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### Progress in Reducing Tobacco Use Across Nebraska

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**Progress in Reducing  
Tobacco Use  
Across Nebraska**

***A Snapshot Progress  
Report on Tobacco  
Free  
Nebraska (TFN)***



December 2003

**White Mountain Research Associates, L.L.C**

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## *Introduction*

Tobacco use is the leading cause of preventable death in the United States, causing over 400,000 deaths annually. In Nebraska each year, 2,400 adults die prematurely because of cigarette smoking.<sup>1</sup> It is estimated that 45,000 Nebraskans now under the age of 18 will eventually die prematurely from cigarette smoking. Cigarette smoking is responsible for \$419 million of Nebraska's annual health care costs (representing approximately 7 percent of the state's annual health care costs, including 12 percent of Nebraska's annual Medicaid expenditures), and smoking-related mortality results in over \$400 million in forgone future earnings in the state per year.<sup>2</sup>

In 2000, the Nebraska State Legislature took an important step towards addressing the state's most significant public health problem by enacting Legislative Bill 1436, which appropriated \$21 million from the Tobacco Settlement Trust Fund to support statewide tobacco prevention and cessation efforts. This additional funding enabled the Nebraska Health and Human Services System's (NHHSS) existing tobacco program, Tobacco Free Nebraska (TFN), to greatly expand its efforts by establishing a comprehensive statewide tobacco program. The funding marked a turning point for TFN, resulting in the Centers for Disease Control and Prevention citing the program as one of the model tobacco

prevention and cessation programs in the nation. In 2002, the State Legislature took another important step towards eliminating tobacco use in Nebraska by passing a 30-cent increase in the state's cigarette tax.

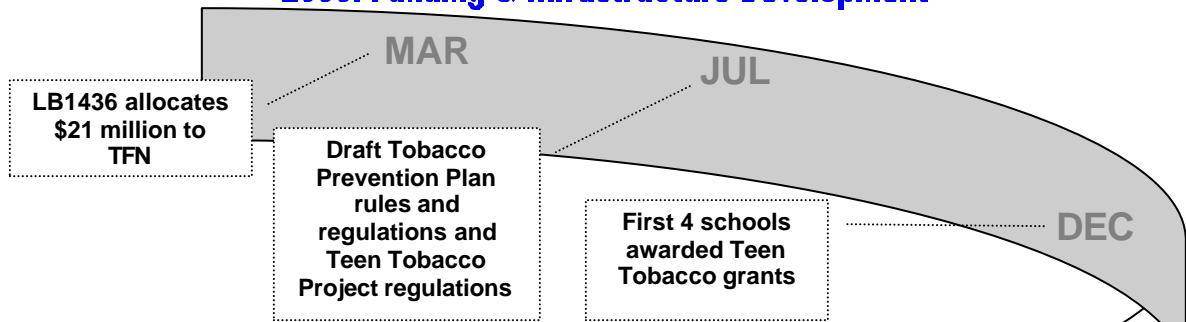
TFN's achievements as a model program have been previously documented in the 2001 and 2002 State Snapshots and through a variety of other reports developed by an independent evaluation team.<sup>3</sup> These reports, including this State Snapshot, provide information on statewide progress in tobacco control efforts to NHHSS, national, state, and local policymakers, and other interested parties.

The year 2003 marked another turning point for TFN. In June, the Nebraska State Legislature made an appropriation of \$405,000 annually to TFN through Legislative Bill 285A rather than renewing the program's funding at its previous level of \$7 million. ***The new appropriation represents a 94 percent cut in the annual program funding originally provided by LB 1436.*** Because of this recent budget cut, many components of Nebraska's comprehensive tobacco prevention and cessation program have been scaled down or will soon be eliminated (see below). This places the future of TFN's strong community-based foundation in jeopardy since the program's level of support is well below the annual \$13.3 million in funding recommended by the CDC to implement statewide best practices in tobacco control.<sup>4</sup>

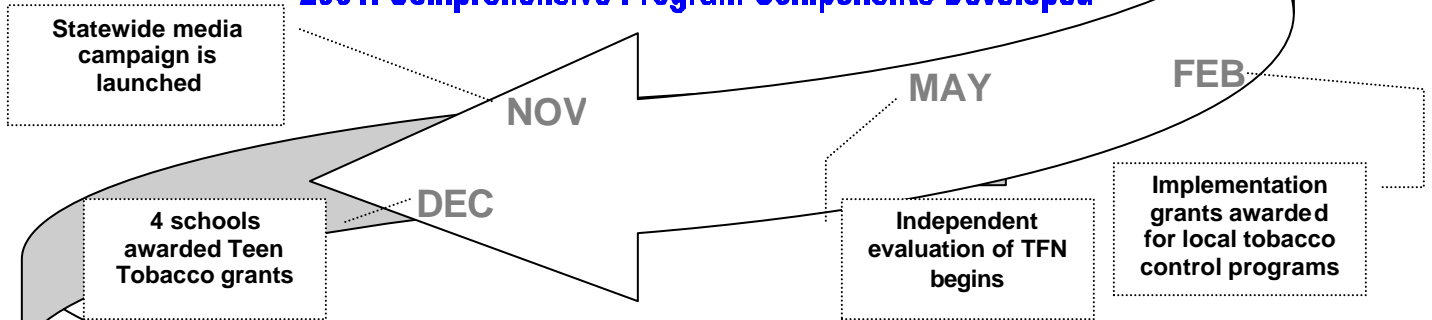
### ***Timeline of TFN's Comprehensive Tobacco Prevention and Cessation Program***

The timeline on the following page illustrates the development of the major components of Tobacco Free Nebraska's comprehensive tobacco prevention and cessation program beginning with the Nebraska State Legislature's commitment of \$21 million to the program with the passage of LB 1436 in 2000. As shown, several major program components, including the Nebraska Tobacco Quitline, the statewide media campaign, the No Limits movement, and financial support for local tobacco control coalitions, will cease to exist by the end of 2004 without additional funding.

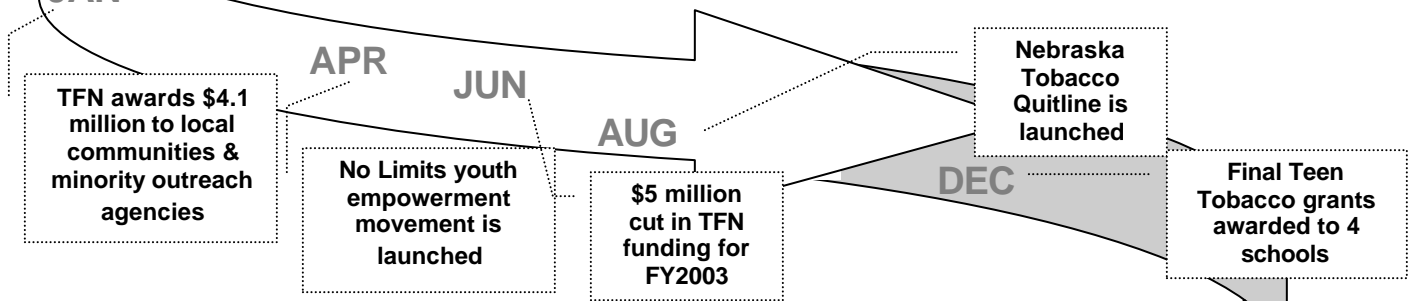
## 2000: Funding & Infrastructure Development



