

# STATE OF COLORADO

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Colorado Department  
of Public Health  
and Environment

## **THE TOBACCO EDUCATION, PREVENTION AND CESSATION GRANT PROGRAM**

### **ANNUAL REPORT FISCAL YEAR 2007-2008**

**Submitted to the  
Colorado State Board of Health**

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Principal Author: Jason Vahling, M.P.H., Director  
State Tobacco Education & Prevention Partnership

Reviewers: Karen DeLeeuw, M.S.W., Director  
Center for Healthy Living and Chronic Disease Prevention

Jillian Jacobellis, Ph.D., M.S., Director  
Prevention Services Division

Ned Calonge, MD, Chief Medical Officer  
Colorado Department of Public Health and Environment

Preparation: Michael Wacker, M.S.P.H., Evaluation Coordinator  
Arnold Levinson, Ph.D., Director  
Tobacco Program Evaluation Group, University of Colorado Denver

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For additional information or copies:

Jason Vahling, M.P.H., Director  
State Tobacco Education & Prevention Partnership  
Prevention Services Division  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, Colorado 80246-1530  
(303) 692-2578

## TABLE OF CONTENTS

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|  |           |
|--|-----------|
| <b>EXECUTIVE SUMMARY.....</b>  | <b>3</b>  |
| <b>I. OVERVIEW OF AMENDMENT 35 AND MONEYS RECEIVED AND EXPENDED ..</b> | <b>4</b>  |
| <b>II. DESCRIPTION AND GOALS OF THE GRANT PROGRAM.....</b>             | <b>6</b>  |
| <b>III. GRANTS AWARDED IN FISCAL YEAR 2007-2008.....</b>               | <b>7</b>  |
| <i>A. Local Health Agency Initiatives .....</i>                        | <i>7</i>  |
| <i>B. Adult Tobacco Use Cessation Initiatives .....</i>                | <i>7</i>  |
| <i>C. Youth and Young Adult Tobacco Initiatives.....</i>               | <i>8</i>  |
| <i>D. Secondhand Smoke Initiatives .....</i>                           | <i>9</i>  |
| <i>E. Tobacco Related Disparities Initiatives.....</i>                 | <i>9</i>  |
| <i>F. Tony Grampas Youth Services Tobacco Initiatives .....</i>        | <i>10</i> |
| <b>IV. NUMBER OF PEOPLE SERVED.....</b>                                | <b>11</b> |
| <b>V. MONITORING PROGRESS IN ACHIEVING GOALS .....</b>                 | <b>12</b> |
| <b>VI. EFFECTIVENESS OF THE GRANT PROGRAM IN ACHIEVING GOALS.....</b>  | <b>14</b> |
| <b>VII. PROGRAM SUMMARIES .....</b>                                    | <b>16</b> |
| <i>Community Programs to Reduce Tobacco Use.....</i>                   | <i>17</i> |
| <i>Colorado QuitLine.....</i>  | <i>18</i> |
| <i>Promoting Health Systems Change .....</i>                           | <i>19</i> |
| <i>K-12 Tobacco Prevention Initiative .....</i>                        | <i>20</i> |
| <i>Youth Smoking Cessation Initiative .....</i>                        | <i>21</i> |
| <i>Youth Advocacy &amp; Empowerment Initiative .....</i>               | <i>22</i> |
| <i>Colorado Collegiate Tobacco Prevention Initiative .....</i>         | <i>23</i> |
| <i>Secondhand Smoke and Children .....</i>                             | <i>24</i> |
| <i>Tobacco Advocacy Resource Partnership .....</i>                     | <i>25</i> |
| <i>Programs to Reduce Disparities.....</i>                             | <i>26</i> |
| <i>Tony Grampas Youth Services Tobacco Initiative .....</i>            | <i>28</i> |
| <i>Media .....</i>   | <i>30</i> |
| <i>Prevention Information Fulfillment Center.....</i>                  | <i>32</i> |
| <b>APPENDIX -- LIST OF GRANTEES AND AWARD AMOUNTS .....</b>            | <b>33</b> |

## 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 (Grant Program) with funding requirements designated to specific populations.

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

The mandated Grant Program Review Committee, required by statute §25-3.5-804(3)(b) C.R.S., recommends grant funding to the Colorado State Board of Health and ensures compliance with funding mandates and alignment with the *Colorado Tobacco Prevention and Control State Strategic Plan*.

Fiscal Year 2007-2008 (July 1, 2007 through June 30, 2008) represented the eighth year of operation for the Grant Program, and the third year with funding from Amendment 35 revenues. The program received a total of \$29,092,102 in tobacco tax revenues, including interest and carry forward from the previous year. The Grant Program distributed 105 grants, which expended \$25,398,482 and \$898,287 was retained by the Grant Program for administration.

During Fiscal Year 2007-2008, the Grant Program funded programs and the following outcomes highlight the successes:

- During 1999-2007, Colorado per capita cigarette sales declined by a relative 31.0 percent compared to 23.2 percent nationally.
- Colorado showed a significant decline in a 10-year smoking trend (1997-2007) reported by the Centers for Disease Control and Prevention.
- A statewide television campaign targeting Latino Spanish-speaking Coloradans who smoke increased calls to the Colorado QuitLine by 57.7 percent.
- The Colorado QuitLine served 38,126 people. Among program enrollees, more than 41 percent who received eight weeks of nicotine replacement therapy stopped using tobacco at seven months.
- The decline in youth smoking prevalence continued to exceed the 2010 Healthy People goal set by the Surgeon General.
- Twelve hospitals across Colorado implemented tobacco-free campus policies due to hospital forums developed by the Grant Program's funded local health agencies.
- The tobacco cessation clinical guidelines, the gold standard among guidelines, was implemented by the Colorado Clinical Guidelines Collaborative (CCGC), which trained 855 health care providers on developing sustainable system-wide approaches to improve tobacco cessation interventions, care and referral. These providers serve approximately 800,000 patients.
- Under the K-12 initiative, 209,373 students in 408 schools in 44 out of 64 school districts received funding to implement program activities based on the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*.

## 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, prevention, early detection and treatment for cancer, cardiovascular disease and pulmonary disease, and tobacco education, prevention and cessation programs. The increased tax began January 1, 2005 – a 64-cent increase for a pack of cigarettes and a 20 percent increase on other tobacco products.

Sixteen percent of the Amendment 35 funds are allocated to the 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 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 tobacco prevention and cessation programs.

A 16-member independent Tobacco Education, Prevention and Cessation Grant Program Review Committee was formed and charged with providing oversight and direction to grant awards – ensuring compliance with the state legislation. This Grant Program Review Committee makes final recommendations to the Colorado State Board of Health, the final authority to approve grant awards, and ensures compliance with funding mandates and alignment with the *Colorado Tobacco Prevention and Control State Strategic Plan*.

The annual appropriation for the Grant Program is based on revenue projections and the estimated fund balance at fiscal year end. Figure setting for the appropriation is generally completed in February; therefore, a variance is expected between the appropriation, or budgeted spending authority, and the actual amount of funds available for the program.

For Fiscal Year 2007-2008, the total spending authority was \$35,692,231. However, the sum of actual tax revenues collected by the Colorado Department of Revenue and the fund balance from the prior year amounted to \$29,092,102. This is the actual budget managed by the Grant Program.

The statute requires 95 percent of the appropriation be designated for grants and up to five percent may be allocated for administrative costs. Expenditures were within these guidelines and detailed in the following table.

|                                      | <i><b>Grant Program</b></i> |                   | <i><b>Administration</b></i> |                   |                      |
|--------------------------------------|-----------------------------|-------------------|------------------------------|-------------------|----------------------|
| <b>Budget Projections:</b>           | <b>Amount</b>               | <b>% of Total</b> | <b>Amount</b>                | <b>% of Total</b> | <b>Total Amount</b>  |
| Long Bill Appropriation              | \$ 34,436,814               | 97.4%             | \$ 904,828                   | 2.6%              | \$ 35,341,642        |
| vs.                                  |                             |                   |                              |                   |                      |
| <b>Actual Fund Balance + Revenue</b> | <b>\$ 28,187,274</b>        | <b>96.9%</b>      | <b>\$ 904,828</b>            | <b>3.1%</b>       | <b>\$ 29,092,102</b> |
| <b>Account Activity</b>              |                             |                   |                              |                   |                      |
| Actual FY08 Grants Distributions     | \$ (25,398,482)             | 87.3%             |                              |                   | \$ (25,398,482)      |
| Actual FY08 Administration Expenses  |                             |                   | \$ (898,287)                 | 3.1%              | \$ (898,287)         |
| Grant Reversions (unspent grants)    | \$ 2,138,699                | 7.4%              |                              |                   | \$ 2,138,699         |
| Actual FY08 Interest Earned          | \$ 416,261                  | 1.4%              |                              |                   | \$ 416,261           |

## II. Description and Goals of the Grant 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 State Tobacco Education & Prevention Partnership (STEPP). As mandated by the statute, STEPP administers the Grant Program that funds nonprofits and government agencies across Colorado.

