

2014

Biennial Evaluation Report

A Report on Tobacco Control Programs and
Chronic Disease Prevention Services

ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Public Health
Services

Bureau of Tobacco and
Chronic Disease

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TOBACCO FREE ARIZONA

We can build a better Arizona by helping
each other to make good life choices

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EXECUTIVE SUMMARY

Where are we now? & Where are we going?

<p>In a series of voter-approved propositions, Arizona increased the state sales tax on tobacco products, required a portion of tobacco taxes be spent on tobacco prevention, and banned smoking in almost all indoor public buildings.</p>	<p>Arizona Department of Health Services Bureau of Tobacco and Chronic Disease (BTCD) continues to work toward reducing the burden of tobacco and chronic disease through youth coalition and counter-marketing activities, adult prevention and cessation efforts, coordination with partners to improve the delivery of care, and reducing disparities among at-risk populations.</p>
<p>Among youth in Arizona, 14% of high school students and 7% of middle school students are currently using some form of tobacco.</p>	<p>Youth coalitions around the state work with BTCD in trainings and planning and executing tobacco control projects to prevent and control youth tobacco use and exposure.</p>
<p>While 33% of underage youth who try to purchase a tobacco related product in 2013 are refused, only 7% of youth who purchase tobacco products are asked for proof of age.</p>	<p>Along with the Division of Behavioral Health and the Attorney General's Office, BTCD went through an intense Continuous Quality Improvement project to streamline youth tobacco programs, better collaborating on youth inspections, and eliminating duplicate efforts and costs.</p>
<p>In Arizona, 17.1% of adults are current smokers, down from 20% in 2009. Smoking rates among adults in Arizona continue to decrease.</p>	<p>BTCD utilizes its partners to serve as referral development liaisons in metro and rural Arizona in promotion of Arizona Smokers' Helpline services. ASHLine offers free telephone coaching, free online quit support through WebQuit (available on ashline.org) and free over-the-counter nicotine replacement therapies for smoking cessation.</p>
<p>Certain groups including African Americans, American Indians, Asian-Pacific Islanders, and migrant farm workers exhibit disproportionately high morbidity and mortality rates associated with tobacco use. Factors such as age, ethnicity and income can greatly contribute to health disparities within a given population.</p>	<p>Continuing its work with community organizations, BTCD works on capacity building and program planning for the development of sustainable commercial tobacco cessation programs. BTCD also engages community partners to achieve sustainable positive change in reducing health disparities relating to tobacco-use and obesity.</p>
<p>Chronic disease, including cancer, heart disease, chronic lower respiratory disease, alzheimer's disease, diabetes, chronic liver disease and cirrhosis, and hypertension and hypertensive renal disease, accounts for 7 of the 10 leading causes of death and 30,000 deaths in Arizona each year.</p>	<p>In an effort to reduce the burden of chronic disease in Arizona, BTCD works with county and local partners to develop Chronic Disease Self Management Programs, School Health Advisory Councils, improvements in the delivery and coordination of stroke and Chronic Obstructive Pulmonary Disease care, Million Hearts, Cardiopulmonary Resuscitation Dispatch, and Health in Arizona Policy initiatives, along with the Healthy Arizona Worksite Program.</p>

INTRODUCTION

OVERVIEW

This report contains a description of tobacco-related activities within the State of Arizona for Fiscal Years 2013 (FY13) and 2014 (FY14). Arizona Department of Health Services (ADHS) Bureau of Tobacco Chronic Disease (BTCDD) has primary responsibility for its content with supplemental information from Smoke-Free Arizona and BTCDD partners. This report also includes key outcome indicators for youth and adult tobacco-related behavior and attitudes.



Background

In 1994, Arizona voters passed the Tobacco Tax and Health Care Act (Proposition 200) which increased the state sales tax on tobacco products. Tax revenues are used to fund several programs: health care for the medically needy, medically indigent, and low income children; tobacco education and prevention; and tobacco-related research. This began Arizona's tobacco taxation, which increased with the 2006 vote to raise the excise tobacco tax to \$2.00. Proposition 303, passed in 2002, protected the tobacco tax monies. These funds were earmarked for BTCDD to address the four leading causes of death in Arizona: heart disease, cancer, chronic lower respiratory disease, and cerebrovascular disease.

In May 2007, the Smoke-Free Arizona Act took effect, banning smoking in all indoor public buildings with the exception of retail tobacco stores, veteran and fraternal clubs, designated smoking hotel rooms, and outdoor patios. The ADHS Office of Environmental Health monitors compliance with the law.

In FY13 and FY14, BTCDD focused on youth prevention and cessation activities and chronic disease services. Youth coalitions around the state rallied around a statewide coalition branded Students Taking a New Direction (STAND) in order to work towards the prevention of youth tobacco use. Cessation activities centered around media campaigns that focused on assisting smokers in their quit attempts, which resulted in an increased number of calls by Arizona residents wanting to quit. Chronic disease services were provided by both statewide vendors and community partners focusing on disparate populations¹. By focusing on these areas, BTCDD was able to make strides in creating a healthier Arizona.

As outlined in Proposition 303, the TRUST Commission confirms existing statutes authorizing the Arizona Department of Health Services to use portions of the tobacco tax funds for tobacco education and prevention, serves as an advisory board for the Chronic Disease Fund, including its use of funding provided through tax dollars, and submits an annual report of its activities to the President of the Senate and the Speaker of the House of Representatives.

1. See Table 5 for the list of vendors and partners funded under this provision which continued through FY13 and FY14.

YOUTH TOBACCO USE, ACCESS, AND EXPOSURE

TOBACCO AMONG ARIZONA'S YOUTH

REDUCING BURDEN OF YOUTH TOBACCO USE

This section contains data relevant to the outcomes of the Arizona tobacco control program, indicators for evaluating comprehensive tobacco control programs developed by the Centers of Disease Control and Prevention (CDC). A selection of outcome measures with the highest relevance to Arizona tobacco control activities is provided. For every outcome measure reported, the respective CDC indicator number and label are presented to ensure consistency with CDC approved standard outcome measures.



Prevalence of Youth Tobacco Use

CDC Outcome Indicator 1.14.1

Prevalence of tobacco use among young people

According to the 2013 Arizona Youth Tobacco Survey (YTS), 7% of middle school students reported ever using any tobacco product. This represents a 53% decrease from 2003 when 15% of middle school students reported ever having used tobacco. The Youth Risk Behavior Surveillance system (YRBSS) reported that among high schools students, 14% report ever using any tobacco product, a significant decrease from only ten years ago when 29% of high school students reported ever using tobacco (See Figure 1). The YRBSS also reported that 14% of high school students had tried smoking, even 1 or 2 puffs.

Additionally, 14 % are currently using some form of tobacco. YTS data also shows that the current use of cigarettes has decreased over the past decade, with cigarette use among high school students dropping from 23 to 14%, a 39% decrease. Among middle school students, current use of cigarettes has fallen from 9 to 3%, a 67% decrease in the past ten years. Fewer than one in 20 middle school students and one in 7 high school students reported current use of cigarettes (See Figure 2).

The long-term trend of continued decline in the prevalence rates of cigarette use and the use of any tobacco product among youth provides evidence to support the efforts of the public health community to promote tobacco prevention and cessation among Arizona's youth.

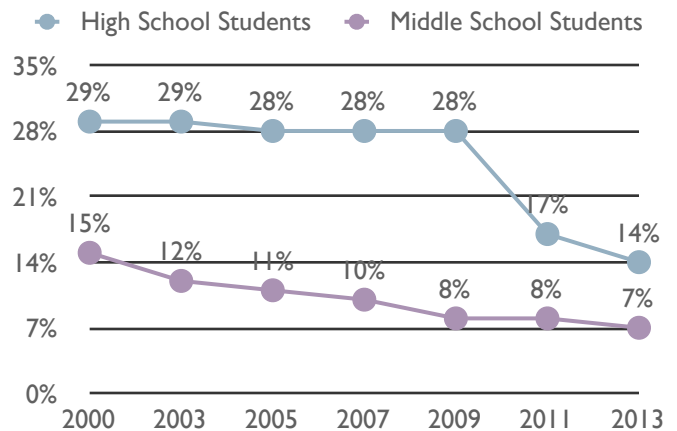


Figure 1: Trends in the use of any tobacco product by Arizona middle and high school students, 2000-2013

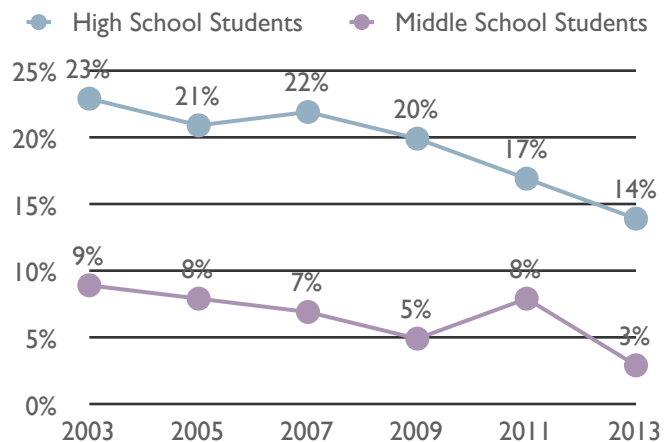


Figure 2: Trends in the use of cigarettes by Arizona middle and high school students, 2003-2013

YOUTH TOBACCO USE, ACCESS, AND EXPOSURE

Hookah use, contrary to the general downward trend of tobacco use among middle school students, has demonstrated marked popularity since 2005. This increase is much more dramatic for high school students. Whereas ever use among middle school students in 2010 was measured at a little over 4%, it was almost 4 times that for high school, with more than 1 in 4 admitting to having ever used hookah. When broken down by grade, the increase in use among high school students is even more pronounced. (See Figure 4). Of high school seniors, 53% admitted to ever using hookah.

The Arizona Youth Survey (AYS) for 2012, conducted biennially by the Arizona Criminal Justice Commission, shows a leveling off of the popularity of smokeless tobacco since 2004. (See Figure 5). The percentage of 8th graders who admitted to using smokeless tobacco—chew, snuff, plug, dipping tobacco or chewing tobacco—decreased, and is currently less than 1% more than the percentages of 8th graders who were current users in 2004. The number of current users in the 10th grade has also decreased, although it is still more than the percentage of current smokeless tobacco users in 2004. The percentage of 12th graders using smokeless tobacco has risen from 5.4 to 8.3%, a 54% increase since 2004.

