

Tobacco Prevention in West Virginia: A Progress Report April 2004



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Division of
Tobacco Prevention
WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Tobacco Prevention in West Virginia:
A Progress Report
2004

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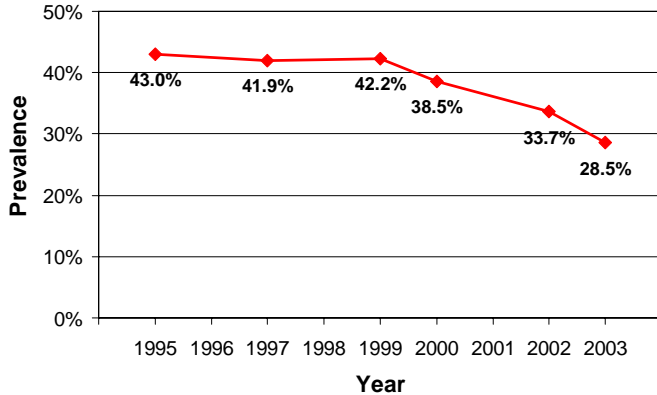
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Definition of Problem

Youth Tobacco Use

Youth Smoking Prevalence (High School Students): West Virginia 1995-2003



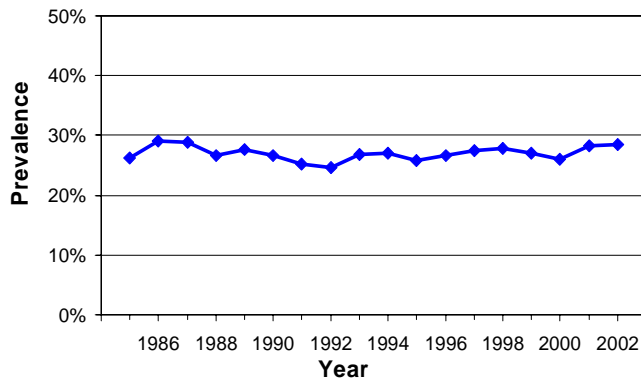
Prevalence on the Decline

Smoking prevalence among high school students in West Virginia decreased from 42.2% in 1999 to 28.5% in 2003, representing a **statistically significant decline of 32.5%**. Though West Virginia has consistently ranked among the top five states in youth smoking, recent data reveal that a **declining trend** has begun. In 2000, West Virginia ranked the highest in the country with a rate of 39%, which was 32% higher than the U.S. median of 29%.

Smokeless tobacco use among high school boys in West Virginia showed a similar **decline of 19%**, from 28.6% in 1999 to 23.3% in 2003. West Virginia ranked third highest in the country in smokeless tobacco use among male high school students.¹

Adult Tobacco Use

Adult Smoking Prevalence: West Virginia 1985-2002



West Virginia consistently ranked among the top six states nationwide in adult smoking prevalence. In 2002, West Virginia ranked fourth highest in the country with a rate of 28.4% while the U.S. average was 23%. This remained unchanged from 2001. Among different demographic sub-categories, the highest rates were reported by **young adults aged 18-24** (36.8%), those with less than a high school education (36.8%), and those with an annual household income of less than \$15,000 (41.6%).

Smokeless tobacco use among adults in West Virginia also remained largely unchanged in 2002 with a rate of 17.2%. The 2001 rate of 17.1% was the highest in the nation among 15 states that asked that question, and was more than twice the national average of 8.2%.²

Maternal Smoking

In 1999, West Virginia ranked first nationwide in smoking during pregnancy with a prevalence rate of 26%. This was more than twice the U.S. maternal smoking prevalence rate of 12%.³ In 2001, the prevalence of maternal smoking in West Virginia increased to 26.7%.

Exposure to Secondhand Smoke

In 1998-1999, about 64% of the West Virginia workforce was protected from secondhand tobacco smoke by work-site smoking policies, compared to 69% nationwide. In the residential setting, about 43% of West Virginians restrict smoking in their homes, compared to 61% of people nationwide, a difference of 30%.⁴

Forty-nine (91% of its citizens) of West Virginia's 55 counties are covered by clean indoor air regulations. This means that approximately **1,634,000** of the state's 1,802,000 residents are provided with some **level of protection** from secondhand smoke in public places.⁵

Health Consequences of Tobacco Use

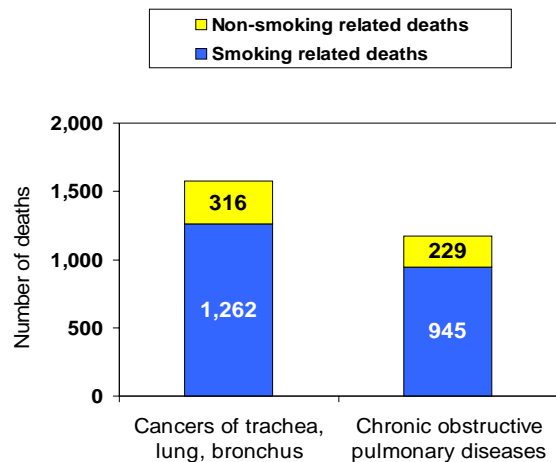
Approximately 4,000 West Virginians die each year from smoking-related diseases. **One in 5 deaths** in West Virginia is due to smoking. In 1999 the rate for smoking-attributable deaths was 20% higher than the national rate.

