

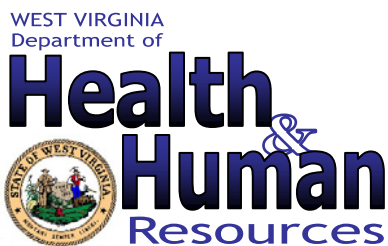
2005 Progress Report



Under 20	
Smoker	Non
105.70	96.10
212.70	192.70
300.00	



Tobacco Prevention in West Virginia



*Bureau for Public Health
350 Capitol Street, Room 206
Charleston, WV 25301*

*Joe Manchin III, Governor
Martha Yeager Walker, Secretary*

Division of Tobacco Prevention

WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

June 2005 Report



"If I had never started smoking, I don't think this would have happened..."

— Janet Wells - a victim of tobacco use

Janet Wells smoked for 27 years.

Janet Wells of Rainelle, West Virginia, knew she was dying when she filmed anti-tobacco public service announcements for TV:

"They told me I would die within a matter of months..."

She died on November 24, 2004

When Janet developed lung cancer, she quit smoking. But it was too late. The cancer had spread to her chest, her neck, and finally, Janet developed brain cancer. Before she died, she spoke candidly about addiction, disease and death in order to encourage people to call the Quit Line.

Janet's story has helped others:

Enrollments in the **YNOTOUIT** program increased 25 percent in counties where Janet's public service announcements were aired during the Fall of 2004.

Tobacco Prevention in West Virginia: A Progress Report

June 2005

Joe Manchin III
Governor

Martha Yeager Walker, Secretary
West Virginia Department of Health and Human Resources

Chris Curtis, MPH, Acting Commissioner
West Virginia Bureau for Public Health

Catherine Slemple, MD, MPH, Acting Health Officer
West Virginia Bureau for Public Health

Joe Barker, MA, Director
Office of Epidemiology and Health Promotion

Comments, suggestions and request for copies of this report should be addressed to:

West Virginia Division of Tobacco Prevention
350 Capitol Street, Room 206
Charleston, WV 25301-3715

1-866-384-5250

Acknowledgments

Project Staff

West Virginia Division of Tobacco Prevention

Bruce Adkins, MS, Director

Adam Arthur, Media Coordinator

Electa Crowder, MPH, Youth Prevention Program Coordinator

Kathy Danberry, MS, Cessation Program Manager

Kathi Elkins, MBA, Policy Specialist

Kristin Fuller, MA, Youth Prevention Program Manager

Garland Holley, MA, Clean Indoor Air Program Manager

Teresa Mace, BBA, Media Director

James Vance, BA, Clean Indoor Air Program Coordinator

Teresa Fry-Weaver, Fiscal Officer

West Virginia Health Statistics Center

Tom Light, Programmer

Amy Wenmoth, MA, Data Analyst

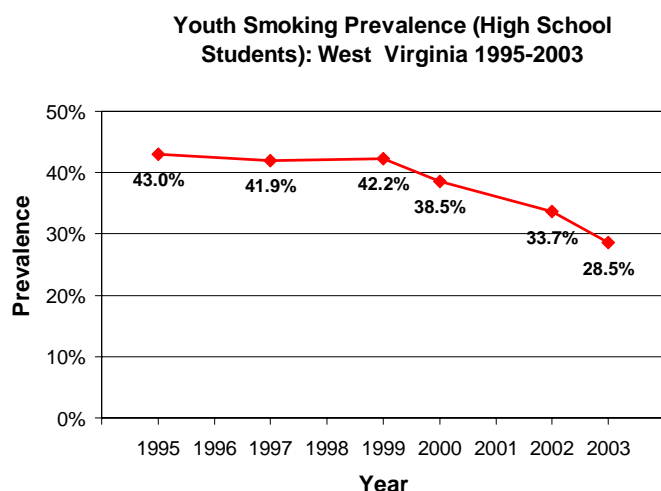
Definition of Problem

Youth Tobacco Use

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%.

