areas at the statewide level across Colorado, including media and health communication initiatives. A brief overview of these grants is provided below. More detailed descriptions of each grant project are provided in the Program Summary section of this report.

A. Grants to Local Health Agencies

Among the 47 local health agencies funded, 28 were county public health nursing services, 15 were local public health departments, and four were private non-profit organizations. As in previous years, local health agencies were funded to work on all goal areas mandated by the legislation. Approximately one-third of this funding was dedicated to youth prevention programs that serve school-aged children.

B. Reducing Tobacco Related Disparities

According to §25-3.5-804(3)(b) C.R.S., at least 15 percent of awarded funds are required to programming that serves disparately affected populations. In FY07, 10 programs were funded to serve populations that are excessively affected by tobacco. These populations, identified from state and national data, are African-Americans, American Indians, Asian Americans/Pacific Islanders, gay/lesbian/bisexual/ transgender people, Latinos/Hispanics, people with disabilities, people with low socioeconomic status, people in treatment for mental illness, people in treatment for substance abuse and smokeless tobacco users. During FY07, a total of \$6,597,673, or 20 percent of the total appropriation, was awarded to serve these specific populations.

In addition to these 10 programs, 44 programs were funded under the Tony Grampsas Youth Services Tobacco Initiative to serve young people at higher risk for tobacco use. These programs address tobacco related disparities by providing tobacco and secondhand smoke education, prevention, and/or cessation services for children, youth and young adults (ages 0-24) and their parents and caregivers.

To encourage pregnant women to stop smoking, 175 health clinics for low income individuals and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) clinics distributed 61,700 brochures, 13,294 quit kits and 1,166 posters. To increase the number of calls from African-American adult males and low-income male smokers to the Colorado QuitLine, a television campaign was created with a statewide media buy on cable. This campaign included two football celebrity spokesmen. To help increase calls by other disparate populations to the Colorado QuitLine, 17,000 tip cards were distributed.

C. Preventing Youth Tobacco Use

Under §25-3.5-804(3)(b) C.R.S., at least one-third of awarded funds go to programming that serves school-aged children. Four statewide initiatives were funded to prevent and reduce tobacco use among youth and young adults: the school-based K-12 initiative; a collegiate initiative; a youth empowerment program; and media campaigns. During FY07, a total of \$16,738,526 or 50 percent of the total appropriation, was awarded to serve school-age children.

Under the K-12 and collegiate initiatives, funded lead agencies awarded a portion of its grants to fund schools and colleges throughout Colorado. The lead agencies provided technical assistance, training, expertise and support to ensure the programs were implemented according to specific criteria. Under the K-12 initiative, led by the Rocky Mountain Center for Health Promotion and Education (RMC), 427 schools in 17 school districts and two Board of Cooperative Educational Services received funding to implement specific program activities. Under the collegiate initiative, led by The BACCHUS Network, 24 colleges implemented programs to prevent and reduce tobacco use.

Under the youth empowerment initiative, led by Get R!EAL schools and community-based organizations were funded to establish youth-led coalitions. The coalitions are designed to empower youth ages 12-18 to engage in tobacco control activities while de-normalizing the tobacco industry.

A variety of media formats were used to deliver tobacco-use prevention messages to youth. Every high school, middle school, elementary school and childcare center received educational materials explaining the Tobacco-Free Schools Law. Eight students received a total of \$10,000 in college scholarships, and three schools received a total of \$1,500 in grants for anti-tobacco articles in high school newspapers. The main youth prevention and cessation campaign, “Own Your C,” received 314,189 unique visitors following a TV advertising campaign in support of the Web site. The rail jam championship event, “Detention,” had 470 high school skiers participate and was watched live by 1,000 spectators and 3,695 via the web. Following radio ads, the young adult oriented site, www.quitdoingit.com, received 20,845 visitors. The web-based text-messaging cessation tool, “FixNixer,” had 735 registrants. Free quit kits and promotional cessation posters were sent to 1,500 businesses that employ young adults who leave high school directly for a job. The fulfillment resource center distributed youth-related tobacco prevention educational materials, school curricula and tobacco-free-school signage for use by educators and local health agencies.

D. Tobacco Use Cessation Programs

During the fiscal year, awards were made to continue four well-established programs designed to increase the number of tobacco users who make cessation attempts, and to assist those attempts with proven strategies. These programs are the Colorado QuitLine; Colorado QuitNet; the Colorado Clinical Guidelines Collaborative, which trains health care providers; and the Not-on-Tobacco youth cessation program.

The Colorado QuitLine is a telephone-based tobacco-cessation assistance program operated by National Jewish Medical and Research Center in Denver. The QuitLine is the cornerstone of the state's cessation efforts and serves more than 3,000 callers a month. Beginning December 15, 2005, the State of Colorado made nicotine replacement therapy (NRT) available in the form of nicotine patches to all QuitLine participants (i.e., those who set a quit date and enroll in the telephonic coaching program).

The Colorado QuitNet provides free internet-based, tobacco-cessation services in English and Spanish. The program offers support to quitters via an online support group of individuals trying to quit; advice from experts about quitting strategies; and information regarding pharmaceutical products that may be useful to assist in cessation efforts.

Online advertising on a variety of websites promoted the Colorado QuitLine and Colorado QuitNet, which resulted in 29,721 visits and 693 registrations respectively. A small grant supported a resource center to fulfill requests for cessation-related materials from health care providers, local health agencies and community organizations and businesses.

The Colorado Clinical Guidelines Collaborative (CCGC) is a coalition of health plans, physicians, hospitals and other providers working to establish and disseminate clinical practice guidelines. Consistent with its clinical guideline on tobacco dependence treatment, CCGC provides training and materials to health care providers and networks, insurance companies and employers on evidence-based interventions and programs. CCGC also conducts grand rounds at hospitals to communicate the important role physicians play in encouraging smokers to quit.

The Not-on-Tobacco Program is a school-based, 10-session program that assists high school-aged youth with tobacco-use cessation. Developed by the American Lung Association (ALA), the Not-on-Tobacco program is one of two evidence-based youth cessation programs available in the nation. As a funded lead agency, ALA of Colorado awards schools a portion of its grant to implement Not-on-Tobacco.

E. Eliminating Exposure to Secondhand Smoke

In FY07, two programs to reduce exposure to secondhand smoke trained 417 childcare providers and 299 medical providers on the hazards that secondhand smoke poses to children. Local health agencies also conducted programming to reduce secondhand smoke exposure as part of its comprehensive tobacco control programs.

The Technical Assistance and Resource Center provided basic policy and legal technical assistance to programs regarding secondhand smoke in the workplace and the implementation of the Colorado Clean Indoor Air Act – a law to protect the health of both the public and employees by reducing their exposure to secondhand smoke.

In support of the smoke-free law and in an effort to inform citizens and increase compliance, a robust TV and a newspaper ad campaign were designed to promote www.smokefreecolorado.org, which received 54,172 unique visitors. Thirty billboards and a

full-page ad in a community newspaper promoted www.raisesmokefreekids.com – a Web site designed to target parents who smoke around their kids, resulting in 2,677 unique visitors.

