THE OHIO TOBACCO USE PREVENTION AND CONTROL FOUNDATION (TUPCF)

A PROGRESS REPORT CARD

AN INDEPENDENT EVALUATION REPORT BY THE GALLUP ORGANIZATION

PREPARED FOR THE OHIO TOBACCO USE PREVENTION AND CONTROL FOUNDATION (TUPCF)

Statewide Programs, Community-based Interventions, School-based Interventions, Counter-marketing Initiatives, Cessation Programs, Chronic Disease Programs, Surveillance and Evaluation, Program Administration and Management

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OVERVIEW

This independent evaluation report by The Gallup Organization (Gallup) highlights this past year's tobacco control progress of the Ohio Tobacco Use Prevention and Control Foundation (TUPCF). TUPCF's primary efforts this past year have focused on implementing programs to prevent youth and adults from beginning to use tobacco, reducing or eliminating individuals' exposure to secondhand smoke, and providing resources to help smokers and tobacco users who want to quit. TUPCF initiatives include aggressive and creative media/public relations focused on reducing the number of smokers, tobacco consumption levels, and the frequency of exposure to secondhand smoke. We present in this report an overall Checklist of TUPCF's Progress: Matching TUPCF's Progress With the Centers for Disease Control and Prevention (CDC) Milestones for Success.

Checklist of TUPCF's Progress: Matching TUPCF's Progress With CDC Milestones for Success

An important assessment of TUPCF's progress is how the program matches up with the milestones for success as determined by CDC. CDC has identified nine components of a successful tobacco control program, including: Statewide Programs; Community-based Interventions; School-based Interventions; Counter-marketing Initiatives; Cessation Programs; Enforcement Programs; Chronic Disease Programs; Surveillance and Evaluation; and, Program Administration and Management. It is the combination of components working together that creates the foundation for a successful tobacco control program. CDC has identified milestones against which a state program may measure its success. CDC has identified short-term outcomes (i.e., < 12 months after the start of the program), intermediate outcomes (i.e., 1 to 2.5 years after the start of the program), long-term outcomes (i.e., 2.5 to 5 years after the start of the program), and even longer outcomes (i.e., 10 years after the start of the program). Given that TUPCF has been focused on the implementation of the statewide media campaign efforts, local programs, and creation of smoke-free environments over the past year, including the evaluation of these efforts, it is appropriate to assess the program against CDC intermediate outcomes. Data is provided that shows that CDC milestones have been achieved or progress is being made toward achieving them in Ohio.

SUMMARY

PREVALENCE

Ohio adult smoking prevalence has been consistently higher than the rate for the United States over the past decade.[1,2] However, the Ohio adult smoking prevalence trend has shown modest declines over this same time period. Most recently, the prevalence of adult smoking in Ohio has shown a marked decline that is encouraging. This decline should be interpreted with caution, however, as there are only two data points (Adult Tobacco Survey-ATS) for 2003 and 2004. The Behavioral Risk Factor Surveillance System (BRFSS) data shows a more gradual downward trend and is based on 10 annual data points from 1995 to 2004. This decline and downward trend reinforces the reasons why Ohio should maintain its aggressive tobacco prevention and control program efforts and continue this progress. Among youth, Ohio's smoking prevalence followed the national trend of increasing prevalence for youth overall from 1993 to 1997 and continued to increase in Ohio in 1999. In 2003, Ohio youth smoking dropped below national estimates, a very promising development.[3]

CONSUMPTION

There has been a gradual decline in Ohio per capita cigarette consumption since 2000. This decline in consumption has essentially mirrored the decline seen nationally. There is evidence of increases in the acceleration of the decline observed in Ohio's adult per capita consumption with the introduction of TUPCF programs in 2002 and a tobacco excise tax increase in 2003. Despite this recent drop in adult per capita consumption, Ohio consumption still remains much higher than states that have a history of tax increases and aggressive tobacco control programs such as California and Massachusetts and whose respective per capita cigarette consumption trends are much lower than the rest of the country. Historical data and lessons learned from California, Massachusetts, and Maine strongly suggest that for TUPCF to be successful, the program should continue to step up efforts at comprehensive aggressive tobacco control in Ohio as well as support measures that influence the price of tobacco (i.e., tax increases). Further, other states have shown that untaxed sales from other sources such as neighboring states, the Internet, and Native American smoke shops may account, in part, for the observed decline in adult

[1] Ohio Behavioral Risk Factor Surveillance System (BRFSS)
[2] Ohio Adult Tobacco Survey (ATS)
[3] Ohio Youth Risk Behavior Survey (YRBS)

sales and yet increases in adult smoking prevalence. In California, it has been estimated that untaxed sales from other sources has accounted for approximately 7% of sales. It would therefore be useful for Ohio to track such untaxed sales from other sources in the next round of surveillance and evaluation activities.[4,5]

CDC RECOMMENDED FUNDING LEVELS AND HOW OHIO RANKS

TUPCF has been successful in securing adequate funding for statewide tobacco control activities. Ohio was ranked 5th in FY 2005 (up from a rank of 10th in FY 2004) among all U.S. states in the amount of dollars allocated to tobacco control. Given the tight fiscal concerns facing states and the nation, and the generally low level of funding for tobacco control, states like Ohio that are committed to allocating substantial resources for tobacco control are clearly in the minority. TUPCF has been able to make significant accomplishments at its current funding levels (albeit below the CDC minimum recommended funding of $61.74 million for Ohio), which argues strongly for maintenance of this funding over time if Ohio is to stay on track for achieving its long-term goals. Although the ultimate goal of any state tobacco control program is to achieve strong institutionalization and sustainability of program efforts in the absence of tobacco control funding, it is critical that states have enough time to achieve such a vision. To put this into perspective, California is in its fifteenth year of tobacco control and still is far from sustaining programs without adequate funding. We strongly recommend that at a minimum, the current TUPCF funding levels be maintained, if not increased, so that Ohio can accomplish its goal of becoming more of a tobacco-free state.