It is estimated that, in West Virginia in 1999, smoking accounted for 1,262 (80%) of all deaths due to cancers of the trachea, lung or bronchus. It was also estimated that smoking accounted for 827 (17%) of all deaths from heart disease, and 945 (80%) of all deaths due to chronic obstructive pulmonary diseases.⁶

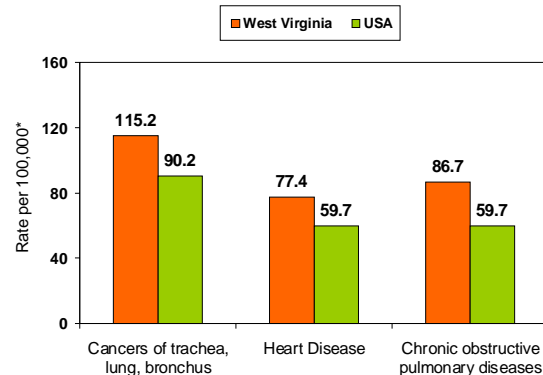
Women and Smoking

In West Virginia from 1980-2000, the death rate due to cancer of the lung and bronchus increased by 93% among females, compared to only a 9% increase among males. In the same time period, the death rate from emphysema increased by 94% among females, while the rate among males actually decreased by 50%.⁷

Smoking-related deaths from specific diseases: 1999 West Virginia



Smoking-related death rates from specific diseases: 1999 West Virginia vs. USA*



*Rates adjusted to the 2000 U.S. population

- **Nationwide, West Virginia ranks third in adult smoking and first in smoking during pregnancy.**
- **One in five deaths in West Virginia is due to smoking.**
- **In 2001, the total costs for West Virginia from smoking were estimated to be \$1.8 billion.**
- **In 2001, 197 million packs of cigarettes were sold in West Virginia.**
- **Smoking-related costs to the state amount to \$9.20 per pack of cigarettes sold.**

Maternal Smoking-Related Infant Morbidity and Mortality

Maternal smoking during pregnancy is associated with a variety of adverse fetal outcomes such as premature births, low birthweight, sudden infant death syndrome (SIDS), respiratory distress syndrome and other respiratory conditions. In West Virginia, during the years 1999-2001, the infant mortality rate (IMR) among mothers who smoked was 105% higher than the IMR among mothers who did not smoke.⁸

Costs Related to Cigarette Smoking

The total costs for West Virginia from smoking-related productivity losses as well as smoking-related direct health care costs in 2001 were estimated to be **\$1.8 billion**. This amounts to as much as \$4,761 per adult smoker, or \$1,282 per adult resident in West Virginia.¹¹

In 2001, 197 million packs of cigarettes were sold in West Virginia;¹⁰ in effect, the state incurred as much as **\$9.20 for every pack sold** in smoking-related productivity losses and health care costs.

Premature deaths of smokers resulted in productivity losses of \$906 million in 2001, while direct health care costs from smoking-related diseases were estimated at between **\$670 million and \$897 million** for the same year.⁹

These costs are only related to direct health care costs and death associated with cigarette smoking, and do NOT include any costs attributable to smokeless tobacco, cigars/pipes or secondhand smoke.

If just 1% of
West Virginia's smoking population
quit smoking,
the cost savings to the State
per year would be
\$24,338,232.

Data Source: Tobacco is Costing (and Killing) Us

West Virginia Division of Tobacco Prevention

The mission of the West Virginia Division of Tobacco Prevention (DTP) is to reduce disease, disability and death related to tobacco. Its goals are to:

- Prevent the initiation of tobacco use among youth
- Eliminate exposure to environmental tobacco smoke
- Promote cessation of tobacco use among adults and young people
- Identify and eliminate disparities among population groups related to tobacco use.

The Campaign for Tobacco Free Kids reported that in the three years after the Master Settlement Agreement, tobacco industry marketing expenditures increased by 66.6% to a record \$11.2 billion in 2001. The DTP's budget for FY 03 (provided by funds from the West Virginia Legislature, the Centers for Disease Control and Prevention (CDC), and the American Legacy Foundation) was \$7.7 million. CDC guidelines suggest that West Virginia be funded at a minimum of \$14.1 million each year. Funds are allocated to three primary categories: prevention programming, administration, and evaluation.

The DTP funds prevention activities through its three programs - **Youth Prevention, Clean Indoor Air** and **Cessation**. The administration, evaluation and communications teams support these three programs in their efforts. In order to better communicate and collaborate, each of the program areas have established formal committees to seek input from stakeholders.