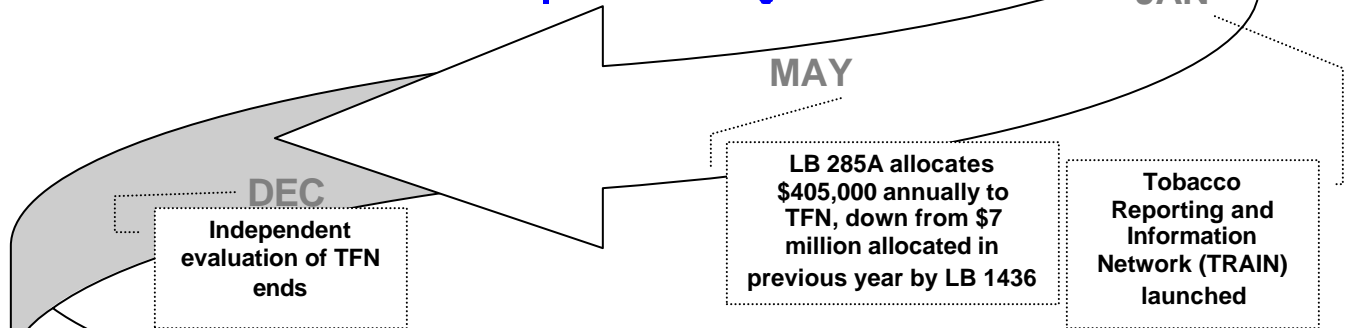
## 2001: Comprehensive Program Components Developed



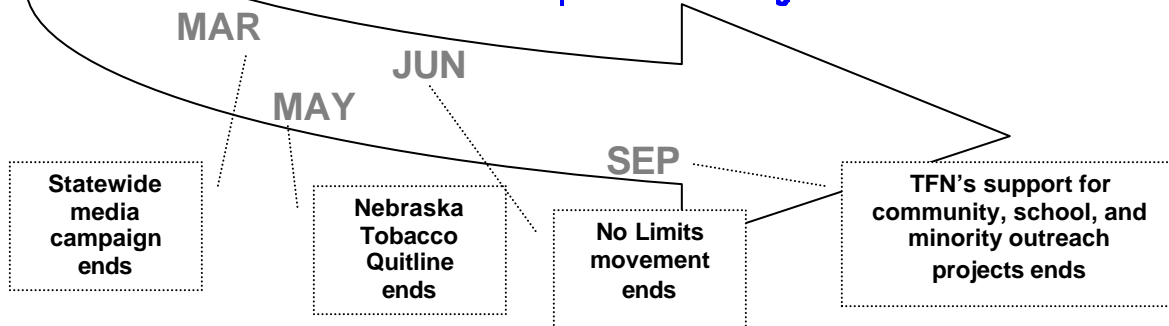
## 2002: Comprehensive Program Components Launched



## 2003: Comprehensive Program in Place



## 2004: Comprehensive Program Dismantled



## ***TFN Has Been Associated with Significant Achievements in Tobacco Prevention and Cessation in Nebraska***

Recent data suggests that since LB 1436 enabled Tobacco Free Nebraska to establish a comprehensive tobacco prevention and cessation program, Nebraska has made great strides beginning to reduce the public health problems associated with tobacco use and exposure to secondhand smoke. TFN's statewide media campaign combined with local advocacy efforts has improved the public's awareness of the harmful effects of exposure to secondhand smoke. ***Today, fewer Nebraskans are exposed to the hazards of secondhand smoke in their homes and at work, and a greater number of Nebraskans support banning smoking entirely in indoor work areas,*** than before TFN's comprehensive program was in place. Since 1997, there has been a continual decline in the percentage of Nebraska youth who have ever used and are currently using tobacco products. ***The percentage of Nebraska youth who smoked cigarettes in the past 30 days dropped from 30.5 percent in 2001 to only 24.1 percent in 2003.*** TFN has worked to maintain these positive trends by making youth tobacco prevention a priority through its

### **Tobacco Free Nebraska Is Committed to:**

- 1) preventing and reducing tobacco use among adults and youth;
- 2) eliminating the public's exposure to secondhand smoke;
- 3) identifying and eliminating disparities related to tobacco use; and
- 4) promoting tobacco use cessation among adults and youth.

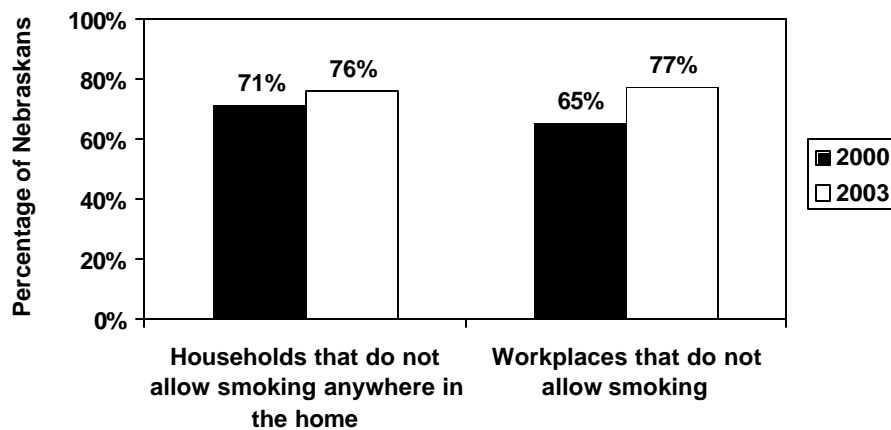
No Limits youth empowerment movement, its media campaigns, and its support for a number of school- and community-based programs intended to reduce youth tobacco use initiation.

### **Exposure to Secondhand Tobacco Smoke Declined in Recent Years in Nebraska**

Recently collected data from Nebraska's 2003 Adult Tobacco/Social Climate Survey<sup>5</sup> suggests that there has been a statistically significant increase in the percentage of adults in the state who are no longer exposed to the hazards of secondhand smoke in their homes and at work. ***This finding suggests that TFN has made progress during the past three years towards reaching the program's goal of eliminating exposure to secondhand tobacco smoke entirely.***

Figure 1 shows that the percentage of Nebraskans who reported that their households do not allow smoking anywhere in the home increased from 71 percent in 2000 to 76 percent in 2003. The percentage of Nebraskans who are not exposed to secondhand smoke at work also increased during this period, with 77 percent reporting that their workplace did not allow smoking in any area in 2003 (up from 65 percent in 2000).

**Figure 1. Compared to 2000, Fewer Nebraskans Are Exposed to the Dangers of Secondhand Smoke at Home and at Work**



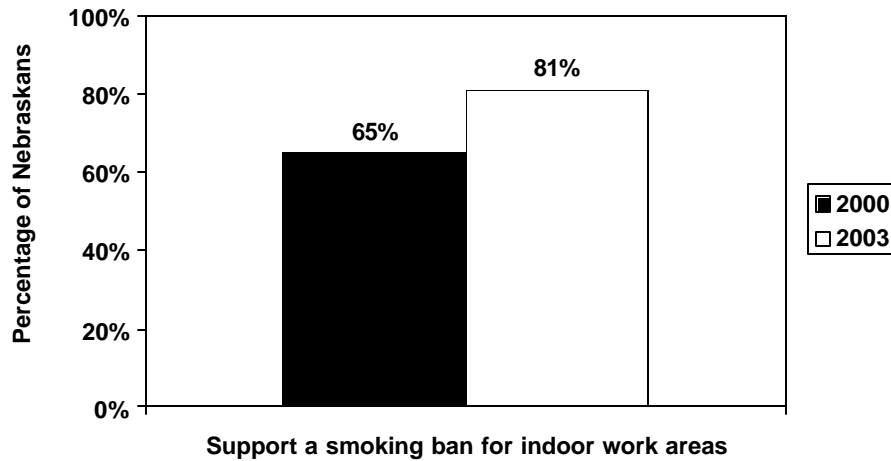
### **Nebraskans Are Becoming Less Tolerant of Smoking in Indoor Work Areas**

Data from the Adult Tobacco/Social Climate Survey suggest that *Nebraskans are more likely to support banning smoking in indoor work areas than they were three years ago.*

Figure 2 shows that the percentage of Nebraskans who reported that smoking should not be allowed at all in indoor work areas increased from 65 percent in 2000 to 81 percent in 2003. There was a statistically significant increase over the past three years in the percentage of Nebraskans who support a smoking ban in indoor work areas.