REDUCING THE HEALTH-RELATED COSTS OF SMOKING IN OHIO

The costs of smoking-related morbidity and mortality in Ohio are currently approximated at a staggering $4.02 billion each year, or slightly more than $602 per household.[6] With the establishment of TUPCF in 2000, Ohio is well positioned to make substantial progress towards reducing these costs by:[7]

- **a decline of cigarette consumption**
- **a decline in adult and youth smoking prevalence**

Estimates from successful statewide tobacco control programs show that for every $1.00 that is spent on tobacco control programs, $3.00 is saved in direct medical costs.[8] At TUPCF's present funding level of $47 million, over $141 million should be saved in direct medical costs annually[9] for each year the program is funded and working toward aggressive tobacco use prevention and control.

[4] Tax Burden on Tobacco, 2004

[5] Adult (age 18+) per capita consumption based on Ohio population data and tax revenue data, 2004

[6] Source: Centers for Disease Control and Prevention. Investment in Tobacco Control: State Highlights—2001. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.

[7] Campaign for Tobacco Free Kids, 2002.

[8] American Legacy Foundation, American Cancer Society, American Heart Association, American Lung Association, Campaign for Tobacco-Free Kids, and the Smokeless States Initiative, Saving Lives, Saving Money: Why States Should Invest in a Tobacco-Free Future, March 2002.

[9] Estimated tobacco-related medical cost savings in Ohio by applying the ratio of $1.00 spent on tobacco control saves approximately $3.00 in direct medical costs to a $47 million state tobacco control funding level.

KEY FINDINGS 2005

The following summarizes key findings from the Ohio Tobacco Use Prevention and Control Foundation efforts over the past year:

- There has been a gradual decline in Ohio per capita cigarette consumption since 2000 from 129 packs per person to 113 packs per person in 2004. There is evidence of increases in the acceleration of the decline with the introduction of TUPCF programming and a tobacco excise tax increase in 2003. Per capita consumption declined from 126 packs per person in 2002 to 115 packs per person in 2003, a 9% decline.

- Data from the YRBS show that Ohio youth prevalence has declined from 29.7% in 1993 to 22.2% in 2003. Data from the Ohio YTS show high school youth smoking dropping from 33.4% in 2000 to 25.7% in 2002. Middle school youth smoking data from the Ohio YTS show a drop from 13.7% in 2000 to 10.1% in 2002, with a slight increase in 2004 to 10.6%.

- According to the ATS data, Ohio showed its biggest drop in adult prevalence between 2003 and 2004, from 25.9% to 21.4%, which is a statistically significant decline.

- According to the ATS, the percentage of adult smokers who tried to quit in the last year increased between 2003 and 2004 (42.7% to 47.0%).

- The Quit Line has already received calls from more than 30,000 Ohioans since its inception in August 2003.

- Tobacco sales to minors have decreased from 16.6% in 2003 to 13.5 % in 2004.

- There is growing support for policies that protect non-smokers from exposure to secondhand smoke:
  - In 2004, nearly sixty-seven percent (66.5%) support bans on smoking in restaurants, an increase from 62.9% in 2003.
  - In indoor work areas, approximately sixty-nine percent of employed respondents in 2003 (69.2%) and 2004 (68.9%) agreed that smoking should not be allowed at all.

- Nearly 79% of adults were aware of TUPCF's adult media campaign in 2003, increasing to 91% in 2004. In addition, 86% of youth in 2003 were aware of the **stand** brand, rising to 94% in 2004, strong evidence that the campaign is reaching the population.

CDC Milestones for Program Success

Tobacco control program activities have been developed and implemented at the statewide and local levels in Ohio.

According to the CDC's Best Practices for Comprehensive Tobacco Control Programs, development of an infrastructure at the local community level (that implements a wide range of tobacco control prevention, cessation, and policy activities) and is supported by statewide projects (which increase the capacity and reach of the local programs) is critical for the overall program's success.

Ohio has made substantial gains in developing and implementing statewide and local tobacco control program activities.

TUPCF's commitment of tobacco control funding at the local level indicates a strong infrastructure is being developed, which will help promote change in tobacco control attitudes and behaviors for the future.

TUPCF funded 50 community program grants covering all 88 Ohio counties that are working with TUPCF's leadership as well as their own local community programs and resources to implement tobacco control programs at local levels throughout the state. The focus for grantees is to provide school-based prevention services, deliver youth and adult cessation services, educate residents, businesses, and policymakers regarding tobacco issues including secondhand smoke exposure, and work toward the adoption of tobacco control policies in schools and worksites.

TUPCF has also funded 20 high-risk grants, which are intended to develop innovative and culturally appropriate tobacco control programs that serve minority, regional, and other populations that are disproportionately affected by tobacco. Populations focused on include African American, Hispanic, Asian American, American Indian, Appalachian, Deaf and Hard of Hearing, and the Amish.

Between 2002 and 2004, 106,087 Ohio youth received prevention programming (Life Skills, Word of Mouth, STAMP, T.N.T.) through TUPCF Community Grants including grants for Special Subpopulations.