These programs also employ strategies guided by the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*. Strategies include: collaboration with state and community agencies, counter marketing and media advocacy, enforcement of laws and policies, and capacity building. Additionally, each program has its own individual focus. The Youth Prevention Program focuses on implementing Raze and school-based tobacco prevention programs. The Clean Indoor Air Program addresses exposure to second-hand smoke, while the cessation program focuses on provider education and tobacco quitting services.

- **By 2001 the tobacco industry spent a record \$11.2 billion promoting its products annually nationwide.**
- **The DTP's budget for FY 2003 was \$7.7 million.**
- **CDC guidelines suggest that West Virginia be funded at a minimum of \$14.1 million each year.**
- **The DTP funds prevention activities through its three programs - Youth Prevention, Clean Indoor Air, and Cessation.**

- Raze is the statewide teen-led, teen-implemented anti-tobacco movement.

- Raze means to destroy. West Virginia teens are “tearing down the lies” of Big Tobacco.

- Raze teens have conducted over 600 commotions.

- Visit the new and improved website at www.razewv.com to learn more about the Raze movement.

Each program has contributed to noteworthy successes including: reductions in youth smoking, reductions in adult and youth smokeless tobacco use, increases in protection from secondhand smoke, and increased access to cessation services. These successes are consistently compared to our Healthy People 2010 (see Appendix 1), objectives to measure progress. While many objectives have not yet been fully met, progress has been made in many areas.

Youth Prevention

Funding

The Youth Prevention Program receives the highest proportion of funding (\$3.6 million for FY 03) - 62% of the total budget for prevention programs because of the state’s commitment to youth.

Partnerships

Raze, the statewide teen-led, teen-implemented anti-tobacco movement, is coordinated by the Youth Empowerment Team (YET). YET members include representatives of the DTP, the West Virginia Department of Education’s Office of Student Services and Health Promotion, the American Lung Association of West Virginia and the West Virginia Youth Tobacco Prevention Campaign.

Activities

The DTP funds many youth-oriented efforts under the brand Raze. Raze was developed as a counter marketing brand for the Department of Health and Human Resources by teens in West Virginia with help from The Manahan Group in Charleston. **Raze**

means to destroy. West Virginia teens selected this name in 2002 when the movement began, because they want to “tear down the lies” of Big Tobacco. Raze is more than a brand or a campaign; it is an attitude. This attitude is easily identifiable to young people fighting Big Tobacco. Raze teens fight Big Tobacco by performing approved **commotions** which are teen-led protests that get noticed and get out the anti-tobacco message.

The goal of Raze is to create a statewide youth anti-tobacco movement that initiates concern and activism, with peer-to-peer influence ultimately reducing tobacco use among teens. Their vision statement is: *We are Raze: West Virginia teens, tearing down the lies of Big Tobacco and fighting them with all we’ve got: our passion, our power and our minds. Join up, if you think you can handle it. Getting involved means more than just wearing our t-shirt. Smoker, non-smoker, whatever - we’re all about fighting Big Tobacco.*

what is raze?



Raze has developed television and radio commercials, billboards, a web site (www.razewv.com), and training opportunities for teens. In June 2003, 192 teens attended a summit where they learned about presentation skills, clean indoor air, cessation, policy, cultural diversity, recruitment, the website, how to evaluate commotions and social marketing.

In addition to Raze, the Office of Student Services and Health Promotion, in a coordinated effort with the American Lung Association of West Virginia and the West Virginia Youth Tobacco Prevention Campaign, provides eight Regional Tobacco Prevention Specialists to the Regional Education Service Agencies throughout the state. These tobacco specialists coordinate youth cessation, education and empowerment in schools.

Successes

- **Over 300** teens participated in training events throughout 2003.
- **Fifty-one counties** have teen tobacco prevention groups.
- Recall of anti-tobacco advertisements increased significantly from 80% in 2002 to **91%** in 2003 among young adults in WV.
- **One in four** teens think Raze is “extremely” or “very” cool
- **One in 10** teens in WV are currently involved in Raze.
- **74%** of teens say that Raze anti-tobacco advertisements made them think about whether or not to use tobacco products.
- A newly revised website launched in October 2003.
- Through the NOT Program, there has been a 24% tobacco quit rate since April 2003.
- Raze teens have conducted over 600 commotions since the spring of 2002.
- Approximately 87% of sixth, seventh and eighth grade students participated in an effective tobacco education curriculum called life-skills training.

Progress Toward Healthy People 2010

Youth smoking rates have declined, from 42% in 1999 to 28% in 2003. There has been increased access to science based tobacco cessation programs such as Not On Tobacco. Lastly, West Virginia has adopted a policy for tobacco-free schools and improved youth knowledge about the dangers of tobacco use.