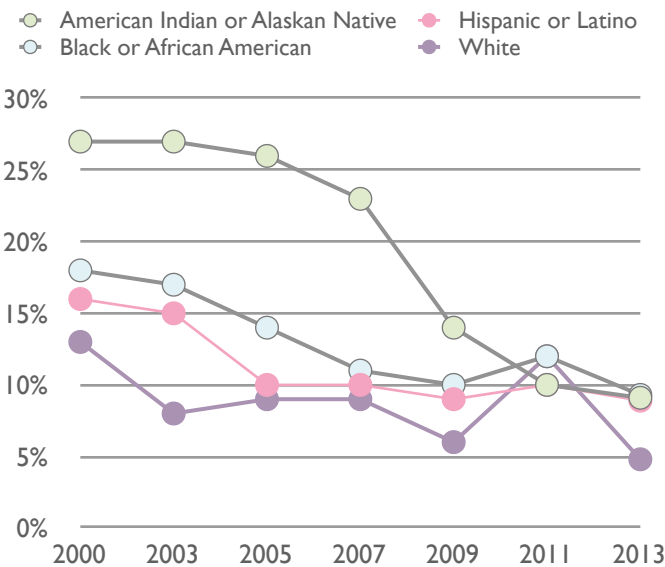


Figure 3: Percent any tobacco use among middle school students, by race, 2000-2013

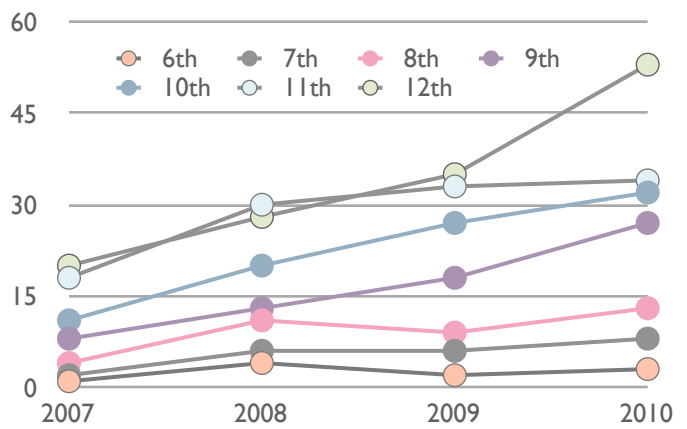


Figure 4: Percent ever use of hookah by middle and high school grades, 2007-2010

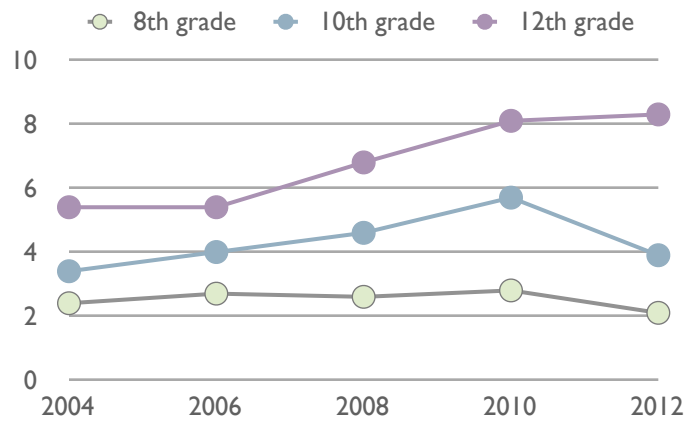


Figure 5: Current use of smokeless tobacco by middle and high school students, 2004-2012, by percent

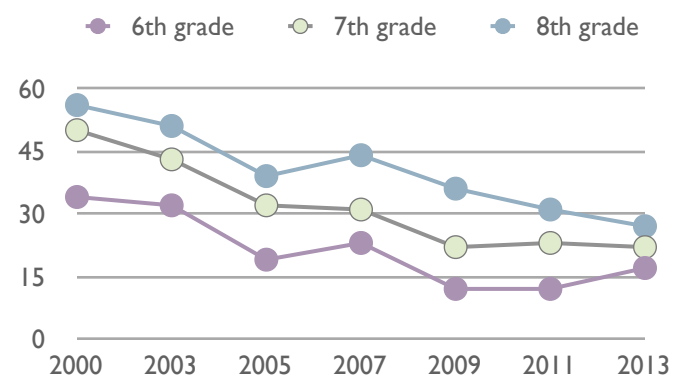


Figure 6: Percent any tobacco use by Arizona middle school students, by grade, 2000-2013,

YOUTH TOBACCO USE, ACCESS, AND EXPOSURE

Susceptibility to Initiating Smoking

CDC Outcome Indicator 1.13.2

Prevalence of young people who report never having tried a cigarette

The YRBSS reported that 14% of Arizona high school students had tried smoking, even 1 or 2 puffs, which means that 86% self-reported never having tried a cigarette. This represents a significant increase in high school students never having tried a cigarette, up from 77% in 2003. Among middle school students surveyed in 2013, 97% report never having tried cigarettes, up from 91% who reported being lifetime free of cigarettes in 2003.

Access to Tobacco Products

CDC Outcome Indicator 1.11.2

Proportion of young people reporting that they have been sold tobacco products by a retailer



Youth access to tobacco products has been a major focus of concern in tobacco control efforts across the country. Federal and state laws in Arizona make it illegal for merchants to sell tobacco to youth under the age of 18. Nonetheless, students in Arizona are able to get tobacco from multiple sources, both social and commercial. Students under 18 years of age often acquire tobacco products through social networks, borrowing or bumming cigarettes from friends (See Figure 7). This is the largest identified way of acquiring tobacco products. The 2nd highest identified way method of acquiring tobacco products was giving money to someone to purchase for the student.

Middle school students were asked where they last purchased the last pack of cigarettes they bought. Of the identified locations to purchase cigarettes, gas stations were identified as the most common location consistently since 2005. Fewer students reported buying cigarettes from convenience stores, smoke shops and over the Internet (See Figure 8). As of 2013, the purchase of tobacco over the Internet became illegal per ARS 36-798.06 (Arizona Revised Statute). However, questions regarding smoke shops and the Internet as purchasing sources were not asked every year. In general, drug stores, grocery stores, and convenience stores seem to be trending upward, replacing purchases previously made at smoke shops.

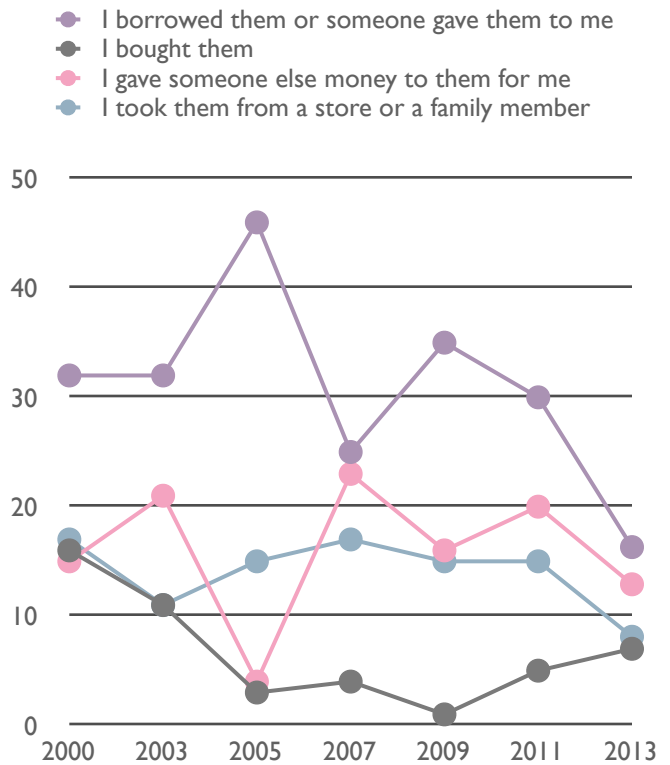


Figure 7: Self-reported access to cigarettes among middle school students, 2000-2013, by percent

YOUTH TOBACCO USE, ACCESS, AND EXPOSURE



friends, for example—and more have reported buying them directly at retailers such as gas stations. This method of obtaining cigarettes has increased significantly since 2009, with proof of age verification requests falling from 25 to 7% over the last 4 years.

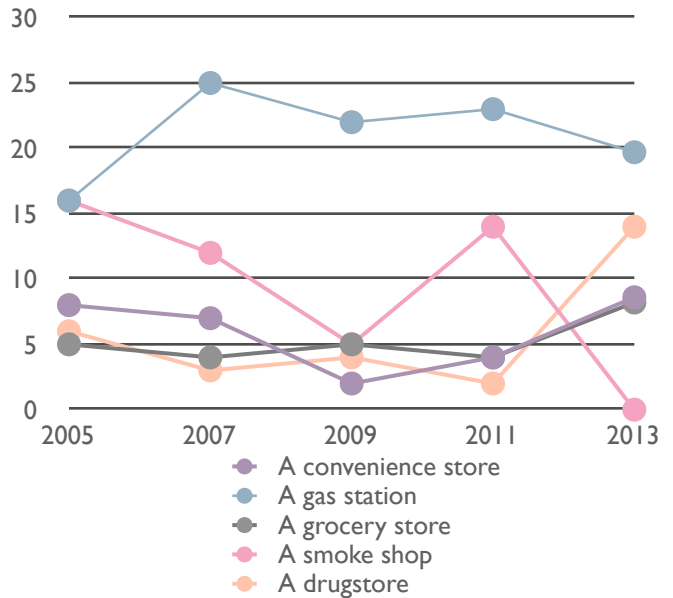


Figure 8: Store type where smokers in middle school bought their cigarettes, 2005-2013, by percent

ACCESS TO TOBACCO PRODUCTS

BEING AWARE

Clamping down on tobacco sales to minors in commercial venues is extremely important but will not curtail youth’s access to tobacco as social sources are more difficult to regulate. Conducting inspections of retail tobacco vendors that are close to schools and to places where young people congregate may help. Informing the public about the extent and dangers of social sources of tobacco for youth is also needed. Consideration might be given to developing communications that would discourage sales by older to younger persons, or even to friends.