**Figure 2. Compared to 2000, Nebraskans Are More Willing to Support Banning Smoking in Indoor Work Areas**



### **Nebraskans Support Banning Smoking in Restaurants**

Findings from the 2003 Adult Tobacco/Social Climate Survey suggest that *the majority of Nebraskans prefers eating in smoke-free environments and are willing to support an ordinance banning smoking completely in restaurants.*

- When dining out, 74 percent of Nebraskans request a table in the nonsmoking section (up from 70 percent in 2000).
- 71 percent of Nebraskans said they would support a local ordinance that banned smoking entirely in restaurants.
- 14 percent of Nebraskans reported that during the past year they did not eat at a restaurant because it allowed smoking. In contrast, only five percent of Nebraskans did not go to a restaurant because it *prohibited* smoking.

### **Tobacco Use Among Youth and Adults in Nebraska**

Data from a variety of sources indicate that *tobacco use* declined considerably among adolescents in Nebraska between 1997 and 2003. *Initiation* of tobacco use also declined among adolescents. There were also notable improvements in *vendor compliance* with laws prohibiting the sale of tobacco products to underage youth. *Adult smoking prevalence* in Nebraska, while higher in 2002 than in preceding years, has remained below the national average since 2000.

## Declining Tobacco Use among Adolescents in Nebraska

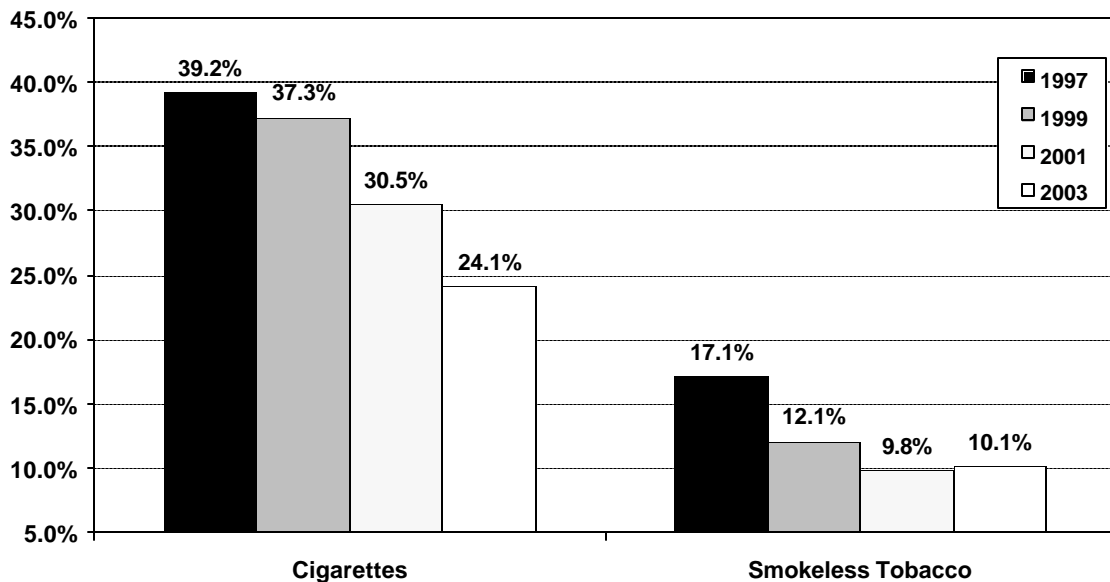
Tobacco use declined steadily among adolescents in Nebraska from 1997 to 2003,<sup>6</sup> including levels of smoking initiation and use of cigarettes and smokeless tobacco.

### *Continuous Decline in Current Use of Tobacco Products among Youth*

The proportion of adolescents who used tobacco products has declined continuously in Nebraska since 1997.

- The percentage of adolescents who reported having smoked cigarettes at least one day within the 30 days preceding the survey declined from 39.2 percent in 1997 to 24.1 percent in 2003 (figure 3).<sup>6,7</sup> This represents approximately 15,000 fewer adolescent smokers today.<sup>8</sup> The decrease in cigarette smoking was statistically significant.
- In the same period, the percentage of adolescents who reported using smokeless tobacco at least one day within the 30 days preceding the survey declined from 17.1 percent to 10.1 percent (figure 3).<sup>6,7</sup> This represents 7,000 fewer adolescents who are using smokeless tobacco today compared with 1997.<sup>8</sup> The decrease in smokeless tobacco use was statistically significant.

**Figure 3. The Percentage of Nebraska Youth Who Used Tobacco Products in the Past 30 Days Declined from 1997-2003**



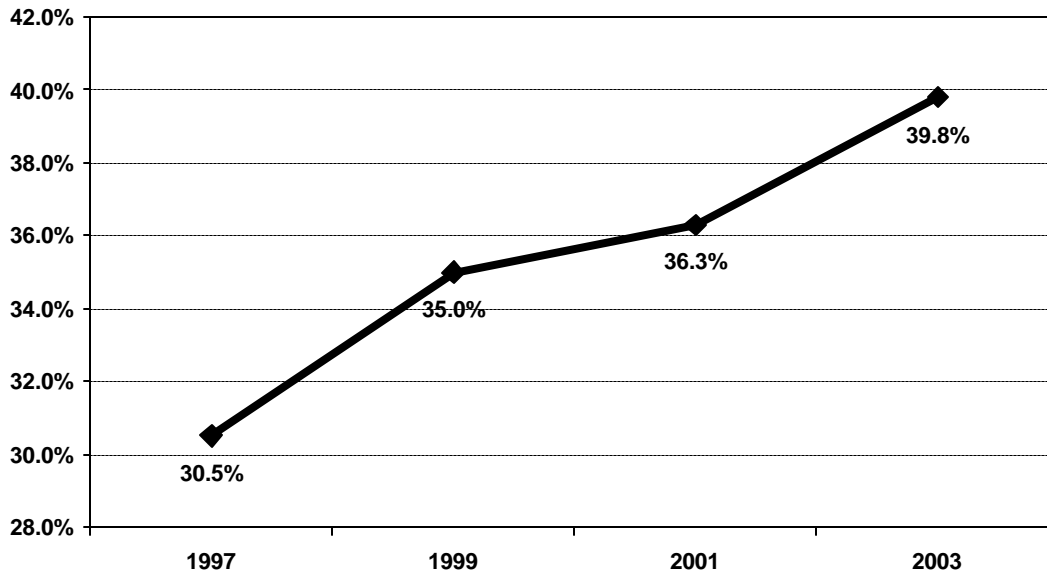
These results indicate that from 1997 to 2003 there was:

- a 38 percent decline in the percentage of youth who smoke cigarettes and
- almost a 41 percent decline in the percentage of youth who use smokeless tobacco.