Since its inception, STEPP 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 CDC'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 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 youth; (3) eliminate exposure to secondhand smoke; and (4) reduce tobacco-related disparities.

Smoking cigarettes is the single most important determinant of health and the single greatest driver of healthcare costs. Smoking is commonly associated with lung cancer – responsible for 9 out of 10 cases – but is also a significant risk factor for many other types of cancer, including tongue, throat, laryngeal and esophageal; and digestive, including kidney, liver, and bladder cancers. In addition, smoking has significant impacts on respiratory illness, such as chronic obstructive pulmonary disease (chronic bronchitis and emphysema) and asthma. Additional diseases caused by smoking are abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis and stomach cancer.

The costs of treating the chronic diseases caused by smoking is a major contributing factor to the healthcare crisis in Colorado and nationally. In Colorado, medical expenditures directly attributable to smoking exceeded an annual \$1,347,000,000 (in 2004) including ambulatory, hospital, nursing home, and prescription drugs costs. The burden of these costs is borne by the federal-state Medicaid program (\$319,000,000) and Medicare. In the U.S., each pack of cigarettes sold results in \$10.28 of smoking-caused costs, including lost productivity.

### III. Grants Awarded in Fiscal Year 2007-2008

The Grant Program awarded a total of 105 grants in Fiscal Year 2007-2008, of which 43 were awarded to local public health agencies for community-based programming in 58 of Colorado's 64 counties; 37 were awarded to grantees of the Tony Gramscas Youth Services Program for evidence-based tobacco prevention and cessation programs; 9 were awarded to address priority populations with the goal of eliminating tobacco related health disparities; and 16 were awarded to address the four goal areas at the statewide level. A brief overview of these grants is provided below. Detailed descriptions are provided in the Program Summary section of this report.

#### **A. Local Health Agency Initiatives**

Among the 43 local health agencies funded to serve 58 counties, 23 were local public health departments, 18 were county public health nursing services, and 2 were private non-profit organizations. As in previous years, local health agencies were funded to work on all goal areas mandated by the statute. Local health agencies provided resources and convened diverse groups of stakeholders in order to achieve long-term, sustainable changes to organizational and public policies.

Due to local health agency leadership, 12 hospitals across Colorado implemented tobacco-free campus policies; currently there are a total of 22 tobacco-free hospitals.

Local health agencies aligned and supported statewide media campaigns by using specific STEPP campaign materials – including radio spots, print ads, outdoor media and online ads through the online STEPP media resource center. Specific counties were able to place TV buys with local stations that reached the Latino population. LHAs wrote letters to the editors of local publications and tailored STEPP statewide press releases for local communities. In addition, LHAs ordered free STEPP-produced health education materials through STEPP's fulfillment center.

#### **B. Adult Tobacco Use Cessation Initiatives**

During the fiscal year, awards were made to continue well-established programs designed to increase the number of tobacco users who make cessation attempts, and to assist those attempts with evidence-based tobacco cessation treatments. These programs are Colorado QuitLine and Colorado Clinical Guidelines Collaborative (CCGC).

The Colorado QuitLine is a free telephone-based tobacco cessation program offering five proactive coaching sessions and nicotine replacement therapy (NRT) in the form of nicotine patches to all QuitLine participants. The QuitLine is the cornerstone of the state's cessation efforts serving approximately 3,200 callers a month. A web-based program, <http://www.coquitline.org/>, is also available as an additional resource 24/7 for all QuitLine participants and those who prefer to use the web-based program only. National Jewish Health, located in Denver, operates both the telephone and web-based programs.

The Colorado Clinical Guidelines Collaborative is a coalition of health plans, physicians, hospitals, employers, government agencies, quality improvement organizations, and other entities working together to implement systems and processes, using evidence-based clinical



guidelines, to improve healthcare in Colorado. Consistent with its clinical guideline on tobacco dependence treatment, Colorado Clinical Guidelines Collaborative's goal is to effect lasting systems change in clinical practices by ensuring evidence-based guidelines are implemented and used consistently by health care professionals and their patients. The Colorado Clinical Guidelines Collaborative also provides grants and technical assistance to health-care provider networks and groups to develop system-wide approaches that improve adoption of best practices.

Statewide media campaigns were specifically created to build awareness about the Colorado QuitLine and increase call volume to the free service. Local health agencies and other organizations were able to support and align with statewide campaign by using specific STEPP campaign materials – including radio spots, print ads, outdoor media and online ads through the online STEPP media resource center.

### **C. Youth and Young Adult Tobacco Initiatives**

Five statewide initiatives were funded to prevent and reduce tobacco use among youth and young adults: a school-based K-12 initiative; a youth tobacco cessation initiative; a collegiate initiative; a youth advocacy and empowerment initiative; and prevention and cessation media campaigns.

Under §25-3.5-804(3)(b) C.R.S., at least one-third of awarded funds must go to programming that serves school-aged children. During Fiscal Year 2007-2008, a total of \$10,817,833 or 42 percent of the total appropriation, was awarded to serve this population.

The K-12 initiative, led by the Rocky Mountain Center for Health Promotion and Education, awarded 50 percent of its grant to districts and schools throughout Colorado. This lead agency provided technical assistance, training, expertise and support to ensure the programs were implemented in adherence to standards. As a result of this initiative, 209,439 students in 408 schools in 44 out of 64 school districts received funding to implement program activities based on the Centers for Disease Control and Prevention's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*.

The BACCHUS Network led the college initiative and implemented programs to prevent and reduce tobacco use at 27 college campuses. Through 185 sponsored events at these campuses, 6 strengthened existing tobacco control policies or enacted new policies.

Under the youth empowerment and advocacy initiative, schools and community-based organizations were funded to establish Get R!EAL (Resist! Expose Advertising Lies) 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.

The Not-on-Tobacco program, developed by the American Lung Association of Colorado, is part of youth tobacco cessation initiative. This school-based, 10-session program assists high school-aged youth with tobacco use cessation. The Not-on-Tobacco program is one of two evidence-based youth cessation programs available in the nation. The American Lung Association of Colorado funds schools to implement Not-on-Tobacco. A total of 1,650 students in 126 high schools participated in the Not-on-Tobacco youth tobacco cessation initiative.

Specific media campaigns were created to deliver tobacco use prevention and cessation messages to youth and young adults. “Own Your C” is Colorado’s tobacco prevention campaign, and includes a website ([www.ownyourc.com](http://www.ownyourc.com)), online and television advertising, C-Ride (road tour) and events and contests. “Quit Doing It” is the umbrella campaign for cessation focused primarily on the young adult population ([www.quitdoingit.com](http://www.quitdoingit.com)). FixNixer, a web-based text-messaging cessation tool ([www.fixnixer.com](http://www.fixnixer.com)), is promoted as a cessation resource along with Colorado QuitLine. The STEPP fulfillment center provides campaign-related tobacco use prevention and cessation materials, school curricula, and tobacco-free schools signage for educators, community-based organizations and local health agencies.

#### **D. Secondhand Smoke Initiatives**

During the fiscal year, a program was implemented by the American Lung Association of Colorado to reduce exposure to secondhand smoke and trained childcare providers on the hazards that secondhand smoke poses to children.

The Tobacco Advocacy Resource Partnership, funded through the American Lung Association of Colorado, provided basic policy and legal technical assistance to 37 programs regarding secondhand smoke in the workplace and enforcement of the Colorado Clean Indoor Air Act.

In an effort to continue to support the state smoke-free law and increase compliance, a targeted media campaign directed to parents in the low socio-economic status market was implemented, including TV, print and outdoor media. The campaign was designed to promote the importance to “always step outside” and direct the targeted audience to the [www.RaiseSmokeFreeKids.com](http://www.RaiseSmokeFreeKids.com) website that offers resources and information.

#### **E. Tobacco Related Disparities Initiatives**

Under §25-3.5-804(3)(b) C.R.S., at least 15 percent of awarded funds must go to eliminate health disparities among minority populations and high-risk populations that have higher than average tobacco burdens. During Fiscal Year 2007-2008, a total of \$6,438,033, or 31 percent of the funds, were awarded to serve these populations.

