


Thomas O. Forslund, Director

Governor Matthew H. Mead

MEMORANDUM

Date: October 1, 2014

To: Governor Matthew H. Mead
Joint Labor, Health and Social Services Interim Committee

From: Thomas O. Forslund, Director 
Wyoming Department of Health

Subject: Legislative Report: Wyoming Tobacco Settlement Funds Annual Report

Ref: F-2014-485

W.S. § 9-4-1204(j) states:

The Department of Health shall report its activities under this section, including the authorized expenditures of any money from the Wyoming Tobacco Money Settlement Trust Fund Income Account, related by W.S. § 9-2-120 to the Governor and the Joint Labor, Health and Social Services Interim Committee no later than October 1 of each year.

Attached is the annual report that fulfills the legislative mandate. For additional information, please contact Wendy E. Braund, MD, MPH, MEd, FACPM, State Health Officer and Senior Administrator, Public Health Division, 6101 Yellowstone Road, Suite 420, Cheyenne, Wyoming, 82002, (307) 777-6004, wendy.braund@wyo.gov.

Attachment: Legislative Report

TF/WB/mg/jg

c: Governor Matthew H. Mead
Legislative Service Office (3 copies)
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Wyoming Department of Health

Report to Governor Matthew H. Mead and the Joint Labor, Health, and Social
Services Interim Committee

**Report on Tobacco Settlement Funds
Tobacco Prevention and Control
Program
W.S. § 9-4-1203 and § 9-4-1204**

Prepared by
Joe D'Eufemia, Project Coordinator
Wendy E. Braund, MD, MPH, MEd, FACPM,
State Health Officer and Senior Administrator,
Public Health Division

Thomas O. Forslund, Director
Wyoming Department of Health (048)
Website: <http://www.health.wyo.gov/name>
E-mail: tom.forslund@wyo.gov

Cheyenne, WY 82002

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REPORT ON TOBACCO SETTLEMENT FUNDS

Table of Contents

Section	Page
Executive Summary	3
1. Specific Requirements of Statute	4
2. Funding	5
3. Responses to Specific Requirements of Statute	6
4. Recommendations for Future Changes	11
5. Detailed Supplementary Information	11
6. Appendices.....	16

Executive Summary

Tobacco is the leading preventable cause of death and chronic disease in the United States. In Wyoming, it is estimated to lead to more than 700 deaths and contribute to more than \$239 million in total healthcare costs annually (WYSAC, 2012). In addition, secondhand tobacco smoke causes illness and premature death in adults and children. States with comprehensive tobacco prevention and control programs have seen significant reductions in tobacco use.

W.S. § 9-4-1204 prioritizes the following prevention activities for funding: (i) comprehensive community-based programs; (ii) public education, including use of media campaigns; (iii) youth involvement programs; (iv) school and early childhood programs; (v) enforcement of laws related to access to tobacco products by minors; (vi) programs to promote the cessation of tobacco use; (vii) programs for the prevention and treatment of tobacco related diseases.

The Wyoming Department of Health (WDH), Public Health Division (PHD) uses tobacco settlement funds to implement and evaluate community-based tobacco prevention services in 23 counties and the Wind River Indian Reservation. These funds facilitate statewide program activities that address all types of tobacco use, including efforts to reduce the rate of illegal tobacco sales to children through enforcement activities, public education, social marketing for culture change, program evaluation, training events, earned media access, and educational materials.

Tobacco settlement funds (TSF) are also used for other health-related activities in the WDH such as the Wyoming Chronic Disease Prevention Program (WCDPP); Wyoming Colorectal Cancer Screening Program (WCCSP); Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP); Wyoming Cancer Resource Services (WCRS); and the Community Oral Health Coordinator Program. Narratives for these programs are found in Appendix A. The following is a breakdown of TSF by program:

Table 1: Public Health Tobacco Settlement Trust Fund Expenditures for SFY 2014

Tobacco Prevention & Control Program	\$3,547,150
Wyoming Diabetes, Heart Disease & Stroke Prevention and Control Program	\$277,592
Wyoming Colorectal Cancer Screening Program	\$700,000
Wyoming Breast and Cervical Cancer Early Detection Program	\$143,759
Wyoming Cancer Resource Services	\$495,000
Community Oral Health Coordinator Program	\$200,000

Some highlights of the tobacco prevention and control program set forth in greater detail in this report are:

- In SFY 2014, the Wyoming Quit Tobacco Program (WQTP) funded cessation services for 2,769 individuals, an estimated 33% of whom had quit tobacco for 30 days.

- Synar has showed a decreased percent of retailers who sell to minors from a 56 percent noncompliance rate in 1999 to 8 percent in 2013.
- Public support for smoke-free policies continues to increase, for example:
 - In 2008, 84 percent of Wyoming restaurants and 41 percent of bars reported being smoke-free (Restaurant and Bar Survey).
 - In 2012, 77 percent of respondents thought that smoking should never be allowed indoors in restaurants and 47 percent thought smoking should never be allowed in bars, casinos, and clubs. Each of these is an increase since they were first measured on the Adult Tobacco Survey (2004 for bars, 2002 for the other venues).
 - Additionally, 87 percent of respondents report that smoking is never allowed inside their home and 91 percent of respondents report that smoking is never allowed in indoor areas of their workplace.
 - Since Laramie enacted the first smoke-free ordinance in 2005, eight additional municipalities in Wyoming have enacted smoke-free ordinances.
- The prevalence and incidence of tobacco use continues to show positive change. The following data is illustrative:
 - In 2013, 53 percent of Wyoming high school smokers attempted to quit (Youth Risk Behavior Surveillance Survey, YRBSS).
 - In 2012 56 percent of Wyoming adult tobacco users attempted to quit (Behavioral Risk Factor Surveillance Survey, BRFSS).
 - High school smoking prevalence in Wyoming has dropped from 40 percent in 1995 to 17.4 percent in 2013 (YRBSS).
 - The Wyoming adult smoking rate has declined from 25 percent in 2003 to 20.6 percent in 2013 (BRFSS).
- Initial administrative cost savings from the introduction of the Prevention Management Organization have been conservatively estimated at \$325,000.00.