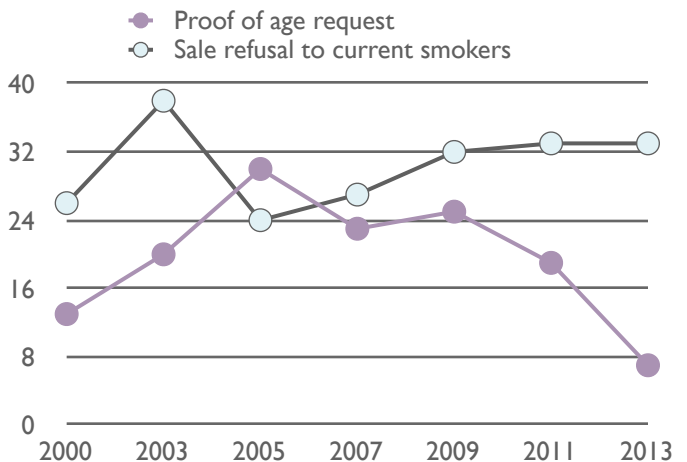


Figure 9: Self-report of middle school students who have been asked for proof of age and sale refusal, 2000-2013, by percent

The percentages for sale refusals to middle school students show a similar pattern; following a 2003 high of nearly 40%, 2005 began an upward trend. In 2013, about 33% of students indicated that they had been refused a tobacco purchase. Over time, fewer high school students have reported getting cigarettes through social means—from

YOUTH TOBACCO USE, ACCESS, AND EXPOSURE

EXPOSURE TO SECONDHAND SMOKE AT HOME AND ON THE ROAD

Secondhand smoke contains cancer causing chemicals and contributes to numerous diseases in adults and children. The impact of secondhand smoke on young people’s health is heightened due to their ongoing physiological development. Young people are particularly vulnerable to exposure to secondhand smoke at home and in cars.

Information about the harms of secondhand smoke is constantly being updated by researchers and scientists. The more that is discovered, especially with regard to children, the more health practitioners and public officials call for strategies to protect children and youth. There are important social and health costs to having large numbers of youth exposed to secondhand smoke. Efforts to get smokers in Arizona to refrain from smoking in the home and in cars is a good first step to alleviating those costs.



Secondhand Smoke Effects

Exposure in the Home

According to the 2013 Arizona Youth Tobacco Survey (YTS), students were asked on how many of the past 7 days they had been in the house or the same car with someone who was smoking cigarettes. Students reported 20% exposure to cigarette smoke at least once in their house during the past week, and 19% also reported exposure at least once in a car (See Figure 10).

When comparing exposure to secondhand smoke between students who live with a smoker and those who do not, differences in exposure rates between the 2 groups are high (See Figure 11). One or more exposures in

the home during the past 7 days was reported by 47% of students living with a smoker compared to 4% of the students that do not live with a smoker. One or more exposure in a car during the past 7 days was reported by 40% of those living with a smoker compared to 8% of those who do not.

The difference in repeated exposures (3 or more times) in the home and cars is particularly pronounced. Repeated exposure in the home was reported by 37% of those who live with a smoker compared to 2% of those who do not. Repeated exposures in a car were reported by 24% of those living with a smoker and 3% of those who do not.

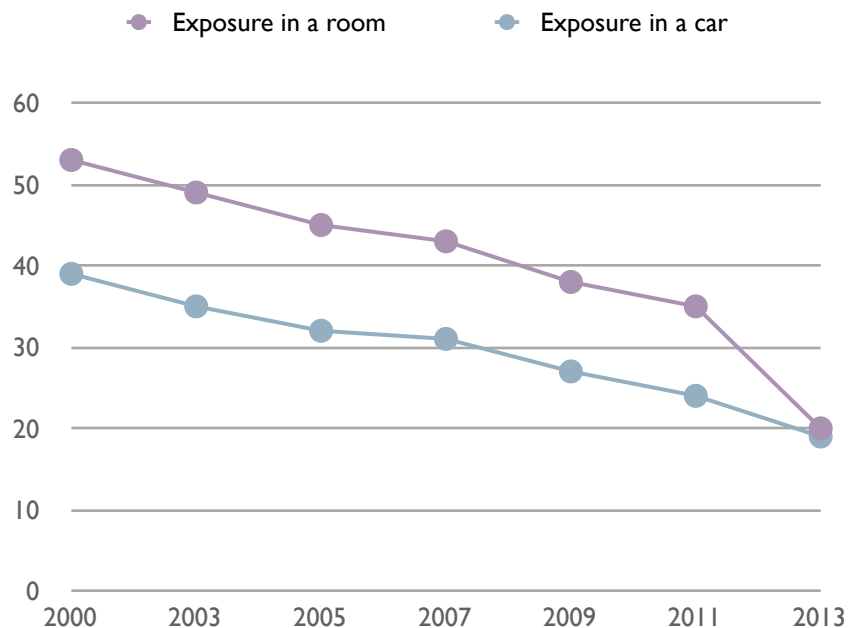


Figure 10: Percent self-reported exposure to second-hand smoke among middle school students during the past 7 days, 2000-2013

YOUTH TOBACCO USE, ACCESS, AND EXPOSURE

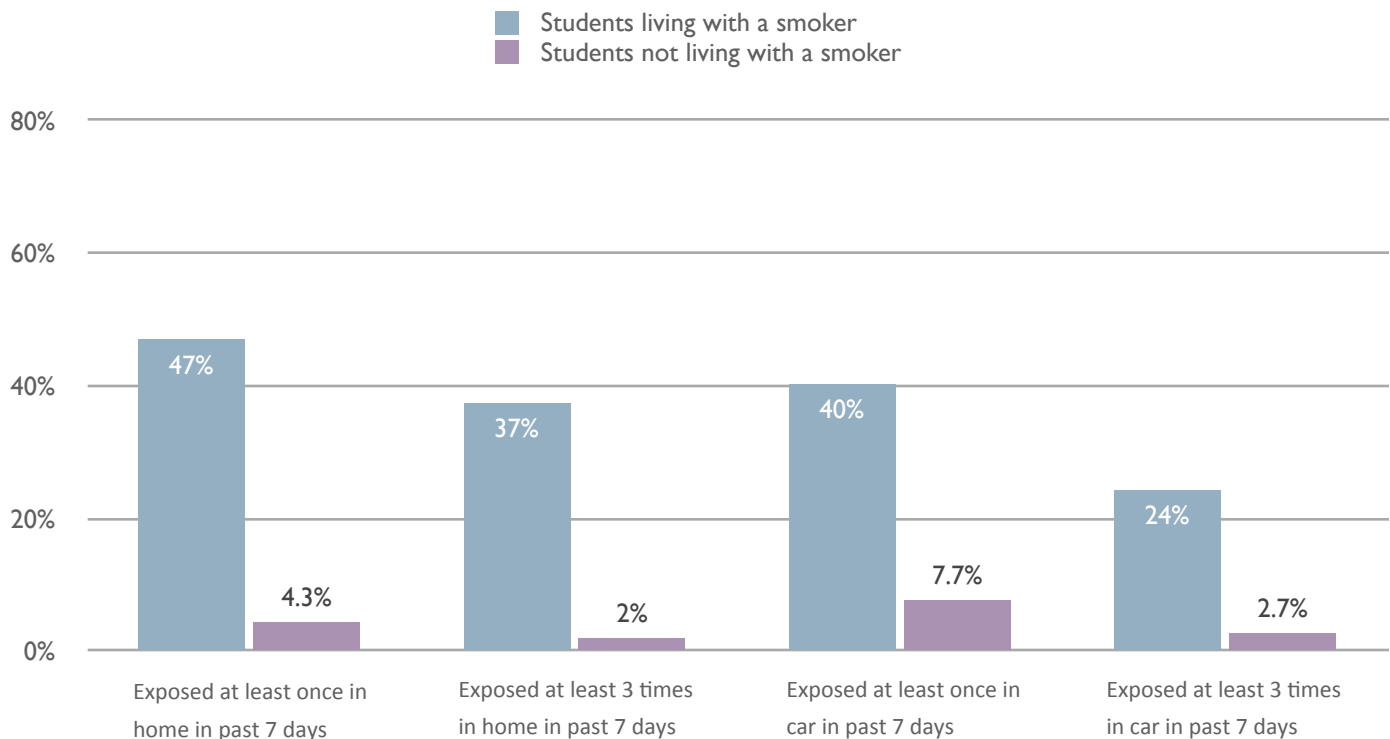


Figure 11: Exposure to Secondhand Smoke in Homes and Cars among Students Living With and Without a Smoker, 2013

In the 2013 Arizona Youth Tobacco Survey, the frequency of students' exposure varied with the presence of a smoker in the home. Almost 30% of students reported living with someone who smokes; students living with a smoker reported higher rates of being exposed to secondhand smoke once or multiple times in the home or a car during the previous week. Rates were reported at 8 to 10 times higher, with almost half of students living with a smoker exposed at least once in the home during the previous week. Students living with a smoker reported decreases in the number of exposures in the home and in cars during the past 7 days since 2003.

Reports in the 2013 Arizona Youth Tobacco Survey showed that exposure rates among middle school students decreased in all categories from 2003. Reports of exposure at least once in a room were 49% in 2003 and decreased to 21% in 2013. Repeated exposures in the home decreased by almost half, from 28% in 2003 to 15% in 2013. Reports of single exposure in a car were lower by 16% (35% to 19%) and repeated exposures in a car were lower by 11% (21% to 10%).

EMERGING TOBACCO PRODUCTS

ENDS such as e-cigarettes, disposable cigarette-like, e-hookah, vape pens, and refillable, personal vaporizers are battery-powered devices whose function is to vaporize and deliver to the lungs a chemical mixture that includes propylene glycol, nicotine, and other chemicals.

The issue of whether e-cigarettes and similar products should be regulated as tobacco products or not has become salient in the United States. The State of Arizona is waiting the final FDA decision on the matter; however, ASHLine has begun drafting a protocol to address clients who use these products and want to quit.

YOUTH PROGRAMS AND SERVICES

Students Taking a New Direction (STAND)

Efforts to build a sustainable network of youth coalitions are ongoing. In FY12, BTCDC awarded Pima Prevention Partnership (PPP) with a contract to serve in assisting BTCDC funded partners on developing youth coalition structure and retaining youth participants. In FY12, the Join the Movement statewide youth coalition effort was branded as Students Taking a New Direction or STAND. Currently 28 coalitions exist in fourteen of Arizona's 15 counties. Membership hovers at approximately 400 youth statewide.

BTCDC in conjunction with contractor PPP and its subcontractors Arizona Youth Partnership (AZYP) and Amistades, Inc. continue to bolster youth coalition efforts statewide. Through adult and youth trainings, a planning summit held in the winter, an annual celebratory conference and an increased online presence via Facebook.com/STAND, Twitter @AZStand and www.StandAZ.com; the statewide and local initiatives are thriving in year 5. Local coalitions retain their identity but on a statewide level youth coalition activities are unified via STAND.