During the fiscal year, 9 programs in 29 counties were funded to serve populations that are disparately affected by tobacco. These populations, identified from state and national data, are: African Americans; Native Americans, Asian Americans/Pacific Islanders; gay/lesbian/bisexual/transgender (GLBT) 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.

Community-based organizations disseminated free STEPP-produced health education materials available through STEPP’s fulfillment center.

## **F. Tony Grampsas Youth Services Tobacco Initiatives**

Under §25-3.5-804(3)(b) C.R.S., up to 15 percent of the funds must be awarded to grantees of the Tony Grampsas Youth Services Program for tobacco prevention and cessation programs. During Fiscal Year 2007-2008, a total of \$2,935,352 or 11 percent of the grants were awarded to serve this population.

During Fiscal Year 2007-2008, 33 grantees and 4 technical assistance providers representing over 75 agencies throughout Colorado's 64 counties were funded under the Tony Grampsas Youth Services Tobacco Initiative. These programs provided direct services, programs and interventions to high-risk children, youth and young adults ages 0-24 and/or their parents and caregivers focused on tobacco use prevention, education cessation and reduction of exposure to secondhand smoke. Community-based organizations ordered free STEPP-produced health education materials through STEPP's fulfillment center.

## IV. Number of People Served

The table below shows the number of people served and the number of media message exposures provided through programs funded by the Grant Program during Fiscal Year 2007-2008. 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 represented by media impressions – measures of audience reached multiplied by message frequency.

| <b>Program</b>                                      | <b>Directly Served</b> | <b>Number of Exposures</b> |
|---|------------------------|----------------------------|
| Local Tobacco Prevention and Control (LHAs)*        | 493,506                | 85,846,544                 |
| Colorado QuitLine                                   | 39,739                 | n/a                        |
| Promoting Health Systems Change (CCGC)***           | 855                    | n/a                        |
| K-12 Tobacco Prevention Initiative                  | 209,439                | n/a                        |
| Youth Smoking Cessation Initiative (N-O-T)          | 1,650                  | n/a                        |
| Youth Advocacy & Empowerment Initiative (Get R!EAL) | 1,424                  | 24,869                     |
| Colorado Collegiate Tobacco Prevention Initiative   | 25,475                 | 103,331                    |
| Secondhand Smoke and Children (ONE Step)            | 753                    | n/a                        |
| Tobacco Advocacy Resource Partnership               | 56                     | n/a                        |
| Programs to Reduce Disparities                      | 234,904                | 533,019                    |
| Tony Gramscas Youth Services Tobacco Initiative**   | 24,999                 | 52,420                     |
| Media   | n/a                    | 138,369,971                |
| Fulfillment Center                                  | n/a                    | 873,843                    |

\* *Annual reports were unavailable for five grantees (Conejos County Nursing Service, Kiowa County Nursing, Lake County Health and Human Services, Northwest Colorado Visiting Nurse Association, and Rio Blanco County Nursing Service).*

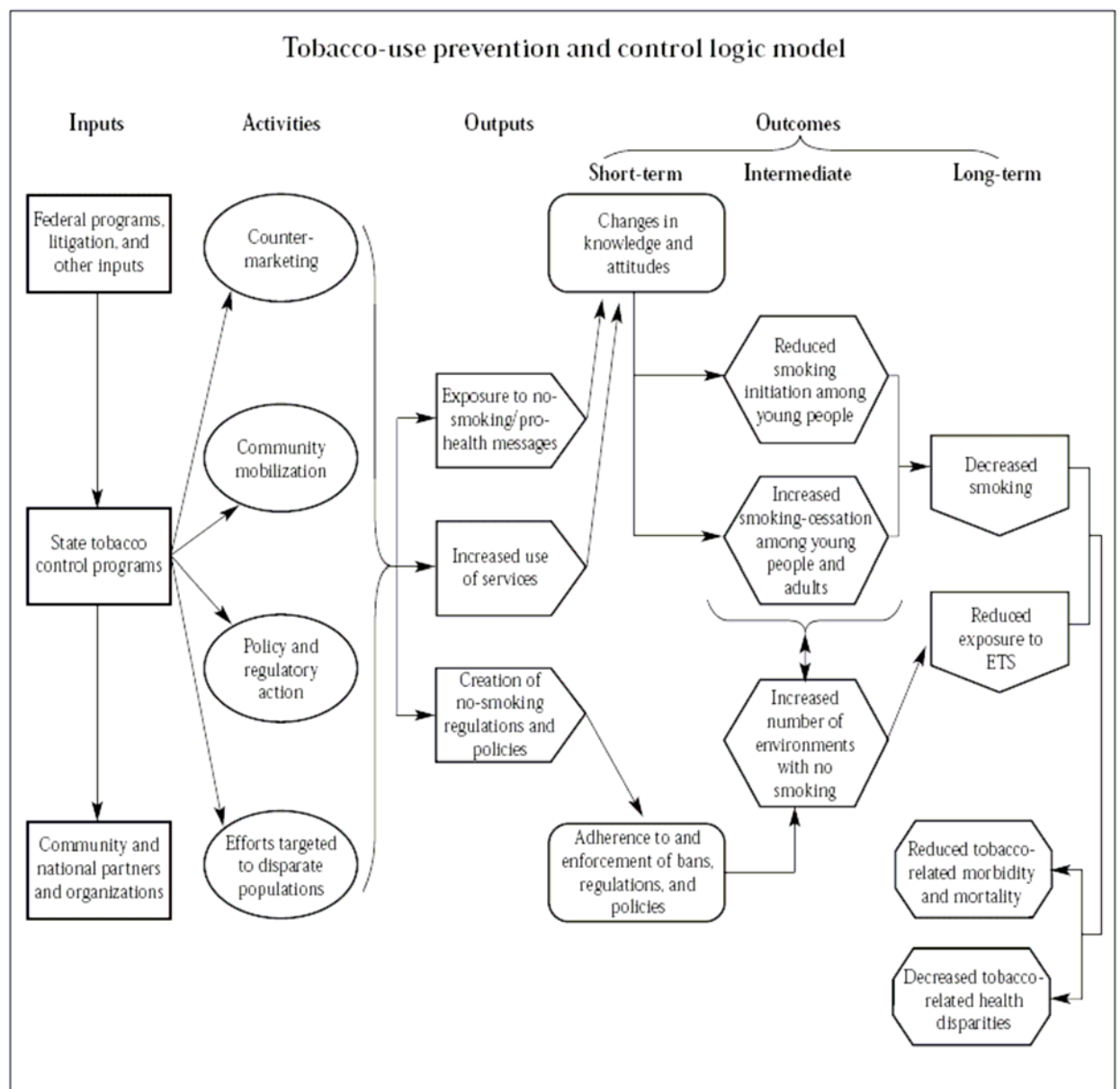
\*\* Annual reports were unavailable for one grantee (Cross Community Coalition)

\*\*\* Health care providers serve approximately 800,000 patients.

## V. Monitoring Progress in Achieving Goals

The goals of the Grant Program are to: (1) reduce initiation of tobacco use by children and youth, (2) promote cessation of tobacco use among adults and youth, (3) eliminate exposure to secondhand smoke, and (4) reduce tobacco-related disparities. Over time, achieving these goals will reduce tobacco related morbidity and mortality. Additionally, smoking cigarettes is a major risk factor in developing chronic diseases, which account for about 70 percent of all deaths in the Colorado, and more than 65 percent of the state's medical care costs.

To guide evaluation efforts and help measure progress, the Grant Program has adopted a tobacco control logic model developed by the CDC (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 Survey (TABS), the Behavioral Risk Factor Surveillance System (BRFSS), the Pregnancy Risk Assessment Monitoring System (PRAMS), 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 Fiscal Year 2007-2008, evidence of overall program effectiveness is provided below from TABS, BRFSS, and cigarette tax revenue and sales data. Each data source is described.

The adult Tobacco Attitudes and Behaviors Survey was first fielded in 2001 and repeated in 2005. The next adult survey was conducted in the fall of 2008. The 2001 survey was funded from the master settlement agreement proceeds, and in 2005 and 2008 by an Amendment 35 award. The Tobacco Attitudes and Behaviors Survey 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 analysis of these groups. The total number of interviews was 13,006 in 2001, and 12,257 in 2005. The Tobacco Attitudes and Behaviors Survey is directed by the Amendment 35 Program Evaluation Group at the University of Colorado Denver. Results from the 2008 Tobacco Attitudes and Behaviors Survey will be available in June 2009.