Section 1. Specific Requirements of the Statute

W.S. § 9-4-1204 requires that the Department of Health prepare an annual legislative report on the impacts of tobacco prevention activities of the Wyoming Tobacco Prevention and Control Program. The specific language of the statute is as follows:

W.S. § 9-4-1204(j). The department shall report its activities under this section including the authorized expenditures of any money from the income account created by W.S. 9-4-1203 to the governor and the joint labor, health and social services interim committee not later than October 1 of each year.

W.S. § 9-4-1203 requires that funds be used to improve the health of Wyoming's residents, to include prevention of tobacco use through school and community-based programs. W.S. § 9-4-1204 requires a science-based approach to developing comprehensive tobacco prevention, cessation, and treatment programs, and directs cost-effective reduction of tobacco-related problems based on appropriated funds.

W.S. § 9-4-1204 prioritizes the following for funding: (i) comprehensive community based programs; (ii) public education, including use of media campaigns; (iii) youth involvement programs; (iv) school and early childhood programs; (v) enforcement of laws related to access to tobacco products by minors; (vi) programs to promote the cessation of tobacco use; (vii) programs for the treatment of tobacco related diseases.

The statutes also require collaboration with other efforts of the WDH. The U.S. Centers for Disease Control and Prevention (CDC) annual grant prioritizes community environmental change, evaluation, and program administration.

Section 2. Funding

The Wyoming Department of Health (WDH), Public Health Division (PHD) uses tobacco settlement funds to implement and evaluate community-based tobacco prevention services in 23 counties and the Wind River Indian Reservation. These funds facilitate statewide program activities that address all types of tobacco use, including efforts to reduce the rate of illegal tobacco sales to children through enforcement activities, public education, social marketing for culture change, program evaluation, training events, earned media access, and educational materials. A breakdown of program fund utilization is set forth in the following table.

Table 2: Tobacco Prevention & Control Program Funding

Administration	
Staffing (salaries, benefits)	\$40,354
Support Services (printing, travel, space rental, telecom, etc.)	\$32,336
Community Prevention Program Funding	\$1,968,478
Program Evaluation	\$605,744
Media	\$371,248
Enforcement Activities	\$434,000
Educational Outreach/Materials Storage & Distribution	\$94,928
Total	\$3,547,150

Additionally, State General Funds are utilized to provide tobacco cessation services through the Wyoming Quit Tobacco Program (WQTP) that include nicotine replacement therapy and support for other cessation medication prescriptions, as well as integrated telephone (Quitline) and web-based counseling services.

Tobacco settlement funds are also used for other health-related activities in the WDH such as the Wyoming Diabetes, Heart Disease & Stroke Prevention and Control Program (DHDSPCP); Wyoming Colorectal Cancer Screening Program (WCCSP);

Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP); Wyoming Cancer Resource Services (WCRS); and the Community Oral Health Coordinator Program. Narratives for these programs can be found in Appendix A.

Section 3. Response to Specific Requirements of the Statute

Comprehensive Community-Based Programs

Community-based prevention coalitions in all 23 counties implement evidence-based tobacco prevention and control strategies through PHD's partnership with the Prevention Management Organization of Wyoming. PHD also contracts to provide funding for tobacco prevention and control strategies on the Wind River Indian Reservation. These strategies address the following nationally recognized goals tied to our CDC funding: eliminate exposure to secondhand smoke, reduce tobacco initiation among youth, promote cessation programs, and address populations that suffer disparately from the health or economic effects of tobacco use.

Public education efforts have helped to increase awareness of the dangers of smoking and exposure to secondhand smoke. According to the 2010 National Adult Tobacco Survey (NATS), 96.5 percent of Wyoming adults say that secondhand smoke is harmful. According to the 2012 Prevention Needs Assessment (PNA), 94.8 percent of students think people risk harming themselves if they smoke at least one pack of cigarettes per day.

Even without a statewide smoke-free law, the efforts of the PHD and local coalitions collectively have accomplished significant positive changes in Wyoming tobacco trends.

Wyoming now has more smoke-free environments. According to the 2008 Restaurant and Bar Survey, 84 percent of restaurants and 41 percent of bars reported being smoke-free. According to the 2012 Adult Tobacco Survey, 77 percent of respondents thought that smoking should never be allowed indoors in restaurants, an increase from 57 percent in 2002. Attitudes towards smoke-free bars, casinos, and clubs showed that 47 percent of respondents thought that smoking should never be allowed, an increase from 29 percent in 2004. Additionally, 87 percent of respondents report that smoking is never allowed inside their home and 91 percent of respondents report that smoking is never allowed in indoor areas of their workplace.

According to the Wyoming Workplace Tobacco Policy Survey, completed in 2011, 89 percent of businesses that have written policies on smoking do not allow smoking indoors. The increase of smoke-free ordinances being implemented across the state is further evidence of changing attitudes and community norms. This shows a decrease in public tolerance of smoking and exposure to secondhand smoke. Since 2005, nine municipalities in Wyoming have enacted smoke-free ordinances.