- **Youth smoking rates have declined, from 42% in 1999 to 28% in 2003.**
- **One in four teens think Raze is “extremely” or “very” cool.**
- **One in 10 teens in West Virginia are currently involved with Raze.**
- **24% of teens who participated in Not On Tobacco quit tobacco.**
- **Fifty-one counties have Raze crews.**

Clean Indoor Air

Funding

The Clean Indoor Air (CIA) Program, which is focused on protecting the public from secondhand smoke, received \$1.1 million in funding or 14% of the total programming budget during fiscal year 2004.

Partnerships

The DTP formed the Clean Indoor Air Partnership Committee to maintain communications and assist with the coordination of CIA efforts statewide. It is composed of representatives from: local health departments, attorneys, the Coalition for a Tobacco Free West Virginia, colleges and universities, not-for-profit organizations and community coalitions.

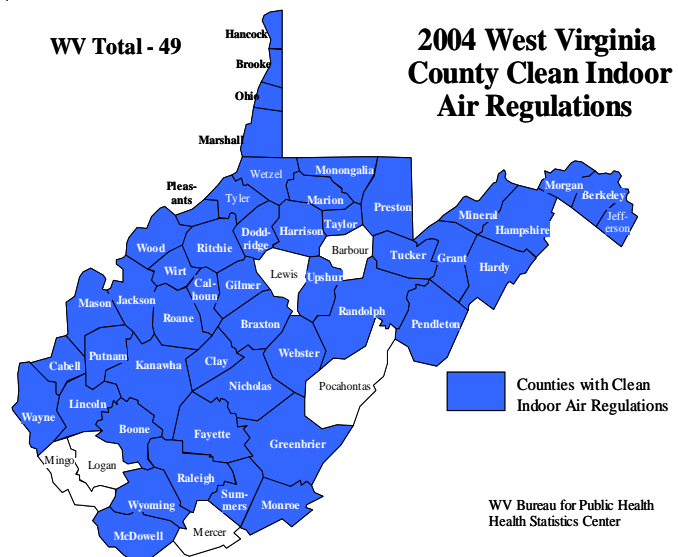
Activities

It is a priority of West Virginia communities to protect children and adults from secondhand smoke. Each year many communities apply for funding from the DTP to implement programs addressing secondhand smoke. These groups work to eliminate exposure to secondhand smoke in public places, workplaces and homes.

The DTP is currently funding a Regional Grants Program to develop infrastructure and to implement consistent, comprehensive tobacco control at the local level through regional coordination and communication. A Regional Tobacco Prevention Coalition Coordinator (RTPCC) who works directly with local organizations throughout a given region staffs each project. Selected agencies that house the RTPCC's are responsible for promoting activities in four main areas: clean indoor air programs, cessation programs, youth tobacco prevention programs and mini grants to local agencies to target tobacco control and prevention among the 18-24 year old population or enforce clean indoor air regulations.

Another project entitled "The Smoke Free Initiative of West Virginia" has been successful in providing technical assistance to counties seeking to establish new or to upgrade existing clean indoor air regulations. This assistance has helped to pass two new regulation and strengthen seven existing regulations.

- 49 counties are covered by a clean indoor air regulation.
- The West Virginia Supreme Court upheld the authority of county boards of health to enact clean indoor air regulations.
- Two new clean indoor air regulations protecting three counties were passed in 2003.
- Seven existing clean indoor air regulations were strengthened in 2003.



Successes

- **49 counties** are covered by a clean indoor air regulation
- West Virginia has been acknowledged by **three national awards** from the Americans For Nonsmoker's Rights Foundation. In 1997 West Virginia passed more CIA regulations than any other state and West Virginia placed third twice for the periods of 2000 to 2001 and 2001 to 2002
- **Two new regulations were passed** protecting three counties during FY 03
- Over **1.6 million** West Virginians (**91%**) are protected from secondhand smoke
- The West Virginia Supreme Court upheld the authority of county boards of health to enact clean indoor air regulations
- The Regional Tobacco Prevention Coalition Coordinators have collected **521** Smoke-free Home Pledges
- There are currently local coalitions established in **43** counties that deal with tobacco prevention either exclusively or as a primary issue.

Progress Toward Healthy People 2010

West Virginia is growing closer to the elimination of exposure to secondhand smoke. Currently, 49 counties have regulations to protect their citizens from secondhand smoke.

Cessation

Funding

Helping adults and youth quit tobacco use is a priority for the DTP. Cessation programs received \$1 million (19%) of the total budget for prevention programs for 2003-2004.

Partnerships

The DTP organized an external committee to assist in planning and coordinating statewide cessation initiatives. Partners represent cessation providers, insurance companies, medical associations, community groups, not-for-profit organizations and others.

Activities

In conjunction with the Public Employee Insurance Association (PEIA) and the Bureau for Medical Services, DTP provides quitting services at no cost to uninsured residents and at a reduced cost to those with other types of insurance. All eligible tobacco users receive four counseling sessions and the nicotine patch. In addition to the quit line, several educational programs have been offered to train health professionals.