The youth Tobacco Attitudes and Behaviors Survey was first fielded in fall 2001 and repeated in fall 2006. The next youth survey was conducted in the fall of 2008. The 2001 survey was funded from the master settlement agreement proceeds, and by Amendment 35 funds in 2006 and 2008. Colorado public schools are randomly chosen to represent the statewide student population, and middle and high school students are randomly selected to complete the survey, with two classrooms per grade chosen in each sample school. The questionnaire is offered in English or Spanish. Participating schools inform parents in advance of the survey, and students voluntarily complete the survey or decline 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 youth Tobacco Attitudes and Behaviors Survey was renamed for 2006 and 2008 as the Healthy Kids Colorado Survey on Tobacco.

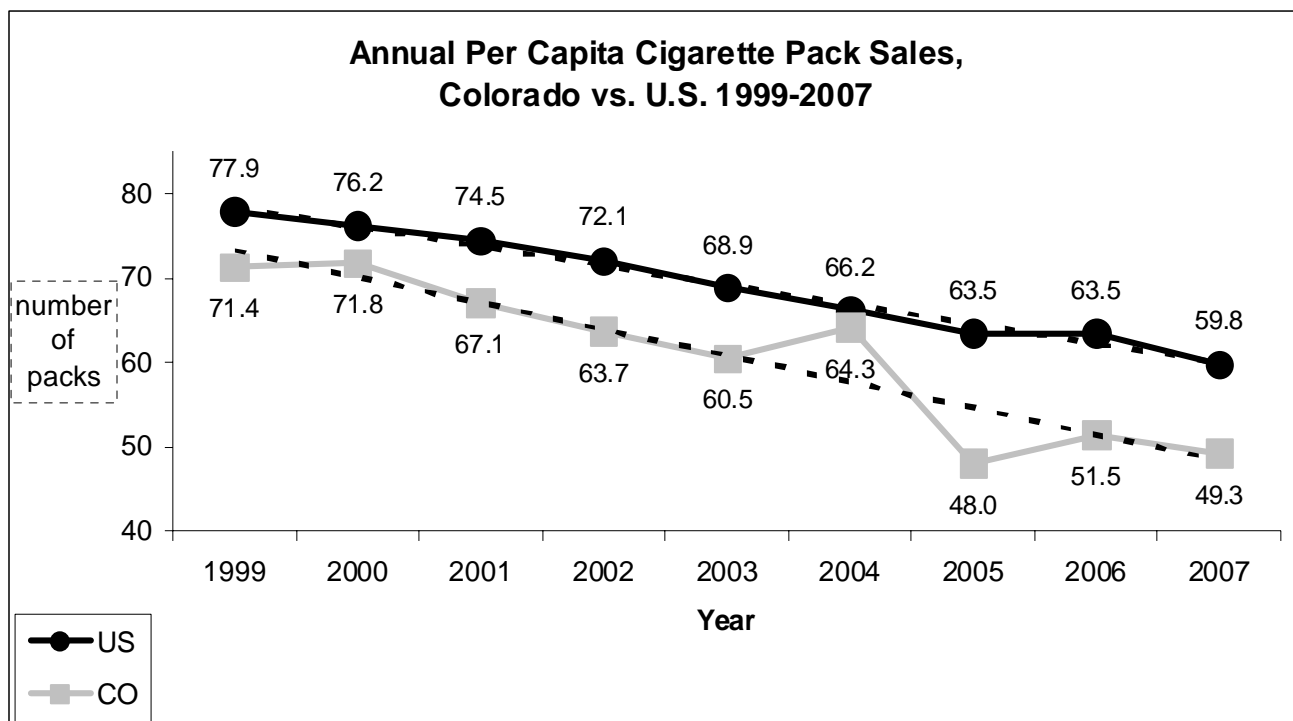
The Behavioral Risk Factor Surveillance System is the world's largest telephone health survey and is used to track health risks, including tobacco use. Adults 18 and older are surveyed annually in all 50 states. The questionnaire consists of a standard set of core questions plus a selection of optional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

The 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, they do not reliably measure cigarette consumption monthly, but are reliable on a year-to-year basis.

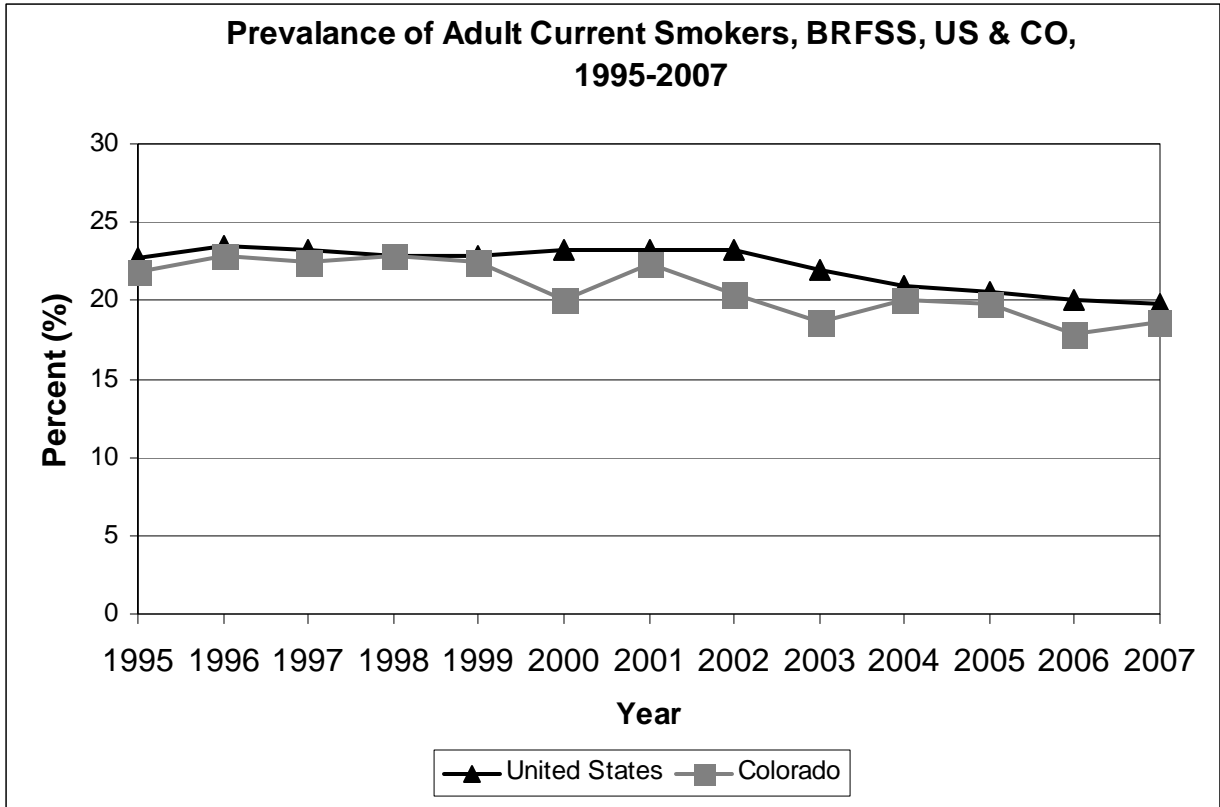
## VI. Effectiveness of the Grant Program in Achieving Goals

During Fiscal Year 2007-2008, evidence continued to indicate that the program is progressing toward its goals. From 1999, a year before the beginning of the Grant Program, through 2007, total cigarette consumption decreased more quickly in Colorado than nationally.

- **Colorado cigarette sales declined more quickly than the national rate of decline (Department of Revenue and U.S. Dept. of Agriculture data).** During 1999-2007, Colorado per capita sales declined by a relative 31.0 percent compared to 23.2 percent nationally.



- **Colorado adult smoking rates remained lower in Fiscal Year 2007-2008 than the national average (BRFSS).** The Colorado adult smoking rate has been declining in Colorado since 1999. As the chart below shows, the national median rate began to decline three years later. Colorado's adult smoking rate in 2007 ranked 15<sup>th</sup> lowest in the nation. Colorado showed a significant decline in smoking rates over a 10-year period.
- **Colorado smoking rates among high school students remained low (TABS/ HKCS-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 Nation'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.





## VII. Program Summaries

The following section provides descriptive summaries of the programs funded by the Grant Program in Fiscal Year 2007-2008. When 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 program's long-term goal area(s); the amount of funding received; the number of people served; and information on program services.