A number of special focus initiatives—pilot projects designed to develop and test prevention and/or cessation interventions aimed at specific population groups or implement clean indoor air strategies at a community level—have also been funded by TUPCF. The lessons learned from these projects are used to increase the effectiveness of TUPCF programming. Some of these initiatives are partnerships with other state agencies and private Ohio-based organizations that have a statewide focus. Special-focus projects include:

- **three smokeless tobacco use projects**
- **five clean indoor air projects**
- **two college student projects**
- **two pregnant women projects**
- **two young adult projects**
- **two chronic disease projects**
- **six mental health/substance abuse projects**
- **one school-based project**

Using TUPCF funding, a number of local programs have been

Between 2002 and 2004, 106,087 Ohio youth received prevention programming through TUPCF Community Grants.

successful in creating programmatic, environmental, and policy changes in various settings in their communities. The following are some local success stories:

Multi-county Collaboration

The Hospital Council of Northwest Ohio established an alliance of 17 counties in northwest Ohio to implement a comprehensive tobacco control program. The coalition includes health departments, hospitals and other healthcare providers, non-profit organizations, schools, a university and medical school, and minority community-based organizations. The coalition's community interventions include counseling for pregnant women and youth who use tobacco, prevention education for youth, and culturally appropriate tobacco prevention and cessation services for the area's African American and Hispanic residents including migrant farm workers.

Tobacco Prevention Community Center

In Gallia County, a Tobacco Prevention Center was established to provide prevention education literature, visual aids for teaching and presentations, information on referral sources, and a community conference center. Youth use the center to plan activities designed to encourage their peers to avoid using tobacco. Existing cardiovascular and tobacco risk reduction programs use the center as a community base from which to educate residents about tobacco use, provide training to medical and dental workers, and educate businesses about secondhand smoke in the workplace.

Health Professional Training

In Franklin County, physicians and other healthcare providers are being trained through a grant to the Central Ohio Breathing Association to counsel and treat addicted tobacco users using the Mayo Clinic's cessation model. This intervention is modeled on research-based guidelines for cessation and has been shown to be effective in helping tobacco users quit. The project has brought together non-profit health agencies, grassroots community organizations, as well as hospitals and clinics to use their collective resources to increase the number of community residents who successfully quit using tobacco products. Through another grant from TUPCF, all new hires of Holzer Medical Center in Gallipolis and Jackson are presented with tobacco prevention and cessation instruction. Medical center staff routinely screen all patients for tobacco use and provide referral to appropriate cessation services.

Businesses

In Fairfield, Licking, Perry, Ross, and Vinton counties, a coalition led by the local health departments is working with area businesses to adopt smoke-free workplace policies. In Crawford County, Bucyrus Community Hospital is implementing a very successful adult cessation program via outreach to factories and other community organizations. The Union County Health Department partnered with large employers to provide cessation services to their employees. Through an innovative program, employees at the Goodyear plant in Marysville are able to receive free cessation

services during work hours and free nicotine replacement medication from a partnering pharmacy.

High Risk and Other Special Populations

Specialized prevention and cessation programs that effectively reduce tobacco use among individuals who are most at risk in minority and regional populations are being developed through TUPCF's High Risk Populations initiative. In Adams, Brown, and Highland counties, in the heart of Ohio's tobacco-growing region, community coalitions have been formed to prevent tobacco use among Appalachian youth and reduce tobacco use among the area's pregnant women. A coalition of several non-profit organizations serving Asian Americans is working in Akron, Cincinnati, Columbus, Cleveland, and Dayton to develop youth leaders who serve as role models and peer educators. The American Indian Education Center works to reduce the tobacco-related risk factors to Native Americans in Cuyahoga County and to begin to change pro-tobacco attitudes and behaviors among Native Americans. Other high-risk grantees are reaching out to Somali refugees, the Amish, migrant farm workers, the deaf community, and many more.

Family Services Association developed a culturally and linguistically appropriate tobacco prevention curriculum for deaf/hard of hearing people that includes an innovative digital survey used for evaluating the program. Through its home visiting program, Every Child Succeeds has provided secondhand smoke education and brief tobacco use cessation interventions to over 1,300 mothers, fathers, and families with newborns in southwest Ohio.

Based on the broad range of local and statewide projects that Ohio has funded to date and the potential for reaching many and disparate populations, it is Gallup's assessment that TUPCF has developed a solid infrastructure for tobacco control and is on target according to where CDC would expect a program of three years to be. To date, there has been a somewhat limited effort at the local level to develop and implement local tobacco control ordinances and policies such as clean indoor air. It is Gallup's recommendation that the local programs become more focused on policy activities (e.g., smoke-free worksites), which can yield a broader foundation for change, reach more individuals (e.g., smokers and non-smokers), and be consistent with CDC's emphasis on tobacco control policy.

TUPCF HAS ESTABLISHED A COMPREHENSIVE EVALUATION AND SURVEILLANCE SYSTEM.

A surveillance and evaluation system monitors program accountability for state policymakers and others responsible for fiscal oversight. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time. Program evaluation efforts build upon surveillance systems by linking statewide and local program efforts to the progress achieved by reaching intermediate and primary outcome objectives. CDC Best Practices requires both surveillance and evaluation systems. Ohio has established the following surveillance and evaluation activities.