1-877-966-8784

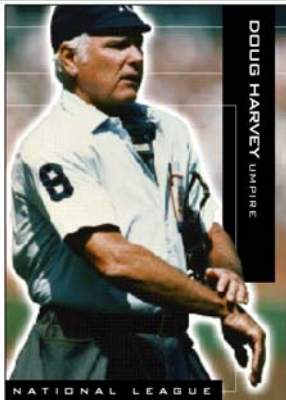
- **Quitting services are provided at no charge to uninsured WV residents.**
- **3,346 West Virginians quit tobacco products with help from the West Virginia Tobacco Quit Line.**
- **West Virginia saved at least \$15,629,000 in tobacco-related health care costs for one year by providing quitting services to it's residents.**
- **32.2% of the pregnant women who participated in the Right From the Start smoking cessation program have quit smoking.**

- **An oral cancer survivor traveled to West Virginia schools to discuss the dangers of spit tobacco.**



Gruen Von Behrens speaking to a group of Kanawha County youths.

- **A former major league umpire and oral cancer survivor visited West Virginia minor and little league ballparks to discuss the dangers of spit tobacco.**



Successes

- **3,346** West Virginians quit tobacco products with help from the West Virginia Tobacco Quit Line
- West Virginia saved at least **\$15,629,000** in tobacco-related health care costs for one year by providing quitting services to its residents
- **32.2%** of the pregnant women who participated in the Right From the Start smoking cessation program have quit smoking
- **23%** of the students who enroll in the American Lung Association's Not On Tobacco Program have quit smoking.

Progress Toward Healthy People 2010

Healthy People 2010 stresses provider education, increased insurance coverage and access to cessation services. DTP and its partners have made progress in these areas. These efforts will build an infrastructure to help tobacco users quit, and will yield dividends for years to come.

Communications and Media Advocacy

Funding

This function of the DTP is supported by the three prevention programs.

Partnerships

The need for coordination and collaboration has grown as programming activities have increased. As a result, the DTP has worked with state and local partners to form a communications advisory group. This group assists the DTP in devising its external communications strategy to improve overall communications with its tobacco prevention partners. The group's membership is composed of representatives from its partners at both the state and local level.

Activities

Media advocacy and public education are an integral part of the communications strategy. The year 2003 included support and promotion for the Through With Chew campaign, an annual event that has been extremely successful in educating adults and teenagers about the dangers of spit tobacco. Gruen Von Behrens, an oral cancer survivor who traveled to West Virginia schools talking to students about the dangers of spit tobacco, made several return visits to the mountain state. Doug Harvey, a former major league umpire and oral cancer survivor, visited several area minor league and little league baseball parks over the July 4, 2003 weekend to speak to children and their parents about the dangers of spit tobacco. Both visitors were extensively covered by the media thanks to the promotional efforts to local media outlets by the DTP staff and its partners.

The DTP also trained the RTPCC's to deal with the media and promote their own activities and events. The DTP also continues to assist local community agencies by providing press releases, technical assistance on working with the media and educational materials. The Tobacco Prevention Clearinghouse, through a subcontract with the West Virginia Library Commission, continues to be an invaluable resource to the community at large as well as tobacco prevention advocates providing educational materials about tobacco prevention and cessation.

Successes

- **Over 385 articles and editorials** have been published in newspapers across the state regarding tobacco prevention topics.
- **Over 475,000** pieces of educational materials have been distributed through the Tobacco Prevention Clearinghouse during FY 03 alone.

Evaluation

Evaluation helps ensure efficient, effective, and accountable use of funding for state tobacco control efforts. The West Virginia Bureau for Public Health's Health Statistics Center contracts with the Evaluation Oversight and Coordinating Unit (EOCU) associated with the Prevention Research Center and the Office of Drug Abuse Intervention Studies at West Virginia University. The EOCU helps the DTP monitor and assess the effectiveness of tobacco prevention and reduction efforts. This partnership ensures that our tobacco prevention and cessation efforts are founded in science, responsive to communities, and accountable to state policymakers.

The EOCU provides consultation to help improve project proposals, monitors projects throughout the grant period, provides evaluation-related technical assistance to all funded projects, and determines the extent to which each project's goals were met.

An external evaluation committee comprised of key organizations responsible for evaluating DTP programs has been established to ensure collaboration among groups and to facilitate communication.

In addition, the Health Statistics Center has released many statistical reports and briefs to help the DTP and its partners understand the burden of tobacco use. Titles include: *Estimated Number of Adult Cigarette Smokers* (September 2000), *Tobacco Is Killing (and Costing) Us* (February 2002) and *Smoking: Effects on Mothers and Babies in West Virginia* (October 2000).