### *Glossary of Terms in Program Summaries*

- Goal Area: goal areas addressed by the program or initiative: (1) prevent initiation of tobacco use among youth and young adults; (2) promote cessation of tobacco use among youth and adults; (3) reduce exposure to secondhand smoke; and (4) reduce tobacco-related disparities.
- Counties Served: lists the names of counties where at least some residents received services provided by the program.
- Program Funding: the amount expended in Fiscal Year 2007-2008 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, or participated in program activities. Individuals receiving products, including such items as Quitkits, brochures, cards, or other 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.



## **Community Programs to Reduce Tobacco Use**

*Goal Areas: Prevent initiation of tobacco use among youth and young adults; promote cessation of tobacco use among youth and adults; and eliminate exposure to secondhand smoke.*

### **Counties Served: 58**

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

**Program Funding** \$4,826,296

**Number of Local Programs Funded** 43

Some local programs served more than one county.

**Number of People Served Directly** 493,506

**Number of Media Exposures** 85,846,544

### **Rationale/Justification for Program**

Funding community programs to reduce tobacco use is one 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.

### **Program Summary**

STEPP funds comprehensive tobacco control programs in local public health agencies throughout the state. Emphasis is placed on interventions proven to be effective as outlined in the *Guide to Community Preventive Services: Tobacco Use Prevention and Control*. Local agencies build and maintain coalitions to mobilize the community on tobacco control issues. Local media campaigns are conducted in conjunction with STEPP's statewide efforts through placement of state-produced media and by generating earned media through letters to the editor, opinion editorial pieces and press releases.

### **Outcomes**

- As a result of hospital administrator forums developed by local health agencies, 12 hospitals implemented tobacco free campus policies for a total of 22 hospitals currently throughout the state.
- Two jurisdictions and one college adopted smoke-free perimeter ordinances or policies stronger than the Colorado Clean Indoor Air Act.
- Smoke-free policies were implemented in 16 large-scale multi-unit housing complexes.
- Four jurisdictions and one university implemented smoke free event, giveaway, and/or vehicle policies.
- Tobacco-free campus policies were implemented in locations, such as Boulder County Addiction Recovery Center, Colorado Mental Health Institute of Pueblo, Colorado Hospital Association, and various county health departments.
- Sustainable policies increasing cessation benefits and/or referrals were implemented or maintained in 43 local health agencies, as well as external organizations such as technical colleges and mining facilities.



## Colorado QuitLine

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

**Counties Served: 64**

All Colorado Counties

|  |             |
|--|-------------|
| <b>Program Funding</b>                     | \$5,983,925 |
| <b>Number of Statewide Programs Funded</b> | 1           |
| <b>Number of Callers</b>                   | 38,126      |
| <b>Number of Online Participants</b>       | 1,613       |

### **Rationale/Justification for Program**

Telephone support interventions for tobacco users are “strongly recommended” by the *Guide to Community Preventive Services* to increase tobacco cessation. Proactive telephone support, as the Colorado QuitLine provides, can increase cessation success substantially rather than 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 Colorado QuitLine, operated by National Jewish Health in Denver, provides free services that include individualized coaching; relapse prevention techniques; scheduled calls from coaches; information 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. Additionally, the QuitLine responds to calls from health-care providers and the general public by providing cessation resources and general information about QuitLine services. Physicians use QuitLine as a resource to refer patients. The majority of Colorado QuitLine calls are driven by the duration and frequency of STEPP’s strategic media campaigns with targeted messaging.

### **Outcomes**

- Of those people utilizing QuitLine services, more than 32 percent identified themselves as having quit smoking at 7 months after calling the QuitLine. More than 41 percent of QuitLine participants who received 8 weeks of nicotine replacement therapy (NRT) were quit at 7 months compared to 25 percent who had received no nicotine replacement therapy.
- The online component, [www.coquitline.org](http://www.coquitline.org), was developed and began operating in December accruing 1,613 callers during the rest of the fiscal year.
- A statewide television campaign targeting Latino Spanish-speaking Coloradans who smoke increased calls to the Colorado QuitLine by 57.7 percent.

## Promoting Health Systems Change

*Goal Area: Promote tobacco use cessation among adults.*

**Counties Served: 64**  
All Colorado Counties

|   |             |
|---|-------------|
| <b>Program Funding</b>                            | \$1,399,927 |
| <b>Number of Statewide Programs Funded</b>        | 1           |
| <b>Number of Local Programs Funded</b>            | 8           |
| <b>Number of Providers Trained</b>                | 855         |
| <b>Patients Served By Newly Trained Providers</b> | 800,000     |

### 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. CDC also recommends the promotion of health systems change as an effective strategy for increasing cessation among adults. According to the 2005 youth Tobacco Attitudes and Behaviors Survey, 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. STEPP provided funding to Colorado Clinical Guidelines Collaborative in order to train healthcare provider groups and networks to make systems-change to ensure integration of the evidence-based clinical practice guidelines. The program is designed to support providers in screening all patients for tobacco use, advising patients to quit and referring those ready to quit to the Colorado QuitLine.

### Outcomes

- Revised and improved the Tobacco Cessation Healthcare Provider toolkit with the input of the clinical committee.
- A total of 49 Tobacco Rapid Improvement Activities were completed. The following results occurred: 1) At 6 weeks, 100 percent of the 39 surveyed practices had implemented at least one process change and 69 percent of all identified activities to improve system were being implemented; 2) At 3 months, 94 percent of the 17 surveyed practices had implemented at least one process change and 74 percent of all identified activities to improve system were being implemented; 3) At 6 months, 100 percent of the 12 surveyed practices had implemented at least one process change and 67 percent of all of the 12 surveyed practices had implemented at least one process change, and 67 percent of all activities identified were being implemented.



## **K-12 Tobacco Prevention Initiative**

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

### **Counties Served: 29**

|          |            |
|----------|------------|
| Adams    | Jefferson  |
| Alamosa  | La Plata   |
| Arapahoe | Larimer    |
| Bent     | Mineral    |
| Boulder  | Montezuma  |
| Crowley  | Otero      |
| Custer   | Park       |
| Delta    | Pueblo     |
| Denver   | Rio Blanco |
| Douglas  | Rio Grande |
| El Paso  | Saguache   |
| Fremont  | Summit     |
| Grand    | Teller     |
| Gunnison | Weld       |
| Huerfano |            |

|  |             |
|--|-------------|
| <b>Program Funding</b>                               | \$2,105,349 |
| <b>Number of Statewide Programs Funded</b>           | 1           |
| <b>Number of Local Programs Funded</b>               | 408 schools |
| <b>Number of Students Impacted by Policy/Program</b> | 209,439     |
| <b>Number of Staff Trained</b>                       | 66          |

### **Rationale/Justification for Program**

Schools that implement the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* (Guidelines) have been shown to reduce tobacco use among students. According to the 2006 Healthy Kids Colorado Survey, 2.6 percent of middle school and 14.6 percent of high school students currently smoke cigarettes.

### **Program Summary**

The K-12 initiative, led by Rocky Mountain Center for Health Promotion and Education, awarded 50 percent of its grant to districts and schools throughout Colorado. Depending on the level of funding, schools and/or districts 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.

### **Outcomes**

- 3-year District Tobacco Prevention Grants – 13 grants supporting 15 school districts awarded, impacting 189,510 students;
- Tobacco Free and Healthy Schools Grants – 20 grants supporting 27 schools awarded, impacting 10,219 students;
- N-O-T and policy grants in partnership with the American Lung Association of Colorado – 12 grants awarded to 12 schools;
- Coordinated School Health Grants, supported by a combined funding pool from Colorado Department of Education and CDPHE – 28 grants supporting 28 schools awarded, impacting 9,644 students; and
- A total of 66 scholarships to individuals to participate in professional development.



## Youth Smoking Cessation Initiative

*Goal Area: Promote cessation of tobacco use among youth.*

### Counties Served: 32

|            |            |
|------------|------------|
| Adams      | Kit Carson |
| Arapahoe   | La Plata   |
| Archuleta  | Larimer    |
| Baca       | Las Animas |
| Boulder    | Mesa       |
| Broomfield | Otero      |
| Chaffee    | Ouray      |
| Delta      | Park       |
| Denver     | Pitkin     |
| Douglas    | Pueblo     |
| El Paso    | Saguache   |
| Fremont    | San Juan   |
| Grand      | San Miguel |
| Gunnison   | Summit     |
| Huerfano   | Teller     |
| Jefferson  | Weld       |

**Program Funding** \$355,000

**Number of Statewide Programs Funded** 1

**Number of Local Programs Funded** 126

**Number of Students Served** 1,650

**Number of Facilitators Trained** 119

### **Rationale/Justification for Program**

One of the strategies emphasized in CDC's *Best Practices for Comprehensive Tobacco Control Programs* is to implement cessation programs that successfully assist youth smokers in quitting tobacco use. N-O-T is one of two evaluated programs shown to reduce youth tobacco use. According to the 2006 Healthy Kids Colorado Survey, 6.4 percent of high school students, in public, non-alternative schools, were frequent smokers, defined as smoking at least 20 of the past 30 days. Of these students, 22.2 percent said they want to quit "soon." This translates into approximately 3,100 regular smokers.