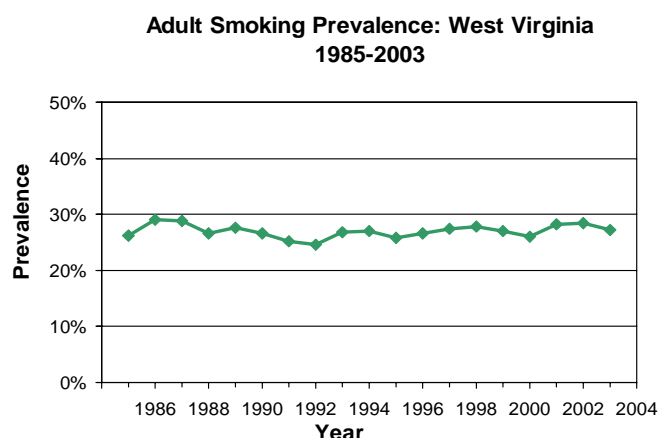
Spit tobacco use among high school boys in West Virginia showed a similar **decline of 18.5%**, from 28.6% in 1999 to 23.3% in 2003. West Virginia ranked third highest in the country in smokeless tobacco use among male high school students.¹



Adult Tobacco Use

West Virginia consistently ranked among the top six states nationwide in adult smoking prevalence. In 2003 West Virginia ranked third highest in the country with a rate of 27.3% while the U.S. median was 22.2%. Among different demographic sub-categories, the highest rates were reported by **young adults aged 18-24** (36.2%), those with less than a high school education (32.3%), and those with an annual household income of less than \$15,000 (35.7%).

Spit tobacco use among adult men age 18 and older in West Virginia remained largely unchanged in 2003 with a rate of 15.9%. 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 7.2%.²



Maternal Smoking

In 2003, West Virginia ranked high nationwide in smoking during pregnancy with a prevalence rate of 26%.³ This was more than twice the U.S. maternal smoking prevalence rate of 11% in 2003.⁴

Exposure to Secondhand Smoke

In 2003, about 77% of the West Virginia workforce was protected from secondhand tobacco smoke by work-site smoking policies. In the residential setting, about 57% of West Virginians restrict smoking in their homes.²

Fifty of West Virginia's 55 counties (92% of its citizens) are covered by clean indoor air regulations. This means that approximately **1,650,000** of the state's 1,810,000 residents are provided with some **level of protection** from secondhand smoke in public places.⁵

Health Consequences of Tobacco Use

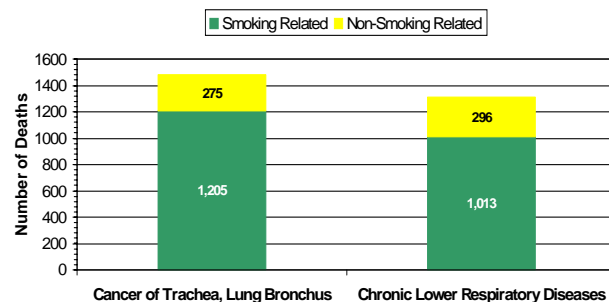
In West Virginia in 2003, smoking was the cause for 81% of all deaths from cancers (trachea, lung or bronchus). Similarly, smoking accounted for 77% of all the deaths from Chronic Lower Respiratory Diseases (CLRD).

The chart at the right compares the 2001 death rates in West Virginia and the U.S. for adults 35 years and up. West Virginia's death rate from cancers (trachea, lung or bronchus) was 45% higher than the U.S.; for diseases of the heart, West Virginia's death rate was 43% higher; and for CLRD, it was 55% higher than the U.S.