The Gallup Organization, which conducts evaluations of several state tobacco control programs, serves as the Evaluation and Research consultant for TUPCF. Gallup's responsibilities include conducting the overall evaluation of TUPCF's statewide programs and conducting independent research studies such as an Expert Panel Review of TUPCF's counter-marketing campaign, **stand**.

Another integral part of TUPCF's evaluation system is statewide surveillance of tobacco use attitudes and behaviors. RTI International, a national leader in tobacco prevention and control research, conducts three important statewide surveys that track Ohioans' tobacco use, attitudes, and behaviors. RTI's tobacco surveillance surveys include:

- **The Ohio Youth Tobacco Evaluation Survey (YTES)** This is a cross-sectional telephone-based youth survey designed to track youth exposure and attitudes to counter-marketing activities, and youth attitudes and knowledge about tobacco. This survey is different from the Youth Tobacco Survey, which is administered by the Ohio Department of Health (ODH).

The ODH Youth Tobacco Survey is a pencil/paper survey used to obtain statewide estimates in youth tobacco use behaviors.

- **The Ohio Youth Tobacco Longitudinal Study** This study has followed a cohort of Ohio youth for three years in order to study the relationship between exposure to the **stand** campaign and youth knowledge, attitudes, and behaviors regarding tobacco.

- **The Ohio Adult Tobacco Survey (ATS)** This is a cross-sectional telephone survey that asks adults about their knowledge, attitudes, and behaviors toward tobacco and their exposure to the foundation's media efforts. These surveys, which have been conducted in 2003 and 2004, have large sample sizes (N = 1,000+) that provide representative data for Ohio adults.

Ohio University's Institute for Local Government Administration and Rural Development (ILGARD) conducted an evaluation of TUPCF local grants for community tobacco prevention and control. In addition to evaluating outcomes of the grant programs, ILGARD provided technical assistance and training to grantees regarding evaluation. It has also established a process to collect standardized information from grantees.

Many TUPCF grantees subcontract with external researchers to evaluate their programs' effectiveness. These evaluators come from many of Ohio's colleges and universities, including:

- **Case Western Reserve University**
- **Cleveland State University**
- **Defiance College**
- **Kent State University**
- **Miami University**
- **Ohio State University**
- **Ohio University**
- **University of Akron**
- **University of Cincinnati**
- **University of Dayton**
- **University of Toledo**
- **Wright State University**

TUPCF also has established an online grants management information system to collect data regarding program performance and outcomes. In addition to facilitating the overall evaluation of grant programs, the online system allows TUPCF to efficiently and effectively monitor grantee budgeting and media activities.

Gallup's assessment is that while surveillance and evaluation systems have been or are in the process of being put into place in Ohio, adequate data exist primarily at the state level and not at the local level. To date, limited process evaluation has been completed at the local level, and outcome evaluation data has been completed by only one-third of the grantees. While inadequate resources for proper outcome-based evaluation should not be confused with programs that aren't working, there is a critical need to put in place both program specific and standardized outcome evaluations for each local community program. In the future, more outcome evaluation of local programs should be budgeted for and performed. Doing so will permit future procurements and programming to be data-driven by what works. The program will also be able to compare across and within local programs over time on standardized indicators. California has been successful in establishing local outcome evaluations and as a result has been able to tell a convincing story of what works in tobacco control from the community perspective.

Key Ohio counter-marketing campaign accomplishments to date include:

- Youth aided awareness of **stand** brand increased significantly ($p<.05$) between 2003 and 2004 from 86.1% to 94.2%.[11]
- In the 2004 (YTES), 69% of youth (respondents) indicated that they would like to help **stand** make a difference.
- Nearly 79% of adults were aware of TUPCF's adult media campaign in 2003, increasing to 91% in 2004. In addition, 86% of youth in 2003 were aware of the **stand** brand, rising to 94% in 2004, strong evidence that the campaign is reaching the population.
- Adult aided awareness of TUPCF itself increased significantly ($p<.05$) between 2003 and 2004 from 15.8% to 28.1%.[10]

There is strong evidence of the reach of TUPCF's counter-marketing campaign.

Counter-marketing attempts to resist pro-tobacco influences and increase or spread pro-health messages and influence throughout a state, region, or local community. Counter-marketing campaigns are a key program component in CDC's Best Practices and help set the tobacco control agenda and drive local and statewide program activities. Countering pro-tobacco messages is also critical for achieving long-term reductions in rates of youth tobacco use. According the latest Federal Trade Commission (FTC) report, the tobacco industry increased its spending in Ohio by nearly 20% (18.5%) between 2002 and 2003. The estimated $789 million that the tobacco industry spent in Ohio during 2003 ranked below only three other states (Florida, Texas, and California).

The following are the **stand** touch points (paid media plus match) for the fiscal years 2003, 2004, and 2005, which also indicates the strong reach of the media campaign efforts[12]:

FY 03 = 680,068,236
FY 04 = 561,706,465
FY 05 = 631,866,166

The increases in awareness (and high levels of awareness) observed from 2003 to 2004 for the **stand** campaign and the strong reach of the counter-marketing efforts are impressive and consistent with other successful state programs for a program at Ohio's level of maturity. The levels of awareness in Ohio are similar to information from many other states' counter-marketing data after approximately three years of effort. Gallup's assessment is that TUPCF has done an excellent job of getting the messages out and mobilizing youth. It must be noted, however, that the thrust of the **stand** campaign has been prevention of tobacco use, not youth quitting, and the true measurement of success of prevention efforts aimed at early teens cannot be completely appreciated until those teens become young adults.