Trainings

PPP has held trainings for adult coalition leaders as well as youth coalition members. Trainings have been held regionally during both the fall and spring in Phoenix, Flagstaff, Tucson, Yuma, Show Low and Sierra Vista. Adult coalition leaders learn how to effectively foster youth coalition development, assist

the coalition members where needed and provide additional logistical support. Individual technical assistance is provided where needed throughout the fiscal year to both youth members and adult coalition members by PPP. Trainings for the youth include education on advocacy, public speaking, social media and message development. Additional support is provided for upcoming STAND local and statewide events such as the Great American Smoke-Out (GASO) held in November; Kick Butts Day (KBD) held in March and World No Tobacco Day (WNTD) held in May.

Annual Meetings

Winter Summit – held annually around the first of the year as a planning summit for coalition leadership. Planning occurs for Kick Butts Day, World No Tobacco Day and the annual summer conference.

Summer Conference – held each June; over 200 youth are invited to the annual summer conference. It serves as a year end celebration with the awarding of the Arizona Youth Advocate of the Year Award (AZAYYA), Coalition of the Year, and individual coalition MVPs. National and local speakers in the tobacco field challenge the youth to make positive change in their community. Members attend sessions designed to improve their youth advocacy skills both in STAND as well as preparing them to be future leaders.



YOUTH PROGRAMS AND SERVICES

Outreach: Slice of Life

While members participate throughout the school year; STAND features a number of "Slice of Life" initiatives that involve non-STAND members in the promotion of the STAND message. Each initiative feature earned media opportunities and was filmed for additional online content and promotion.

Art of Resistance – An annual art contest that stems from a master class given by a local artist at high schools statewide. Participants are asked to submit anti-tobacco pop art. Winning artwork has been featured on STAND collateral.

Fast Forward a 40-year old smoker – Using theatrical make-up; 2 teens were aesthetically transformed into 40-year old smokers. The teens went to their regularly scheduled classes in a STAND t-shirt and read a statement regarding tobacco abstinence. The ensuing transformation footage was hosted online.

Spot 127 – In conjunction with KJZZ; Phoenix's National Public Radio (NPR) affiliate; student interns created a radio ad called Private School Aids Service that focused on populations that are targeted by the tobacco industry at higher rates. Population focus included the Lesbian/Gay/Bisexual/Transgender community, the behavioral health community and youth.

Engineering Addiction – In partnership with a local robotics club; STAND created a tobacco themed trivia robot used at tobacco themed events. Youth would have to correctly answer tobacco related questions in order to operate the robot. STAND is pursuing a partnership with Arizona State University's robotics wing (<http://www.standaz.com/watch/engineering-addiction/>).

Youth Prevention Network

Youth prevention has been broadened to include not only youth coalition activities but also to incorporate prevention outreach, point-of-sale (POS) efforts including the Attorney General's sting operation, CounterStrike, and the Food and Drug Administration program. The centralized hub of activity will be StandAZ.com. Information and resources will be provided for youth and adult leaders and will house but not be limited to the aforementioned initiatives. Facebook and YouTube sites have been created to tap into the social media opportunity that presents itself when working with youth.

Continued engagement and involvement with the youth help with recruitment, execution and promotion of statewide and local youth coalition efforts.

Youth Cessation Counter-Marketing Get Out While You Can

Beginning in mid FY13, BTCD began to formulate a plan to address tobacco cessation efforts among youth. Four hundred high school youth were surveyed on tobacco related attitudes with the aim of determining the best protocol for youth cessation. BTCD conducted a literature review and in-depth interviews with 6 local and national experts on tobacco control.

Youth cessation has been promoted as part of punishment for minors caught with and using tobacco, however, this form of cessation does not have a high success rate. Studies show that successful strategies require the user to be committed to quitting tobacco. With this in mind the research pointed to the formulation of a youth-friendly cessation quitline. Utilizing the highly successful ASHLine as a model; coaches from the ASHLine were trained in cessation protocol with youth clients as the primary demographic. The quitline number was retained but all callers age 24 and younger would be routed to the ASHLine's youth cessation wing, the SIGNAL, which was developed and branded for youth and young adults ages 15-24. The SIGNAL.com was launched to promote the a television campaign dubbed, "Get out while you can."

The challenge and focus of the 2 commercial spots was to show youth that just because they may not consider themselves tobacco users and/or addicted, they should quit and get out before it's too late. A 2.0 version of the SIGNAL website and corresponding Facebook site launched in FY14 with more emphasis on youth engagement and viral content. The idea was that through shareable content and topical humor; the demographic would be lured to the contemporary site and get the information needed to make an informed decision from a 'trusted' source that was unbranded from the ASHLine and/or ADHS. FY15 will see the revamp of the SIGNAL with new creative and renewed focus on informational content rather than a main call-to-action to the quitline.

YOUTH PROGRAMS AND SERVICES

ASHLine Counter-Marketing

Project Quit

BTCD's previous marketing efforts included a direct call-to-action of contacting the quitline with a message of what the service provided (e.g. free, nicotine replacement therapy (NRT)) as well as telling the stories of real ASHLine clients. To tie the previous 2 campaigns messaging together, a new campaign dubbed "Project Quit" was developed. Project Quit was a campaign that highlighted the real stories of tobacco users who quit using tobacco with the help of ASHLine. Each of the 4 participants stories were captured with a professional film crew on the outset, mid-point and conclusion of the 30-day project. The participants checked in daily with confessional-style cameras from their home. A 120-day check-in was done with the participants to assess their tobacco-free status and provide additional online content.

To promote the campaign, a web-portal, ProjectQuitAZ.com, and Facebook page were launched, featuring footage of 3 series of seven webisodes each. Additional media was created in the form of digital ads and outdoor billboards. The "Project Quit Roadshow" debuted at three Phoenix Metro malls on New Year's and featured a video/photo booth for additional stories from new participants as well as motivational messages from supporters. ASHLine referrals were made onsite to anyone who was looking to quit tobacco.

Continuous Quality Improvement Project

Collaborating to Streamline Efforts

In 2014, ADHS Bureau of Tobacco and Chronic Disease, Department of Behavioral Health Services (DBHS) and the Attorney General's Office (AGO) went through an intense Continuous Quality Improvement (CQI) project to streamline tobacco enforcement and compliance. The intent of the project was to look at possible collaborations on youth inspections, while eliminating duplicate efforts and unnecessary costs. The programs involved in this project were the Office of Tobacco Prevention and Cessation Programs, which funds the AGO's CounterStrike youth enforcement programs as well as holds the CDC tobacco collaborative agreement and is the office responsible for all tobacco prevention and cessation efforts in the state, and the Synar program, which is housed

within DBHS and the FDA Tobacco Compliance program which is housed within the Division of Public Health Preparedness at ADHS.

SYNAR

In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act, which includes the Synar Amendment aimed at decreasing youth access to tobacco. This amendment requires states to enact and enforce all laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. In Arizona, all businesses known or suspected of selling tobacco are broken down into clusters, which are geographic units based on zip codes with the intent of having between 20 and 80 retailers per cluster. Statistical analysis determines how many inspections need to be completed, and random clusters are drawn until there are sufficient numbers of retailers. Two community organizations are contracted to recruit youth and complete the inspections within the chosen cluster, which includes canvassing the cluster for any additional retailers. Youth for this program must be 16 years of age, are not able to carry ID, and there must be an equal number of male and female youth inspectors. In 2013, 369 inspections were completed and 3.8% of stores sold to minors. In 2014, 255 inspections were completed and the percent of stores that sold to minors was 4.0%.

FDA

ADHS is contracted with the Food and Drug Administration (FDA) to conduct compliance check inspections of tobacco retailers to determine compliance with federal laws and regulations, including the Family Smoking Prevention and Tobacco Control Act of 2009. For the youth inspections, counties within Arizona recruit youth to participate within their counties or in neighboring counties. For FY14, 690 undercover buys were completed with a 15% buy rate. During this same time, 543 AL (Advertising and Labeling) inspections were also completed with a 7% fail rate. Youth must be 16 or 17 years of age and are expected to carry ID although that is not required. Additionally, the FDA team conducts Advertising and Labeling inspections to ensure compliance with all regulations regarding advertising, incentive programs, labeling restrictions, and flavored tobacco products.

ADULT PROGRAMS, ACTIVITIES AND SERVICES

Prevalence of Adult Tobacco Use

CDC Outcome Indicator 3.14.1

Smoking Prevalence

According to the 2012 Arizona Behavioral Risk Factor Surveillance Survey (BRFSS), 17.1% of respondents identified themselves as current smokers. Figure 12 retrospectively weights the data from previous year's surveys to show what the prevalence would have been with the current weighting system. Table 1 lists demographic information about respondents who reported they are current smokers.

Prevalence of Tobacco Use in Pregnancy

CDC Outcome Indicator 3.14.2

Prevalence of tobacco use during pregnancy

According to the Arizona Department of Health Services Bureau of Public Health Statistics (ADHS BPHS), Health Status and Vital Statistics Section the prevalence rate of women who report tobacco use during pregnancy is 4.4 per 100 births in 2013, which is lower than 2005's report of 5.4 per 100 births.

Percentage of Adults in Arizona that are Current Smokers

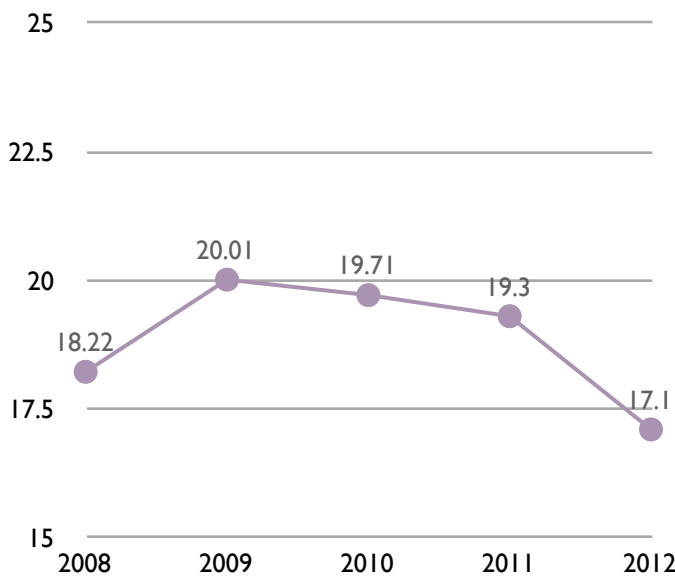


Figure 12: 2008-2012 BRFSS, Prevalence of tobacco use, retrospectively weighted

SEX	%		%
FEMALE	14.7	MALE	19.6
AGE		EMPLOYMENT	
18-24	18.9	Employed for wages	15.9
25-34	21.1	Self-employed	18.3
35-44	16.7	Out of work	29.7
45-54	18.6	Homemaker	10.8
55-64	19.2	Student	16.1
65 or more	9.5	Retired	10.6
		Unable to work	32.1
MARITAL STATUS		INCOME	
Married	11.5	< \$25,000	22.7
Divorced	27.7	\$25,000-\$34,999	20.3
Widowed	13.5	\$35,000-\$49,999	18.1
Separated	29.6	\$50,000-\$74,999	13.0
Never married	20.1	>\$75,000	10.1
Unmarried Couple	29.2		
EDUCATION		RACE/ETHNICITY	
Less than High School	20.3	White, Non-Hispanic	18.2
High School Graduate/GED	22.9	Black, Non-Hispanic	24.1
Some College/Tech School	17.1	Other race, Non-Hispanic	20.4
College Graduate	8.5	Hispanic	14.3

Table 1: 2012 Arizona BRFSS, demographics of respondents who are current smokers

SMOKE FREE ARIZONA



SMOKE FREE ARIZONA

On November 7, 2006, Arizona voters approved Proposition 201, the Smoke-Free Arizona Act, A.R.S. § 36-601.01 (the Act or the Law). The Law went into effect on May 1, 2007, prohibiting smoking inside and within 20 feet of entrances, open windows, and ventilation systems of most enclosed public places and places of employment, with a few exemptions.