### **Program Summary**

The Not-on-Tobacco program is a youth smoking cessation program developed by the American Lung Association of Colorado. The Not-on-Tobacco program'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.

During the fiscal year, 1,650 students from 126 high schools and youth serving organizations across Colorado participated in the program. Almost half of the schools/youth serving organizations that ran the program were alternative or charter schools, serving a student population at greater risk for substance abuse, truancy, low academic achievement and delinquent behavior. Approximately 20 percent of the participants were from residential treatment centers. Program capacity increased with the addition of 119 adult facilitators who were trained this year.

### **Outcomes**

- 87 percent of the Not-on-Tobacco program participants that completed the program either quit or cut back on their smoking.
- 70 percent of Not-on-Tobacco program participants completed the entire program.



## Youth Advocacy & Empowerment Initiative

*Goal Area: Prevent initiation of tobacco use among youth.*

### Counties Served: 29

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

**Program Funding** \$702,286

**Number of Statewide Programs Funded** 1

**Number of Local Programs Funded** 59

**Number of Youth Members** 1,424

**Number of Students/Adult Sponsors Trained** 353

**Number of Media Exposures** 24,869

### **Rationale/Justification for Program**

Funding community programs to reduce tobacco use is identified as one of the CDC's best practices in preventing initiation of tobacco use among youth. (*Best Practices for Comprehensive Tobacco Control Programs*) In addition, the CDC recommends implementing marketing efforts that 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 approximately \$4 million every week in Colorado normalizing a deadly and addictive product.

### **Program Summary**

Get R!EAL, a program at the University of Colorado Denver, 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 nine-lesson curriculum designed to accomplish the aforementioned goals. 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**

- Two regional tobacco forums were held that reached a total of 180 youth and 49 adults representing 37 coalitions.
- Approximately 892 youth statewide participated in the Bust Big Tobacco program and 676 youth completed at least seven of the ten sessions.
- A Statewide event, "Tobacco Out of Sight, Out of Mind," was held in the spring and fall reaching 12,333 youth and 5,881 adults.





## Colorado Collegiate Tobacco Prevention Initiative

### **Counties Served: 16**

**Adams**—Community College of Aurora, Front Range Community College – Westminster

**Alamosa**—Adams State College

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

**Chaffee**—Colorado Mountain College (Timberline/Leadville)

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

**Eagle**—Colorado Mountain College (Vail, Eagle Valley)

**El Paso**—University of Colorado - Colorado Springs, Pikes Peak Community College

**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

**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; and reduce exposure to secondhand smoke.*

**Program Funding** \$800,899

**Number of Statewide Programs Funded** 1

**Number of Campuses Funded** 27

Some local programs served more than one county.

**Number of Student Participants** 25,475

**Number of Students Exposed to Messages** 103,331

### **Rationale/Justification for Program**

Funding community programs to reduce tobacco use is identified as one of the CDC's best practices in preventing initiation of tobacco use among youth. (*Best Practices for Comprehensive Tobacco Control Programs*) According to 2005 TABS, 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 encouraging 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**

- A total of six campus-wide tobacco policies were implemented or strengthened.
- Campuses sponsored 185 events, including 17 classroom presentations, reaching an estimated 25,475 members of the campus community. These events helped to create momentum for policy change and promoted cessation resources.
- Survey results showed an overall reduction in tobacco use on Colorado Collegiate Tobacco Prevention Initiative campuses.





## Secondhand Smoke and Children

*Goal Area: Eliminate secondhand smoke exposure among youth.*

### **Counties Served: 38**

|            |            |
|------------|------------|
| Adams      | Larimer    |
| Alamosa    | Lincoln    |
| Arapahoe   | Logan      |
| Archuleta  | Mesa       |
| Baca       | Moffat     |
| Boulder    | Montezuma  |
| Broomfield | Montrose   |
| Chaffee    | Otero      |
| Delta      | Ouray      |
| Denver     | Park       |
| Douglas    | Phillips   |
| Fremont    | Prowers    |
| Garfield   | Pueblo     |
| Gunnison   | Sedgwick   |
| Huerfano   | Summit     |
| Jefferson  | Teller     |
| Kit Carson | Washington |
| La Plata   | Weld       |
| Lake       | Yuma       |

### **Program Funding**

\$98,608

### **Number of Statewide Programs Funded**

1

### **Number of Childcare Providers Trained**

753

### **Rationale/Justification for Program**

According to the 2005 Tobacco Attitudes and Behaviors Survey, 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 Sudden Infant Death Syndrome (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**

American Lung Association of Colorado presents STEPP's ONE Step trainings to childcare providers who 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. STEPP's targeted media campaign, "ONE Step" in English and Spanish, re-launched in the fall to reinforce the "always step outside" messaging to parents and direct them to the [www.raisesmokefreekids.com](http://www.raisesmokefreekids.com) website for more information.

### **Outcomes**

- 21 trainings in English and two in Spanish were held for parent educators and childcare providers.
- 94 percent of participants felt they could use the information they have learned to influence parents to smoke outside.



## Tobacco Advocacy Resource Partnership

*Goal Area: Eliminate secondhand smoke exposure among youth.*

### **Counties Served: 32**

|            |            |
|------------|------------|
| Adams      | Gunnison   |
| Alamosa    | Huerfano   |
| Arapahoe   | Jefferson  |
| Archuleta  | Kiowa      |
| Boulder    | La Plata   |
| Broomfield | Larimer    |
| Chaffee    | Las Animas |
| Cheyenne   | Logan      |
| Costilla   | Montezuma  |
| Crowley    | Otero      |
| Custer     | Ouray      |
| Delta      | Prowers    |
| Denver     | Pueblo     |
| Douglas    | San Juan   |
| Eagle      | Teller     |
| El Paso    | Weld       |

**Program Funding** \$468,804

**Number of Statewide Programs Funded** 1

**Number of Programs Served** 37

**Number of People Trained** 56

### **Rationale/Justification for Program**

The *Colorado Tobacco Control Strategic Plan* identifies “Advance Policy Development” as one of the six priority initiatives for continued work in tobacco control. Implementing population-based policies reduces exposure to secondhand smoke in the workplace, reduces youth access to tobacco products, and encourages cessation at the organizational, local, and state level. The adoption of stronger tobacco control policies positively impacts a large number of people and contributes to changing social norms around tobacco use.

### **Program Summary**

The American Lung Association of Colorado’s Tobacco Advocacy Resource Partnership is a joint partnership consisting of the American Lung Association of Colorado, 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. 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. The Tobacco Advocacy Resource Partnership focused on eliminating secondhand smoke in the workplace and multi-unit housing, and enforcing and strengthening the Colorado Clean Indoor Air Act.

### **Outcomes**

- Provided technical assistance to 32 counties, which included five multi-county health districts, and five non-health department grantees.
- Trained 56 participants on the Tobacco-Free Schools Policy Checklist.
- Implemented multi-unit smoke-free policies throughout the state for a total of 95 units.



## Programs to Reduce Disparities

*Goal Areas: Reduce tobacco-related health disparities.*

### **Counties Served: 29**

|            |            |
|------------|------------|
| Adams      | Lake       |
| Alamosa    | Larimer    |
| Arapahoe   | Las Animas |
| Boulder    | Logan      |
| Broomfield | Mesa       |
| Conejos    | Montezuma  |
| Costilla   | Morgan     |
| Denver     | Otero      |
| Douglas    | Prowers    |
| Eagle      | Pueblo     |
| El Paso    | Rio Grande |
| Garfield   | Saguache   |
| Huerfano   | Summit     |
| Jefferson  | Weld       |
| Kit Carson |            |

### **Program Funding**

\$2,033,742

### **Number of Local Programs Funded**

9

Some local programs served more than one county.