IV. Number of Persons Served

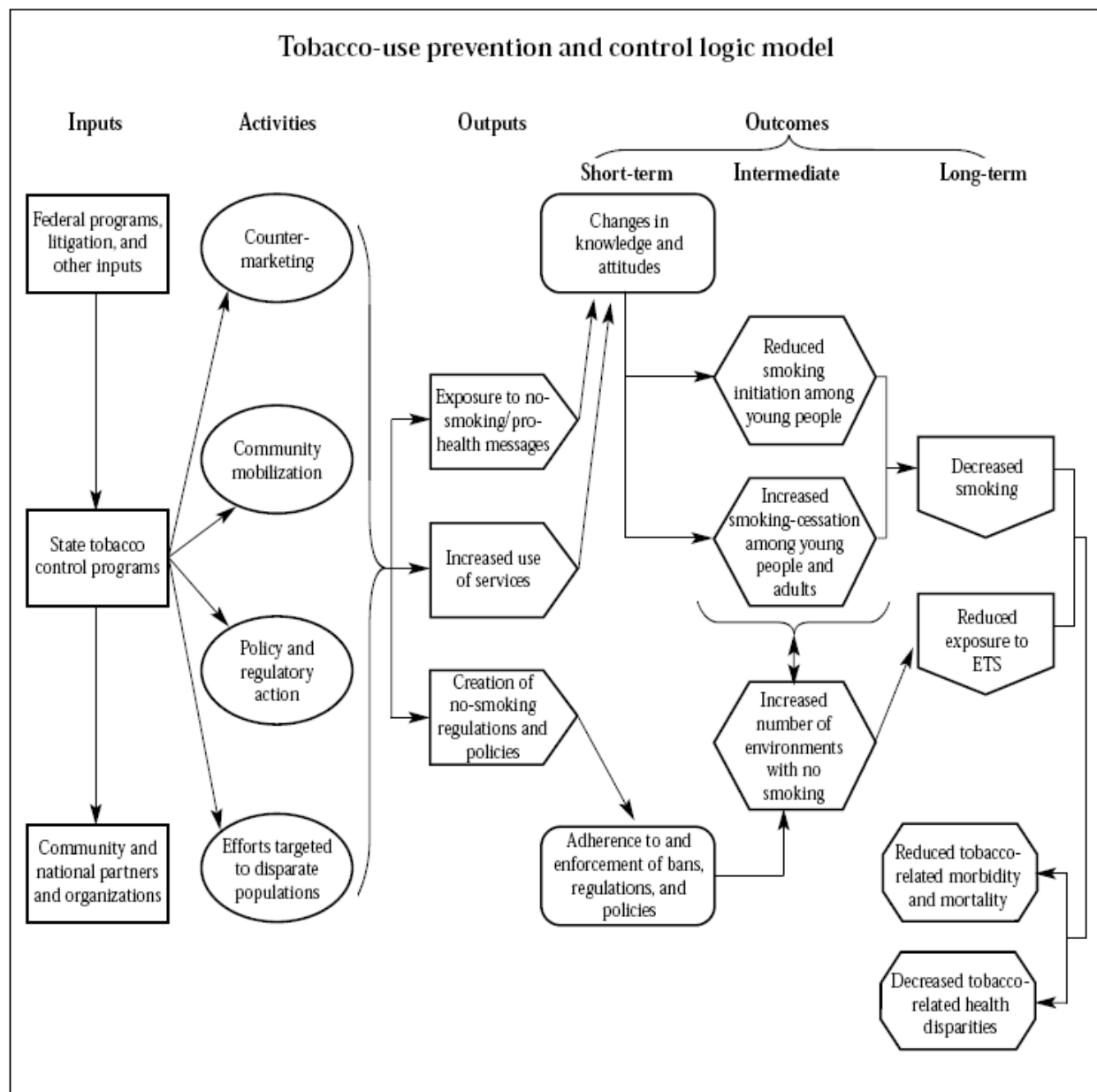
The table below shows the number of people served by various programs and the number of media message exposures provided through programs funded by the Tobacco Education, Prevention and Cessation Grant Program during FY07. Counts may represent individuals more than once such as when the individual receives multiple services or sees a message multiple times. Message exposures mainly occur through mass media campaigns. The count is based on standardized media measures of reach, including rating points and estimated audience size multiplied by message frequency. Media campaigns repeatedly air the same messages, and total exposures are perceived by a considerably smaller, or unknown number of people.

Program	Directly Served	Number of Exposures
Community Programs to Reduce Tobacco Use (LHAs)	63,790	–
Youth Programs to Reduce Tobacco Disparities (TTI)	40,555	–
Programs to Reduce Disparities (Disparities)	3,790	60,780
Colorado Collegiate Tobacco Prevention Initiative (BACCHUS)	771	64,473
Grades K-12 Tobacco Prevention Initiative	224,463	n/a
Prevention Information Fulfillment Center	n/a	307,617
Colorado QuitLine	40,753	n/a
Colorado QuitNet	8,792	65,830
Youth Smoking Cessation Initiative (N-O-T)	1,656	n/a
Promoting Health Systems Change (CCGC)	625	690,000
Youth Advocacy & Empowerment Initiative (Get R!EAL)	949	1,632,290
Secondhand Smoke and Children	417	n/a
Children's Hospital Initiative (ONE Step)	299	17,212
Secondhand Smoke Technical Assistance and Resource Center	335	1,100,420
Media	n/a	3,400,768

V. Monitoring Progress in Achieving Goals

As specified in the legislation, the goals of the Tobacco Education, Prevention and Cessation Grant program are to (1) reduce initiation of tobacco use by children and youth; (2) promote cessation of tobacco use among adults and children; (3) eliminate exposure to secondhand smoke; and (4) reduce tobacco-related disparities. Over time, achieving these goals will reduce tobacco related morbidity and mortality.

To guide evaluation efforts and help measure progress, the program has adopted a tobacco control logic model developed by the Centers for Disease Control and Prevention (figure below).



A number of data collection systems and analytic methods continued to be used to monitor progress. Population-level data collection systems include the Tobacco Attitudes and Behaviors Surveys (TABS), the Behavioral Risk Factor Surveillance System (BRFSS), the Pregnancy Risk Assessment Monitoring System, the Colorado Child Health Survey, Synar compliance checks, and cigarette tax revenue and sales data. Reports from all state and local contractors are also used to track interventions, activities and numbers of people reached. For FY07, evidence of overall program effectiveness is provided below from TABS, BRFSS and cigarette tax revenue and sales data. Each data source is described here.

The TABS adult questionnaire was first fielded in 2001 and repeated in 2005. The survey was funded by the Tobacco Master Settlement Agreement in 2001 and by an Amendment 35 award in 2005. TABS randomly selects adults (aged 18+) from all Colorado households with telephones, and respondents are interviewed in their choice of English or Spanish. In 2001 and 2005, the sample included extra interviews with smokers and former smokers, African-American adults, and adults in certain parts of the state, to allow more accurate analyses of these groups. The total number of interviews was 13,006 in 2001 and 12,257 in 2005. TABS is conducted by the Tobacco Program Evaluation Group (TPEG), University of Colorado Denver.

The TABS youth survey was conducted in fall 2001 and repeated in fall 2006, funded by the Tobacco Master Settlement Agreement in 2001 and by an Amendment 35 award in 2006. In both years, students in Colorado public schools were randomly chosen to represent the statewide student population. The survey will be administered every two years. Middle school and high school students were selected to complete the survey from a stratified random sample of schools, with two classrooms per grade chosen in each school. The questionnaire was available in both English and Spanish. Participating schools informed parents in advance of the survey, and students voluntarily completed the survey or declined anonymously, with no benefit or consequence from either choice. A total of 16,157 students in 130 schools completed the survey in 2001, and 18,064 students from 137 schools in 2006. As part of ongoing efforts to consolidate youth health surveys in Colorado, the TABS youth survey was renamed in 2006 as the Colorado Healthy Kids Survey on Tobacco (CHKS-T).

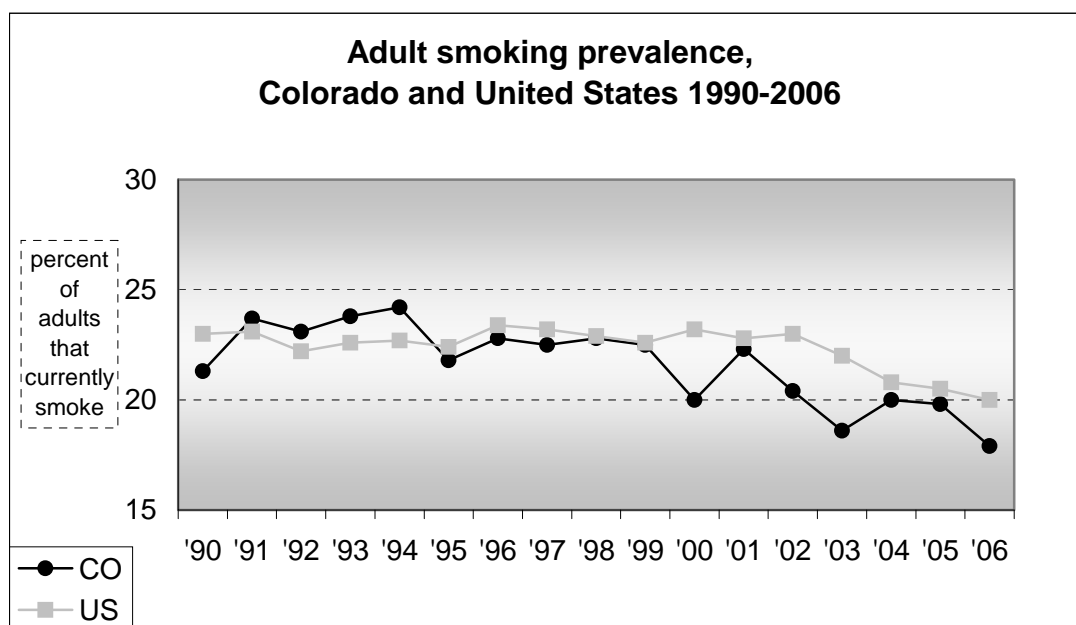
The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest telephone survey and used to track health risks, including tobacco use. Adults ages 18 and older are surveyed annually in all 50 states. The questionnaire consists of a standard set of core questions plus a selection of optional risk behavior modules. The core tobacco questions assess smoking prevalence and quit attempts, while the optional tobacco modules measure tobacco-related indicators, policies, beliefs, and use of other tobacco products. The Health Statistics Section at the Colorado Department of Public Health and Environment conducts the BRFSS under a grant from the Centers for Disease Control and Prevention. Optional tobacco questions were added in FY07. Approximately 9,000 interviews were completed during the fiscal year.