*Decrease in the Number of Youth Who Initiated Tobacco Use*

Nebraska has seen a statistically significant decline in smoking initiation among youth. The proportion of youth who reported having never smoked a cigarette increased from 30.5 percent of all youth in 1997 to 35.0 percent in 1999, 36.3 percent in 2001, and 39.8 percent in 2003 (figure 4).<sup>6</sup> In total there was a 30 percent increase in the percentage of youth who reported never having smoked a cigarette, indicating that *more and more adolescents in Nebraska have chosen not to initiate cigarette smoking since 1997.*

**Figure 4. The Percentage of Nebraska Youth Who Have Never Smoked a Cigarette Increased from 1997-2003**

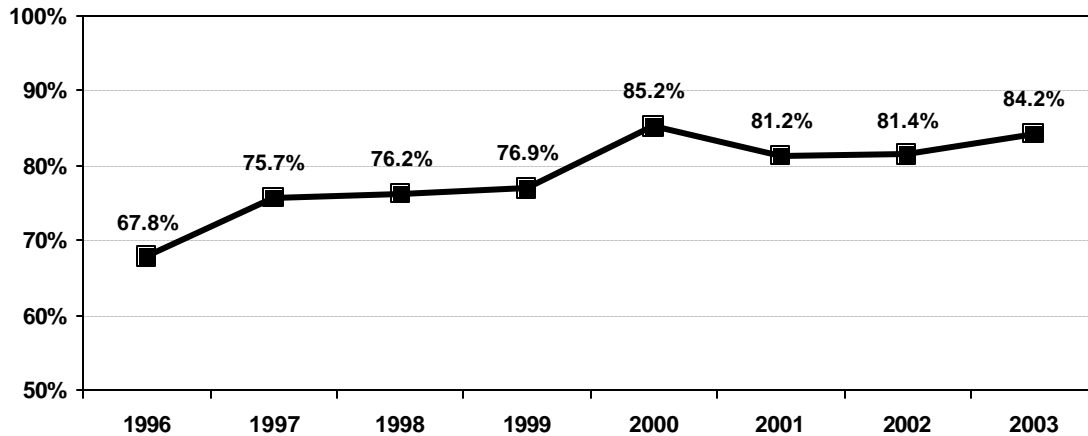


*Increase in Statewide Compliance with Laws Prohibiting the Sale of Tobacco Products to Underage Youth*

Between 1996 and 2003, vendor compliance with regulations that prohibit the sale of tobacco products to underage youth increased.<sup>9,10</sup> Figure 5 shows the compliance rate of vendors in Nebraska between 1996 and 2003. Compliance increased among Nebraskan

vendors from 67.8 percent in 1996 to 81.2 percent in 2003. In checks conducted by the Metro Omaha Tobacco Action Coalition throughout Douglas County, the rate of compliance increased from 77 percent in March 2002 to 91 percent in September 2003.<sup>11</sup>

**Figure 5. Statewide Compliance Rate for Sales of Tobacco Products to Underage Youth Increased from 1996-2003**



### **Smoking Prevalence Among *Adults* in Nebraska Remains Below the National Average**

In the years following the implementation of TFN, smoking prevalence dropped sharply to 20.2 percent (2001). In the last year (2002), a rise in the adult smoking prevalence to 22.7 has been observed. This increase is not unusual during the early years of a state's tobacco prevention and cessation program because it takes several years before permanent smoking behavior changes take hold. Despite this recent increase in adult smoking prevalence, the percentage of smokers in Nebraska has remained below the median percentage of smokers nationwide in the first three years after TFN was awarded comprehensive funding and in all but one year since 1996.<sup>12</sup>

## ***Statewide Quitline: Promoting Tobacco Use Cessation Among Adults***

The Nebraska Tobacco Quitline (1-866-NEB-QUIT) has been operational since August 2002. The Quitline provides 24-hour cessation counseling and referrals for individuals who wish to stop using tobacco products. The Quitline also provides technical assistance to health care providers and tobacco cessation specialists, and referral services for special populations such as smokeless

***"This program is very supportive, and it helps to know that you are not in this alone."***  
-Quitline caller

tobacco users and women of child bearing age. Health care providers can speak to an addiction specialist (physician or nurse practitioner) to assist in pharmacological and behavioral treatment planning. ***As of October 1, 2003, the Quitline had received 6,693 calls from health care providers and individuals seeking tobacco cessation information or counseling.*** As a result of these calls, ***the Quitline mailed 5,561 information, quit, and provider kits, and placed 9,533 follow-up calls.***

During 2003, the Quitline made substantial progress in gaining a foothold in Nebraska. There are currently two community liaisons who make regular visits to health care providers throughout Nebraska and who participate in provider training programs and local health fairs. As of November 2003, community liaisons had made 798 visits to health care providers, participated in 33 health fairs, and provided 12 training sessions to

**Figure 6. Top 5 Ways Callers Find Out About the Quitline**

| Source                | Percentage of Callers |
|-----------------------|-----------------------|
| Television Ads        | 53%                   |
| Radio Ads             | 12%                   |
| Health Care Providers | 4%                    |
| Written Materials     | 4%                    |
| Bulletin Boards       | 1%                    |

health care providers throughout Nebraska. The Quitline has experienced an increase in the percentage of callers referred by their pharmacists or physicians. Indeed, although the majority of callers hear about the Quitline through television and radio advertisements, about 4 percent of callers hear about it from their health care providers (see figure 6). This is important for sustaining and expanding the program as the

number of health care providers who become aware of the Quitline continues to grow and they subsequently make referrals to the Quitline.

## ***Progress Has Been Made In Identifying and Eliminating Tobacco Use Disparities Among Different Ethnic and Racial Groups***

Between January 1, 2001, and December 31, 2003, TFN provided 9 grants totaling \$1.5 million to eight minority outreach and Native American agencies:

- The Asian Community and Cultural Center
- Charles Drew Health Center, Inc.
- The Indian Center, Inc.
- Macy Youth and Family Services
- NAF Multicultural Human Development Corporation
- The Ponca Tribe of Nebraska
- The Santee Sioux Tribe of Nebraska
- The Winnebago Tribal Health Department.

**Recent data suggest that tobacco use remains high among Nebraska's racial and ethnic minority populations.** The table below shows the smoking rates among whites in Nebraska and the rates of smoking among minority populations in counties that took part in the 2003 Nebraska Minority Behavior Risk Factor Survey (BRFS).\*\*

|                |     |
|----------------|-----|
| Whites*        | 22% |
| Buffalo County | 31% |
| Dawson County  | 31% |
| Platte County  | 29% |

\* Data for whites are from the CDC's 2002 Behavior Risk Factor Surveillance System (BRFSS).

\*\* The 2003 Minority BRFS was also conducted in Box, Butte, Sheridan, and Scotts Bluff counties. Data from those counties were not available when this report was prepared.

These agencies used the funds to develop culturally appropriate strategies for reducing tobacco use and secondhand smoke exposure among Nebraska's racial and ethnic minority populations. Highlights of these agencies' efforts include the following:



- NAF developed culturally and linguistically sensitive television, print, and radio ads that are used in 6 Western Nebraska counties.
- Macy Youth and Family Services sponsors a team of American Indian youth who give talks and performances about the dangers of tobacco use. Members of the team have received national recognition for their efforts.
- The Ponca Tribe of Nebraska assists with providing smoking cessation classes to Native American women in Douglas and Sarpy counties.
- The Indian Center, Inc., in Lincoln received pledges from 47 American Indian households promising to sign a "Smoke-Free Household" proclamation with "no use" rules for minors and no smoking in the home for adults.

TFN also developed culturally sensitive materials for its statewide media campaign and sponsored annual Native American Tobacco Youth Conferences to reach populations that traditionally have high rates of tobacco use.