While the Act prohibits smoking inside most enclosed public places and places of employment in Arizona, smoking is allowed in establishments that meet specific exemption criteria. There are 7 exemptions, including private residences, designated smoking rooms in hotels and motels, retail tobacco stores, Veterans and fraternal clubs, smoking when associated with a religious ceremony pursuant to the American Indian Religious Freedom Act of 1978, outdoor patios, and theatrical performances upon a stage or in the course of a film or television production.

Also included in Proposition 201, was the imposition of a 2-cent tax per pack of cigarettes to be deposited into the Smoke-Free Arizona Fund, which must be used to enforce the provisions of the Law. If a proprietor of an establishment does not correct violations as requested, demonstrates willful violations, or exhibits a pattern of noncompliance with the Act, (s)he is subject to enforcement action. The proprietor may receive a Notice of Violation (NOV) or an assessment of civil penalty fines between \$100 and \$500 for each violation. If injunctive relief is requested, the Superior Court may impose

appropriate injunctive relief and civil penalty fines up to \$5,000 per violation.

The Arizona Department of Health Services Office of Environmental Health (ADHS) and all but one of Arizona's counties work through delegation agreements to ensure that Arizonans are protected from secondhand smoke exposure in most enclosed public places and places of employment. The county health departments conduct consultations and on-site visits at public places and places of employment, including but not limited to local businesses, bars, and restaurants to provide education and to ensure continued compliance with the Smoke-Free Arizona Act. Between May 1, 2013 and April 30, 2014, a total of 20,202 educational visits, consultations, and on-site visits were conducted. Many business proprietors have made steps to go above and beyond the requirements of the Smoke-Free Arizona Act. In addition to making the necessary changes to comply with the Act, such as posting the required "No Smoking" signs and moving ashtrays, proprietors have also continued to build outdoor patios, provide designated smoking areas, and establish in-house policies that are more strict than the Act to accommodate their employees and customers.

In 2014, Arizona earned an "A" grade on the American Lung Association State of Tobacco Control Report for maintaining a strong, comprehensive enforcement program of the Smoke-Free Arizona Act. For the 7th year in a row, the report has awarded a grade "A," recognizing the continued success of the Smoke-Free Arizona Act.

ADULT PROGRAMS, ACTIVITIES AND SERVICES

A New Call to Action ASHLine Counter-marketing

ADHS BTCDC funds the Arizona Smokers' Helpline (ASHLine) to offer free telephone coaching, free online quit support through WebQuit (available on ashline.org) and free over-the-counter nicotine replacement therapies (NRTs) for tobacco cessation. Starting FY09, BTCDC no longer funded community-based cessation classes, and placed the statewide focus on ASHLine for cessation services. BTCDC utilizes its tobacco-funded partners to serve as referral development liaisons in metro and rural Arizona to promote ASHLine services.

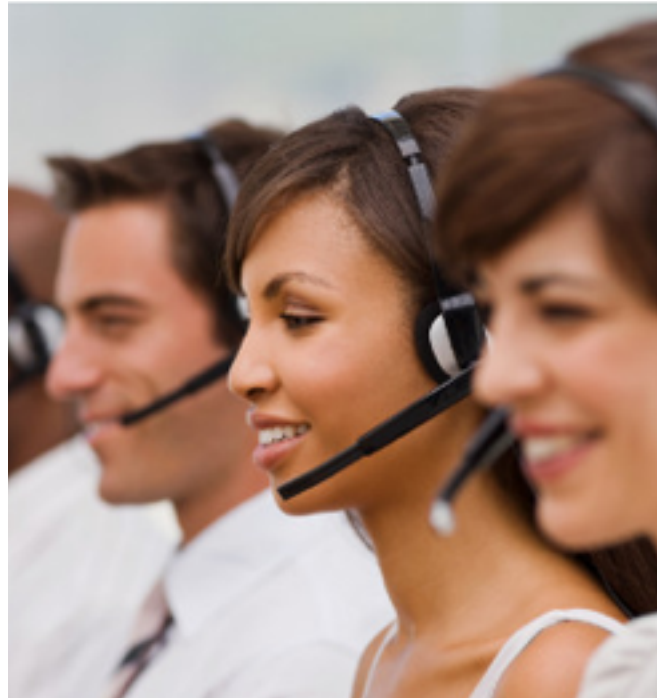
The goal of ASHLine is to provide access to effective, evidence-based tobacco use cessation services for all Arizona residents. In order to achieve this goal, ASHLine offers the following services:

- Individual/personalized telephone counseling in English and Spanish
- Web-based information/online WebQuit
- Printed materials
- Access to free Over The Counter Nicotine Replacement Therapies (i.e. NRT patch, gum, or lozenge)

Since its inception, ASHLine has received more than 10,000 calls each year and more than 12,000 referrals. ASHLine utilizes various approaches to maximize the accessibility of tobacco cessation, including:

- Individualized quit planning
- Client anonymity and confidentiality
- Proactive counseling
- Culturally competent and sensitive counseling
- Bilingual services (English, Spanish)

ASHLine had a total seven-month quit rate of 30 percent in FY13 and 37% in FY14. This compares favorably to the average 20% quit rate reported by most national quitlines. Moreover, the seven-month quit rate for clients who utilized



coaching and medication was 45 percent and 55 percent in FY13 and FY14 respectively.

Medication to Assist in Quitting

One of the most effective tobacco cessation methods is a combination of quitline coaching and FDA-approved tobacco cessation medication. In FY13 and FY14, BTCDC offered a medication benefit to eligible ASHLine clients aged 18 and above that included a free two-week supply of over-the-counter nicotine replacement patch, gum or lozenge. Unlike a voucher program, ASHLine ships the two free weeks of NRT directly to clients' homes.

Arizona Health Care Cost Containment System (AHCCCS) Title 19 beneficiaries can receive up to twelve weeks of any of the seven FDA-approved tobacco cessation medications. Arizona has one of the most comprehensive and accessible NRT benefits available to its Medicaid population.

ADULT PROGRAMS, ACTIVITIES AND SERVICES

AHCCCS members made up 23% and 29% of ASHLine's client population in FY13 and FY14 respectively. State quitlines and tobacco control programs have a long history of partnership with state Medicaid agencies on:

- Expanding coverage (and decreasing barriers) for tobacco cessation services to Medicaid members
- Promoting existing cessation coverage and the availability of free quitline services to Medicaid members
- Gaining some level of funding and/or reimbursement for delivery of quitline services to Medicaid members.

Arizona has also partnered with AHCCCS to secure the Centers for Medicare and Medicaid Services administrative match for Quitline Services, one step toward ensuring sustainability of the ASHLine as well as providing quit tobacco services to underinsured populations.

ASHLine Counter-Marketing

During FY13 and FY14, ASHLine clients reported a diverse array of formal and informal advertising regarding how they heard about ASHLine services. The most common way clients reported hearing about ASHLine services during FY13 was through television, by a wide margin. During FY14, the most common way clients reported hearing about ASHLine services remained television; however, the margin decreased significantly partially due to a reported increase in clients hearing about ASHLine within healthcare settings.

Increased provision of training and technical assistance around tobacco assessment, intervention and referral via community development – especially among medical and behavioral health partners – may be contributing to the significant increase in clients who report hearing about ASHLine services in healthcare settings. Furthermore, ASHLine has placed an increased emphasis on improving a reengagement of ASHLine services during follow-up, which may account for the significant increase in former clients reengaging in services from FY13 to FY14.

HOW ASHLINE CLIENTS HEARD ABOUT SERVICES

Media Source	FY13 (%)	FY14 (%)
TV	55.7%	34.1%
Radio	1.2%	2.1%
Billboards or Other media	2.6%	3.9%
Friends and Family	9.0%	8.6%
Doctor or Healthcare Facility	18.2%	32.7%
Client Reengagement	9.2%	11.2%
Workplace	0.5%	1.4%
Other	3.7%	6.0%

**YOU CAN QUIT
WE CAN HELP**

Prior to ASHLine's commitment to focusing on establishing Public-Private Partnerships with employers, only a small fraction of clients reported hearing about ASHLine services via the workplace. The percentage of clients hearing about ASHLine services in the workplace nearly doubled, however, between FY13 and FY14. This may be partially attributable to efforts on behalf of the Public-Private Partnership initiative.

REDUCING HEALTH DISPARITIES

IDENTIFYING AND ELIMINATING TOBACCO-RELATED DISPARITIES

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

In FY13 and FY14, BTCDC continued its work with community organizations on capacity building and program planning for the development of sustainable commercial tobacco prevention programs. The contracts with these organizations were through September of 2013. BTCDC also engaged community partners to achieve sustainable positive change in reducing health disparities relating to diabetes, tobacco-use, and obesity. The funded organizations conducted work in various communities throughout the state in these population groups: African American, American Indian, Asian-Pacific Islanders, and migrant farm workers.

Integration of Tobacco and Chronic Disease Services - Community Health System

In 2011, BTCDC initiated the Integration of Tobacco and Chronic Disease Services - Community Health System by procuring Request for Grant Applications (RFGAs). The purpose of the grant was to improve the health status of people by supporting the integration services to build a community health system that will support the utilization of tobacco-cessation, cancer, cardiovascular disease/stroke, pulmonary disease services in communities.

The grant-funded project focused on communities in 1 of 5 counties in Arizona: Gila, Graham, La Paz, Mohave, and Navajo. These counties were chosen based on their rankings on health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic, physical environments) according to the report, County Health Rankings – Mobilizing Action Toward Community Health,

prepared by the Robert Wood Johnson Foundation and University of Wisconsin.