High school smoking prevalence in Wyoming has dropped substantially from 40 percent in 1995 to 17.4 percent in 2013. However, Wyoming youth still rank among the highest in the nation in smokeless tobacco use rates with 14 percent of Wyoming youth

reporting smokeless tobacco use in the last 30 days in 2013 (YRBSS). The adult smoking rate has declined from a high of 24.6 percent in 2003 to 20.6 percent in 2013 (BRFSS). The WDH reports that less than 10 percent of Wyoming retailers are selling tobacco to minors (2013 Synar Report).

Community prevention programs promote the Wyoming Quit Tobacco Program (WQTP) through public education efforts by working with physicians, dentists, local businesses and many other sectors, including education, health and governmental agencies. Many of the community prevention programs maintain active youth groups who participate in many community public education efforts, community events, and participate in tobacco-related prevention efforts in the schools.

At the beginning of FY13, all counties began working on a Needs Assessment workbook for their communities which resulted in a multi-year Strategic Plan with a specific calendar of evidence-based activities. The communities began implementing portions of their strategic plans through a calendar of activities that included local project benchmarks in the early part of calendar year 2013 and will continue to do so through FY15.

Coordinated Cessation Services

The Wyoming Quit Tobacco Program (WQTP) provides Wyoming tobacco users access to free counseling services, free nicotine replacement therapies, and reduced cost cessation medications. Any Wyoming resident, regardless of income or insurance, can receive cessation medications and counseling through the Quitline (1-800-Quit-Now) or online services (<http://wyo.quitlogix.org>). Upon enrollment and passing of a medical screening, nicotine patches, nicotine gum and nicotine lozenges are delivered through the mail to the resident's mailbox at no cost to the participant. With a prescription from his/her physician, a resident is eligible for a coupon that reduces the cost of prescription cessation medications which are then obtained at a local participating pharmacy. The WQTP offers \$500.00 in coupons for each eligible participant towards the cost of the prescription medications over 3 months (\$180.00 the first month and \$160.00 each for the next two months) on a yearly basis.

Between July 1, 2013 and June 31, 2014, 2,769 individuals enrolled in the WQTP. Respondents most often cited physicians, family and friends and television as their referral source to the WQTP (National Jewish Health, 2014). The following programmatic outcomes were reported in the seven-month follow-up survey given to WQTP participants:

- Seven months after enrollment, 33 percent of respondents had been tobacco free for 30 days.
- Seven months after enrollment, 83 percent of WQTP survey respondents were very or mostly satisfied with the program.
- A high percentage (69%) reported that they had recommended the WQTP to someone else.

Enforcement

In support of PHD's youth access and enforcement efforts, the Wyoming Legislature amended W.S. § 14-3-302 to allow for enforcement of the law prohibiting tobacco sales to minors. The Synar Amendment, section 1926 (b)(2) Public Health Service Act [42 USC § 300x-26(b)(2)] 1992, requires the state to enforce the state law prohibiting tobacco sales to minors. States which do not reach a "buy rate" of less than 20 percent through these inspections risk losing up to 40 percent of the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) Prevention and Treatment Block Grant funds.

The enforcement activities required by the Synar Amendment resulted in the 14th consecutive year of positive results according to the WYSAC 2013 Synar Compliance Report. Tobacco sales to minors fell from a 56 percent noncompliance rate in 1999 to an eight percent noncompliance rate in 2013. Violation rates have been below 20 percent every year from 2000 through 2013. Analysis of costs for the program showed that fewer funds than anticipated were required to meet these outcomes. The enforcement activities combine the following science-based approaches:

Synar Compliance Checks: The PHD contracts with the Wyoming Survey and Analysis Center (WYSAC) at the University of Wyoming to pass on the Synar regulations for the required compliance checks and to establish statistical compliance data via random, unannounced inspections. This contract is the mechanism by which WYSAC is able to validate the "buy rate." W.S. § 14-3-302 requires law enforcement participation. Because of this requirement, the PHD has contracted with the Wyoming Association of Sheriffs and Chiefs of Police (WASCOP) to form a partnership with WYSAC to gain local law enforcement escorts for these inspections.

Got I.D.?: This educational program mobilizes community support for not selling tobacco to kids. The community tobacco prevention programs and local law enforcement agencies that are conducting compliance inspections distribute Wyoming-specific educational packets to nearly every youth accessible tobacco retailer in the state to inform the merchants about the Wyoming law. This effort is also necessary to maintain an accurate list of retailers that are accessible to minors.

Law Enforcement Support: In partnership with WASCOP, grants were awarded to 30 law enforcement agencies, covering approximately 85 percent of Wyoming's population. The increase of citation-driven compliance checks, involvement of police departments, and support from WASCOP are the most significant factors influencing Wyoming's low buy-rate. Table 3, on the next page, shows the number of compliance checks conducted over the past eight years, with the compliance rates:

Table 3: Tobacco Compliance Rates for Retailers in Wyoming, 2006-2013

	Number of Compliance Checks	Compliance Rate
2006	760	89.0%
2007	756	87.0%
2008	817	83.4%
2009	734	83.9%
2010	652	89.6%
2011	744	86.8%
2012	911	93.0%
2013	781	98.5%

Source: Annual WYSAC Alcohol and Tobacco Compliance Check Reports

Cultural and Community Norms, Public Education, and Media

Survey respondents most often cited health care professionals, family and friends and television, in that order, as their referral source to the WQTP. The project is also promoted through partnerships with the Department of Corrections, Department of Employment, WDH Division of Healthcare Finance (Medicaid), APS Services, Mountain-Pacific Health Quality, Wyoming Health Resources Network, and Tobacco-Free Wyoming Communities. The 2012 Adult Tobacco Survey found that 75 percent of current smokers were aware of telephone Quitline services. In addition, 86 percent of current smokers had made at least one 24-hour (or longer) quit attempt in their lifetime; 55 percent of these people had made a 24-hour (or longer) quit attempt in the year prior to being surveyed.