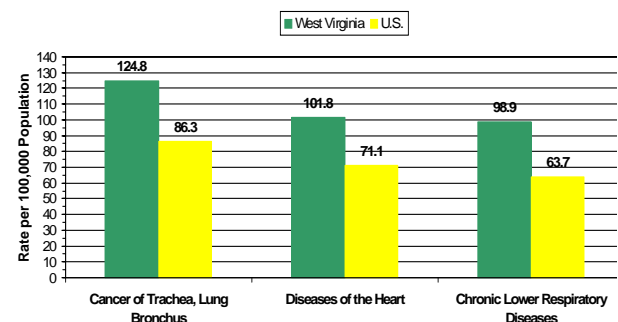
Women and Smoking

In West Virginia from 1980-2003, the death rate due to cancer of the trachea, lung or bronchus increased by 87% among females, compared to only a 2% increase among males. In the same time period, the death rate from emphysema increased by 47% among females, while the rate among males actually decreased by 60%.⁷ The death rate of women from CLRD increased 231% during the same time period, while the death rate for men increased only 23%.

Smoking-Related Deaths from Specific Diseases
2003 West Virginia (Ages 35+)



Smoking-Related Death Rates from Specific Diseases
2001 West Virginia Compared to U.S. (Ages 35+)



- **Nationwide, West Virginia ranks third in adult smoking.**
- **One in five deaths in West Virginia is due to smoking.**
- **In 2003, the total costs for West Virginia from smoking were estimated to be between \$1.8 billion and \$2 billion annually.**
- **In 2003, 220 million packs of cigarettes were sold in West Virginia.**
- **Smoking-related costs to the state amount to \$9.10 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 1999-2003, the infant mortality rate (IMR) among mothers who smoked was almost twice as high as the IMR among mothers who did not smoke at 11.6 deaths per 1,000 births, compared to 6.1 deaths per 1,000 births.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 2003 were estimated to be between **\$1.8 billion and \$2 billion** annually. This amounts to as much as \$5,389 per adult smoker, or \$994 -\$1,105 per resident in West Virginia.⁹

In 2003, 220 million packs of cigarettes were sold in West Virginia;¹⁰ in effect, the state incurred as much as **\$9.10 for every pack sold** in smoking-related productivity losses and health care costs.

These costs are only related to direct health care costs and death associated with cigarette smoking, and do NOT include any costs attributable to spit 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
\$20.7 million.⁵

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 reports that the tobacco industry spends more than **\$12.4 billion** per year - over **\$34.1 million** a day - marketing its deadly products in the U.S. alone, much of this reaching kids. The DTP's budget for FY 05 (provided by funds from the West Virginia Legislature, the Centers for Disease Control and Prevention (CDC)) is \$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.

- **The tobacco industry spends more than \$12.4 billion per year - over \$34.1 million a day - marketing its deadly products in the U.S. alone.**
- **The DTP's budget for FY 2005 is \$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 more than 1,000 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 spit tobacco use, increases in protection from secondhand smoke, and increased access to cessation services. These successes are consistently compared to our Healthy People 2010 objectives (see Appendix 1), 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 one of the highest proportions of the total budget for prevention programs (\$2.2 million for FY 05) - 31%, because of the state’s commitment to youth.

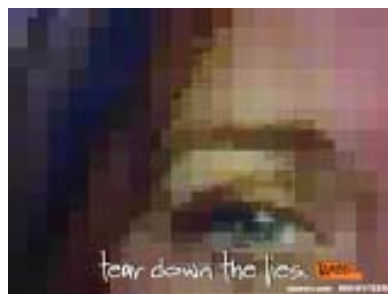
Partnerships

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, and the American Lung Association of West Virginia.

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 publicity and spread 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. It’s 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.*

Raze has developed television and radio commercials, billboards, a web site (www.razewv.com), and training opportunities for teens. In June 2005, 164 teens attended a summit where they learned about clean indoor air, media literacy, art activism, street-marketing training, and what's going on in other states.