The grant required the use of funds for the integration of services that improved their effectiveness. Examples of integration areas include:

- Development of interagency coordination mechanisms and partnerships with community partners for increased/improved service delivery (e.g. building provider networks, building functional and sustainable linkages among service partners;
- Development of procedural processes to support needed collaborative service systems improvement (e.g. change in standards of practice, data sharing);
- Training/workforce development to assist staff or other providers in the community provide effective services consistent with the purpose of the grant program; and redesigning processes, as needed, to enhance effectiveness, efficiency and optimal collaboration between service providers.



REDUCING HEALTH DISPARITIES

Asian Pacific Community in Action: Asian Pacific Islanders

During FY13 and FY14 Asian Pacific Community in Action (APCA) continued to promote the UC Davis California Asian Quitline to refer AAPI clients to quitline services. The California Quitline has the capacity to provide services in many AAPI languages the ASHLine is unable to provide at this time. APCA reached out to the community at health fairs, workshops, cultural events and by working with several healthcare providers who work with the AAPI community.

APCA is also an active member of the Arizona Smoke Free Living Coalition. Through the coalition, a tobacco survey was completed of persons living in multi-unit housing and the coalition worked to promote multi-unit smoke-free housing policies in Maricopa County. APCA also reached out to several managers' of multi-housing complexes where members from AAPI community reside to discuss this initiative. APCA provided workshops based on the Stanford – Chronic Disease Self-Management (CDSMP) Curriculum. They successfully recruited and trained several Master Trainers who in turn trained members of the community to become lay leaders to conduct CDSMP workshops. Due to this endeavor they held several workshops in the AAPI community. They also worked with several providers in the area to educate them about the availability of the workshops and established a referral system for CDSMP workshops.

The Asian Pacific Community in Action grant was completed in the second quarter of FY13.

Inter-Tribal Council of Arizona, Inc. (ITCA): Five Tribal Nations and Three Urban Centers

ITCA and their subcontractors, which includes five Tribal Nations and three Urban Indian Centers, worked on the several tobacco control activities, including youth coalitions to implement smoke-free policies. One grantee, Kaibab Paiute Tribe (KPT), through the Kaibab youth coalition, passed an ordinance for their twenty five rental units to go smoke-free with plans for implementation and enforcement of policy being finalized by program lead and tribal council. Youth made public comment to tribal council by presenting a PowerPoint which showcased how secondhand smoke was drifting into the rental units. The youth took pictures of the designated smoking areas and captured how close they were to either a

door or window of the rental units. Through youth coalitions, the tribal housing authority worked with property management to complete the language necessary for the leasing agreement. Additionally, they refurbished the units to remove odors and make the units more desirable.

Additionally, contractors worked with housing authority programs and community leaders to implement smoke-free housing policies, worked on ASHLine referrals and assisted healthcare facilities in revising intake forms to enable referrals; the tribal programs diligently reached out to their local programs to implement changes in their intake processes to include the "Ask, Advise, Refer" (AAR) process to identify individuals using commercial tobacco. To date, a total of 32 programs have revised their intake forms.

Lastly, contractors also collaborated with other counties and additional programs to promote and implement chronic disease self-management programs. All eight tribal subcontractors were trained in CDSMP in February 2013. The Inter-Tribal Council of Arizona, Inc. completed its grant work in 2013.



REDUCING HEALTH DISPARITIES



Campeños Sin Fronteras: Hispanic and Migrant Farmworkers

During FY13 and FY14, Campinas Sin Fronteras (CSF) collaborated with various faith groups to provide training and education on chronic disease prevention and tobacco prevention activities. CSF utilized the “Tu Corazon, Tu Vida” curricula for disease prevention and the AAR process for brief tobacco intervention. Each faith based group identified a member to be trained to provide education and information to their members on these activities. They also trained various community service agencies on the brief tobacco intervention and how to refer to ASHLine for tobacco cessation services.

CSF worked with their Students Taking A New Direction (STAND) youth coalition to work towards smoke-free parks in San Luis and Somerton Arizona. CSF youth participated in statewide activities like Kick Butts Day, World No Tobacco Day, and regional youth trainings, attending statewide conferences and working within their community to promote tobacco prevention.

CSF worked with apartment complex management and housing authorities to work towards smoke free housing policies and were able to assist in some multi-family units in going smoke-free. Additionally, CSF actively promoted tobacco cessation through community events and by working with

other agencies, such as hospitals and medical providers to increase referrals of patients to the ASHLine.

Due to the completion of the grant, Campeños Sin Fronteras no longer received funding after the second quarter of FY13.

Tanner Community Development Corporation: African American

Tanner Community Development Corporation (TCDC) faith based youth groups continued to have strong support and interest in the statewide youth coalition called STAND. Youth from several churches participated in youth groups who received training in public speaking and leadership skills giving them the ability to talk to their peers and members of their community regarding tobacco issues. TCDC youth groups participated in regional youth trainings as well as participated in the planning of STAND’s Summer Conference. They worked to develop an initiative around a smoke-free park within their community. TCDC also participated as a member of the Arizona Smoke Free Living Coalition. Through the coalition a tobacco survey was completed of persons living in multi-unit housing and the coalition worked to promote multi-unit smoke free housing policies to those interested in Maricopa County. TCDC has worked with several multi-unit housing complexes that have implemented either smoke-free policies for their units or have a designated smoking area.

TCDC is highly invested in the Stanford Chronic Disease Self- Management curriculum. Since the inception of this endeavor TCDC has worked with ten churches to identify leaders to act as advocates for this initiative. They have trained several lay leaders who provide the CDSMP workshops within the faith community. Through this initiative, they were able to assist 8 churches to become “Smoke Free” Campuses and several other developed designated smoking areas. Due to the completion of the grant, TCDC no longer receives funding after the second quarter of FY13. However, BTCD solicited an RFGA for youth anti-tobacco efforts and awarded the RFGA to TCDC starting in January 2014. TCDC continues to work on STAND tobacco prevention efforts which include policy work around smoke-free parks and smoke-free multi-unit housing, peer-to-peer education, and participation in state tobacco surveillance and enforcement efforts.

REDUCING HEALTH DISPARITIES



La Paz Regional Hospital: Community Health System

La Paz Regional Hospital (LPRH) worked to enhance their existing ASHLine referral process and CDSMP referral process within the hospital. They also implemented the “No Place Like Home” program which tracked readmissions and followed up with discharged patients at 2- days, 30- days, and 60- days to provide case management assistance. As a result of this program, patients were more likely to follow up with a doctor’s appointment, more likely to fill and take prescriptions, and reported appreciating having someone call to check up on them. Additionally, readmission rates at LPRH were reduced.

LPRH continued to work on their health needs assessment, which focused on Tobacco and other Substance Abuse, Adult Obesity, Lack of Exercise, and Screening Utilization Rates. The hospital worked with Cenpatico, a local behavioral health provider in La Paz County, to help with improvement of their approach to older patients regarding management of their disease.

Funding ended for most community organizations starting in the second quarter of FY14. BTCD decided to direct funds to community organizations directly through Intergovernmental Agreements (IGAs) or through Request For Grant Applications (RFGAs). To date, two tribes, the Hopi Tribe and the Kaibab Paiute Tribe, have established IGAs with BTCD. All contracted work is specific to youth anti-tobacco efforts.

STAND tobacco prevention efforts include policy work around smoke-free parks and smoke-free multi-unit housing, peer-to-peer education, as well as, participate in state tobacco surveillance and enforcement efforts. BTCD is working to secure other tribes through IGAs in the coming years.

STAND YOUTH COALITIONS HOPI AND KAIBAB-PAIUTE

The Hopi Tribe and Kaibab-Paiute Tribe each received funding through ITCA to create an anti-tobacco youth coalition. Once the funding cycle from ITCA was completed, BTCD contracted with Hopi and Kaibab-Paiute to continue their youth coalition efforts. The youth coalition works in their community to educate youth and adults about the dangers of commercial tobacco use and is working towards enacting improved tobacco policy in their communities.

STUDENTS TAKING A NEW DIRECTION

REDUCING THE BURDEN OF CHRONIC DISEASE

CHRONIC DISEASE ACCOUNTS FOR 30,000 DEATHS EACH YEAR IN AZ

76,000 HOSPITALIZATIONS & 10,000 DEATHS IN AZ EACH YEAR DUE TO HEART DISEASE

CARDIO-VASCULAR DISEASE
AZ'S 2ND LEADING CAUSE OF DEATH

OBESITY AFFECTS 1 IN 4 ARIZONANS

CANCER
HEART DISEASE
CHRONIC LOWER RESPIRATORY DISEASE
ALZHEIMER'S DISEASE
DIABETES
CHRONIC LIVER DISEASE+
CIRRHOSIS
HYPERTENSION+
HYPERTENSIVE RENAL DISEASE

CHRONIC DISEASE = 7 OF THE 10 LEADING CAUSES OF DEATH IN AZ



STROKE
AZ'S 6TH LEADING CAUSE OF DEATH

CANCER
CAUSES MORE THAN 10,000 DEATHS IN AZ EACH YEAR

NEARLY 1 IN 10 ARIZONANS HAS **DIABETES**



BUT WE ARE WORKING TOGETHER TO MAKE A DIFFERENCE

REDUCING THE BURDEN OF CHRONIC DISEASE



Chronic Disease and Tobacco Use

According to the US Department of Health and Human Services, about 8 out of 10 of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking and tobacco use. Among current smokers, chronic lung disease accounts for 73 percent of smoking-related conditions. Even among smokers who have quit, chronic lung disease accounts for 50 percent of smoking-related conditions. Research from the Centers for Disease Control and Prevention has shown a direct correlation between tobacco use and chronic diseases such as lung, larynx, esophageal, and oral cancers, heart disease and chronic lower respiratory disease.

Chronic Disease Self Management Education Programs

ADHS contracts with county health departments to implement Chronic Disease Self Management Education Programs (CDSME/P). This has resulted in a well-defined CDMSE/P statewide infrastructure that has proven to be extremely effective in assisting people with ongoing chronic disease problems such as heart disease, chronic lower pulmonary disease and other on-going health problems.

CDSME/P helps participants deal with difficult emotions, manage symptoms, set goals, problem-solve, nutrition, understanding medications, make informed treatment decisions, increase strength and stamina through better fitness, and communicate more effectively with health care providers. Participants develop action plans related to these topics through structured planning and feedback exercises.

CDSME/P teaches consumers skills to manage their conditions and build self-confidence so they can be successful in adopting healthy behaviors, improve communications with their physician, and enhance their quality of life.