### ***State Funding Cut to TFN Is Likely to Reverse Gains***

Even though it enacted a 30-cent increase in the state cigarette excise tax, the Nebraska Legislature did not provide sustained funding for Tobacco Free Nebraska in 2003.

Without complete funding, TFN's ability to support its activities in tobacco prevention and cessation has been seriously compromised; as a result, many state and local initiatives in Nebraska will be forced to stop operations.

***"Nebraska is not living up to the promise from the . . . legal settlement with the tobacco industry."***

– Mary Peterson of the Nebraska chapter of the American Lung Association

In a letter to the TFN Program Manager, CDC officials from the Office on Smoking and Health commended the program for its strong advocacy and strategic partnerships, which facilitated the implementation of the program's objectives. However, in the letter the CDC expressed concern about the loss of settlement funding for TFN:

*"Without adequate funding it will be difficult to sustain the comprehensive efforts at the state and local level. Nebraska has been identified as a program model by the Centers for Disease Control and Prevention. The recent loss of all master settlement agreement funding may make it difficult for TFN to maintain effective programs. It will be important to maintain the surveillance systems in place to assess any changes in tobacco use rates as funding for evidence based tobacco control interventions are reduced."*<sup>13</sup>

### **Tobacco Control Programs Work—Evidence from Various States**

Comprehensive approaches to tobacco control<sup>14</sup> result in reduced tobacco use and exposure to secondhand tobacco smoke. A recent study comparing cigarette sales in Arizona, California, Massachusetts, and Oregon, four states with comprehensive tobacco control programs, with sales across all 50 states found that between 1990 and 2000 sales fell 43 percent in the four states compared with 20 percent for the entire nation.<sup>15</sup>

- In California, the home of the nation’s oldest tobacco control program (started in 1989), smoking prevalence declined between 1978 and 1994 at a rate that was consistently 2 to 5 percentage points below the national average (which was also declining). Between 1990 and 1994, smoking prevalence among adults continued to decline significantly in California while remaining stable for rest of the nation. Researchers have concluded that the higher rate of decline in the state compared with the decline in the rest of the nation was attributable to the California Tobacco Control Program, which in the long term resulted in a decline in cigarette consumption of 10–13 percent.<sup>16</sup>
- Florida’s program, which targeted tobacco use among youth, was associated with a 47 percent decline in smoking prevalence among middle school students and a 30 percent decline among high school students between 1998 and 2001. In the same period, the number of middle school students who reported having ever smoked a cigarette declined from 43 to 32 percent, and the number of high school students reporting they had ever smoked a cigarette declined from 68 percent to under 54 percent.<sup>17</sup>
- Massachusetts also saw a reduction in tobacco use associated with its comprehensive tobacco control program resulting in an estimated cost saving to the state for tobacco-related health care totaling \$85 million each year from 1993 to 2002.<sup>18</sup>
  - Cigarette consumption among adults declined from 22.6 percent in 1993 to 18.1 percent in 2002, a statistically significant decline of 20 percent (219,000 fewer smokers).
  - Per capita sales of cigarettes declined by 40 percent.
  - Smoking among youth declined from 36 to 26 percent (statistically significant) between 1995 and 2001, while falling from 35 to only 29 percent in the United States as a whole.
  - Exposure to secondhand smoke declined in worksites, homes, and restaurants between 1993 and 2002.<sup>19</sup>
  - Retailer compliance with restricting sales of tobacco products to underage youth rose 53 percent in the state between 1994 and 2002.

Tobacco Free Nebraska, too, has been associated with positive results at the state and local level and, as noted, was cited by the CDC as a model program for other states.

### **Nebraskans Agree that Investing in State Tobacco Control Initiatives Is Worthwhile**

Recent data from the Nebraska Adult Tobacco/Social Climate Survey suggest that the majority of Nebraskans support using tobacco settlement and tobacco tax monies for statewide tobacco prevention and cessation programs. Figure 8 shows that the vast majority of Nebraskans, including smokers, support using settlement dollars for tobacco



prevention efforts (86 percent), the Nebraska Tobacco Quitline (77 percent), and the statewide media campaign (80 percent).<sup>20</sup> Figure 9 shows that, compared with 2000, an increasing majority of Nebraskans favor using additional tobacco tax revenues to fund enforcement (70 percent in 2003 versus 66 percent in 2000), adult cessation programs (64 percent in 2003 versus 56 percent in 2000), and programs designed to prevent youth from starting to use tobacco.<sup>21</sup>

Figure 8. The Vast Majority of Nebraskans Favor Using Settlement Money for Tobacco Prevention and Cessation

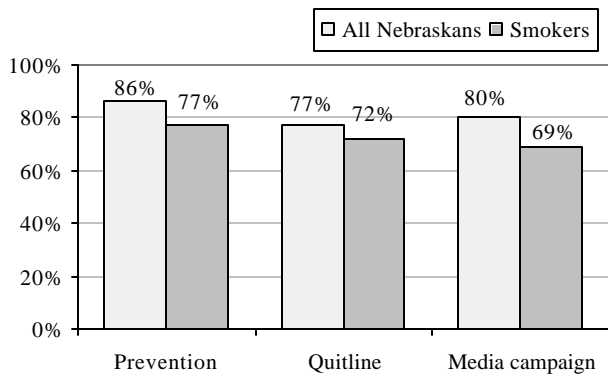
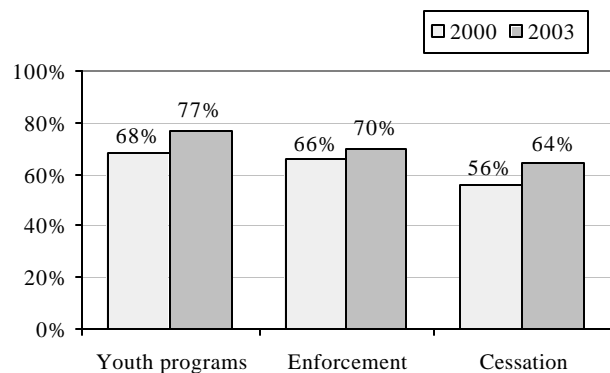


Figure 9. Support for Using Additional Taxes for Tobacco Prevention and Cessation Has Increased



### **Comprehensive Programs Reduce State Expenditure and Human Suffering—But Reducing Program Budgets Results in Losing These Gains**

Declines in tobacco use reduce the burden on the states’ medical expenditures for tobacco-related illnesses, respiratory infections in children, and illnesses such as asthma.

For example:

- A recent decrease in tobacco use in California appears to have contributed to a decline in lung and bronchial cancer rates. Studies conclude that “The higher rate of decline in lung and bronchus cancer incidence rates in California compared with other regions of the country may be related in part to the significant declines in smoking rates as a result of California tobacco control initiatives.”<sup>22</sup>
- California’s tobacco control program was also associated with significant declines in tobacco-related heart disease compared with the rest of the country. The program contributed to 33,000 fewer deaths due to heart disease between 1989 and 1997 than expected based on earlier trends.<sup>23</sup>

The possible savings to the states from these achievements are enormous considering that, nationally, Medicaid programs alone pay for 17 percent of all health costs attributed

to just smoking.<sup>24</sup> According to CDC estimates, 440,000 premature deaths per year in the United States between 1995 and 1999 were attributed to smoking. Health-related economic losses in that period amounted to \$157 billion per year, with \$81.9 billion lost to mortality-related productivity losses and \$75.5 billion lost to smoking-related medical expenditures. These costs amounted to \$1,760 in lost productivity and \$1,623 in excess medical expenditures for each smoker in the nation—a total of over \$3,000 per smoker per year.<sup>25</sup> ***In Nebraska, tobacco-related illnesses and mortality cost the state over \$800 million each year in medical expenses and foregone future earnings.***

The CDC recommends that, in order to establish an effective comprehensive tobacco control program, states should spend a minimum of 20 to 25 percent of their master tobacco settlement proceeds on tobacco control prevention and cessation efforts. Unfortunately, as a result of large state budget deficits in recent years state legislators have chosen to cut some of the nation's most exemplary programs. ***Reversing or slowing the gains made in reducing tobacco use and exposure to secondhand smoke translates into significant direct financial cost implications for states in tobacco-related medical expenditures.***

### **Likely Effects of the Budget Cut on TFN**

TFN now faces challenges similar to California's, Florida's, and Massachusetts' tobacco prevention and cessation programs. With its drastic funding cutback, TFN has already been—and will continue to be—unable to continue many of its prevention and cessation initiatives.