Cigarette tax revenue data are provided by the Colorado Department of Revenue, based on the department's sales of wholesale tax stamps to cigarette distributors. These revenue data are converted to pack-sales data based on the Colorado cigarette excise tax rate, currently 84 cents per pack. Because the data are from wholesale rather than retail transactions, cigarette consumption is calculated year-to-year rather than monthly.

VI. Effectiveness of the Program in Achieving Goals

During FY07, strong evidence emerged that the program is making substantial progress toward its goals. A summary follows:

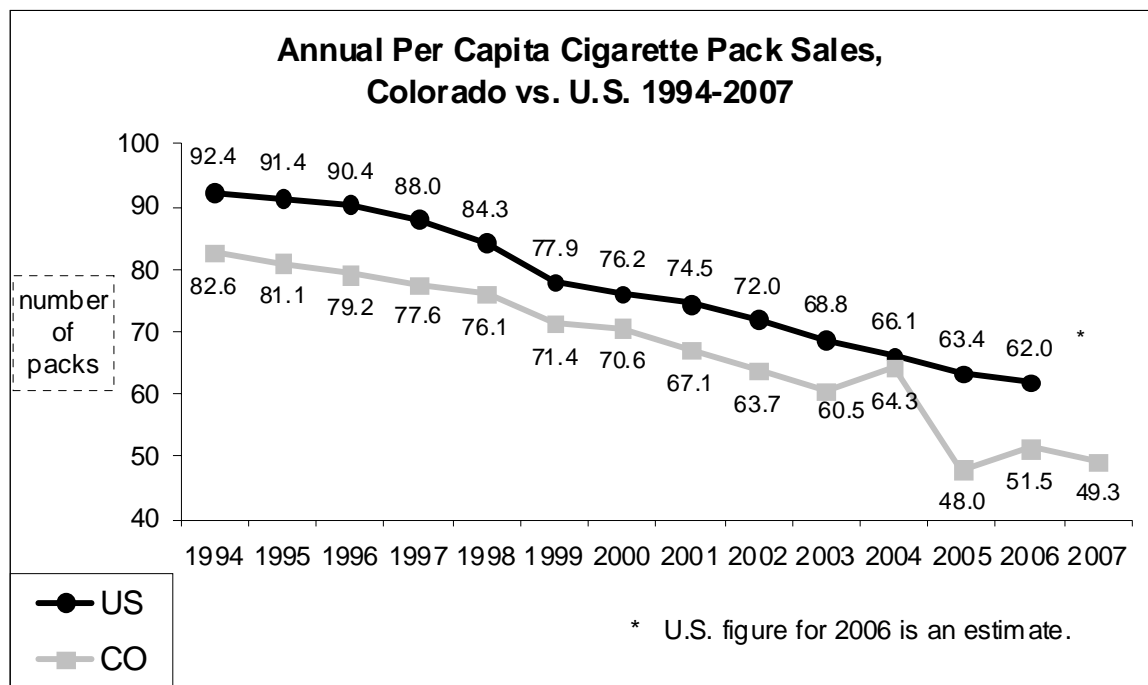
- **Colorado adult smoking declined significantly from 2001 to 2005 (TABS).** In 2001, an estimated 19.7 percent of Colorado adults smoked. The rate in 2005 had fallen to 17.3 percent. The change represents a 12 percent reduction in adult smoking prevalence.
- **Colorado joined the group of 10 states with the nation's lowest adult smoking rates (BRFSS).** In 2000, when Colorado began the Tobacco Education, Prevention and Cessation Grant Program, the adult smoking rate began to drop and has continued to decline. As the chart shows (below), the national median rate began to decline three years later. Colorado's adult smoking rate in 2006 ranked 9th lowest in the nation, improved from 14th in 2005. Colorado's rate declined during 2000-02, while the national median rate was unchanged. Trend lines (not shown) indicate that the two rates declined roughly in parallel during 2003-06.



- **Colorado has surpassed the Healthy People 2010 goal for current cigarette smoking among high school students (TABS/ CHKS-T).** The high school current smoking rate was 14.6 percent in 2006, a 20 percent relative reduction from 2001 and a rate that surpasses the State's Healthy People 2010 goal of 16 percent. During 2001-06, both middle and high school students became less likely to try smoking cigarettes. The rate of ever having smoked fell to 16.7 percent among middle school students (a 35 percent

relative reduction from the 2001 rate) and 43.2 percent among high school students (a 20 percent relative reduction).

- **Colorado cigarette sales continued to decline in parallel with national declines but at a faster relative rate (Department of Revenue and U.S. Dept. of Agriculture data).** Trend lines (not shown) show that the national and Colorado declines were parallel during 1994-2006. Per capita sales in Colorado began the period at 90 percent of the national figure and ended the period at 83 percent of the national figure. During this time, Colorado per capita sales declined overall by a relative 37.7 percent compared to a relative 32.9 percent nationally.



In addition to these overall monitoring results, the following highlights provide evidence that grantees successfully implemented their planned program activities:

Statewide Programs

- The Colorado QuitLine reported the following:
 - Intake data were collected on 40,753 callers.
 - 90.1 percent enrolled in the tobacco cessation coaching program;
 - 88.6 percent of enrollees received a four-week course of nicotine replacement therapy (NRT), and 39.9 percent received a second four-week course of NRT.
 - Among program enrollees, an estimated 36.6 percent had successful quit rates.
 - Those who enrolled with NRT had a 37 percent successful quit rate.
 - Those who enrolled without NRT had a 29.9 percent successful quit rate.
 - Among self-guided participants, an estimated 25 percent had successful quit rates.

- Six hundred and twenty-five healthcare providers serving 690,000 patients received tobacco cessation training and referred patients to the Colorado QuitLine during FY07. Physician referrals to the QuitLine increased from 4 percent of callers in 2001 to 13 percent of callers in 2004 and 30 percent in 2005.
- The Colorado QuitNet registered 8,792 tobacco users for cessation support services, a 41 percent increase from FY05.
- The fulfillment resource center distributed more than 307,617 pieces of tobacco education prevention and cessation materials, including brochures, posters, educational items and curricula, and resource kits. This was a 31 percent increase from the previous report, when 234,159 items were distributed. Recipients included schools, childcare centers, healthcare providers, businesses and parents.
- A total of 1,656 students in 138 high schools participated in the Not On Tobacco cessation program. One hundred fifty-six program facilitators were trained during the year, bringing the total to 390 adult facilitators in Colorado who are trained to implement the program. Approximately 70 percent of program participants completed all 10 sessions, and among program completers, 80 percent reported at the end that they had quit or reduced their tobacco use.
- The Colorado Collegiate Tobacco Prevention Initiative enlisted 771 students at 24 college and university campuses. Five campuses enacted new tobacco control policies, and eight campuses were considering new tobacco control policies.
- A total of 224,463 students in 427 schools received school-based education and/or cessation services through the K-12 initiative.

Tony Grampsas Tobacco Initiative Program

- During the test period, 79.1 percent of participants never began smoking.
- Among 15-17 year olds, the percentage that started using tobacco (3.4 percent) was substantially lower than the percentage who stopped using (6.3 percent).