- **Evaluation helps ensure efficient, effective, and accountable use of funding for state tobacco control efforts.**

- **The Evaluation Oversight and Coordinating Unit (EOCU) ensures that tobacco prevention and cessation efforts are reliable, responsive, and accountable.**

- **The Health Statistics Center publishes numerous reports on tobacco use in West Virginia.**

Future Directions

Overview

The DTP and its partner organizations have worked hard to reduce tobacco use in West Virginia. Progress toward our Healthy People 2010 goals and objectives are routinely monitored. Each program area has achieved some success in meeting these objectives. This report has highlighted many accomplishments of West Virginia's efforts. The most significant of these accomplishments include:

- Tobacco use by youth has **decreased by 32%** since 1999.
- **Over 1.4 million** (91%) West Virginians are protected from secondhand smoke in public places.
- **3,346** West Virginians quit tobacco products with help from the West Virginia Quit Line

Challenges

This report also points to several areas that need increased attention. The **18-24 year old population** is using tobacco products at an alarming pace and **smoking during pregnancy rates are the highest in the nation**. These two areas will require special attention during upcoming years. This presents a challenge as there is a need to sustain the progress West Virginia has achieved in youth prevention, while identifying funds to address these other important issues.

Policy as Interventions

The CDC recommends that states spend increased energy on policy development and implementation. West Virginia communities have passed clean indoor air regulations in award winning numbers. The authority of county boards of health to enact these measures was upheld by a December 2003 West Virginia Supreme Court decision and we expect to see stronger regulations covering more counties as a result. The recent position statement from the West Virginia Department of Health and Human Resources on clean indoor air sets the stage for strong support for smoking bans and its opposition to preemption. Other successes are the West Virginia Department of Education's policy which prohibits tobacco use by anyone at anytime on school property and events, and public insurance agencies coverage of cessation services. All these policy interventions directly support education and prevention efforts.

Scientific study has shown that one of the most effective policy interventions to reduce tobacco use is to raise the cost of the product by increasing excise taxes. By raising taxes, other states have increased state revenue and reduced tobacco use, thereby saving medical and productivity costs. The national **average excise tax is 73.5 cents per pack**. West Virginia remained **at 17 cents per pack from 1978 to 2003**. In May of 2003 the cigarette tax increased to **.55 cents per pack**. The Gov-

- **Future challenges include the 18-24 year old population, smoking during pregnancy and adult cessation.**

- **Success for the West Virginia Division of Tobacco Prevention has come from the hard work and dedication of many people and programs across the state.**

- **Accomplishments will be sustained with continued partnerships and science-based programs.**

ernor has proposed another cigarette tax increase from 55 cents to 75 cents, and to increase the tax on non-cigarette tobacco products from 7% to 20% during this legislative session. As a result, West Virginia should be rewarded with fewer smokers and increased revenue.

Sustained Collaboration

West Virginia has not achieved results in isolation or through the implementation of one program. Success has been accomplished by the hard work of many people and programs across the state (see Appendix 2). Our accomplishments will be sustained only with continued collaboration and investments in science-based programs that are consistent with CDC's *Best Practices*.

End Notes

- ¹ Youth tobacco use data sources: 1999 and 2003-Youth Risk Behavior Survey (YRBS), 2000 and 2002-Youth Tobacco Survey (YTS)
- ² Adult tobacco use data source: Behavioral Risk Factor Surveillance System (BRFSS) 2001-2002.
- ³ Smoking during pregnancy in the 1990's. CDC, National Center for Health Statistics, National Vital Statistics System, 2001; 49(7).
- ⁴ CDC Tobacco Control State Highlights 2002: Impact and Opportunity. CDC Office on Smoking and Health, 2002.
- ⁵ West Virginia Division of Tobacco Prevention, Office of Epidemiology and Health promotion, Bureau for Public Health, Department of Health and Human Resources (DHHR). (2003 unpublished data).
- ⁶ CDC Tobacco Control State Highlights 2002: Impact and Opportunity. CDC Office on Smoking and Health, 2002.
- ⁷ West Virginia Health Statistics Center, Office of Epidemiology and Health Promotion, Bureau for Public Health, DHHR (1980-2000 unpublished data).
- ⁸ West Virginia Health Statistics Center, Office of Epidemiology and Health Promotion, Bureau for Public Health, DHHR (1999-2001 unpublished data).



A spit tobacco commotion at a local high school.



RESA III Tobacco Prevention Specialist with a teen at Raze-On.



Teens at Raze-On.

- ⁹ A) Productivity cost data: CDC's web-based Smoking-Attributable Mortality, Morbidity and Economic Costs (SAMMEC) software (2002c).
B) Direct health care cost data: i) Tobacco is Killing (and Costing) Us, West Virginia DHHR, Bureau for Public Health, Office of Epidemiology and Health Promotion (February, 2002). ii) Miller VP, Ernst C, Collin F. Smoking-attributable medical care costs in the USA. *Social Science and Medicine* 1999; 48:375-91. iii) Miller LS, Zhang X, Novotny T, Rice DP, Max W. State estimates of Medicaid expenditures attributable to cigarette smoking, fiscal year 1993. *Public Health Reports*, Vol. 11, March/April 1998: 140-8.
- ¹⁰ West Virginia Department of Tax and Revenue, Research Division. West Virginia cigarette excise tax collection history. (2002 unpublished data).
- ¹¹ Population data source: U.S. Census data 2000; Adult smokers: BRFSS data (2000-2001) and census data 2000.
- ¹² Administration as defined in *Best Practices for Comprehensive Tobacco Control Programs*, Centers for Disease Control and Prevention, 1999.