The program consists of workshops conducted once a week for 2 and a half hours over 6 weeks in community-based settings such as senior centers, congregate meal programs, faith-based organizations, libraries, YMCAs, YWCAs, and senior housing programs. In addition to the Diabetes and Chronic Pain Self-Management Programs, Arizona offers the Spanish programs Tomando Control de su Salud and Programa de Manejo Personal de la Diabetes.

The Arizona Department of Health Services partners with the Arizona Living Well Institute and Yavapai County Health Department to coordinate the delivery of the Healthy Living: Self-Management of Chronic Conditions workshops throughout the state. The Arizona Living Well Institute is the lead agency that facilitates communication, coordination, and coaching for organizations and individuals, collects program data and ensures program fidelity. Since 2010, our partners have reached 5,203 community members with 74% completing the program statewide.

School Health Index/ Advisory Councils

ADHS has made funding available to Arizona counties to implement the School Health Index (SHI), a self-assessment and planning tool in elementary and high schools located in their communities. This tool will allow School Health Advisory Councils (SHACs) to be formed for the purpose of discovering what their school or school district is already doing to support student health and to identify areas of improvement. SHACs are comprised of a group of individuals representing the school and the community, acting collectively to provide advice to schools or districts on aspects of school health policies and programs. In Arizona, five counties have been working with school districts in their areas to implement the School Health Index/School Health Advisory Council Strategy through Prop 303 funds.

REDUCING THE BURDEN OF CHRONIC DISEASE



Million Hearts Initiative Strategies to Prevent Heart Disease and Stroke

BTCD has made available funding for Arizona counties to support the Million Hearts Initiative. The Million Hearts® initiative will focus, coordinate, and enhance cardiovascular disease prevention activities across the public and private sectors in an unprecedented effort to prevent one million heart attacks and strokes by 2017 and demonstrate to the American people that improving the health system can save lives. Million Hearts® will scale-up proven clinical and community strategies to prevent heart disease and stroke across the nation. In Arizona, 14 counties have agreed to support the Million Hearts Initiative through leveraging their local partners and opportunities to help increase community/clinical linkages to improve care in their counties.

PROPOSITION 303 CHRONIC DISEASE STRATEGIES

- Contracting with 14 of 15 county health departments to create a well-defined Chronic Disease Self-Management infrastructure
- Increasing the number of Chronic Disease Self-Management workshops in English and Spanish for people experiencing ongoing chronic disease problems
- Implementing the School Health Index in elementary and high schools throughout Arizona to improve health and safety policies and programs
- Establishing School Health Advisory Councils to support student health and identify areas of improvement
- Funding county health departments to implement clinical and community strategies to prevent heart disease and stroke



REDUCING THE BURDEN OF CHRONIC DISEASE

CPR Dispatch Initiative

Improving CPR care and outcomes

Heart-related deaths are the leading cause of mortality in the U.S. An estimated 424,000 annual out-of-hospital cardiac arrests (OHCAs) make OHCA a major public health problem. While most occur in adults, OHCA can strike all ages and is a significant problem in children. It results in death in all but 7.6% of cases nationally, but a 500% regional variation in survival suggest that system factors have profound impacts on outcomes.

BTCD is currently funding a statewide public health initiative to improve care and evaluate OHCA outcomes. This program is called the Arizona TARGET (Telephone-Assisted Resuscitation Gains Essential Time) Initiative. It implements the latest American Heart Association guidelines for telephone CPR. A three-year study evaluating more than 2,600 OHCAs in Arizona finds that survival and survival with positive neurologic outcome improved by factors of 1.5 and 1.7, respectively, among 9-1-1 agencies adopting the program's protocols, training, and quality-improvement tools.

Get with the Guidelines

Improving delivery of care in AZ hospitals

The ADHS Office of Chronic Disease is funding a quality improvement program which improves the delivery of stroke care in Arizona hospitals. The American Heart Association Get

with the Guidelines (GWTG) program is an evidence-based quality improvement program which utilizes a patient management tool to improve the quality of care, per CDC guidelines, for stroke patients. Stroke is the 4th leading cause of chronic disease death in Arizona and the leading cause of long-term disability. Through the GWTG quality improvement program, hospitals in Arizona will improve delivery of stroke care, thus reducing death and long-term disability. As of 2014 there are 29 hospitals participating in its quality improvement program state-wide.

Stroke System of Care

Responding to the call for a non-profit AZ Stroke System of Care

The 2011 House Bill 2157 required ADHS to create an infrastructure to coordinate stroke care statewide through the establishment of protocols and national standards for care. The Stroke Systems of Care in Arizona continues to grow with the expansion of Stroke Centers, improved data collection, quality management programs and use of tele-stroke (telemedicine for stroke patients). There are currently 25 Accredited Stroke Centers in Arizona, up from 12 in 2011. Future plans include the development of a self-sustaining stroke organization tasked with the oversight and expansion of the statewide stroke system of care as it continues to grow to provide improved care and patient outcomes for Arizonans.



**QUALITY IMPROVEMENT
SUSTAINABILITY**

REDUCING THE BURDEN OF CHRONIC DISEASE



Health in Arizona Policy Initiative (HAPI)

In January 2012, ADHS created the Health in Arizona Policy Initiative (HAPI) to achieve the goals of coordinated chronic disease. HAPI is a Division of Public Health Services' collaboration that leverages tobacco tax and lottery funding with federal funding to address social determinants of health through a "health in all policies" approach within worksites, communities, schools and health systems. The goal of HAPI is to provide infrastructure and implementation funding to local county health departments that choose to participate in the initiative. Program staff and leadership from ADHS, including the Office of Chronic Disease provide technical assistance to the HAPI contractors on implementing policy, system and environmental change. HAPI is built upon the leveraging of resources, development of relationships, and engagement of all populations on advancing efforts which make the healthy choice the easy choice for populations.

Each county has the option to work within the following five areas: Worksite Wellness, School Health, Healthy

Community Design, Clinical Care, and Procurement Policy. Counties are given the option of incorporating policy approaches which impact children and youth with special health care needs into their activities.

ADHS is currently exploring ways in which it can leverage funding sources to increase the utilization of evidence-based community preventative services (worksite wellness, school health, & community design) as well as clinical preventative services (use of electronic health systems to increase screenings, engagement of promotoras and patient navigators, use of clinician reminders around screening and clinician referrals to community programs around disease self-management, etc.). ADHS staff is working with the HAPI contractors to identify evaluation strategies for both the output and intermediate outcomes and for those of the larger initiative. Over the next several months ADHS will be identifying the major outcomes it would like to see out of both the HAPI contracts and the larger initiative.

HAPI STRATEGIES

- Focusing on children and youth with special health care needs when considering healthy community design implementation by Maricopa and Mohave Counties.
- Increasing opportunities for physical activity in the workplace in Yavapai and Navajo County
- Providing disease self-management classes to employees in Yuma County
- Increasing policies and practices to support breastfeeding in the workplace in Greenlee County,
- Increasing access to physical activity for county employees in Gila County
- Establishing healthy community design standards to make streets safe for pedestrians, bicyclists, and users of public transit in Coconino County.
- Establishing healthy community design protocols to improve community health and wellbeing in Maricopa County
- Establishing sites for community gardens in institutional settings and/or underserved areas in Pima and Graham Counties

REDUCING THE BURDEN OF CHRONIC DISEASE

Healthy Arizona Worksite Program (HAWP)

Funding has been made available to assist Arizona employers on the development and implementation of evidence-based worksite wellness programs. Comprehensive worksite wellness programs are proven to not only help organizations control healthcare costs, including those associated with chronic conditions such as heart disease, diabetes, and pulmonary disease, but they also increase productivity among employees. Many employers, however, do not have an understanding of how to implement such a worksite wellness program, often neglecting the connection between prevention initiatives and health plan benefit design and utilization. ADHS contracts with the Maricopa County Department of Public Health and the Arizona Small Business Association to help employers successfully implement evidence-based healthy worksite initiatives to improve the health of their employees and businesses.

The Healthy Arizona Worksites Program (HAWP) provides tools, resources and technical assistance to employers to design, implement, and evaluate healthy worksite initiatives throughout Arizona. HAWP also works to create linkages between Arizona businesses engaging in healthy worksite efforts so they can learn from each other and share experiences. Employers that participate in HAWP and meet certain other criteria are eligible to receive the Healthy Arizona Worksite Award.

This award recognizes businesses in Arizona that are making efforts to positively affect the health and well-being of their employees, their families and their communities through evidence-based worksite health initiatives.

Chronic Lower Pulmonary Disease

Through a contract with the American Lung Association, BTCD is promoting improvements in the system of care for individuals diagnosed with COPD by working to