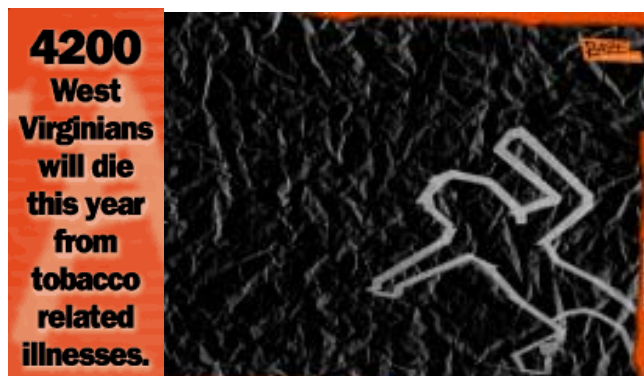
In addition to Raze, the Office of Student Services and Health Promotion, in a coordinated effort with the American Lung Association of West Virginia and the West Virginia Youth Tobacco Prevention Campaign, provides eight Regional Tobacco Prevention Specialists to the Regional Education Service Agencies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

Successes

- **Over 140 crews** have been developed with more than **3000 members**
- **Fifty-five counties** have teen tobacco prevention groups
- In 2003, **59,000** students decided not to smoke
- From 1999 to 2003, West Virginia has saved **\$127 million** in future health care costs due to the reduction in the teen smoking rate
- A newly revised Raze website will launch in Summer 2005
- Through the school year 2005, the NOT Program has achieved a **30% quit rate, and a 19% reduction rate** for teen tobacco use
- Raze teens have conducted more than **1,000 commotions** from the Spring 2004 through Spring 2005
- Approximately **83%** of sixth, seventh and eighth grade students participated in an effective tobacco education curriculum called Life-Skills training
- There are **11,500** fewer youth smokers from 1999 to 2003

Progress Toward Healthy People 2010

Youth smoking rates have declined, from 42.2% in 1999 to 28.5% 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 32%, from 42.2% in 1999 to 28.5% in 2003.**

• **From 1999 to 2003, West Virginia has saved \$127 million in future health care costs due to the reduction in the teen smoking rate.**

• **The NOT Program has a 30% quit rate, and a 19% reduction rate for teen tobacco use.**

• **All 55 WV 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 \$1.6 million in funding or 22% of the total programming budget during FY05.

Partnerships

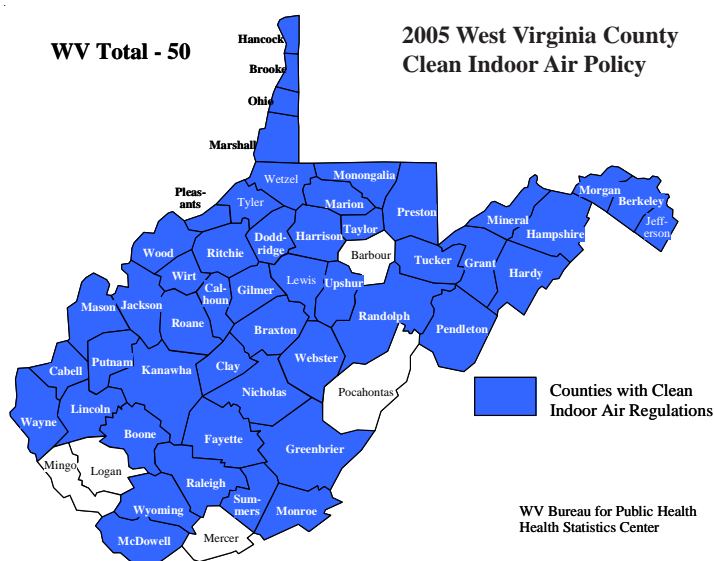
The DTP formed the Clean Indoor Air Partnership Committee to maintain communications and assist with the coordination of CIA efforts statewide. It is composed of representatives from: local health departments, attorneys, the Coalition for a Tobacco Free West Virginia, colleges and universities, not-for-profit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

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 and enforce these regulations. This assistance has helped to strengthen ten existing regulations.



- 50 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.

- Ten existing clean indoor air regulations were strengthened in 2004-2005.