Programs to Reduce Tobacco Disparities

- Smoking is much more common among people with mental health issues. The University of Colorado Denver studied QuitLine effectiveness among smokers with mental illness and found that participants smoked fewer cigarettes *and* showed fewer depressive and psychotic symptoms after using the QuitLine. Results suggest that the QuitLine is safe and potentially effective for this population.
- Smoking is much more common among people with non-heterosexual orientation. The GLBT Center developed a web-based clearinghouse of materials useful to cessation program efforts and created an educational video, “Queer Lives Up in Smoke.”
- Smoking is much more common among people with low socioeconomic status. Using a home-visit intervention with lay health workers, the American Lung Association of Colorado visited 618 households concentrated in a low-income neighborhood. Smoke-free homes and smoking cessation were promoted in households with smokers. At follow-up, 20 percent of

smokers reported having quit, 27 percent reported no longer smoking in the home, and 24 percent reported no longer smoking in their vehicles.

VII. Program Summaries

The following section provides brief descriptive summaries of the programs funded by the Tobacco Education, Prevention and Cessation Grant Program in FY07. Where contractors were working on the same initiative or providing similar services, the contractors are grouped under a single program summary. Specific information for each contractor is available upon request.

Each summary identifies the long-term goal area the program addresses; the amount of funding received; the number of persons served; and information on the services provided by that program.

Glossary of Terms in Program Summaries

- Goal Area: goal areas from §25-3.5-801–et seq. C.R.S. addressed by the program or initiative: (1) prevent initiation of tobacco use among youth; (2) promote cessation of tobacco use among youth and adults; (3) reduce exposure to secondhand smoke.
- Counties Served: lists the names of counties where at least some residents received services provided by the program.
- Program Funding: the amount expended in FY07 from Amendment 35 funds.
- Number of Local Programs Funded: the number of programs based at the community level that received Amendment 35 funds to implement tobacco prevention and control activities related to the specific program.
- Number of Statewide Programs Funded: the number of programs intended to reach a statewide audience or provide statewide coordination of services that received Amendment 35 funds to implement tobacco prevention and control activities related to the specific program.
- Number of People Served: the number of people who accessed services; received materials; were exposed to a media campaign message; or participated in program activities. The number of people served is not an unduplicated count. For example, the same person may be counted three times if s/he used the QuitLine, was exposed to a media campaign message, and participated in a local tobacco control coalition. People served are individuals receiving direct services only. Individuals receiving products, including such items as Quit kits, brochures, cards, or information are counted in the exposed category. The exposed category also includes counts for media efforts including television and radio advertisements, billboards, posters and other items in this category.
- Rationale/Justification for Program: provides evidence about why the program strategy was implemented and Colorado-specific data that support the need for the program.
- Program Summary: a brief explanation of the program activities.
- Outcomes: when possible, specific outcomes of the program are described. For some programs in the implementation stage, outcomes are not expected. In other cases, data sources for documenting outcomes are not available every year and will be tracked in the future when data are available.



Counties Served: 61

Adams	La Plata
Alamosa	Lake
Arapahoe	Larimer
Archuleta	Las Animas
Baca	Lincoln
Bent	Logan
Boulder	Mesa
Broomfield	Mineral
Chaffee	Moffat
Cheyenne	Montezuma
Clear Creek	Morgan
Conejos	Otero
Costilla	Ouray
Crowley	Park
Custer	Phillips
Delta	Pitkin
Denver	Prowers
Dolores	Pueblo
Douglas	Rio Blanco
Eagle	Rio Grande
El Paso	Routt
Fremont	Saguache
Garfield	San Juan
Grand	San Miguel
Gunnison	Sedgwick
Hinsdale	Summit
Huerfano	Teller
Jackson	Washington
Jefferson	Weld
Kiowa	Yuma
Kit Carson	

Community Programs to Reduce Tobacco Use

Goal Areas: Prevent initiation of tobacco use among youth; promote cessation of tobacco use among youth and adults; eliminate exposure to secondhand smoke; reduce tobacco-related disparities.

Program Funding \$5,881,372

Number of Local Programs Funded 47

Some local programs served more than one county.

Number of People Served Directly 63,790

Number of exposures not currently available

The categories of “directly served” or “exposed” are not mutually exclusive.

Rationale/Justification for Program

Funding community programs to reduce tobacco use is an overarching component of the Centers for Disease Control and Prevention’s (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. Evaluation shows that funding local programs enhances state and local tobacco control achievements. In Colorado, 17.3 percent of adults and 14.6 percent of high school students smoke, and 13 percent of households with children allow smoking in the home.

Program Summary

The Tobacco Education, Prevention and Cessation Grant Program funds comprehensive tobacco control programs in local public health agencies throughout the state. Grantees align intervention strategies to the *Colorado Tobacco Prevention and Control Strategic Plan*, which include proven interventions from the *Guide to Community Preventive Services: Tobacco Use Prevention and Control*. In FY07, 47 agencies conducted tobacco control activities in 61 counties.

Outcomes

- Policies regarding secondhand smoke exposure in public places were strengthened in several communities, and the Colorado Clear Indoor Air Act, implemented July 1, 2006, required most indoor public places to be smoke free.
- Local media campaigns in conjunction with STEPP’s statewide media efforts were conducted. Statewide

programs including the Colorado QuitLine, QuitNet, Get R!EAL, Not on Tobacco, Own Your C, FixNixer and ONE Step were promoted.

- Community awareness and mobilization in support of local anti-tobacco efforts was increased.



Counties Served: 62

Adams	La Plata
Alamosa	Lake
Arapahoe	Larimer
Archuleta	Las Animas
Baca	Lincoln
Bent	Logan
Boulder	Mesa
Broomfield	Mineral
Chaffee	Moffat
Cheyenne	Montezuma
Clear Creek	Montrose
Conejos	Morgan
Costilla	Otero
Crowley	Ouray
Custer	Park
Delta	Phillips
Denver	Pitkin
Dolores	Prowers
Douglas	Pueblo
Eagle	Rio Blanco
Elbert	Rio Grande
El Paso	Routt
Fremont	Saguache
Gilpin	San Juan
Grand	San Miguel
Hinsdale	Sedgwick
Huerfano	Summit
Jackson	Teller
Jefferson	Washington
Kiowa	Weld
Kit Carson	Yuma

Youth Programs to Reduce Tobacco Disparities

Goal Areas: Prevent initiation of tobacco use among youth; promote cessation of tobacco use among youth and adults; eliminate exposure to secondhand smoke; reduce tobacco-related disparities.

Program Funding \$3,492,383

Number of Local Programs Funded 44

Some local programs served more than one county.

Number of People Served 40,555

Rationale/Justification for Program

Funding community programs to reduce tobacco use is part of the comprehensive approach reported in the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. Evaluation shows that funding local programs enhances state and local tobacco control achievements. C.R.S. 25-20.5-201, the statute that describes how funding from the voter-approved tobacco excise tax will be disseminated, requires up to 15 percent of the funds go to grantees of the Tony Gramscas Youth Services Program for proven tobacco prevention and cessation programs. Integrating youth tobacco prevention programming into risk and protective factor/direct service programming fits the Institute of Medicine's *Full Continuum of Care Model: Universal, Selected, and Indicated*.

Program Summary

The Tony Gramscas Youth Services Tobacco Initiative (TGYS) Tobacco Initiative (TTI) is funded through the Tobacco Education Prevention and Cessation Grant Program. TTI grantees provide direct services, programs and interventions to high-risk youth and families focused on tobacco-use prevention, cessation and reduction of exposure to secondhand smoke. Program specific technical assistance and training is provided to grantees by STEPP Statewide Youth Initiative service provider(s) such as American Lung Association of Colorado, Get R!EAL, and the Rocky Mountain Center for Health Promotion and Education

Outcomes

- During the test period, 79.1 percent of participants never began smoking.
- Among 15-17 year olds, the percentage that started using (3.4 percent) was substantially lower than the percentage who stopped using (6.3 percent).



Programs to Reduce Disparities

Goal Areas: Reduce tobacco-related health disparities.