- In June 2002 funding for statewide programs<sup>26</sup> was terminated following a cut to TFN funding of \$5 million.
- By December 2003, the teen tobacco projects and enforcement of youth access restriction, the clean indoor air act, and the data collection and formal evaluation of the program will end (see below).
- Within the first six months of 2004, the media campaign, toll-free tobacco cessation toll free Quitline, and No Limits youth empowerment movement will be phased out.
- Finally, in September of 2004 the community and school outreach initiatives will also come to an end.

**Nebraska dropped from 17th to 41st nationally  
in states' support for tobacco prevention programs\***

|      | Nebraska's fiscal year funding for<br>tobacco prevention (percentage of<br>CDC-recommended spending) | State<br>Ranking |
|------|--|------------------|
| 2003 | \$7 million (52.6 percent)   | 17th             |
| 2004 | \$405,000 (3.1 percent)  | 41st             |

\*Source: The 1998 State Tobacco Settlement Five Years Later: The American Heart Association, The Campaign for Tobacco Free Kids, The American Cancer Society, The American Lung Association.

Based on the experience of California, Florida, and Massachusetts, *Nebraska is likely to experience a reversal or slowing down of positive trends in reducing smoking prevalence among youth, youth access to tobacco products, exposure to secondhand smoke, and support for smoke-free environments.* In short, on the one hand, several states have demonstrated that funding for comprehensive programs results in reductions in tobacco use and exposure to secondhand smoke; on the other hand, several states that have cut their tobacco prevention and cessation budgets have seen a slowing down, and in some cases, a reversal of the gains made in reducing tobacco use and exposure to secondhand smoke. *Nebraska is likely to suffer the same unfortunate fate as a result of its funding cutbacks.*

Matthew Farrelly, lead author of the study on the impact of tobacco control programs on cigarette sales), asserts that:

*“Well sustained, well funded programs become increasingly efficient over time. As states build core capacity for tobacco control they make better and better use of each additional dollar.”<sup>27</sup>*

Conversely, what takes years of planning and resources to build may be disrupted in a much shorter time by the decision to cut funding. Budget cuts, if sustained, make it more difficult to observe and evaluate a program’s long-term payoffs. As a result, states like Nebraska that invest significantly in comprehensive tobacco control programs, only to cut

their funding, *end up eroding the significant resources they invested and losing many of the enormous payoffs from reduced tobacco use.*

The consequences of the funding cut and reduced gains extend to the loss of jobs resulting from the de-funded local and statewide programs and to the health-related economic costs of increased tobacco use and exposure to secondhand smoke. Given CDC estimates of tobacco-related health costs (\$157 billion per year between 1995 and 1999), *the long-term costs to Nebraska and other states that have lost funding are likely to exceed the long-term costs of funding tobacco control programs such as TFN.*

Finally, with continued funding for Tobacco Free Nebraska and the work of the many other tobacco control initiatives in the state, it would have been possible to determine how permanent the decline in exposure to secondhand smoke might have been as well as the extent to which tobacco prevention and cessation initiatives in Nebraska might have been responsible for contributing to this and other promising trends, such as the decline in youth smoking. However, because the Nebraska Legislature drastically cut funding for TFN and other state tobacco control initiatives in 2003, it will not be possible to collect the data that make it possible to attribute any future improvements to these initiatives—or attribute the expected reversal or slowing down of these improvements to the *discontinuation* of these initiatives.

### ***Community-Based Tobacco Prevention Achievements and the Impact of the Funding Cut***

A key component of TFN's comprehensive tobacco prevention and cessation program has been the financial support given directly to communities for establishing and expanding local tobacco prevention initiatives. The funding cut to TFN will not only lead to the dismantling of statewide programs such as the Quitline and media campaign, it will also directly affect hundreds of volunteer tobacco prevention coalition members and dozens of paid program coordinators and staff members who rely on TFN funding to direct local tobacco control efforts.

Between January 1, 2001, and December 31, 2003, TFN provided over \$5.3 million to Nebraska communities for locally directed tobacco prevention efforts. In addition to directly supporting local tobacco prevention activities, *these funds made \$240,000 in scholarships available to up to 48 Nebraska youth who designed and implemented Teen Tobacco Education and Prevention Projects. The funds also helped pay the salaries of over 30 professionals who directed local tobacco prevention efforts.* By placing such a high priority on support for local activities, TFN helped communities across the state achieve many impressive goals related to tobacco prevention. The box on the next page highlights some of the achievements of local tobacco prevention efforts that were the result of TFN funding or technical assistance.

During the first 6 months of 2003, TFN-funded coalitions sponsored 64 training sessions that instructed 2,978 adults and 576 youth community members in tobacco prevention. Approximately 168,000 Nebraskans were reached by community events sponsored by TFN-funded coalitions during this time.

In November 2003, TFN used its entire two-year appropriation from the State Legislature and some funds from Federal grants to award \$1.4 million for continued local tobacco prevention efforts serving 10 counties and tribes. These grants will enable the counties to sustain their tobacco prevention efforts with slightly reduced funding levels until September 30, 2004. At that time, unless additional funding is obtained, the tobacco prevention efforts in many communities will likely be derailed.

Eliminating the support for community efforts will have a direct, negative effect on the number of tobacco prevention activities that can occur at the local level. For example, several local communities have used TFN funding to create successful anti-tobacco media campaigns, smoke-free dining and day care guides, and informational brochures about tobacco-related issues. Without continued funding, these grassroots efforts cannot afford to produce these anti-tobacco materials that are important components of a comprehensive tobacco prevention and cessation program.