Appendix 1

Revised Healthy People 2010 Objectives For Tobacco Use (Revised 2003)

Flagship Objective 27.1. *Reduce the prevalence of cigarette smoking among youth and adults.*

27.1a. *Reduce the prevalence of cigarette smoking among adults aged 18+ to 20% or lower.* (Baseline: 27% in 1999, 26% in 2000, 28% in 2001)

27.1b. *Reduce the prevalence of cigarette smoking among adults aged 18+ in the lower socioeconomic level (12 years or less of education and a household income of less than \$25,000) to 28% or lower.* (Baseline: 36% in 1998, 35% in 1999, 35% in 2000, 35% in 2001)

27.1c. *Reduce the prevalence of cigarette smoking among women aged 18-44 (i.e., childbearing ages) to 25% or lower.* (Baseline: 36.4% in 1998, 31.7% in 1999, 32.5% in 2000, 37.9% in 2001)

27.1d. *Reduce the proportion of youth in grades 9-12 who report smoking in the previous month to 32% or lower.* (Baseline: 42% in 1999, 38% in 2000, 34% in 2002)

27.1e. *Reduce the proportion of youth in grades 6-8 who report smoking in the previous month to 12% or lower.* (Baseline: 18% in 2000, 16% in 2002)

27.2. *Reduce the prevalence of cigarette smoking among pregnant women to 17% or lower.* (Baseline: 26.0% in 1999, 26.2% in 2000, 26.7% in 2001)

27.3. *Increase smoking cessation during pregnancy, so that at least 60% of women who are cigarette smokers at the time they become pregnant quit smoking in pregnancy.* (Baseline: 14.3% in 1998)

27.4. *Increase to at least 60% the proportion of adult smokers who have been advised to quit smoking in the past 12 months.* (Baseline: 48.6% in 2000, 50.2% in 2001)

27.6. *Increase to 80% the proportion of health plans that offer treatment of nicotine addiction (ex: tobacco use cessation counseling by health care providers, tobacco use cessation programs, prescriptions for NRT/pharmaceuticals, and other cessation services).* (Baseline: 2 health plans in 2002)

27.7. *Reduce smokeless tobacco use among adult men aged 18+ to 13% or lower.* (Baseline: 18% in 1999, 18% in 2000, 17% in 2001)

27.8a. *Reduce the proportion of young men in grades 6-8 who report smokeless tobacco use to 10% or lower.* (Baseline: 14.9% in 1999, 12.9% in 2002)

27.8b. *Reduce the proportion of young men in grades 9-12 who report smokeless tobacco use to 19% or lower.* (Baseline: 28.6% in 1999, 26.5% in 2000, 21.5% in 2002)

27.9. Increase state excise taxes on cigarettes so state excise tax is at least 30% of retail price. (Baseline: 7% of retail price in 1999, 6% in 2002)

27.10. Increase state excise taxes on non-cigarette tobacco products so state excise tax is at least 25% of retail price. (Baseline: 0% of retail price in 1999, 5% in 2002)

27.11a. (Developmental) Increase to 85% the percentage of students in grades 6-8 attempting smoking cessation. (Baseline: 66% in 2000, 63% in 2002)

27.11b. (Developmental) Increase to 85% the percentage of students in grades 9-12 attempting smoking cessation. (Baseline: 62% in 2000, 62% in 2002)

27.12a. Reduce the proportion of students in grades 6-8 who report smoking cigarettes on school property to 3% or lower. (Baseline: 5% in 2000, 5% in 2002)

27.12b. Reduce the proportion of students in grades 9-12 who report smoking cigarettes on school property to 10% or lower. (Baseline: 19% in 1999, 17% in 2000, 13% in 2002)

27.13. Enforce state and federal laws that prohibit tobacco sales to minors to 10% noncompliance or less. (Baseline: 33.7% in 1999, 20.1% in 2000, 11.9% in 2001, 10.1% in 2002)

27.14. (Developmental) Enact state or local laws requiring licensure of tobacco retailers, behind-the-counter displays, and restrictions on advertising, violations that may result in revocation of license. (Baseline: N/A)

27.15. (Developmental) Increase to 95% the percentage of 6th grade students who associate harm with tobacco use; ensure that comprehensive tobacco prevention curricula are taught in public schools. (Baseline: 87% in 2000, 87% in 2002)

27.16. (Developmental) Increase to 95% the number of employers (with 10 or more employees) with written and enforced tobacco restriction policies for the workplace, designed to protect workers from exposure to secondhand smoke (SHS). (Baseline: 87% in 2002)