[10] ATS, 2003 and 2004
[11] Youth Tobacco Survey (YTES), 2003 and 2004
[12] Northlich Advertising Agency data, 2003 to 2005

Increased numbers of smokers are accessing new tobacco cessation services in Ohio.

CDC Best Practices suggest that strategies to help people quit smoking can yield significant health and economic benefits and contribute directly to declines in the prevalence of tobacco use. In particular, statewide quit lines can be especially effective as a population-based treatment program.

There is strong evidence that smokers are accessing cessation services offered by TUPCF in Ohio.

- From October 2004 through July 2005, the Ohio Tobacco Quit Line had over 33,000 intake calls.[13]
- Between November 2004 and July 2005, 65% of calls (65,925/100,794) to 1-800-QUIT-NOW, the national quit line number, were from Ohio.
- The number of Ohioans provided cessation services through TUPCF Community Grants including grants for high-risk populations during the first two years of the grants programs were:
  - Youth Cessation (TAP/TEG) – 11,545
  - Adult Cessation (Freedom From Smoking, Fresh Start) – 14,039
  - Cessation for Pregnant Tobacco Users (Brief Interventions, Freedom From Smoking, Fresh Start) – 6,722

Through a groundbreaking public/private partnership between TUPCF and Medical Mutual of Ohio, Paramount Care, Summit, and CareSource (leading healthcare insurance companies in Ohio), the free Ohio Tobacco Quit Line (1-800-QUIT-NOW) is offering subsidized nicotine replacement therapy (NRT) for its enrollees in the form of a nicotine patch—one of the most effective tobacco cessation treatment options for addicted tobacco users. The offer of free patches is anticipated to dramatically increase the number of callers to the Quit Line, which is already exceeding estimates with more than 3,000 callers per month since its statewide launch in September 2004. In the first three months after the inception of this innovative program, over 7,000 orders of free NRT were shipped to Quit Line callers.

The four health plans serve a combined total membership of more than two million people in Ohio.

Gallup's assessment is that Ohio has established a very efficient and effective quit line with an innovative public/private partnership that will have the potential to reach millions of smokers in the state. Ohio is ahead of where most states have been at three years of experience with their respective quit lines; it is consistent with CDC's Best Practices requirement for cessation services. There is, however, room for improvement. Although the local community grants have been providing cessation services, this may not be the most cost-effective approach for reaching the number of smokers in Ohio who need services. Perhaps Ohio should consider the quit line as the primary cessation program component and provide only limited cessation services through the local programs for hard-to-reach populations with high smoking rates that would otherwise not have access to services. In addition, Ohio could also consider establishing regional cessation centers for face-to-face counseling such as those in New Jersey and Massachusetts.

OHIO TOBACCO QUIT LINE CALL IT QUITS.
800-QUIT-NOW
800-784-8669

There is a high level of interest in quitting smoking among adults.

Results from the 2003 and 2004 Ohio Adult Tobacco surveys show that current smokers have a strong desire to quit smoking. The percentage of adult smokers who plan to quit in the next 30 days increased between 2003 and 2004 from 15.2% to 21.6%. The percentage of adult smokers who tried to quit in the last year

[13] National Jewish Quit Line Data, 2005

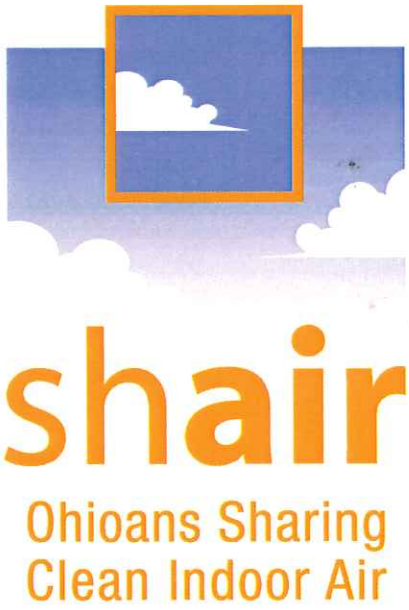
also increased between 2003 and 2004 from 42.7% to 47.0%. The 2004 ATS shows that three in four (75.7%) of Ohio smokers intend to quit smoking this year.[14]

The Quit Line has already received calls from more than 30,000 Ohioans since its inception in August 2003. Pilot program statistics show that tobacco users using the Quit Line to end their tobacco addiction are five times more likely to be successful than tobacco users trying to quit "cold turkey" on their own. To date, the Quit Line user rate of success in staying tobacco free after six months is 25.6%, well above the average for most tobacco cessation programs[15].

These data are encouraging and consistent with other states that have implemented statewide quit lines. The six-month quit rate in Ohio of 25.6% is comparable (and near the top of the range) to other states (e.g., Arkansas, California, Massachusetts, Maine, and Nevada), which have had six-month quit rates ranging from 22% to 26% after approximately three years of effort. The data for smokers who plan to quit and who have tried to quit are also consistent with these other states' data and suggest that the messages about cessation services, the dangers of smoking, and other program influences are reaching smokers in Ohio. TUPCF appears to be on target in this Best Practice area.

THERE IS SUPPORT FOR PUBLIC POLICIES THAT PROTECT INDIVIDUALS FROM SECONDHAND SMOKE EXPOSURE.

The CDC Best Practices strongly recommends the development and promotion of policies that protect individuals (smokers and non-smokers) from secondhand smoke exposure, provide a supportive environment for smokers to quit, and help change the norms around smoking in the community. TUPCF is spearheading local policy change in Ohio through its Community



Grants and Clean Indoor Air Projects. A highlight of these efforts was the Smoke Free Air Act in Columbus, the state capital, which resulted from a TUPCF grant to the Smoke-free Columbus Coalition.