### **Selected Local Tobacco Prevention Achievements of TFN-Supported Coalitions and Agencies**

- In the summer of 2002, Kearney Park and Recreation agreed to a voluntary policy to make the sports fields in Kearney smoke free.
- In March 2002, Plattsmouth passed a tobacco product placement ordinance that required retailers to put all tobacco products behind counters or in locked display cases.
- Douglas County reduced the rate of retailers who sold tobacco to a minor from 23 percent in March 2002 to 8.7 percent in September 2003.
- On October 10, 2002, Omaha Mayor Mike Fahey signed into law Ordinance No. 36062. The ordinance requires retailers to put all tobacco products behind counters or in locked display cases.
- TFN sponsored a number of rodeos between 2001-2003, including rodeos in *Bertrand, Burwell, Hastings, North Platte, Ogallala, Sidney, and Valentine*.
- Papillion-La Vista School District revised its smoke-free/tobacco policy to include the entire campus, beginning in September 2003.
- The No Limits youth empowerment movement has reached dozens of Nebraska communities through the No Limits road tour, grants for action projects, regional youth conferences, and the new street squads program.
- In 2003, Lexington High School adopted a smoke-free environment policy as a result of the Teen Tobacco Project in place at the school.
- In May 2003, Adams County passed a No Smoking Ordinance that prohibits smoking in all city owned buildings, vehicles, and parks.
- Schuyler Public School campus became tobacco free in June 2003.
- Between December 2000 and December 2002, Teen Tobacco Prevention and Education Project funds were awarded to *Arlington Public School, Blair High School, Lawrence-Nelson High School, Lexington High School, Lincoln High School, Loup County Public School, Omaha Central High School, Plattsmouth High School, Ravenna High School, and Sumner-Eddyville-Miller*.
- TFN's support for the Perinatal Smoking Cessation Initiative provided over \$200,000 to community-based initiatives agencies that work to ensure tobacco use among women declines in Nebraska. Grants were awarded to *Creighton University Community Center of Excellence to Women's Health, Lincoln Medical Education Foundation, Inc., The Omaha Tribe of Nebraska's 4 Hills of Life Wellness Center, Panhandle Community Services, Saint Francis Medical Center – Healthy Start, The Santee Sioux Tribe of Nebraska, and South Central Health Alliance*.

*The most serious threat to the future success of local tobacco prevention efforts is the potential loss of local infrastructure including the program coordinators who help develop and direct local activities.* Without continued funding, many local agencies will be unable to pay the salaries of these program coordinators. TFN-supported program coordinators are trained tobacco prevention specialists who work to implement projects that are most important for their communities. In many cases, there is no other person in the community with the knowledge required to step in and replace a coordinator should he or she be unable to continue working in tobacco prevention. Losing the direction and support of these program coordinators would represent a significant blow to the tobacco prevention efforts that local communities have built and implemented over the past three years.

### ***Conclusions and Recommendations***

Tobacco use is the leading cause of preventable death in the United States—claiming more lives each year than HIV/AIDS, automobile accidents, murder, suicides, fires, and illegal drugs combined. Sustained support for initiatives that reduce tobacco use and exposure to secondhand smoke—and reduce the enormous costs associated with tobacco-related illness and deaths—will eventually lead to a significant cost savings for the state. For example, as noted above, the decrease in tobacco use in California that is possibly related to the state’s tobacco control initiatives appears to have contributed to a decline in lung and bronchial cancer rates.<sup>22</sup> California’s tobacco control program was also associated with significant declines in tobacco-related heart disease compared with the rest of the country. Following its inception in 1989, the decline in per capita consumption of cigarettes exceeded that of the rest of the country by 2.72 packs per year. However, this per capita rate of decline was significantly reduced by 2.05 packs per year after the program experienced its first funding cutbacks in 1992. The diminishing effectiveness of the California program after funding cutbacks in 1992 was associated with ***8,300 deaths that would not have occurred had the program remained effective.***<sup>23</sup> Similar reversals of success can be expected to occur for Nebraska as TFN eliminates its major program components. In conclusion, because financial support for Nebraska's highly regarded comprehensive tobacco prevention and cessation program was drastically

reduced during 2003, the program's future success—and its potential for saving the state money—are in serious jeopardy.

The single greatest challenge facing TFN during the next year is finding a way to achieve the program's goals of reducing tobacco use among adults and youth, reducing exposure to secondhand smoke, increasing the number of adults and youth who successfully quit using tobacco, and eliminating disparities among racial and ethnic groups under drastically reduced funding. The conclusions and recommendations below reflect the accomplishments of TFN over the past three years and how these successes can be maintained given the enormous challenges associated with the significant cut to the program's funding.

## Conclusions

1. Rates of youth tobacco use in Nebraska continue to decline. ***Between 2001 and 2003, there was a marked decline in 30-day tobacco use by youth from 30.5 percent to 24.1 percent.***
2. TFN's statewide media campaign combined with local advocacy has improved the public's awareness of the harmful effects of exposure to secondhand tobacco smoke. Compared to the period before TFN's comprehensive tobacco prevention program was developed, ***fewer Nebraskans are exposed to the hazards of secondhand smoke and greater numbers are willing to support banning smoking entirely in public places.***
3. ***The TFN Quitline has received continued demand for its services*** in helping smokers quit and in providing local health professionals with the information they need to help their patients stop smoking.
4. ***Local capacity and expertise to track the overall success of TFN has been cultivated*** because of the relationship between TFN and the University of Nebraska.
5. TFN has made considerable progress in implementing statewide tobacco control initiatives in just a few short years. However, ***the drastic cut to TFN's budget will likely compromise the success of the program's initiatives over the long term.***
  - Without funding to continue the statewide media campaign and local initiatives designed to increase public awareness regarding the health risks associated with exposure to secondhand smoke, based on the experience of other states Nebraska is likely to see ***a reversal or slowing of the great progress made during the past three years in reducing exposure to secondhand smoke.***



- The funding cut to TFN will diminish the overall effectiveness of the program combined with the efforts of its statewide partners *in reducing tobacco use among Nebraskans and eliminating tobacco use disparities among Nebraska's racial and ethnic minorities*.
- The funding cut to TFN will *erode the strong community-based programs* that have emerged over the past few years.
- The funding cut will *terminate state programs*, such as No Limits, the Teen Tobacco Prevention and Education Project, and the statewide media campaign, *that are designed to discourage youth from starting to use tobacco products and to increase awareness among youth of the dangers of using tobacco*. Evidence from Florida suggests that it will be difficult for Nebraska to maintain the very promising trends in declining youth tobacco use without these programs.<sup>17</sup>

## Recommendations

1. As discussed in this snapshot, evidence from other successful tobacco control programs suggests that long-term impact in reducing tobacco use can only be achieved through sustained funding. *The Nebraska State Legislature should provide additional funding to Tobacco Free Nebraska so the program can continue to implement the comprehensive tobacco prevention and cessation initiatives that it has developed and implemented over the past three years.*
2. TFN's decision to continue supporting a limited number of local coalitions will help sustain local tobacco control initiatives and the program's community-based outreach. However, TFN staff will face difficult choices about which of its additional program components can be supported with limited funding. *Given the importance of the statewide media campaign for increasing public awareness of the health hazards of secondhand smoke and its importance to local tobacco control efforts, identifying ways to maintain this component may be a top priority.*
3. *TFN may have to realign its relationships with the program's tobacco control partners* (e.g., Smokeless States, the American Lung Association, the American Cancer Society) *to more strategically address the state's tobacco prevention and cessation needs.*

<sup>1</sup> [http://www.cdc.gov/tobacco/statehi/html\\_2002/nebraska.htm](http://www.cdc.gov/tobacco/statehi/html_2002/nebraska.htm).

<sup>2</sup> Centers for Disease Control and Prevention, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) application.

<sup>3</sup> [www.hhs.state.ne.us/tfn/tfnpubrep.htm](http://www.hhs.state.ne.us/tfn/tfnpubrep.htm).

<sup>4</sup> Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs, August 1999. [http://www.cdc.gov/tobacco/research\\_data/stat\\_nat\\_data/bpstbudg.pdf](http://www.cdc.gov/tobacco/research_data/stat_nat_data/bpstbudg.pdf).

<sup>5</sup> The 2000 Social Climate Survey (SCS) and 2003 Adult Tobacco/Social Climate Surveys (ATS/SCS) are statewide telephone surveys that include measures of Nebraskans' behaviors and attitudes related to tobacco. The 2000 SCS has a sample size of 2,476 Nebraskans, and the 2003 ATS/SCS has a sample of 7,019 Nebraskans.