In FY2014, a new statewide media campaign primarily funded from federal sources to advertise the services of the Wyoming Quit Tobacco Program was developed and implemented. The new radio and TV commercials were aired from May 21, 2014 through August 15, 2014. Concurrently, the Centers for Disease Control and Prevention, Office of Smoking and Health was airing the Tips from Former Smokers campaign. Television was the third most cited referral source by participants in the WQTP.

The PHD's website (<http://www.health.wyo.gov/phsd/prevention/tobaccoinfo.html>) contains extensive information on tobacco-related issues, including a comprehensive list of 100 percent smoke-free Wyoming restaurants, bars, hotels, and meeting facilities. The 2012 Adult Tobacco Survey found 91 percent of respondents who work indoors indicated their workplace's official smoking policy does not allow smoking in any indoor work areas. Attitudes towards smoking in the workplace showed 79 percent of respondents thought that smoking should not be allowed in any indoor work areas. Seventy-eight percent of respondents thought that smoking should not be allowed in indoors in restaurants, an increase from 57 percent in 2002. Attitudes towards smoke-free bars, casinos or clubs showed 47 percent of respondents also thought that smoking should never be allowed, an increase from 29 percent in 2004.

The Tobacco Prevention and Control Program collaborated with the Public Health Nurses (PHN) to develop and train PHNs on a tool to increase the number of women referred to and enrolled in the WQTP, or the pregnant woman protocol of the WQTP if they were also pregnant. The cessation coordinator developed a short training on how to use the fax referral forms and also developed a short protocol the PHNs could use during their screenings of female patients. The protocol was a short guideline of questions and steps to take if a woman was identified as a smoker. If a woman self-identified as a smoker, she would be asked if she would like to quit; if so, a fax referral was filled out immediately and the benefits of the WQTP were explained. If the woman was also pregnant, the pregnant protocol of the WQTP was explained to the woman and a fax referral submitted if she was interested in quitting right away. If the woman did not express a desire to quit smoking, then the nurse had follow up questions to determine the woman's readiness to quit. This would be revisited during subsequent visits.

This training that was implemented for the PHNs was conducted in October of 2013. Since the training, there has been an increase in the number of referrals from PHNs and the number of pregnant women enrolled has also increased over previous years. During the period of July 1, 2013 to June 30, 2014 (12 months with the pregnant protocol through National Jewish Health), 37 women opted into the pregnancy protocol and 6 women opted into the post-partum protocol. In the previous 12 month period (July 1, 2012 to June 30, 2013) only 24 pregnant women enrolled in the WQTP. We do not yet know the quit rates of the women enrolled in the pregnant protocol or the post-partum protocol at this time, but this information should be available in the next year through the WQTP evaluation reports.

Evaluation and Surveillance

The PHD will continue to provide evaluation and technical assistance services for the community tobacco prevention programs on the most effective methods for reducing tobacco use, including assistance in targeting local efforts for maximum outcomes based on data and strategic goal development. Future funding allocations will be determined using a matrix of local data; staff needed to accomplish goals and required activities; and the infrastructure costs needed to complete tasks set forth funding requirements. The Wyoming Survey and Analysis Center (WYSAC) at the University of Wyoming issued several studies, evaluation publications, and issue briefs. These reports are available at <http://wysac.uwyo.edu/tobacco/Reports.aspx>.

Continued partnerships with chronic disease programs, other state agencies, and supporting organizations will advance policies, practices, and programs to reduce the health burdens from tobacco use and secondhand smoke. Because smoking, alcohol use, and obesity are the primary risk factors for chronic disease, the tobacco prevention program has been working with the chronic disease integration workgroup to develop a single strategic plan that integrates the goals and objectives of all chronic disease prevention programs. The tobacco prevention program has also been working with a maternal smoking workgroup comprised of state and local agencies to develop

strategies to address maternal smoking rates in Wyoming. These prevention efforts also coincide with meeting the priorities and objectives identified in the Department of Health Strategic Plan 2014-2018.

Section 4. Recommendations for Future Changes

As reflected herein, the Tobacco Prevention and Control Program employs a comprehensive approach to reducing the burden of tobacco use to Wyoming residents. As a result of these efforts, positive change is occurring in communities across the state and the culture around tobacco use has shifted dramatically over time, including growing support for increasing cigarette taxes and passage of smoke-free policies.

CDC has identified these two strategies as being the most effective ways to accomplish the kind of population-level change that can significantly reduce the financial burden of tobacco use on the Medicaid system and Wyoming residents.

Given the demonstrated public support for policies designed to reduce the public harm caused by tobacco use, the Wyoming Department of Health recommends that the legislature introduce and enact legislation that would:

- Create a statewide smokefree law; and
- Raise the tobacco tax in a manner consistent with standards adopted in other jurisdictions that have proven to significantly reduce the burden of tobacco.