Counties Served: 25

Adams	Huerfano
Alamosa	Jefferson
Arapahoe	Larimer
Archuleta	Las Animas
Bent	Mesa
Boulder	Mineral
Broomfield	Montezuma
Conejos	Otero
Costilla	Pueblo
Denver	Rio Grande
Douglas	Saguache
El Paso	Weld
Garfield	

Program Funding	\$2,476,397
Number of Programs Funded	10
Number of People Served Directly	3,790
Number of People Exposed	60,780

Rationale/Justification for Program

Funding statewide partners, including multi-cultural organizations and networks, to develop and implement culturally appropriate interventions is an overarching component of the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. In Colorado, Hispanics are the largest minority group, and they are disproportionately affected by tobacco, especially by secondhand smoke exposure. The 2005 TABS survey found that smoking rates among men were detectably higher among Spanish- and English-dominant Hispanics and American Indians than among Anglos. Among women, rates in 2005 were detectably lower for Spanish-dominant Hispanics but were higher for English-dominant Hispanics, American Indians, and self-identified other ethnicities.

Program Summary

In FY07, 10 programs were funded to serve populations that are excessively affected by tobacco. Of the 10 priority populations, identified from state and national data, the following six were served by this year's disparities grant program: American Indians, Asian Americans/Pacific Islanders, gay/lesbian/bisexual/ transgender people, Latinos/Hispanics, people in treatment for mental illness and persons in treatment for substance abuse.

- The purpose of the San Luis Valley (SLV) Mental Health Center project is to increase the capacity and readiness of the Regional Disparities Advisory Committee (RDAC) to conduct community planning, needs assessments, and implementation efforts around tobacco.
- The University of Colorado Denver Mental Health project is aimed at reducing tobacco disparities among the mentally ill by increasing mental health providers' awareness of cessation tools and developing a toolkit for this population.
- The Gay Lesbian Bisexual and Transgender Community Center of

Colorado used SmokeFree GLBT to target GLBT youth and adults across the state of Colorado to prevent initiation of tobacco use by youth and increase cessation of tobacco use among youth and adults.

- Boulder County's project is to reach out to the GLBT community to assess their need.
- The American Lung Association of Colorado's project is designed to reduce the secondhand smoke exposure among residents of select neighborhoods of Commerce City with high Latino populations.
- The Latino/a Research and Policy Center is developing a strategic plan to promote culturally-relevant and effective tobacco control, advocacy, and policy among Latinos through community-based interventions.
- The Asian Pacific Development Center's project's goal is to increase community capacity for tobacco control.
- The Native American Cancer Research project's aim was to prevent, reduce and eliminate commercial tobacco use or exposure to secondhand smoke among Native American children, youth, adults and elders in Colorado through increased community capacity for culturally appropriate Tobacco Control.
- Signal Behavioral Health Network educates its treatment staff and clients about the health impacts of tobacco and the role of tobacco cessation in sustaining recovery and promotes policy interventions that facilitate integration of tobacco cessation services in Signal Network substance abuse treatment programs.

Outcomes

- Developed and distributed a Mental Health Provider Toolkit and related materials.
- Developed three communication tools used with partner organizations, the GLBT community and local health agencies about SmokeFree GLBT and resources.
- Trained new advisory board members as peer researchers and developed competency in interviewing and focus group methods within the Asian/Pacific Islanders population. Peer researchers completed 50 community interviews and three focus group presentations.
- Presented secondhand smoke education to 618 homes. At follow-up, 20 percent of smokers reported having quit, 27 percent reported no longer smoking in the home, and 24 percent reported no longer smoking in their vehicles.
- Promotores demonstrated improved knowledge of secondhand smoke, skills and competence through a self-reflection tool.
- Built a Latino statewide network, consisting of 13 local health agencies and tobacco control partners, which addressed health disparities. Provided resources and assistance in the development of culturally competent messaging and strategic plans.
- Increased involvement within the Native American population due to new partnerships.
- Presented "Integrating Tobacco Treatment into Substance Abuse Treatment Agencies," at the Alcohol and Drug Abuse Division Research Forum and created materials outlining key elements of effective tobacco policies for substance abuse treatment providers.



Counties Served: 31

Adams	Kiowa
Alamosa	La Plata
Baca	Larimer
Bent	Las Animas
Boulder	Mesa
Broomfield	Montezuma
Clear Creek	Otero
Delta	Park
Denver	Prowers
Dolores	Rio Blanco
Douglas	Rio Grande
El Paso	Saguache
Fremont	Summit
Grand	Teller
Hinsdale	Weld
Jefferson	

K-12 Tobacco Prevention Initiative

Goal Area: Prevent initiation of tobacco use among youth; promote cessation of tobacco use among youth.

Program Funding	\$2,146,250
Number of Local Programs Funded	427 schools
Number of Statewide Programs Funded	1
Number of Students Served	224,463
Number of Staff Trained	751

Rationale/Justification for Program

Schools that implement the Centers for Disease Control and Prevention's (CDC) *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* have been shown to reduce tobacco use among students. In Colorado, 2.6 percent of middle school and 14.6 percent of high school students currently smoke cigarettes.

Program Summary

Depending on the level of funding, schools in this initiative implemented at least one of the "Essential Components of Effective Tobacco Prevention for Schools," based on the CDC's *Guidelines*. Schools chose from the following:

1. Institute and enforce comprehensive tobacco prevention policies.
2. Implement effective tobacco prevention classroom instruction, with special emphasis on the middle grades.
3. Provide assistance to students who want to quit smoking or using tobacco products.
4. Involve parents and families in support of school-based tobacco prevention programs.
5. Create and maintain linkages to community-based tobacco prevention activities and events that target children and youth.

During FY07, 427 schools in 17 school districts and two Board of Cooperative Educational Services were funded to conduct activities related to at least one of the essential components.

Outcomes

- Colorado Healthy Kids Survey on Tobacco was administered to 7,318 students in 13 school districts (42 schools) participating in the K-12 program.

- The district profile was administered to all three-year grantees to provide a baseline for future comparison to evaluate the program.
- A majority of districts have policies in place prohibiting tobacco use off, as well as on, school property including consequences for violations.
- Eighty-six percent of one-year grantees have completed their tobacco objectives.

Colorado Collegiate Tobacco Prevention Initiative

Counties Served: 16

Alamosa—Adams State College

Boulder—University of Colorado - Boulder, Front Range Community College

Chaffee—Colorado Mountain College (Timberline/Leadville)

Denver—Regis University, University of Denver, Art Institute of Colorado, Metropolitan State College, Community College of Denver, University of Colorado - Denver

Eagle – Colorado Mountain College (Vail, Eagle Valley)

El Paso—University of Colorado - Colorado Springs

Garfield—Colorado Mountain College (Carbondale, Glenwood Springs/Spring Valley, Rifle)

Gunnison—Western State College

La Plata—Fort Lewis College

Larimer—Colorado State University

Logan—Northeastern Junior College

Mesa—Mesa State College

Prowers—Lamar Community College

Pueblo—Colorado State University - Pueblo

Routt – Colorado Mountain College (Steamboat)

Weld—University of Northern Colorado, Aims Community College

Goal Areas: Prevent initiation of tobacco use among college age youth; promote cessation of tobacco use among youth and adults; reduce exposure to secondhand smoke.

Program Funding \$899,915

Number of Campuses Funded 24

Number of Statewide Programs Funded 1

Number of Students Directly Served 771

Number of Students Exposed to Messages 64,473

Rationale/Justification for Program

Implementing school-based interventions in combination with mass media and additional community efforts is an overarching component of Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*.

Approximately one quarter of all Colorado young adults ages 18-24 are current smokers. These young people represent the youngest legal audience for targeted marketing efforts that encourage tobacco use.

Program Summary

This initiative provides institutions of higher learning with funding and technical assistance to implement evidence-based tobacco prevention strategies by establishing tobacco control programs on campuses.

Outcomes

- 2,978 quit kits were distributed.
- 16 campuses proposed new or stronger tobacco control policies; five policies were enacted, three were rejected, and eight were still in progress at the end of the fiscal year. Eight campuses educated their community on smoking policies.
- 15 campuses maintained regular contact with their local health agency, allowing for effective collaboration for both the community and the campus.



Counties Served: 64

All Colorado Counties

Prevention Information Fulfillment Center

Goal Area: Prevent initiation of tobacco use among youth; promote tobacco use cessation among youth and adults.