In Ohio, there is growing support for policies that protect non-smokers from exposure to secondhand smoke[16]:

- In 2004, nearly sixty-seven percent (66.5%) support bans on smoking in restaurants, an increase from 62.9% in 2003.
- In indoor work areas, approximately sixty-nine percent of employed respondents in 2003 (69.2%) and 2004 (68.9%) agreed that smoking should not be allowed at all.

Gallup's assessment is that these data are encouraging but limited. Other states such as Arkansas, California, Maine, Nevada, and Pennsylvania have collected comprehensive data on support for a variety of public policies that protect people from secondhand smoke exposure (e.g., support for policies that ban smoking in bars, shopping malls, venues that children frequent like the zoo or parks) and have been able to use these data effectively to argue for and establish policies in these areas. Ohio would benefit from expanding the number of questions asked through their surveillance activities (e.g., ATS) in this area to measure the level of public support for different policies and to help guide local and statewide policy efforts.

[14] ATS, 2003 and 2004
[15] National Jewish Quit Line Data, 2003 and 2004
[16] ATS, 2004

OHIO HAS ESTABLISHED PUBLIC AND PRIVATE NONSMOKING ENVIRONMENTS.

The following are some key accomplishments over the past year toward smoke-free environments:[17]

Ohio cities/villages with current ordinances

- Eight (8) cities/villages have ordinances that ban smoking completely (100%) in restaurants and free-standing bars.
- Four (4) cities/villages have ordinances that ban smoking completely (100%) in restaurants and in bars that do not receive the majority (65% to 85%) of revenues from alcohol sales.
- One village has an ordinance that bans smoking completely (100%) in restaurants.
- The collective ordinances in these 13 cities/villages protect 1,248,083 Ohioans from the harmful effects of secondhand smoke.

Cities/villages that have passed ordinances that are not yet in effect

- Three (3) cities/villages have passed ordinances that will ban smoking completely (100%) in restaurants and free-standing bars.
- The collective ordinances in these three cities/villages (when they go into effect) will protect an additional 20,199 Ohioans.

Cities/villages considering an ordinance or where advocates are working on the issue

- Twenty-seven (27) cities/villages are actively working on ordinances that will ban smoking completely (100%) in worksites, restaurants, free-standing bars, and bars with less than 65% of revenue from alcohol sales.
- The collective ordinances in these 27 cities/villages have the potential to protect an additional 1,767,766 Ohioans.
- The total population that would be protected if all passed and proposed ordinances were implemented would equal 3,036,048 Ohioans.

These data suggest a good start at building a strong policy infrastructure at the local level. The number of local ordinances passed and being considered are similar to other states after three years of effort. Policy development takes time. Gallup would encourage more of these efforts, including working with local departments of education and schools' on-campus policies, and perhaps dedicating less effort toward cessation or school-based curricula development.

THERE HAS BEEN A DECREASE IN SALES OF TOBACCO TO MINORS.

The CDC Best Practices recommends program efforts that focus on restricting and reducing minors' access to tobacco. The impact of these program efforts are measured by reduced sales of tobacco to minors. It is important to point out that TUPCF is not charged with enforcement, but many of its grantees work to prevent youth access to tobacco through compliance checks conducted with local law enforcement agencies.

According to Ohio's Synar data, which identifies tobacco sales violations to minors, there has been a decrease in such sales violations over the past year. Tobacco sales to minors have decreased slightly from 16.6% in 2003 to 13.5% in 2004.[18]

Tobacco sales to minors have decreased from 16.6% in 2003 to 13.5% in 2004

[17] Local Program Monitoring Data, 2005
[18] Annual Synar Data, 2004

SYNAR COMPLIANCE RATES

1997 – 66.0%
1998 – 77.2%
1999 – 77.8%
2000 – 78.7%
2001 – 78.6%
2002 – 77.4%
2003 – 83.4%
2004 – 86.5%

As in many other CDC Best Practice areas, Ohio is on target in reducing the illegal sale of tobacco to minors. Gallup recommends that in addition to a program emphasis on reducing illegal sales to minors, that an emphasis on addressing social sources (e.g., friends, parents) of tobacco be built upon. This is because data from Ohio and many other states suggest that most youth obtain their tobacco from such social sources.