The Department further suggests that the legislature utilize the interim committee process to address potential concerns regarding the Department of Health's use of media and other public education efforts to support any such legislative initiatives that may be pursued.

Section 5. Detailed Supplementary Information

Cost savings from the introduction of the Prevention Management Organization

At the beginning of FY13, the business model by which substance abuse prevention activities, including tobacco use, are carried out in the communities was changed to use current funding levels more efficiently while achieving prevention outcomes. The new model integrates community prevention funding, management and planning activities through a single contracting entity: the Prevention Management Organization (PMO). This change provided cost savings in administrative fees of approximately three hundred twenty-five thousand dollars (\$325,000) annually that was reinvested in communities, while also improving the efficiency of oversight and accountability of community programs.

Change in media vendor

Warehouse Twenty-one, based in Cheyenne, WY, was chosen as the new media contractor pursuant to the State Request for Proposal (RFP) process that was conducted in February of 2014. We expect that Warehouse Twenty-one will continue to deliver high quality media to promote the WQTP, as well as to educate the public on the dangers of smoking and the harmful effects of second-hand smoke. The change to Warehouse Twenty-one was effective July 1, 2014.

Protecting residents from secondhand smoke exposure

Table 4: Smoke-free Laws in Wyoming Communities, 2013.¹

City	Population	Comprehensive smoke-free law	Law covers workplaces	Law covers restaurants	Law covers bars
Burlington	288	✓	✓	✓	✓
Cheyenne	59,466	✓	✓	✓	✓
Evanston	12,359	✓	✓	✓	✓
Laramie	30,816	✓	✓	✓	✓
Mountain View	1,286	✓	✓	✓	✓
Afton	1,911		✓	✓	
Casper	55,316		✓	✓	
Green River	12,515		✓	✓	
Rock Springs	23,036		✓	✓	
Total	196,993				

Sources: Afton Municipal Code, 2008; Burlington Municipal Code, 2008; Casper Municipal Code, 2012; Cheyenne Municipal Code, 2006; Evanston Municipal Code, 2007; Green River Municipal Code, 2007; Laramie Municipal Code, 2005; Mountain View Municipal Code, 2011; Rock Springs Municipal Code, 2008; American FactFinder, Wyoming 2010 Census Data (July 2013).

Table 5: Percentage of Wyoming Adults† Whose Workplace Does not Allow Smoking Anywhere, 2006-2012*

Year	BRFSS	ATS/NATS
2006	81.2% (79.0%-83.2%)	82.2% (79.6%-84.7%)
2007	81.6% (79.2%-83.7%)	85.1% (83.1%-87.1%)
2008	83.2% (81.3%-84.9%)	81.0% (86.1%-90.0%)
2009		87.3% (85.3%-89.3%)
2010		89.7% (87.5%-92.0%)
2012		91.0% (88.4%-93.6%)

Source: WY-BRFSS (2006-2008), WY-ATS (2006-2009, 2012), NATS (2010)

†Asked only of respondents who primarily work indoors.

¹ A smokefree indoor air law in Lyman allows business owners to opt out by prominently displaying signs identifying the business as a smoking establishment (Lyman Municipal Code, 2011). This table does not include Lyman residents as covered by a smokefree indoor air law.

*The *WY-BRFSS* stopped asking the question, “Which of the following best describes your place of work’s official smoking policy for work areas?” in 2008.

Table 6: Wyoming Adults Reporting that Smoking is Not Allowed Anywhere in Their Homes, 2006-2012*

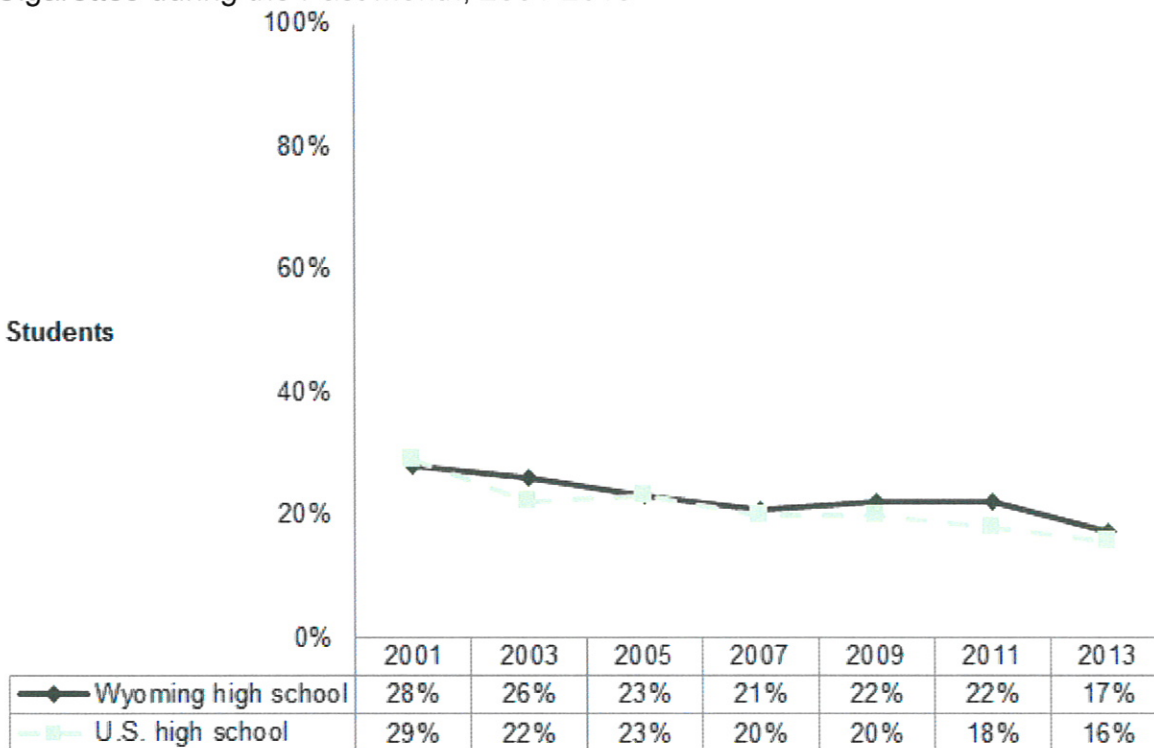
Year	BRFSS	ATS/NATS
2006	77.8% (76.4%-79.2%)	77.1% (75.2%-79.0%)
2007	78.2% (76.8%-79.5%)	81.9% (80.4%-83.4%)
2008	80.1% (78.9%-81.3%)	83.9% (82.4%-85.4%)
2009		84.6% (83.2%-86.0%)
2010		81.8% (80.0%-83.6%)
2012		86.9% (85.3%-88.6%)