Program Funding \$125,000

Number of Statewide Programs Funded 1

Number of Items Distributed 307,617

Rationale/Justification for Program

Providing sustained health communications interventions that deliver targeted, culturally appropriate messages is an overarching component of Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*. Colorado C.R.S. 25-3.5-803 requires the State Tobacco Education & Prevention Partnership to provide training opportunities and educational materials to teachers, health professionals, childcare providers and others about tobacco prevention and cessation. This includes using materials to enforce tobacco-free schools and the Colorado Clean Indoor Air Act.

Program Summary

Holden Marketing Support Services was contracted to print, store, package and ship free educational materials produced for each campaign. An online ordering store, www.stepitems.com, was created for grantees, non-profits and businesses to browse items and order electronically.

Outcomes

A total of 307,617 tobacco education, prevention, and cessation items were distributed across Colorado, including 3,613 decals, 15,984 signs, 260,231 brochures, 857 toolkits, 10,818 Quit kits, 11,196 parent tins (promotional item) and 4,918 posters. Recipients of the information included schools, childcare centers, healthcare providers, businesses and parents.



Counties Served: 64
All Colorado Counties

Colorado QuitLine

Goal Area: Promote tobacco use cessation among youth and adults.

Program Funding \$7,458,413

Number of Statewide Programs Funded 1

Number of Callers Served 40,753

Rationale/Justification for Program

Telephone support interventions for tobacco users are “strongly recommended” by the *Guide to Community Preventive Services* to increase cessation. Proactive telephone support, as the Colorado QuitLine provides, can increase cessation success substantially over no support or patient education alone. The Colorado QuitLine was implemented to make cessation services available statewide for the more than two-thirds of adult smokers who attempt to quit each year.

Program Summary

The QuitLine provides services that include individualized coaching sessions; relapse prevention techniques; information on and access to free medications and nicotine replacement therapies; printed resource materials; and details about face-to-face classes available in the caller’s area. The QuitLine responds to calls from healthcare providers and the general public by providing cessation resources and general information about QuitLine services. Additionally, the QuitLine staff coordinates with several major health insurance plans that require patients to enroll in behavioral therapy in order to obtain a prescription for cessation medications. It also serves as a resource for physicians, allowing them to refer patients to the QuitLine. In 2006-07, the QuitLine served a total of 40,753 callers, providing telephonic coaching services to 36,731, information about the self-guided program to 4,105, and information to 4,234 who did not enroll in coaching.

Outcomes

The Colorado QuitLine reported the following:

- Intake data were collected on 40,753 callers.
 - 90.1 percent enrolled in the tobacco cessation coaching program
 - 88.6 percent of enrollees received a four-week course of nicotine replacement therapy (NRT), and 39.9 percent received a second four-week course of NRT.
- Among program enrollees, an estimated 36.6 percent had successful quit rates.

- Those who enrolled with NRT, the success rate was 37 percent
- Enrolled without NRT, the success rate was 29.9 percent.
- Among self-guided participants, an estimated 25 percent were successful.



Colorado QuitNet

Goal Area: Promote cessation of tobacco use among youth and adults.

Counties Served: 64

All Colorado Counties

Program Funding	\$181,160
Number of Statewide Programs Funded	1
Visits to the site	65,830
New registrants	8,792

Rationale/Justification for Program

Funding population-based cessation counseling and treatment programs is part of the comprehensive approach reported in the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs*. In Colorado, 68 percent of adult smokers have tried to quit in the past year, and 65 percent of adult smokers have access to the Internet at home. Cessation support programs delivered over the Internet are a promising practice.

Program Summary

The Colorado QuitNet provides free Internet-based tobacco cessation services in English and Spanish. The program offers peer support to quitters via an online support group of individuals trying to quit, along with advice from experts about quitting strategies and information regarding pharmaceutical products that may be useful to assist in cessation efforts. In addition, Colorado users can register to access more in-depth services.

Outcomes

Among program enrollees, an estimated 59 percent had successful quit rates six months after their initial QuitNet contact.



Counties Served: 8

Alamosa	Gilpin
Boulder	Jefferson
Broomfield	Prowers
Denver	Pueblo

Promoting Health Systems Change

Goal Area: Promote tobacco use cessation among adults.

Program Funding	\$1,057,900
Number of Statewide Programs Funded	1
Number of Providers Trained	625
Patients Potentially Served By Newly Trained Providers	690,000

Rationale/Justification for Program

Healthcare provider education along with the implementation of a provider reminder system that prompts providers to talk to their patients about tobacco use is “strongly recommended” by the *Guide to Community Preventive Services* to increase tobacco use cessation. The Centers for Disease Control and Prevention also recommends the promotion of health systems change as an effective strategy for increasing cessation among adults. In Colorado, 58.7 percent of smokers who went to the doctor in the last year say they were advised to quit smoking, and just 31.7 percent say they were referred to or given information about a smoking cessation program.

Program Summary

The Colorado Clinical Guidelines Collaborative provides training and materials on evidence-based interventions and programs to health care providers and systems, insurance companies and employers. The Tobacco Education, Prevention and Cessation Grant Program provided funding to the Colorado Clinical Guidelines Collaborative in order to train healthcare providers to use and document tobacco interventions (five A’s). The program is designed to encourage providers to talk to their patients about smoking and encourage referrals to the Colorado QuitLine and QuitNet. During this fiscal year, 625 health care providers received training, with the potential to reach 690,000 patients. Pre- and post- surveys were administered and found that physicians were more likely to follow the clinical practice guideline for smoking cessation following the presentations than prior.

Outcomes

- Healthcare provider referrals to the QuitLine have increased from 4 percent of QuitLine callers in 2001 to 13 percent of callers in 2004 and 30 percent in 2005.
- A revised guideline was developed, based on input of over 15 Colorado clinicians and six tobacco control experts that included asking about secondhand smoke exposure to children and advising against it.

- Provision of \$476,805 in funding to eight planning grantees and two implementation grantees (Colorado Community Managed Care Network, New West Physicians).
- New West Physicians, consisting of 13 clinics, documented improvement for all three measures evaluated.
 - Tobacco use documentation increased from 81 percent to 93 percent ($p < .05$)
 - Readiness to quit documentation increased from 31 percent to 87 percent ($p < .05$)
 - Secondhand smoke documentation increased from 13 percent to 76 percent ($p < .01$).

Youth Smoking Cessation Initiative

Goal Area: Promote cessation of tobacco use among youth.

Counties Served: 33

Adams	Kit Carson
Alamosa	Larimer
Arapahoe	Las Animas
Boulder	Mesa
Broomfield	Montezuma
Chaffee	Otero
Cheyenne	Ouray
Clear Creek	Park
Delta	Pueblo
Denver	Rio Blanco
Douglas	Rio Grande
El Paso	Routt
Fremont	Saguache
Garfield	San Juan
Grand	Teller
Huerfano	Weld
Jefferson	

Program Funding	\$370,000
Number of Local Programs Funded	138
Number of Statewide Programs Funded	1
Number of Students Served	1,656
Number of Facilitators Trained	156

Rationale/Justification for Program

Implementing cessation programs that successfully assist youth smokers in quitting tobacco use is an overarching component of the Centers for Disease Control and Prevention *Best Practice for Comprehensive Tobacco Control Programs*. Not-on-Tobacco (N-O-T) is one of two evaluated programs shown to reduce youth tobacco use. In Colorado, 63.2 percent of high-school-aged current smokers have tried to quit in the past year and 63.5 percent want to quit. Ninety-seven percent of program participants report having a close friend who smokes.

Program Summary

Not on Tobacco (N-O-T) is a youth smoking cessation program developed by the American Lung Association. N-O-T's school-based, 10-session curriculum uses multiple strategies to help teens stop smoking. Additionally, the program promotes healthy lifestyle behaviors, such as exercise and good nutrition, and teaches life management skills, such as stress management and decision-making.

In FY07, 1,656 students from 138 high schools and youth serving organizations across Colorado participated in the program. Forty-two percent of participants were non-white. To date, there are 390 adult facilitators that are fully trained to implement the program, including 156 who were trained this year.

Outcomes

- 80 percent of the N-O-T participants that completed the program either quit or cut back on their smoking.
- 70 percent of N-O-T participants completed the entire program.



Youth Advocacy & Empowerment Initiative

Goal Area: Prevent initiation of tobacco use among youth.