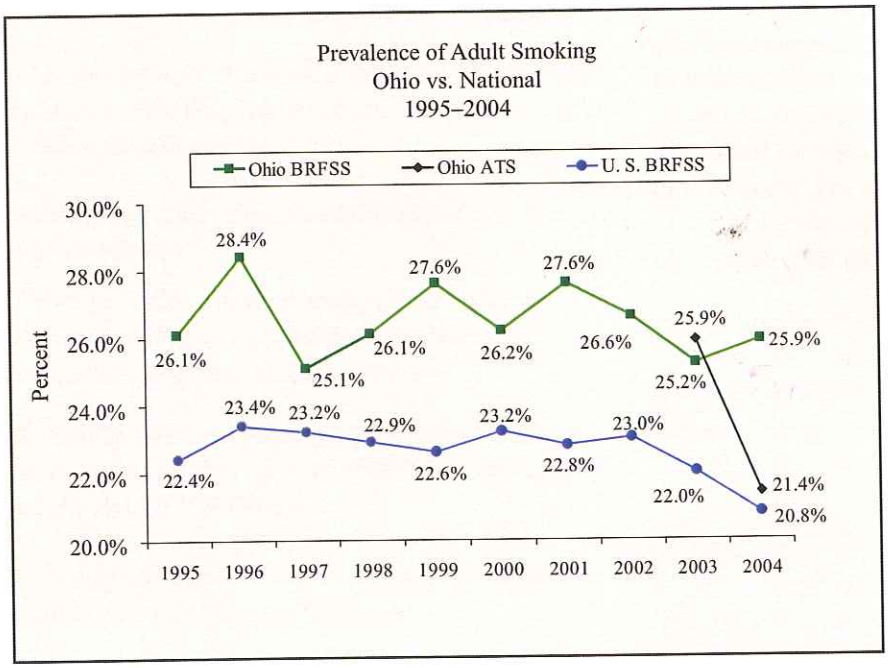
SUMMARY OF PROGRESS

Based on the milestones that CDC Best Practices expects tobacco control programs to achieve within the first few years of operation, Ohio is on target with noted exceptions. Given adequate funding and adherence to the nine components of successful tobacco control programs as recommended by CDC in Best Practices for Comprehensive Tobacco Control Programs, comprehensive state programs can substantially reduce tobacco use over time. Several states including Arkansas, California, Florida, Maine, and Massachusetts have demonstrated such success. It is therefore critical that TUPCF maintain its momentum and at least its current level of funding and address the recommendations provided within each milestone area.

Comparing Ohio Smoking and Consumption Rates With National Data

Adult Prevalence

Gallup compared prevalence indicators from the 1995 to 2004 Ohio Behavioral Risk Factor Surveillance Surveys (BRFSS) and the 2003 and 2004 Ohio ATS with the 1995 to 2004 BRFSS data collected nationally. The BRFSS[19,20] survey assesses the prevalence of behaviors practiced by adults that put their health at risk. The questionnaire was developed by the CDC in collaboration with federal, state, and private-sector partners. Gallup chose these surveys because their data collection methodologies are consistent and permit comparisons across different states and nationally. It should be noted that the BRFSS is the primary surveillance system used to track Ohio adult smoking prevalence trends as data are available for multiple years. The BRFSS is limited, however, in that it only asks a few tobacco control related questions such as smoking prevalence. The ATS survey asks many more questions about tobacco use and related behaviors and is useful in helping assess program impact, for program planning, and to help cross-validate the adult smoking prevalence estimates generated by the BRFSS. However, the ATS is limited for trend analysis as thus far only two annual data points are available.



Adult prevalence of smoking in Ohio remained consistently higher than the national average since 1995.

Since 1995, Ohio has had a higher smoking prevalence compared to the national smoking trend. According to the ATS data, Ohio showed its biggest drop in prevalence between 2003 and 2004, from 25.9% to 21.4%, which is a statistically significant decline compared to the 2003 BRFSS estimate of 25.2% (confidence intervals = 23.4 to 26.9).

Youth Prevalence

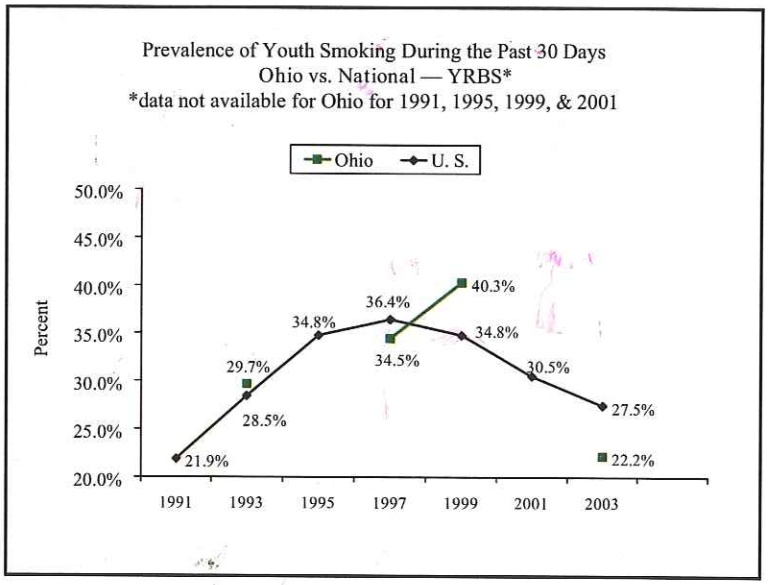
Gallup has compared the prevalence indicators from the Ohio Youth Risk Behavior Survey (YRBS) to the National YRBS and the Ohio Youth Tobacco Survey (OYTS).[21] Gallup chose this survey because data collection methodologies are consistent with the 2000 to 2004 Ohio Youth Tobacco Survey (OYTS)[22] and permit comparisons across different states and nationally. These surveys are implemented with samples

[19] BRFSS, 1995-2004
[20] ATS, 2003 and 2004
[21] YRBS, 1993-2003
[22] YTS, 2000-2004

of youth surveyed in schools using self-administered questionnaires, are longitudinal in design, and contain items directly measuring tobacco-related attitudes and behaviors.