Source: *WY-BRFSS* (2006-2008), *WY-ATS* (2006-2009), *NATS* (2010)

*The *BRFSS* stopped asking respondents to describe their home smoking rules in 2008.

Reductions in Youth Tobacco Use Rates

Figure 1: Percentage of Wyoming and U.S. High School Students Who Smoked Cigarettes during the Past Month, 2001-2013



Source: *Youth Risk Behavior Survey*

Increase in Percentage of Adult and Youth Tobacco Users Who Attempt to Quit
 Goal: 75% (Healthy People 2010 Objective)

Table 7: Percentage of Wyoming Adult Everyday Smokers Who Quit Smoking for One Day or Longer in the Past 12 Months Because They Were Trying to Quit, 2006-2012

Year	BRFSS
2006	54.1% (49.6%-58.5%)
2007	50.9% (46.7%-55.2%)
2008	48.6% (44.5%-52.7%)
2009	49.8% (44.9%-54.7%)
2010	52.5% (47.5%-57.4%)
2011	48.4% (44.0%-52.9%)
2012	56.1% (50.9%-61.1%)

Source: WY-BRFSS

Table 8: Percentage of Current Wyoming High School Smokers Who Tried to Quit Smoking during the Past 12 Months, 2001-2013

Year	Percent
2001	58.2%
2003	57.8% (52.6%-63.1%)
2005	57.4%
2007	55.7% (51.0%-60.4%)
2009	55.0% (51.0%-59.6%)
2011	54.7% (49.9%-59.4%)
2013	52.7% (47.9-57.4)

Source: *Youth Risk Behavior Survey*

Note: Confidence intervals for 2001 and 2005 data are not available.

Prevalence Rates

Goal: 12% (HP 2020 Objective)

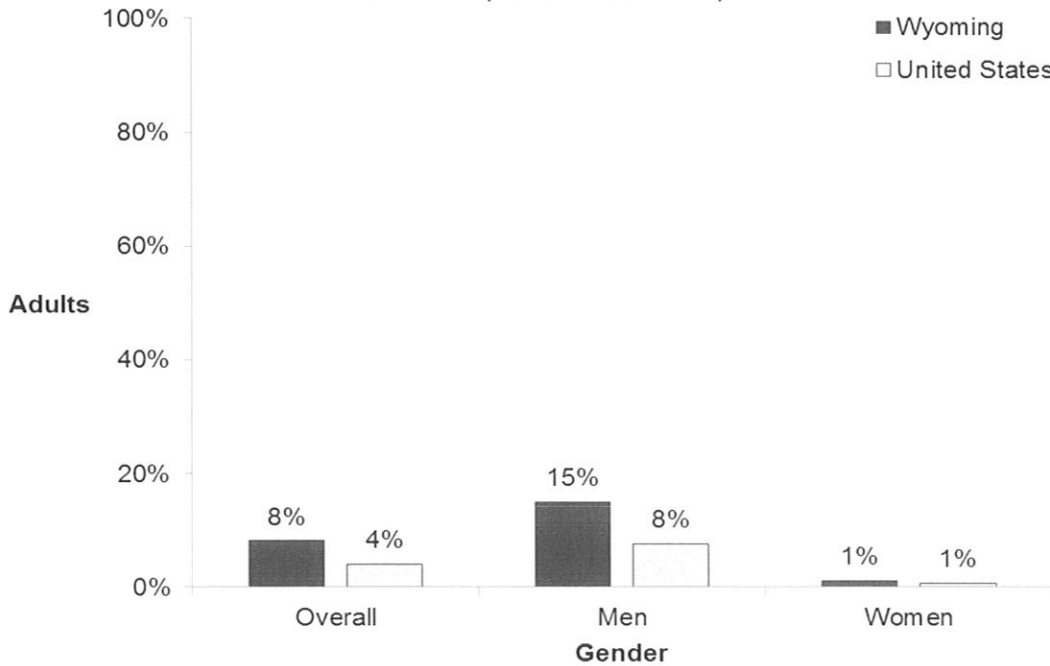
Table 9: Wyoming Adult Smoking Rates, 2006-2013

Year	Rate
2006	21.6% (20.1%-23.1%)
2007	22.1% (20.7%-23.6%)
2008	19.4% (18.2%-20.6%)
2009	19.9% (18.4%-21.5%)
2010	19.5% (18.1%-21.1%)
2011	23.0% (21.5%-24.6%)
2012	21.8% (19.9-23.7)
2013	20.6% (19.1%-22.2%))

Source: WY-BRFSS

Figure 2. Adult Rates of Smokeless Tobacco Use in Wyoming and the United States, 2012.