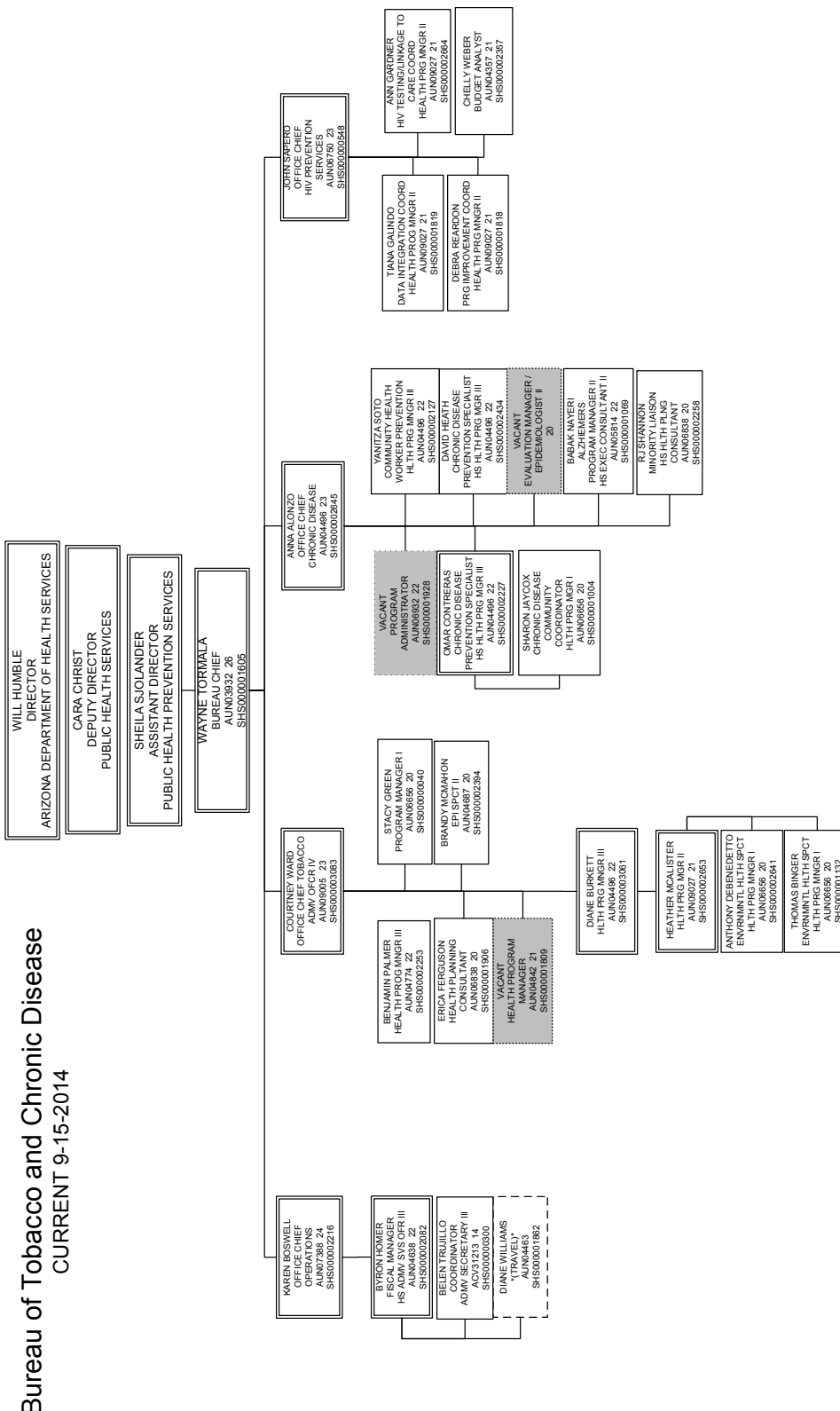
- Promote the prevention and early detection of lung disease
- Collect surveillance data to determine the impact of indoor air quality as it effects COPD and other chronic respiratory conditions in Arizona
- Educate the public, people living with COPD, healthcare community, and decision makers about the risks for chronic lung disease and relevant resources
- Build awareness of indoor air quality issues through a social media campaign, collateral materials and website
- Provide a statewide forum for individuals living with lung disease, medical professionals, members of the healthcare industry and community agencies invested in respiratory issues
- Build relationships with decision makers in the multi-housing community to assist in creating smoke-free policies in communities throughout Maricopa County
- Develop and implement a Contractor Action Plan in conjunction with BTDC and implement the Action Plan.

WORKSITE WELLNESS

“Comprehensive Worksite Wellness Programs...not only help organizations control healthcare costs...but they also increase productivity among employees.”



FIGURE 13: BTCD ORGANIZATIONAL CHART



Bureau of Tobacco and Chronic Disease
CURRENT 9-15-2014

TABLE 2: PROP 200 EXPENDITURES AND CONTRACTS

PROJECTS	EXPENDITURES FY13	EXPENDITURES FY14
Local Partners		
Apache County	\$144,081	\$173,390
Cochise County	\$312,922	\$275,803
Coconino County	\$340,523	\$351,827
Gila County	\$137,529	\$125,920
Graham County	\$111,244	\$120,730
Greenlee County	\$59,559	\$70,837
La Paz County	\$165,113	\$118,817
Maricopa County	\$1,702,939	\$2,348,730
Mariposa Community Hlth Cntr	\$91,663	\$129,588
Mohave County	\$336,725	\$346,487
Navajo County	\$163,863	\$161,860
Pima County	\$955,146	\$1,052,501
Pinal County	\$320,294	\$348,368
Yavapai County	\$281,075	\$341,883
Yuma County	\$257,918	\$265,109
Total Local Partners	\$5,380,594	\$6,231,850
Administrative	\$381,383	\$791,171
Community Outreach	\$185,857	\$85,778
Evaluation	\$56,606	\$31,532
Licensing – Empower	\$636,904	\$231,130
Marketing and Communication	\$3,191,668	\$3,329,409
Native American Outreach	\$452,805	\$11,581
Statewide Projects	\$3,855,246	\$3,746,078
Total Tobacco Expenditures	\$14,141,063	\$14,458,529

Table 2: BTCDC expenditures and contracts from Prop 200 funds, FY 2013-14

TABLE 3: PROP 303 EXPENDITURES AND CONTRACTS

PROJECTS	EXPENDITURES FY13	EXPENDITURES FY14
Local Partners		
Apache County	\$6,017	\$1,720
Breast Cancer Screening	\$287,036	\$20,121
Cochise County	\$13,997	\$1,391
Coconino County	\$16,446	\$14,659
Colorectal Cancer Screening	\$386,450	\$24,780
Graham County	\$5,421	\$228
Greenlee County	\$2,982	\$1,851
La Paz County	\$6,130	\$6,365
Lung- COPD	\$355,595	\$149,882
Maricopa County	\$109,149	\$53,874
Mohave County	\$14,203	\$1,012
Navajo County	\$7,367	\$247
Pima County	\$57,678	\$6,547
Pinal County	\$7,644	\$6,593
Yavapai County	\$12,993	\$8,954
Yuma County	\$6,146	\$962
Total Local Partners	\$1,295,254	\$299,186
Administrative	\$211,929	\$386,865
Community Outreach	\$131,128	\$186,791
Evaluation	\$42,932	\$13,693
Health in Arizona Policy Initiatives	\$439,468	\$439,468
Healthy Arizona Worksite Project	\$184,860	\$275,567
Marketing and Communication	\$492,177	\$134,397
Statewide Projects	\$542,513	\$384,449
Total Chronic Disease Expenditures	\$3,340,261	\$2,120,416

Table 3: BTCD expenditures and contracts from Prop 303 funds, FY 2013-14

TABLE 4: FEDERAL EXPENDITURES AND CONTRACTS

PROJECTS	EXPENDITURES FY13	EXPENDITURES FY14
ADMINISTRATIVE	\$648,742	\$503,247
COMMUNITY OUTREACH	\$528,960	\$384,297
EVALUATION	\$0	\$0
MARKETING AND COMMUNICATION	\$186,382	\$439,468
NATIVE AMERICAN OUTREACH	\$171,422	\$144,052
STATEWIDE PROJECTS	\$539,839	\$633,429
TOTAL FEDERAL EXPENDITURES	\$2,075,345	\$2,057,895

Table 4: BTCD expenditures and contracts from federal funds, FY 2013-14

TABLE 5: COMMUNITY OUTREACH AND PROJECT VENDORS

Community Outreach Vendors, FY13

Asian Pacific Community in Action
 Campesinos Sin Fronteras
 Inter-Tribal Council of Arizona
 La Paz Regional Hospital
 Tanner Corporation Development Community
 Pima Prevention Partnership

Statewide Projects Vendors, FY13

AHCCCS
 Attorney General Office
 BeBetter Networks
 Health Care Excel Quality Quest
 University of Arizona
 Pima Prevention Partnership
 Community Bridges

Community Outreach Vendors, FY14

Asian Pacific Community in Action
 Campesinos Sin Fronteras
 Inter-Tribal Council of Arizona
 La Paz Regional Hospital
 Hopi Tribe and Kaibab Paiute Tribe
 Tanner Corporation Development Community
 Pima Prevention Partnership

Statewide Projects Vendors, FY14

AHCCCS
 Attorney General Office
 University of Arizona
 Health Care Excel Quality Quest
 Pima Prevention Partnership
 Community Bridges

Celebrating our Past and Present....Embracing Our Future!



Thanks to the combined efforts of our many partners at the local, state, and national levels, we stand proud of our efforts to build on the successes of the past as we put forth many new initiatives over the past 2 years. At a time when the prevalence of tobacco use was at a standstill across the nation, we embraced the fact that continued improvements in the health of Arizonans would require new ways of thinking and doing, with several milestones being achieved:

Tobacco Prevalence Continued to Drop! Arizona continued to make strides in lowering tobacco use among both adults and youth. CDC released findings indicating a drop in adult use from 19% to 17%, which translates to over 72,000 Arizonans quitting tobacco use. Even more profound, youth prevalence fell from 17.3% to 14.1%, for an estimated 110,000 fewer smokers today than four years ago. Such reductions translate into tens-of-millions dollars saved in healthcare costs and work productivity.

Centers for Medicare and Medicaid Services (CMS) Reimbursement. The Bureau of Tobacco & Chronic Disease secured federal participation in the partial funding of quitline expenditures, allowing Arizona to claim 50% administrative match for services to Medicaid (AHCCCS) members. Arizona was only the 10th state to receive approval from the Centers for Medicare and Medicaid Services and can use the funds to extend tobacco cessation services to the Medicaid population while at the same time bolstering the long-term sustainability of tobacco control.

STAND (Students Taking a New Direction). STAND conducted its first legislative day in March, 2014. Over 300 students from across Arizona met at the State Capitol to showcase their efforts to prevent and reduce tobacco use among youth, and eliminate exposure to secondhand smoke. Joined by the Office of the Attorney General, Arizonans Concerned About Smoking, American Heart Association, American Cancer Society Cancer Action Network, and American Lung Association, STAND ranks among the nation's largest and most organized youth-driven efforts in reducing the health and cost burdens of tobacco use.

Youth Cessation. In July, 2013, the Bureau of Tobacco & Chronic Disease premiered SIGNAL, the first youth cessation quitline in Arizona. This pilot program targets smokers who are 15-26 years of age, the program utilizes college age, trained quit coaches to help young people quit before they develop lifelong addictions.

ASHLine Re-Organization. To maximize program scalability, sustainability, and the overall public health impact of cessation services, the University of Arizona, Canyon Ranch Center for Prevention and Health Promotion, implemented a comprehensive re-organization of the ASHLine to improve its overall capacity to engage health plans and other payers of tobacco cessation services.

Tobacco and Behavioral Health. Arizona has been among the nation's leaders in addressing the high prevalence of tobacco use among people with a mental illness. By training behavioral health professionals and establishing systems linkages between clinical providers and the ASHLine, referrals from behavioral health locations have skyrocketed, and the "quit rate" among people living with a serious mental illness is now on a par with the general population; a feat that was considered "impossible" by national tobacco control authorities just two years ago.

Today, while we recognize success on many levels, and Arizona has retained its position as one of our nation's leaders in tobacco control, the ADHS Bureau of Tobacco & Chronic Disease remains committed to its core concern: Too many Arizonans will suffer needlessly and die prematurely as a result of tobacco use!

Working alongside our many partners across the state, a recently-formed Sustainability Work Group, and the oversight of the TRUST Commission, we are confident that further reductions in tobacco use among adults and youth across all populations will be reported, and that lower disease and financial burdens of tobacco use will be self-evident!

Wayne Tormala, Chief
Arizona Department of Health Services
Bureau of Tobacco & Chronic Disease
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