Successes

- **50 counties** are covered by clean indoor air regulations
- 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
- Over **1.7 million** West Virginians (**92%**) are protected from secondhand smoke
- Ten existing clean indoor air regulations were strengthened in 2004-2005.
- The Regional Tobacco Prevention Coalition Coordinators have collected **3,366** Smoke-free Home Pledges
- There are currently local coalitions established in **54** 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, 50 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 \$2.2 million (31%) of the total budget for prevention programs for 2004-2005.

Partnerships

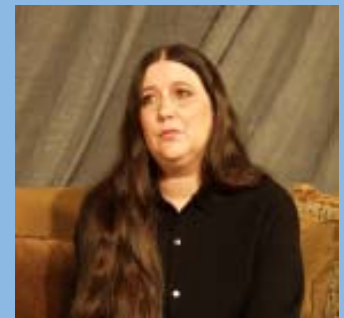
The DTP organized an external committee to assist in planning and coordinating statewide cessation initiatives. Partners represent cessation providers, insurance companies, medical associations, community groups, not-for-profit organizations and others.

Activities

In conjunction with the Public Employee Insurance Agency (PEIA) and the Bureau for Medical Services (Medicaid), 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 quitline, the DTP funds an educational program to train Freedom From Smoking facilitators as well as a program to train providers in the AHRQ clinical practice guidelines.



- **Janet Wells, 42 year old mother of 4, dying of smoking-related cancer, contacted DTP wanting to help others in her community. She had used the free services of the WV Quitline to stop smoking before her diagnosis.**



- **With Janet Wells' help the DTP was able to put together an ad campaign that promoted the Quitline while appealing to women and mothers and the effects their smoking can have on a family.**

- **The WVU Through With Chew Program has promoted spit tobacco cessation and prevention to over 75,000 West Virginians.**
- **During the first 6 months of 2004 (Jan. - June) the WV Quitline quit rate was 26.5%.**
- **31% of the students who enroll in the American Lung Association's Not On Tobacco Program have quit smoking.**
- **Statewide healthcare Provider Training for tobacco Cessation, emphasizing AHRQ clinical practice guidelines is offered throughout the year.**

Successes

- The West Virginia University Through With Chew Program has promoted spit tobacco cessation and prevention to over **75,000** West Virginians through video billboards and ads in the programs at both WVU and at Marshall University football and basketball games.
- During the first 6 months of 2004 (Jan. - June) the WV Quitline quit rate was **26.5%**.
- **23%** of the pregnant women who participated in the Right From the Start smoking cessation program have quit smoking
- **31%** 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 this unit is to support the three prevention program areas, and funding is provided from DTP infrastructure.

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 continue to be an integral part of the communications strategy. Fiscal Years 04-05 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.

In January 2004 the DTP met Janet Wells, a 42-year-old mother of four from Rainelle, WV, who had been diagnosed with smoking-related cancer and had been given only a few months to live. She allowed us to interview her extensively and from those interviews several television commercials were developed. These commercials were tagged with the WV Quitline information and played in various markets statewide. As a result, of airing these spots in each media market, enrollees to the WV Quitline program increased at least 26%.

Janet's story was extensively covered by the Associated Press and was picked up by newspapers all over the United States and in several international newspapers, including London and France. Sadly, Janet Wells died in November 2004.

The DTP 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

- The Janet Wells media campaign increased WV Quitline enrollees by at least **26%**.
- **Over 260 articles and editorials** have been published in newspapers across the state regarding tobacco prevention topics just in the first half of FY 05 alone.
- **Over 800,000** pieces of educational materials have been distributed through the Tobacco Prevention Clearinghouse during FY 04 and the first half of FY 05.

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 Center for Public Health Research and Training (CPHRT) at West Virginia University to help 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. As with other programs within the DTP, the evaluation team has established an external committee comprised of key organizations responsible for evaluating DTP programs. This group will ensure collaboration among all groups, provide recommendations for specific research and population surveying, and facilitate communication.