Counties Served: 29

Adams	Moffat
Alamosa	Montezuma
Boulder	Morgan
Chaffee	Otero
Conejos	Park
Costilla	Phillips
Denver	Prowers
El Paso	Pueblo
Grand	Rio Grande
Hinsdale	Routt
Huerfano	Saguache
Jefferson	Washington
Lake	Weld
Larimer	Yuma
Mesa	

Program Funding	\$1,023,454
Number of Local Programs Funded	55
Number of Statewide Programs Funded	1
Number of Youth Members	461
Number of Students/Adult Sponsors Trained	488
Number of Exposures	1,632,290

Rationale/Justification for Program

Funding programs to engage youth in developing and implementing tobacco control interventions is a recommendation of the Centers for Disease Control (CDC) and Prevention *Best Practice for Comprehensive Tobacco Control Programs*. In addition, the CDC recommends implementing counter-marketing efforts that are designed to counter pro-tobacco influences and increase pro-health messages, promote media advocacy strategies and reduce or replace tobacco industry sponsorship and promotions. Ninety percent of adult regular smokers first tried cigarettes as children and teens. The tobacco industry spends \$4.4 million every week in Colorado normalizing a deadly and addictive product.

Program Summary

Get R!EAL is a program that supports coalitions of youth-led community groups focusing on empowering youth advocates ages 12-18 to engage in tobacco control activities while de-normalizing the industry. The “Bust Big Tobacco” program is a 9-lesson curriculum. Local coalitions consist of 8-12 youth members and an adult sponsor. Local coalitions plan activities around a policy goal as well as participating in statewide events.

Outcomes

- Completion of the second phase of the “Bust Big Tobacco” pilot and the program revision.
- 315 youth and 173 adults attended one of nine training events held throughout the year.
- 103 local advocacy events exposed 12,341 youth and 5,924 adults to the Get R!EAL message.

- Two media campaigns – Strike Out Big Tobacco and Our Culture is Not For Sale – generated 1,599,700 media impressions
- Community events reached 14,325 people.

Secondhand Smoke and Children

Goal Area: Eliminate secondhand smoke exposure among youth.

Counties Served: 13

Arapahoe	El Paso
Baca	Jefferson
Broomfield	Pueblo
Chaffee	Rio Grande
Costilla	Summit
Delta	Weld
Denver	

Program Funding	\$155,856
Number of Statewide Programs Funded	1
Number of Childcare Providers Served	417

Rationale/Justification for Program

In Colorado, one-fifth of homes with children allow smoking, causing almost 195,000 youth to be exposed to secondhand smoke in their homes. Children who are exposed to secondhand smoke are more likely to have asthma, bronchitis, ear infections and die from SIDS. Annually, there are up to 26,000 new cases of asthma and 150,000-300,000 new cases of bronchitis and pneumonia related to secondhand smoke exposure by children in the U.S.

Program Summary

The American Lung Association of Colorado's Secondhand Smoke and Children program targets childcare providers because they are in a unique position to greatly improve the health of the children they serve. Providers can encourage parents to protect their children from the harmful effects of secondhand smoke exposure and help them access resources to quit smoking.

Outcomes

- Trainings reached 16 childcare centers as well as two Bright Beginnings conferences.
- Sixty-two percent of the childcare workers completed the "Gold Star" pledge, which was used to assess the actual impact the secondhand smoke training had on the child care programs months after the training.

Children's Hospital ONE Step Initiative

Goal Area: Eliminate secondhand smoke exposure among youth.

Counties Served: 64
All Colorado Counties

Program Funding	\$197,386
Number of Statewide Programs Funded	1
Number of Childcare Medical Providers Served	299
Number of Patients Served	17,212

Rationale/Justification for Program

In Colorado, one-fifth of homes with children allow smoking in the home, causing almost 195,000 youth to be exposed to secondhand smoke in their homes. Children who are exposed to secondhand smoke are more likely to have asthma, bronchitis, ear infections and die from SIDS. Annually, there are up to 26,000 new cases of asthma and 150,000-300,000 new cases of bronchitis and pneumonia related to secondhand smoke exposure by children in the United States.

Program Summary

The Children's Hospital's ONE Step secondhand smoke program targets medical providers who serve children because they are in a unique position to greatly improve the health of the children they serve. Providers can encourage parents to protect their children from the harmful effects of secondhand smoke exposure and help them access resources to quit smoking.

Outcomes

- Established the ONE Step system in The Children's Hospital Emergency Department, an evidenced-based, provider-led model for addressing SHS exposure in a pediatric primary care setting.
- Implemented The Children's Hospital Tobacco and Smoke-free Campus policy at The Children's Hospital and the 10 metro sites in the network of care.
- 17,212 children were screened in the Emergency Department for secondhand smoke exposure.
- After implementation of the ONE step question into the electronic medical record, screening rates improved over the course of six months from 79 percent to 87 percent.
- 127 caretakers signed the fax permission form allowing QuitLine to contact them and of those 53 were confirmed enrolled in QuitLine.



Secondhand Smoke Technical Assistance and Resource Center

Counties Served: 64

All Colorado Counties

Goal Area: Eliminate secondhand smoke exposure among youth.

Program Funding \$681,500.00

Number of Statewide Programs Funded 1

Number of Calls N/A

Number Served 409

Number of Materials Distributed
1,100,420

Rationale/Justification for Program

The *Colorado Tobacco Prevention and Control Strategic Plan* identifies “Advanced Policy Development” as one of the six priority initiatives for continued work in tobacco control. Implementing population-based policies will reduce exposure to secondhand smoke in the workplace, reduce youth access to tobacco products, and encourage cessation at the organizational, local and state level. The adoption of stronger tobacco control policies will positively impact a large number of people and contribute to changing social norms around tobacco use. Each partner organization will be actively engaged in the policy process from its inception. It is crucial that effective local policies be passed, but also successfully implemented and enforced. Therefore, each partner organization will also see the policy process through to the end so that policies are effectively implemented and enforced.

Program Summary

The American Lung Association of Colorado’s secondhand smoke technical assistance and resource center is a joint partnership consisting of the American Lung Association of Colorado (ALAC), the Colorado Tobacco Education and Prevention Alliance (CTEPA), the Group to Alleviate Smoking Pollution (GASP), and the Rocky Mountain Center for Health Promotion and Education (RMC). The overarching goals are to provide basic policy and legal technical assistance, consisting of general resources such as fact sheets, checklists, sample letters, model policies, a guide to current tobacco legislation in Colorado, and trainings, to the majority of local health agencies. Currently, the TALC focuses solely on secondhand smoke in the workplace and implementation of the Colorado Clean Indoor Air Act.

Outcomes

- Added 133 listings of smoke-free hotels, motels and lodges
- Created a contact list of housing authorities with 4,000 contacts
- Added a legal component to the program
- Padres Unidos provided Spanish language information to Latino businesses/community concerning the Colorado Clean Indoor Act.



Counties Served: 64
All Colorado Counties

Media

Goal Areas: Prevent initiation of tobacco use among youth; promote cessation of tobacco use among youth and adults; eliminate exposure to secondhand smoke; reduce tobacco-related disparities.

Program Funding \$8,282,494

Number of Statewide Programs Funded 4

Number of impressions 3,400,768

Rationale/Justification for Program

Tobacco companies spent \$15.4 billion in the U.S. in 2006 to advertise their cigarettes and spit tobacco to increase sales of these deadly products. In Colorado, their advertising budget was \$189.3 million in 2005. In turn, STEPP tried to counter these efforts with a variety of educational marketing campaigns. This practice of counter-marketing is highly recommended by the Centers for Disease Control (CDC) and has been recommended as one of the *Best Practices for Comprehensive Tobacco Control Programs*.

Program Summary

The State Tobacco Education & Prevention Partnership develops media campaigns targeting populations that have been identified by STEPP staff and the Review Committee. Market research is conducted within that population in order to test the impact of the campaign. Over the past year campaigns for youth, college-aged young adults, adults and disparate groups have been developed through Cactus, FL2, and SHiFT agencies.

Outcomes

Youth

- The main youth prevention and cessation campaign, “Own Your C”, received 314,189 unique visitors following a TV campaign.
- Every high school, middle school, elementary school and childcare center received a brochure explaining the Tobacco-Free Schools Law.
- Eight students received \$20,000 college scholarships and three schools received \$1,500 grants for their anti-tobacco articles for their high school newspapers.
- 735 people registered on the web for the text-messaging cessation tool, “FixNixer”
- 470 high school skiers participated in the rail jam championship event, “Detention,” which was watched live by 1,000 spectators and via the web by 3,695.