Goal: 8% (national median).



Source: BRFSS, WY-BRFSS

Section 6. Appendices

Appendix A: Other Health Related Activities

Wyoming Chronic Disease Prevention Program (WCDPP, formerly Diabetes, Heart Disease & Stroke Prevention and Control Program - DHDSPCP) Public Health Division

Tobacco Settlement Funds: \$277,592 (annually)

In 2011, heart disease was the second leading cause of death in Wyoming and accounted for 916 deaths. Stroke was the fifth leading cause of death with 214 lives lost. Taken together heart disease and stroke accounted for roughly 26% of all the deaths in Wyoming in 2011. According to the 2011 Wyoming BRFSS survey, 7.8% or roughly 34,000 Wyoming adults have been told that they have had heart disease or a stroke. Many Wyoming adults have risk factors associated with heart disease and stroke even though they may not manifest current symptoms of these conditions. Nearly 30% percent of Wyoming adults have three or more of the six major cardiovascular risk factors (smoking, overweight/obesity, hypertension, hyperlipidemia, diabetes, or inadequate physical activity). Only 12.9% of Wyoming adults were classified as living a healthy life style (HLS) by not smoking, reporting any leisure time physical activity in the past month, and eating fruits and vegetables five (5) or more times a day. This represents an estimated 377,000 Wyoming adults who are not living a healthy lifestyle. Included among those not living a HLS were 7.6% of Wyoming adults who practiced none of these healthy behaviors by reporting current smoking, no recent physical activity and eating fruits and vegetables fewer than five (5) times a day

In 2012, the Wyoming Department of Health's chronic disease programs underwent reorganization to better align resources within the agency. The chronic disease programs, including the Breast and Cervical Cancer Early Detection Program (BCCEDP), Colorectal Cancer Program, Comprehensive Cancer Control (CCC), Cancer Surveillance Program, Diabetes Prevention and Program, and the Heart Disease and Stroke Prevention Program, were merged with the Substance Abuse and Suicide Prevention Program and the Tobacco Prevention and Control Program to create one unit: the Chronic Disease and Substance Abuse Prevention Unit (CDSAP). Under this new unit, the Heart Disease and Stroke Prevention Program and the Diabetes Prevention and Control Program were combined into one program, now known as the Chronic Disease Prevention Program (CDPP).

The CDPP is focused on addressing evidence based practices to address poor nutrition, physical inactivity, and other risk factors that contribute to poor cardiovascular health and diabetes. This is done at the community level through education and dissemination of information on diabetes self-management, hypertension control and other modifiable risk factors.

The CDPP also focuses on health systems interventions by equipping providers and their staff with training and technical assistance in hypertension control and diabetes self-management education. In collaboration with other statewide efforts, such as the Wyoming Institute for Population Health, the CDPP is instituting a series of efforts to address the prevention and mitigation of complications from chronic disease at the community level through patient centered medical homes and community “medical neighborhoods” in remote areas of Wyoming.

As part of chronic disease prevention, the program has begun implementing environmental, systems, and policy change strategies intended to: increase the adoption of health food service guidelines/nutrition standards; increase the adoption of physical education/physical activity (PE/PA) in schools; increase adoption of PA in early care and education centers (ECEs) and worksites; increase reporting of blood pressure and A1C measures; increase awareness of high blood pressure among patients; increase awareness of pre-diabetes among people at high risk for type 2 diabetes; and increase participation in officially recognized diabetes self-management education (DSME) programs.

For further information, please contact:

Christine Revere
Program Manager
Chronic Disease Prevention Program
Wyoming Department of Health
6101 Yellowstone Rd, Suite 510
Cheyenne, WY 82002
(307) 777-3579
Christine.revere1@wyo.gov

Wyoming Colorectal Cancer Screening Program (WCCSP) Public Health Division

Tobacco Settlement Funds: \$783,000 (annually)

The Wyoming Colorectal Cancer Screening Program (WCCSP) was created in 2007 as part of the Wyoming Cancer Control Act. The program is authorized through Wyoming Statutes to provide colorectal cancer screening services (colonoscopies) for up to 40 clients a month (480 a year), at the current Medicaid-allowable rate, for Wyoming residents who are under or uninsured, at or below 250 percent of the federal poverty level and who meet certain age or risk-factor criteria.

From inception in July 2007 to June 30, 2014 the WCCSP has screened over 2,800 Wyoming residents. Of those, 46% had polyps removed (reducing their risk for a pre-cancer or cancer to develop in the future). Of those with polyps removed, 28% percent had pre-cancerous polyps identified and removed (removing their immediate cancer risk). Additionally, 48 colon cancer cases have been detected. Annually, \$783,000 is

allocated and utilized from Tobacco Settlement Funds to pay for direct client screening service (i.e. colonoscopies).

For further information, please contact:

Meaghan M. McClellan, BSN, RN
Program Manager
Wyoming Colorectal Cancer Screening Program
Wyoming Department of Health
6101 Yellowstone Rd., Suite 259A
Cheyenne, WY 82002
(307) 777-6006
meaghan.mcclellan1@wyo.gov

**Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP)
Public Health Division**

Tobacco Settlement Funds: \$110,835 (annually)

The Wyoming Breast and Cervical Cancer Early Detection Program (WBCCEDP) has existed in Wyoming since 1997. It provides early detection (screening and diagnostic) services for Wyoming women who are low-income, uninsured, and meet certain age or risk factor criteria.