Evaluation, Oversight and Coordinating Unit (EOCU) provides training, evaluation tools, data analysis, one-on-one consultation, and research into appropriate prevention efforts.

- **Evaluation helps ensure efficient, effective, and accountable use of funding for state tobacco control efforts.**
- **Evaluation, Oversight and Coordinating Unit (EOCU) provides training, evaluation tools, data analysis, one-on-one consultation, and research into appropriate prevention efforts.**
- **The Health Statistics Center publishes numerous reports on tobacco use in West Virginia.**

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

- **In May of 2003, West Virginia's cigarette tax increased to \$.55 per pack. It was \$.17 per pack from 1978 to 2003.**

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

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.
- The return on investment due to youth tobacco use reduction is an estimated cost savings of \$127 million.
- **1.7 million** (92%) West Virginians are protected from second hand smoke in public places by locally promulgated and enforced clean indoor air regulations.
- The West Virginia Tobacco Quitline is **available to many West Virginians**, and over 4,000 residents have quit tobacco products with the quitlines' help.
- The return on investment for the statewide quitline is estimated at \$8.50 for every dollar spent.

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.

We are funding special interventions including a college-based initiative and two programs addressing the needs and education of expectant mothers who smoke and their families.

Policy as Interventions

The CDC recommended to states that they spend increased energy on policy development and implementation. West Virginia communities have passed clean indoor air regulations in award winning numbers. The Department of Education has one of the strongest tobacco use policies in the nation. More public insurance agencies are covering cessation services for their clients. These policy interventions have supported direct 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 now \$.85 per pack**. West

Virginia remained at **\$.17 per pack from 1978 to 2003**. In May of 2003 the cigarette tax increased to **\$.55 per pack, bringing a reduction in consumption and increased general revenues**.

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, 2003.
- ³ West Virginia Vital Statistics, West Virginia Health Statistics Center, WVBPH, WVDHHR, 2003.
- ⁴ Birth Preliminary Data for 2003. CDC, National Center for Health Statistics, National Vital Statistics System, Nov. 2004.
- ⁵ West Virginia Division of Tobacco Prevention, Office of Epidemiology and Health promotion, Bureau for Public Health, DHHR. (2005 unpublished data).
- ⁶ CDC Tobacco Control State Highlights 2002: Impact and Opportunity. CDC Office on Smoking and Health, 2002.
- ⁷ West Virginia Vital Statistics, West Virginia Health Statistics Center, Office of Epidemiology and Health Promotion, Bureau for Public Health, DHHR (1980-2003 unpublished data).
- ⁸ West Virginia Vital Statistics, West Virginia Health Statistics Center, Office of Epidemiology and Health Promotion, Bureau for Public Health, DHHR (1999-2003 unpublished data).
- ⁹ Tobacco is Killing (and Costing) Us, 2005 Update, 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 data).



Raze teens at Tobacco Free Day at the Legislature - 2004.



Parkersburg High School Cheerleaders join in the Raze Commotion.



Jefferson High School Parade.

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

Adolescent Task Force (Hampshire County)
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
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, WV Bureau for Public Health
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
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

Partners, continued

Morgan County War Memorial Hospital
Mountain CAP of West Virginia Incorporated
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
Summer and Monroe Counties Tobacco Prevention Coalition
Taylor County PATCH/TEACH Coalition
Teen Tobacco/Youth Council (Greenbrier County)
The Manahan Group
Tobacco-Free Tucker County
Upshur County Tobacco Prevention Coalition
WATCH Coalition (Wayne County)
Wayne County Health Department
Webster County FRN
Wellness Council of West Virginia
West Virginia Academy of Family Physicians
West Virginia Department of Education
West Virginia Library Commission
West Virginia Medical Foundation
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
Wetzel-Tyler Health Department
Wetzel-Tyler Tobacco Prevention Coalition
Wirt-Wood Tobacco Prevention Coalition
Wyoming County Schools