- Following radio ads, the young adult oriented website, www.quitdoingit.com, received 20,845 visitors.
- Free quit kits and promotional cessation posters were sent to 1,500 businesses who employ the “straight-to-work” segment of the young adult age group.

Secondhand Smoke Exposure

- In support of the smoke-free law and in an effort to inform citizens and increase compliance a large TV ad as well as newspaper campaign was designed to promote www.smokefreecolorado.org, which received 54,172 unique visitors.
- 30 billboards and a full-page ad in Urban Spectrum promoted www.raisesmokefreekids.com, a site designed to target parents who smoke around their kids, resulting in 2,677 unique visitors.

Adult Cessation

- To encourage cessation efforts by pregnant women 175 low-income health clinics and WIC clinics distributed 61,700 brochures, 13,294 quit kits, and 1,166 posters.
- A statewide TV campaign aired targeting African-American adult males and low socioeconomic status adult males who smoke was created to increase calls to the Colorado QuitLine. This campaign included two football celebrity spokesmen. During the campaign, calls increased to 522 per week or an increase of 40.3 percent. Additionally, 17,000 tip cards designed to increase calls by disparate populations to the Colorado QuitLine were distributed.
- Online advertising was utilized on a variety of websites to promote the Colorado QuitLine and Colorado QuitNet, which resulted in 29,721 visits and 693 registrations respectively.

APPENDIX A-- List of Grantees and Award Amounts

Appendix A: List of Grantees and Award Amounts

Statewide Initiatives	Award Amt.
American Lung Association (Youth Cessation – NOT)	\$370,000
American Lung Association (SHS)	\$155,856
American Lung Association (Technical Assistance Resource Center)	\$681,500
BACCHUS (Youth Collegiate).....	\$899,915
Boston University QuitNet	\$399,385
Cactus Marketing (SHS)	\$1,353,000
Cactus Marketing (Youth)	\$4,834,394
CCGC (Health Care Providers)	\$1,057,900
Children’s Hospital	\$197,386
COPAN	\$20,000
FL2	\$240,000
GASP – DM.....	\$26,525
National Jewish - QuitLine	\$7,458,413
OMNI	\$35,034
Holden – Clearinghouse.....	\$125,000
Rocky Mountain Center - K-12 Initiative	\$2,146,250
SHiFT	\$1,885,100
UCDHSC – Air Quality Study.....	\$16,690
UCDHSC – Get R!EAL.....	\$1,023,454
UCDHSC – Tobacco Program Evaluation Group	<u>\$669,815</u>
<i>Subtotal, Statewide Initiatives.....</i>	<i>\$23,595,617</i>
Disparities	
American Lung Association	\$259,767
Asian Pacific Development Center	\$149,951
Boulder County Public Health	\$91,158
Denver Area Youth Services	\$50,297
GLBT	\$388,119
Native American Cancer Research	\$400,671
San Luis Valley Community MHC.....	\$140,825
Signal Behavioral Network.....	\$237,629
UCDHSC – Latino.....	\$392,906
UCDHSC - Psychiatry	<u>\$365,074</u>
<i>Subtotal, Disparities</i>	<i>\$2,476,397</i>
Tony Gramsas Tobacco Initiative	
Archuleta County Education Center	\$26,522
Asian Pacific Development Center	\$80,892
Boys and Girls Clubs of the Pike’s Peak Region – Chaffee	\$9,697

Boys and Girls Clubs of the Pike's Peak Region – Pike's Peak Region	\$728,553
Boys and Girls Clubs of the Pike's Peak Region – Pueblo & Lower Arkansas Valley	\$7,500
Catholic Charities – Denver	\$135,520
Catholic Charities, Diocese of Pueblo Inc.	\$78,320
Chaffee County Department of Health and Human Services	\$37,744
City of Longmont.....	\$68,751
cityWILD	\$54,814
Colorado Statewide Parent Coalition.....	\$54,657
Colorado Bright Beginnings	\$323,677
Cross Community Coalition	\$46,050
Denver Public Schools.....	\$145,346
Developmental Opportunities	\$52,633
Early Childhood Council of Larimer County	\$79,665
Ethiopian Community Development (African Community Center).....	\$72,694
Family and Intercultural Resource Center	\$111,573
Full Circle Intergenerational Project Inc.....	\$30,000
Full Circle of Lake County, Inc.	\$42,715
Girls Inc. of Metro Denver.....	\$33,000
Grand Futures Prevention Coalition	\$106,541
Housing Authority (Denver Housing Authority).....	\$7,647
Huerfano County Youth Services	\$25,000
Jefferson Center for Mental Health.....	\$105,360
Mental Health Center of Boulder (I.M.P.A.C.T. The Mental Health Center)	\$74,022
Mesa Youth Services Inc. (Mesa County Partners)	\$56,245
Montezuma County Partners.....	\$32,449
Park County School District RE-2.....	\$37,759
Peak Vista Community Health Centers	\$12,399
Pike's Peak Family Connections, Inc.	\$81,138
Regional Home Visitation Program (Baby Bear Hugs).....	\$61,582
Relationship Roots, Inc.	\$86,565
Rocky Mountain Youth Corps	\$8,394
Rural Communities Resource Center.....	\$134,544
St. Anthony Health Foundation	\$62,429
Summer Scholars	\$72,211
Summit County Government Department of Human Services.....	\$28,949
The Pinon Project.....	\$47,452
Thompson School District #R2J	\$14,224
Tri-County Family Care Center, Inc.	\$27,517
Urban League of Pike's Peak Region	\$77,876
Urban Peak.....	\$13,500
Year One Inc. (Mile High Youth Corps).	\$98,257
<i>Subtotal, Tony Grampas Tobacco Initiative</i>	<i>\$3,492,383</i>

Local Health Agencies

Alamosa County Nursing Service	\$30,386
Baca County Nursing Service.....	\$62,845

Bent County Nursing Services	\$62,542
Boulder County Public Health.....	\$390,819
Broomfield Health and Human Services	\$65,864
Chaffee County Public Health.....	\$51,392
Cheyenne County Nursing Service.....	\$37,499
Clear Creek County Nursing Service	\$55,261
Conejos County Nursing Service	\$40,557
Costilla County Nursing Service	\$43,339
Custer County Nursing Service	\$33,246
Delta County Health and Human Services	\$85,100
Denver Health and Hospital Authority	\$421,000
Eagle County, Board of County Commissioners of	\$65,568
El Paso County Department of Health and Environment	\$453,354
Fremont County Nursing Service	\$37,631
Garfield County Nursing Service	\$89,114
Grand County Nursing Service.....	\$12,500
Grand Futures Prevention Coalition	\$37,511
Gunnison County Public Health	\$51,865
Hinsdale County Public Health and Community Services	\$49,659
Jefferson County Department of Health and Environment	\$271,760
Kiowa County Nursing Service	\$41,053
Kit Carson County Health and Human Services	\$42,477
Lake County Health and Human Services.....	\$49,740
Larimer County Department of Health and Environment	\$439,135
Las Animas/Huerfano Counties District Health Department	\$85,767
Lincoln County Public Health	\$38,140
Mesa County Health Department	\$169,596
Mineral County Public Health.....	\$39,945
Montezuma County Health Department.....	\$75,639
Northeast Colorado Department of Public Health and Environment	\$76,414
Northwest Colorado Visiting Nurses Association.....	\$70,256
Otero County Department of Health (& Crowley)	\$338,087
Park County Nursing Service	\$50,395
Prowers County Nursing Service	\$68,417
Pueblo City-County Health Department.....	\$182,643
Rio Blanco County Nursing Service	\$37,125
Rio Grande County Public Health	\$126,627
Saguache County Public Health	\$43,048
San Juan Basin Health Department	\$313,854
Summit Prevention Alliance.....	\$87,122
Teller County Public Health	\$51,375
The Telluride Foundation	\$35,496
Tri-County Health Department.....	\$618,038
Valley Partnership	\$72,345
Weld County Department of Public Health and Environment	<u>\$279,826</u>
<i>Subtotal, Local Health Agencies</i>	\$5,881,372