27.17a. Increase the number of counties covered by CIA regulations to 52. (Baseline: 43 in 2000; 46 in 2002, 49 in 2003)

27.17b. (Developmental) To protect the public and workers from secondhand smoke, increase to 30 the number of counties which require 100% smoke-free restaurants through implementation of clean indoor air regulations. (Baseline: 4 counties in 1999, 13 counties in 2003)

27.17c. Protect local authority to regulate public health measures including clean indoor air. (Baseline: Local authority protected through 2003)

27.18. Establish a statewide evidence-based comprehensive tobacco prevention and control program for West Virginia, funded by state funds to at least CDC-recommended minimum levels (\$14 million per year) with sustained funding for at least 5 consecutive years. (Baseline: \$5,650,592 in 2000, \$5,650,592 in 2002, \$5,650,592 in 2003)

Partners

ABCA
Adolescent Task Force (Hampshire County)
AFL-CIO
All-Aid International Incorporated
Alliance Parkersburg Academy of Medicine
American Cancer Society
American Lung Association
Applied Research & Technology Center Incorporated
Barbour County Tobacco Prevention Coalition
Berkley County FRN
Boone Education and Awareness Task Force
Braxton Community Coalition
Cabell County Partnership for a Tobacco-Free Environment
Cabell-Huntington Health Department
Calhoun County Commission
Calhoun Tobacco Prevention Coalition
CAMC Health Education & Research Institute
Change Incorporated
Charleston Area Medical Center (CAMC)
Clay County Health Department
COFY Coalition (Creating Opportunities for Youth - Mercer County)
Community Connections Incorporated/Mercer County
Concord College
Doddridge Communities Tobacco Prevention Coalition
Doddridge County Health Department
Eastern Regional Family Resource Network
External Advisory Committee (Brooke County)
Family Resource Network of the Panhandle Incorporated
Fayette County Youth Issues Committee
Gilmer County Tobacco Prevention Coalition
Grant County Health Department
Grant-Hardy Tobacco Prevention Coalition
Hampshire County Cancer Coalition
Hampshire County FRN
Hampshire County Health Department
Harrison County Medical Society Alliance
Harrison-Marion Bi-County Tobacco Prevention Coalition
Harts Health Care Center
Healthier Jefferson County
Health Statistics Center
HOPE Coalition (Health Opportunities for Positive Education - McDowell County)
Jackson County Tobacco Prevention Coalition
Jefferson County FRN
Kanawha Coalition for Community Health Improvement
Lewis County Tobacco Prevention Coalition
Lewis County Health Department
Marion County Health Department
Marion County PATCH Coalition
Marshall County Tobacco Prevention Coalition
Marshall University Research Corporation
Mason County Health Department
Maternal Child & Family Health, Office of
McDowell County Family Resource Network
McDowell Rural Health Advisory Council Incorporated
Mid-Ohio Valley Health Department

Partners, continued

Mineral County FRN
Monongalia County Coalition
Monongalia County Health Department
Monongalia County PATCH
Monroe County Coalition for Children & Families
Morgan County Advisory Council
Morgan County FRN
Morgan County War Memorial Hospital
Mountain CAP of West Virginia Incorporated
Mountain State University
Mountaineer Boys & Girls Club
Ohio County Coalition
Partners in Corporate Health Incorporated
PATCH-TEACH Coalition of Taylor County
Pendleton County Health Department
Pendleton County Tobacco Prevention Initiative
Pleasants County Coalition
Pocahontas County FRN Substance Abuse Committee
Public Employees Insurance Agency
Raleigh County Tobacco Prevention Campaign
Raleigh County Youth Coalition
Randolph County Tobacco Prevention Coalition
Ritchie County Coalition
Roane County Family Resource Network
Safe and Drug Free Nicholas County
Shepherd College Nursing Department
St. George Medical Clinic
Summer and Monroe Counties Tobacco Prevention Coalition
Taylor County PATCH/TEACH Coalition
Teen Tobacco/Youth Council (Greenbrier County)
The Manahan Group
thembcgroup
Tobacco-Free Tucker County
Upshur County Tobacco Prevention Coalition
WATCH Coalition (Wayne County)
Wayne County Health Department
Webster County Memorial Hospital
Wellness Council of West Virginia
West Virginia Academy of Family Physicians
West Virginia Department of Education
West Virginia Health Right Incorporated
West Virginia Library Commission
West Virginia Medical Foundation
West Virginia Research Corporation Mary Babb Cancer Center
West Virginia State Medical Association
West Virginia Tobacco Quitline
West Virginia University Research Corporation
West Virginia University School of Dentistry
West Virginia University Evaluation Oversight & Coordinating Unit
West Virginia Youth Tobacco Prevention Campaign
Wetzel-Tyler Health Department
Wetzel-Tyler Tobacco Prevention Coalition
Wirt-Wood Tobacco Prevention Coalition
Wyoming County Schools
Youth Services System Incorporated