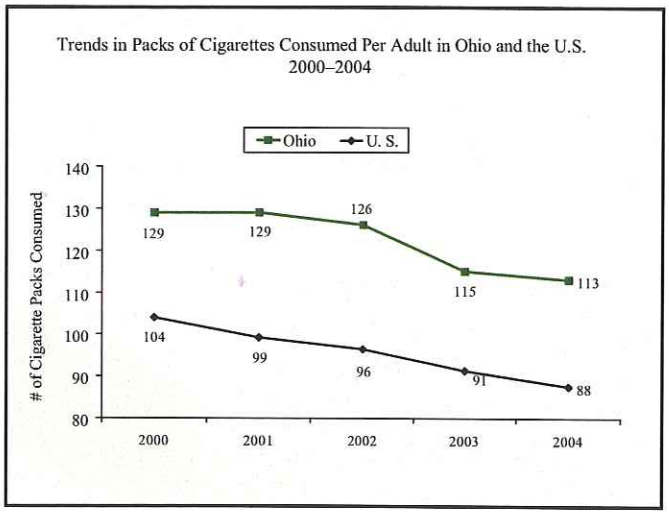
Youth prevalence of smoking for high school students in Ohio is declining.

Highlighted are YRBS biannual prevalence data from 1993, 1997, 1999, and 2003 for Ohio and 1993 to 2003, which compares Ohio and national trends over time. The data are difficult to compare due to missing data for Ohio in 1995 and 2001, however, Ohio youth prevalence has declined from 29.7% in 1993 to 22.2% in 2003 compared to 28.5% in 1993 to 27.5% in 2003 for the U.S. overall. Data from the Ohio YTS show high school youth smoking dropping from 33.4% in 2000 to 25.7% in 2002. Middle school youth smoking data from the Ohio YTS show a drop from 13.7% in 2000 to 10.1% in 2002 with a slight increase in 2004 to 10.6%.



Trends in per capita cigarette consumption in Ohio

There has been a gradual decline in Ohio per capita cigarette consumption since 2000 from 129 packs per person to 113 packs per person in 2004. There is evidence of increases in the acceleration of the decline observed in Ohio's adult per capita consumption with the introduction of tobacco excise tax increases in 2003 and TUPCF program efforts. Per capita consumption declined from 126 packs per person in 2002 to 115 packs per person in 2003, a 9% decline.[23]



Trends in per capita cigarette consumption in Ohio and the U.S.

Since 2000, trends in per capita cigarette consumption have been declining in Ohio and the United States. The decline in Ohio consumption has essentially paralleled that in the U.S., yet remains above the U.S. per capita cigarette consumption of 88 packs in 2004.

Comparison of Ohio with other state consumption trends

A concern has been expressed that there is the possibility that the observed declines in consumption (sales) of tobacco in Ohio may be attributable in part to an increase in cross border sales. That is, smokers going across state lines that border Ohio to purchase their tobacco and not attributable to the tax increases and the tobacco control program efforts in Ohio. It is important to note that a historical overview of the tobacco tax rates in Ohio include a tax in 1998 at 24 cents, a tax in

[23] Adult (age 18+) per capita consumption based on Ohio population data and tax revenue data, 2003

2002 raised to 55 cents, and the tax as of July 1, 2005, raised to $1.25. The following analysis looks at what happened after Ohio increased the tax in 2002. In order to examine this question, Gallup obtained the total population "tax paid per capita cigarette sales" data (number of packs) for Ohio and the five states that border Ohio for the years 1998 to 2004.[24] These data are somewhat different from the adult per capita (aged 18 and older) data Gallup typically reports for the state but are nonetheless useful for looking at trends in cigarette sales over time and across states. The five states' cigarette sales trends Gallup compared to Ohio are Indiana, Kentucky, Michigan, Pennsylvania, and West Virginia.

Per Capita Sales for the Five States of Interest and Ohio

State	1998	1999	2000	2001	2002	2003	2004
IN	135.9	133.3	125.5	121.4	121.4	101.1	97.7
KY	171.3	165.3	156.2	152.6	140.8	175.8	174.4
MI	73.7	81.7	83.7	79.2	78.1	72.3	68.5
PA	92.1	91.1	87.9	86.8	86.9	74.7	68.9
WV	114.6	112.4	107.9	109.4	110.7	122.2	104.0
OH	106.4	104.0	99.9	100.0	96.8	90.2	85.9

In 2004, the last year Gallup has per capita sales data for all of these states, the respective state cigarette taxes for the five states of interest were as follows: Indiana (55.5 cents), Kentucky (3 cents), Michigan ($1.25), Pennsylvania ($1.35), and West Virginia (55 cents). Ohio was at 55 cents. Based on data through 2004, it does not appear after Ohio's 2002 tax increase that there were large and sustainable increases in cigarette sales in the states bordering Ohio, with the exception of Kentucky. This is not surprising given that Kentucky had the second largest difference in taxes (3 cents versus 55 cents) when compared to Ohio. It is important to keep in mind that Kentucky is also bordered by six states: Indiana (55.5 cents), Illinois (98 cents), Missouri (17 cents), West Virginia (55 cents), and Virginia (2.5 cents), all of which have larger taxes on cigarettes than Kentucky with the exception of Virginia, and thus some of the increased consumption observed in Kentucky may very well be due to cross border sales from states other than Ohio purchasing their tobacco in Kentucky. It is important to point out that several of the states in this analysis have subsequently increased their taxes on cigarettes. It will be important to update this analysis as more recent data become available.

Despite concern over Internet sales of tobacco to youth, there have been several states such as California, Washington, Oregon, and Arizona that have examined this issue. The results have shown that only between 1% to 3% of youth are purchasing tobacco over the Internet. The majority of youth are still obtaining their tobacco from social sources.

[24] Tax Burden on Tobacco, 2004

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