### **Number of People Served Directly**

234,904

### **Number of Media Exposures**

533,019

### **Rationale/Justification for Program**

Another CDC's best practice includes working with statewide partners, including multi-cultural organizations and networks, to develop and implement culturally appropriate interventions. (*Best Practice for Comprehensive Tobacco Control Programs*) In Colorado, Latinos/Hispanics are the largest minority group disparately affected by tobacco. The 2005 adult TABS found that smoking rates among men were higher among Latinos/Hispanics, whether their primary language was Spanish (33.2%) or English (26.8%) and American Indians (33.7%) than among Anglos (16.9%).

While the Latino population size and depth of disparate tobacco use is recognized as a significant concern, Colorado also has smaller priority populations with significant disparate tobacco use that have remained unchanged or disproportionately high, have increased or were unknown in 2001. These include people with disabilities (38.7%) and gay/lesbian (35.2%) and bisexual (36.8%). Such disparities impact the overall health of our state in increased cost of healthcare, loss of productivity and life that also must be addressed by the populations.

### **Program Summary**

During the fiscal year, nine 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 seven were served by the disparities grant program: Native Americans, Asian Americans/Pacific Islanders, gay/lesbian/bisexual/ transgender people, Latinos/Hispanics, people in treatment for mental illness, people with low socioeconomic status, and people in treatment for substance abuse.

### **Outcomes included but are not limited to:**

- **American Lung Association of Colorado**
  - The number of households in the Kemp neighborhood that allow smoking has decreased to 10 percent (CO average = 25%).
  - The number of smokers in the Kemp neighborhood who were willing to call the Quitline increased by 39 percent.

- **Gay, Lesbian, Bisexual and Transgender Center SmokeFree GLBT Project**
  - The last two years of data collection, including a survey of 2,000 Colorado GLBT smokers, has produced the largest body of information ever collected to guide GLBT programming and to monitor progress.
  
- **Native American Cancer Research**
  - Reduced tobacco exposure and increased awareness by means of the Keep Tobacco Sacred curriculum with 72 youth and their families, the education of 23 adults using Get on the Path to Lung Health, and the one-on-one education of American Indians about Second Hand Smoke.
  
- **Signal Behavioral Network (Project TURN)**
  - Disseminated policies and cessation treatment protocols to treatment programs statewide.
  
- **University of Colorado Denver Mental Health Project**
  - Execution of smoking cessation interventions at the four community mental health clinic sites and Colorado QuitLine at National Jewish Health.



**Counties Served: 64**  
All Colorado Counties

## Tony Gramscas Youth Services Tobacco Initiative

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

|  |             |
|--|-------------|
| <b>Program Funding</b>                           | \$2,929,480 |
| <b>Number of Statewide Programs Funded</b>       | 4           |
| <b>Number of Local Programs Funded</b>           | 33          |
| Some local programs served more than one county. |             |
| <b>Number of People Served Directly</b>          | 24,999      |
| <b>Number of Media Exposures</b>                 | 89,292      |

### Rationale/Justification for Program

Funding community programs to reduce tobacco use is emphasized in CDC's *Best Practices for Comprehensive Tobacco Control Programs*. C.R.S. 25-20.5-201 designated up to 15 percent of the money awarded to STEPP for allocation to grantees of the Tony Gramscas Youth Services Program for 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 (TGYS) Tobacco Initiative (TTI) funds are awarded to eligible TGYS applicants to implement tobacco prevention, education, cessation and reduction of exposure to secondhand smoke services to children, youth and young adults (ages 0-24) and/or their parents and caregivers. Funded TTI programs included 12 Get R!EAL coalitions; 9 Not-on-Tobacco youth cessation programs; 20 Bust Big Tobacco media literacy education programs; 22 grantees providing secondhand smoke education to parents, caregivers and/or child care providers; and 15 grantees implementing evidence-based tobacco education and prevention curriculum.

TTI grantees provide direct services, programs and interventions to high-risk children, youth and families. Program-specific technical assistance, training and evaluation services are provided to grantees by the following: the American Lung Association of Colorado, Get R!EAL/ University of Colorado, Rocky Mountain Center for Health Promotion and Education, and the Omni Institute.

### Outcomes

TTI Youth and Youth Jr. Survey aggregate results for fiscal year 2007-2008:

- A total of 1,956-matched pre/post surveys were collected during the grant period. 52.9 percent of the responding participants were middle school aged and 47.1 percent were of high school age. The average age of the youth respondent was 13.8 years. Gender distribution for the data collected was 45.7 percent female and 54.3 percent male. Ethnicity for respondents was as follows: 29 percent White; 14.5 percent Black; 2.7

- 82.8 percent of the sample either never started or stopped smoking over the course of TTI programs, 78.6 percent never started, 4.2 percent quit.

TTI Parent and Caregiver secondhand smoke survey aggregate results for fiscal year 2007-2008:

- A total of 915-matched pre/post surveys were collected during the grant period, 14.4 percent of the responding participants were teen parents (ages 19 and younger) and 85.6 percent were 20 years of age and older. The average age of the parent/caregiver respondent was 30.5. Gender distribution for the data collected was 82 percent female and 18 percent male. Ethnicity for respondents was as follows: 45 percent White; 1.7 percent Black; 1.8 percent Native American; 0.6 percent Asian; 48.7 percent Latino; 0.2 percent multi-ethnic; and 1.9 percent other.
- Current smokers in the sample demonstrated a statistically significant reduction in the amount of smoking in the presence of children in the past 30 days, from close to 3-5 days per month, to closer to 1-2 days per month ( $p < .05$ ).



**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; and eliminate exposure to secondhand smoke.*

|  |             |
|--|-------------|
| <b>Program Funding</b>                     | \$4,882,400 |
| <b>Number of Statewide Programs Funded</b> | 3           |
| <b>Number of Media Impressions</b>         | 138,369,971 |

### Rationale/Justification for Program

The *Guide to Community Preventive Services* strongly recommends sustained media campaigns combined with interventions and strategies as an effective way to decrease tobacco initiation and increase smoking cessation. Tobacco companies spent over \$13 billion in the United States in 2006 to advertise cigarettes and spit tobacco. In Colorado, tobacco advertisers spend approximately \$200 million each year. Counter-marketing strategies are highly recommended in the CDC's *Best Practices for Comprehensive Tobacco Control Programs*.

### Program Summary

STEPP develops media campaigns targeting populations that have been identified by the Amendment 35 Program Evaluation Group, the CDPHE's Epidemiology and Surveillance unit and the Grant Program Review Committee. Market research is conducted within a targeted population in order to test the impact of the campaign. Over the past year, campaigns for youth, young adults, adults, parents and disparate groups have been developed through Cactus Marketing Communications, SHiFT and Focus Logic to reduce initiation, promote cessation and eliminate exposure of secondhand smoke.

### Outcomes

#### Cessation

- The majority of Colorado QuitLine calls are driven by the reach, duration and frequency of STEPP's strategic TV media campaigns with targeted messaging. STEPP's cessation TV media campaign, which targeted low socioeconomic and African American people who smoke, featured Colorado Bronco's spokespeople. Due to this campaign, calls to the Colorado QuitLine increased by 32 percent.
- A statewide television campaign targeting Latino Spanish-speaking Coloradans who smoke increased calls to the Colorado QuitLine by 57.7 percent.

#### Youth and Youth Adult

- 947 people registered on the web for the text-messaging cessation tool, "FixNixer."
- The youth prevention and cessation campaign, "Own Your C," received 135,559 unique visitors due to a TV and online campaign.
- 295 high school skiers participated in the rail jam championship event, "Detention," which was watched live by 3,250 spectators and via the web by 6,512.
- Following a radio and online campaign, the young adult website, [www.quitdoingit.com](http://www.quitdoingit.com), received 7,064 visitors.

**Secondhand Smoke Exposure**

- In an effort to change parental behavior and increase awareness of the dangers of secondhand smoke, a TV and outdoor media campaign ran to promote the message to “always step outside” and direct parents to [www.RaiseSmokeFreeKids.com](http://www.RaiseSmokeFreeKids.com) for information.





## **Prevention Information Fulfillment Center**

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

**Counties Served: 64**  
All Colorado Counties

|  |           |
|--|-----------|
| <b>Program Funding</b>                     | \$175,000 |
| <b>Number of Statewide Programs Funded</b> | 1         |
| <b>Number of Items Distributed</b>         | 873,843+  |

### **Rationale/Justification for Program**

Providing sustained health communications interventions that deliver targeted, culturally appropriate messages is an overarching component of the CDC'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.

### **Program Summary**

Holden Marketing Support Services provided services to print, store, package and mail free educational materials produced for each campaign. An online ordering store, [www.steppitems.com](http://www.steppitems.com), is available for grantees, non-profits, businesses and the general public to browse items and order materials free-of-charge electronically.