Highly effective screening tests exist for both breast and cervical cancer (mammograms and Pap tests, respectively), and both cancers are successfully treated if found in the early stages. During the past 12 months, the program had 525 new enrollees; provided clinical services to 1,131 women; and detected 35 new cases of breast cancer, 2 new cases of cervical cancer, and 34 new cases of high-grade cervical pre-cancer.

The program currently receives state/tobacco, federal and private foundation funds. This past year, tobacco funding was used to pay for part of the salary and benefits for the program's recruitment/outreach/education specialist and for implementation of two outreach projects that target low-income, minority women.

The Native Women's Project funds our contract with Eastern Shoshone Tribal Health who conducts outreach, education and enrollment for Native American women of both tribes living in and around the Wind River Reservation. Through individual/one-on-one navigation and group presentations, hundreds of Native American women received education about breast and cervical cancer. Additionally, barriers (such as transportation) are addressed, contributing to 391 Native women receiving early detection services through our program.

Funding for the Big Horn Basin is provided to the Wyoming Migrant Health Program for the Women's Wellness Program to assist them to provide breast and cervical cancer education, outreach, translator/interpreter, transportation and case management

services to migrant and seasonal farm workers, Spanish speaking women and/or other low-income uninsured women in the Big Horn Basin area. Over the past 12 months Women's Wellness program results included: 118 women receiving services through the program (WBCCEDP), referral of 188 women to other screening resources, 160 women receiving one-on-one education, and 529 women being reached through group educational presentations.

For further information, please contact:

Meaghan M. McClellan, BSN, RN
Program Manager
Breast and Cervical Cancer Early Detection Program
Wyoming Department of Health
6101 Yellowstone Rd., Suite 259A
Cheyenne, WY 82002
(307) 777-6006
meaghan.mcclellan1@wyo.gov

**Wyoming Cancer Resource Services (WCRS)
Public Health Division**

Tobacco Settlement Funds: \$495,000 (annually)

The Wyoming Cancer Resource Services (WCRS) project was created in 2007 as part of the Wyoming Cancer Control Act. It is a multi-level systems approach to cancer prevention and control. Five regional projects provide the following statewide services to Wyoming residents: cancer education and awareness to support informed decision making; promoting and supporting early detection of cancer at intervals required by national screening guidelines; sharing information about state-funded cancer screening programs with eligible residents; serving as a point of contact for Wyoming residents needing local, regional, state and national cancer information and resources; collecting essential data for statewide distribution; bringing regional stakeholders together to choose priority areas of need relating to cancer prevention and control efforts; and filling service gaps utilizing resources within local communities. The project's impact on community-level cancer prevention and control efforts is clearly demonstrated in the cumulative data that have been gathered and reported since the inception of the project. These data focus on public education and media/marketing efforts, provider education and outreach, education and recruitment efforts for both the breast and cervical and colorectal cancer screening programs, patient/resource navigation services and community level assessments.

Early screenings save lives and assist the state in avoiding potential costs as a result of treatment for uninsured residents. From inception in July 2007 to June 30, 2014, 1,282 cancer education events have been held to share information with county residents about screening guidelines and connect individuals to survivorship efforts. Within this same time period, approximately 7,522 Wyoming residents have utilized the patient and

resource navigation services provided through the WCRS projects. In the past three years, project staff logged 997 hours providing patient and resource navigation services to 808 Wyoming residents diagnosed with cancer. Project staff shared general cancer information and resources to another 1,317 residents. The information and resources provided were considered helpful by 99% of the individuals served. From inception in July 2007 to June 30, 2014, the WCRS projects have educated approximately 99,505 Wyoming residents about cancer screening and the state funded cancer screening programs for breast, cervical and colorectal cancer.

For further information, please contact:

Julie Tarbuck
Program Manager
Wyoming Comprehensive Cancer Control Program
Wyoming Department of Health
6101 Yellowstone Road, Suite 510
Cheyenne, WY 82002
Tel: (307) 777-8609
julie.tarbuck1@wyo.gov

**Community Oral Health Coordinator Program
Public Health Division**

Tobacco Settlement Funds: \$200,000 annually

The Community Oral Health Coordinators provide screening, education, community awareness and service linkage in order to improve the oral health of children and reduce the amount of tooth decay in children entering kindergarten. Currently the five (5) Coordinators (AWECs) cover Albany, Carbon, Sweetwater, Sublette, Fremont, Teton, Platte, Goshen, Sheridan and Johnson counties and provide limited services in Uinta, South Lincoln, Big Horn, Washakie and Campbell counties. The AWEC contracts are funded with tobacco settlement funds.

FY2012 Data:

- Number of children served: 19,770
- Number of children screened: 12,034
- Number of children referred for treatment: 2,517
- Number of children participating in educational activities: 11,834
- Number of children in rinse program: 2,080
- Number of children in varnish program: 3,216
- Number of children participating in varnish programs in Uinta and Lincoln counties: 92
- Number of children in kindergarten & preschoolers screened: 5,524
- Number of children in kindergarten & preschoolers needing urgent treatment: 250 (5.4%)

For further information, please contact:

Korin A. Schmidt
Deputy Administrator, Public Health Division
Wyoming Department of Health
6101 Yellowstone Road, Suite 420
Cheyenne, WY 82002
307/777-5055 (office)
Korin.schmidt1@wyo.gov