### **Outcomes**

More than 873,843 tobacco education, prevention, and cessation items were distributed across Colorado – including 508,077 brochures, 28,302 Quitkits, 10,690 packets, 4,240 guidelines 18,330 quit journals, 28,302 posters and 92,500 tip cards, 134,500 magnets, 5,515 signs, 4,007 DVDs, 1,443 toolkits, 33,955 bookmarks, 1,903 prescription pads and 2,079 decals. Recipients of the information included schools, childcare centers, healthcare providers, businesses and parents.

## ***APPENDIX -- List of Grantees and Award Amounts***

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### **Appendix: List of Grantees and Award Amounts**

| <b>Statewide Initiatives</b>   | <b>Award Amount</b> |
|--|---------------------|
| American Lung Association (Tobacco Advocacy Resource Partnership).....           | \$468,804           |
| American Lung Association (ONE Step) .....                                       | \$98,608            |
| American Lung Association (N-O-T) .....  | \$355,000           |
| American Lung Association .....  | \$103,964           |
| BACCHUS (Collegiate).....  | \$800,899           |
| Cactus Marketing (Youth & Young Adult Prevention & Cessation) (Media) .....      | \$3,152,400         |
| Cactus Marketing (SHS) (Media) .....   | \$600,000           |
| Fulfillment Center .....   | \$175,000           |
| Colorado Clinical Guidelines collaborative (Health Care Providers).....          | \$1,399,927         |
| FL2 (Media) .....  | \$40,000            |
| National Jewish Health (QuitLine) .....  | \$5,983,925         |
| Rocky Mountain Center for Health Promotion and Education (K-12 Initiative) ..... | \$2,105,349         |
| SHiFT (Media).....   | \$1,090,000         |
| University of Colorado Denver – Get R!EAL .....                                  | \$702,286           |
| University of Colorado Denver – Amendment 35 Program Evaluation Group.....       | \$950,000           |
| <b>Subtotal, Statewide Initiatives</b> .....                                     | <b>\$18,026,162</b> |
| <br><b>Disparities</b>   |                     |
| American Lung Association .....  | \$189,435           |
| Asian Pacific Development Center .....   | \$83,521            |
| Boulder County Public Health.....  | \$36,582            |
| GLBT (Youth) .....   | \$149,205           |
| GLBT .....   | \$342,614           |
| Native American Cancer Research (NATE).....                                      | \$377,174           |
| San Luis Valley Community MHC.....   | \$109,363           |
| Signal Behavioral Network.....   | \$197,208           |
| University of Colorado Denver – Latino Research and Policy Center .....          | \$205,537           |
| University of Colorado Denver – Department of Psychiatry.....                    | \$343,103           |
| <b>Subtotal, Disparities</b> .....   | <b>\$2,033,742</b>  |
| <br><b>Tony Gramscas Youth Services Tobacco Initiative</b>                       |                     |
| American Lung Association (SHS & N-O-T).....                                     | \$29,142            |
| Archuleta County Education Center .....  | \$30,570            |
| Asian Pacific Development Center .....   | \$61,108            |
| Boys and Girls Clubs of the Pikes Peak Region .....                              | \$737,902           |
| Catholic Charities Archdiocese of Denver .....                                   | \$103,500           |
| Catholic Charities of the Diocese of Pueblo .....                                | \$66,283            |
| Chaffee County Department of Health and Human Services .....                     | \$50,044            |
| City of Longmont Youth Services .....  | \$32,890            |
| cityWILD .....   | \$56,220            |
| Colorado Statewide Parent Coalition.....   | \$43,430            |
| Colorado Bright Beginnings .....   | \$369,327           |

|   |                           |
|---|---------------------------|
| Cross Community Coalition .....   | \$45,900                  |
| Denver County School District #1 (Denver Public Schools).....                         | \$107,945                 |
| Developmental Opportunities dba Starpoint.....  | \$44,639                  |
| Early Childhood Council of Larimer County .....                                       | \$66,888                  |
| Ethiopian Community Development (African Community Center).....                       | \$45,797                  |
| Family and Intercultural Resource Center (Summit County Family Resource Center) ..... | \$50,000                  |
| Full Circle of Lake County, Inc. ....   | \$36,561                  |
| Girls Inc. of Metro Denver.....   | \$36,404                  |
| Grand Futures Prevention Coalition .....  | \$80,898                  |
| Huerfano County Youth Services .....  | \$41,419                  |
| Jefferson Center for Mental Health.....   | \$80,114                  |
| Mental Health Center of Boulder (I.M.P.A.C.T. The Mental Health Center) .....         | \$62,942                  |
| Mesa Youth Services Inc. (Mesa County Partners) .....                                 | \$36,290                  |
| Montezuma County Partners.....  | \$33,349                  |
| OMNI Institute.....   | \$44,834                  |
| Park County School District RE-2 (South Park Parents as Teachers) .....               | \$30,730                  |
| Pikes Peak Family Connections, Inc.....   | \$90,900                  |
| Regional Home Visitation Program dba Baby Bear Hugs.....                              | \$66,580                  |
| Relationship Roots, Inc. ....   | \$73,170                  |
| Rural Communities Resource Center.....  | \$97,900                  |
| Summit County Department of Human Services.....                                       | \$21,516                  |
| The Piñon Project.....  | \$33,634                  |
| Tri-County Family Care Center, Inc.....   | \$27,565                  |
| Year One Inc. dba Mile High Youth Corp.....   | <u>\$122,231</u>          |
| <b><i>Subtotal, Tony Grampas Youth Services Tobacco Initiative .....</i></b>          | <b><i>\$2,929,480</i></b> |

### **Local Health Agencies**

|   |           |
|---|-----------|
| Alamosa County Nursing Service .....                        | \$27,730  |
| Baca County Nursing Service.....                            | \$31,030  |
| Bent County Nursing Service .....                           | \$33,521  |
| Boulder County Public Health.....                           | \$349,994 |
| Broomfield Health and Human Services .....                  | \$64,058  |
| Chaffee County Nursing Service.....                         | \$43,691  |
| Cheyenne County Nursing Service.....                        | \$46,557  |
| Clear Creek County Nursing Service .....                    | \$51,199  |
| Conejos County Nursing Service .....                        | \$32,197  |
| Costilla County Nursing Service .....                       | \$68,510  |
| Custer County Nursing Service .....                         | \$31,997  |
| Delta County Health and Human Services .....                | \$76,200  |
| Denver Health and Hospital Authority .....                  | \$282,259 |
| Eagle County Health and Human Services.....                 | \$61,398  |
| El Paso County Department of Health and Environment.....    | \$360,097 |
| Fremont County Nursing Service .....                        | \$34,098  |
| Garfield County Nursing Service .....                       | \$72,049  |
| Gunnison County Public Health.....                          | \$49,045  |
| Hinsdale County Public Health and Community Services .....  | \$28,714  |
| Jefferson County Department of Health and Environment ..... | \$432,413 |
| Kiowa County Nursing Service.....                           | \$38,160  |

|   |                    |
|---|--------------------|
| Kit Carson County Health and Human Services .....             | \$25,807           |
| Lake County Nursing Service.....                              | \$17,830           |
| Larimer County Department of Health and Environment .....     | \$421,359          |
| Las Animas-Huerfano Counties District Health Department.....  | \$70,660           |
| Lincoln County Nursing Service .....                          | \$26,362           |
| Mesa County Health Department .....                           | \$133,656          |
| Montezuma County Health Department.....                       | \$57,396           |
| Northeast Colorado Health Department .....                    | \$84,441           |
| Northwest Colorado Visiting Nurses Association.....           | \$62,285           |
| Otero County Department of Health (& Crowley County) .....    | \$178,113          |
| Park County Nursing Service .....                             | \$47,987           |
| Prowers County Nursing Service .....                          | \$84,539           |
| Pueblo City-County Health Department.....                     | \$135,171          |
| Rio Blanco County Nursing Service .....                       | \$50,525           |
| Rio Grande County Public Health .....                         | \$97,910           |
| Saguache County Public Health .....                           | \$40,681           |
| San Juan Basin Health Department .....                        | \$271,896          |
| Summit Prevention Alliance .....                              | \$57,207           |
| Teller County Public Health .....                             | \$28,699           |
| The Telluride Foundation .....                                | \$7,427            |
| Tri-County Health Department.....                             | \$463,516          |
| Weld County Department of Public Health and Environment ..... | <u>\$247,912</u>   |
| <b><i>Subtotal, Local Health Agencies</i></b> .....           | <b>\$4,826,296</b> |