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<sup>6</sup> No weights were available for Nebraska's National Youth Risk Behavior Surveillance System (YRBSS) data to estimate levels of adolescent tobacco use for the state primarily because the Omaha Public School system, one of the largest school districts in the state, does not participate in the survey. Statistical analysis using data from the 2000 and 2002 Nebraska Youth Tobacco Survey indicated that excluding the Omaha samples resulted in limited impact on the estimated levels and trends of the four outcome measures used for the evaluation. The estimated levels of tobacco use in the 30 days preceding the survey were identical for Omaha and the rest of the state. While the estimated levels of smoking initiation and smoking on school property were higher, smokeless tobacco use was lower among adolescents in Omaha than among adolescents in the rest of the state.

<sup>7</sup> Respondents were categorized as tobacco users if they reported using a tobacco product on at least one day during the 30 days before they completed the survey.

<sup>8</sup> There were approximately 100,000 9th-12th graders in Nebraska's schools each year between 1997-2003. A one percent decrease in the youth smoking or smokeless tobacco use rates translates to approximately 1,000 fewer tobacco users.

<sup>9</sup> Checks are conducted throughout the year and summarized in regional and statewide rates. The Nebraska Department of Health and Human Services contracts with the Nebraska State Patrol to conduct random unannounced compliance checks of tobacco retailers in Nebraska to determine their rate of compliance with the federal SYNAR amendment. During the spring and summer of 2002, the State Patrol conducted 875 unannounced checks. Of the checks conducted, 163 retailers were found to be noncompliant.

<sup>10</sup> Nebraska HHS System – <http://www.hhs.state.ne.us/sua/synar.htm>.

<sup>11</sup> State of Nebraska Annual SYNAR Report 42 U.S.C. 300x-26 OMB No 0930-0222. FFY 2004 – US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration.

<sup>12</sup> The percentages of current cigarette smokers by year were computed using SUDAAN software and the original Centers for Disease Control and Prevention National Behavioral Risk Factor Surveillance System (BRFSS) data. Because the prevalence question used in the BRFSS to collect data on current cigarette smoking has not been changed since 1996, that year was selected as the starting year for trend analysis. The trend for Nebraska was tested using logistic regression models. Comparisons were made with reference to the level of current cigarette smoking in 1999 because, since the passage of LB 1436 in 2000, 1999 data would be a natural baseline for the program.

<sup>13</sup> September 2003 Letter from CDC Office on Smoking and Health to Judy Martin—TFN Program Manager.

<sup>14</sup> The comprehensive approach integrates public education, counter marketing, community and school based programs, smoker quit lines, and laws to enforce smoke-free areas and restrict youth access to tobacco products.

<sup>15</sup> With the exception of California and Massachusetts, the four states included in the study are not the same states discussed in the brief.

<sup>16</sup> Siegel M, Mowery P, Pechacek T, Strauss W, Schooley M, Merritt R, Novotny T, Giovino G, Eriksen M. Trends in Adult Cigarette Smoking in California Compared with the Rest of the United States, 1978-1994. *American Journal of Public Health*, 2000;v90 No.3: 372-379.

<sup>17</sup> Comprehensive Statewide Tobacco Prevention Programs Effectively Reduce Tobacco Use: Campaign for Tobacco Free Kids. <http://www.tobaccofreekids.org>.

<sup>18</sup> MTCP Cuts Result in MAHB Staff Losses. *Journal of Local Public Health*. Massachusetts Association of Health Boards, Inc. 2002; v 20.

<sup>19</sup> Hamilton WL, Rodger CN, Chen X, Njobe TL, Kling R, Norton G. *Independent Evaluation of the Massachusetts Tobacco Control Program. Eighth Annual Report. January 1994 - June 2001*. Cambridge Massachusetts. Abt Associates Inc.

<sup>20</sup> Respondents who were familiar with TFN were significantly more likely than other Nebraskans to support the use of tobacco settlement money and additional tax revenues for tobacco control efforts. This suggests that Nebraskans who are aware of the state's existing tobacco program believe strongly that it is worth supporting.

<sup>21</sup> The increases between 2000 and 2003 were statistically significant for each of these measures.

<sup>22</sup> *Morbidity and Mortality Weekly Report*. Centers for Disease Control and Prevention. Declines in lung cancer rates—California, 1988–1997. 2000; 49:1066–9.

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<sup>23</sup> Fitchenberg C, Glantz S. Association of the California Tobacco Control Program With Declines in Cigarette Consumption and Mortality from Heart Disease. *New England Journal of Medicine*, 2000; v. 343 No.24: 1772-1777.

<sup>24</sup> Comprehensive Statewide Tobacco Prevention Programs Save Money: Campaign for Tobacco Free Kids

<sup>25</sup> *Morbidity and Mortality Weekly Report*. Centers for Disease Control and Prevention. April 2002;v51 No.4: 300-303.

<sup>26</sup> Statewide programs provide local, regional, and statewide training, conferences, and technical assistance on best practices for effective tobacco control programs and policies.

<sup>27</sup> New Study Shows State Tobacco Control Programs Cut Cigarette Sales. September 2003. Press Release Centers for Disease Control and Prevention. Office on Smoking and Health.

| <b>Tobacco Free Nebraska</b>   |   |  |   |
|--|---|--|---|
| <b>Key Program Achievements 2001-2003 with the Anticipated 2004 Status of Each</b> |   |  |   |
| <b>Tobacco Control Initiative</b>  | <b>Description</b>  | <b>Key Achievements 2001-2003</b>  | <b>Anticipated 2004 Status</b>  |
| <b>School, Community, and Youth Access Enforcement Grants</b>                      | These grants are used to develop and implement strategies that will reduce tobacco use and exposure to tobacco smoke in Nebraska schools and communities.   | TFN awarded 14 grants totaling \$2.6 million to communities for 2-year grants through December 31, 2003.   | <b>In 2004, TFN will award 10 counties and tribes with approximately \$1.4 million for 9-month grants through September 30, 2004.</b>                               |
| <b>Outreach Grants to Diverse Populations</b>                                      | These grants target racial and ethnic minority populations that traditionally have higher rates of tobacco use.   | TFN awarded 9 grants and contracts totaling \$1.5 million to local outreach agencies for 2-year grants through December 31, 2003.  |   |
| <b>Teen Tobacco Prevention and Education Project</b>                               | This project provides grants to high schools and scholarships to high school students who design creative projects to aid in the prevention, reduction, and cessation of teen tobacco use.  | 12 grants totaling \$1.2 million were awarded to 10 Nebraska schools - Lincoln High School, Omaha Central High School, Blair High School, Ravenna High School, Sumner-Eddyville-Miller, Lexington High School, Lawrence-Nelson High School, Plattsmouth High School, Arlington Public School, and Loup County Public School. | <b>Insufficient funding to continue initiative.</b>   |
| <b>Nebraska Tobacco Quitline (1-866-NEB-QUIT)</b>                                  | The Quitline is designed to provide a resource for tobacco users to call for information about how to stop using tobacco or for support if they are in the process of quitting. The 24-hour, toll-free Nebraska Tobacco Quitline also works with health professionals to encourage patient counseling and promotes the benefits of quitting to tobacco users and those around them. | <ul style="list-style-type: none"> <li>• Launched in August 2002</li> <li>• Between August 2002-November 2003 <ul style="list-style-type: none"> <li>--6,693 calls received</li> <li>--5,561 information, quit and provider kits mailed</li> <li>--9,533 follow-up counseling calls</li> </ul> </li> </ul>                   | <b>The Nebraska Tobacco Quitline will end May 31, 2004 due to insufficient funding.</b>   |
| <b>Tobacco Reporting and Information Network (TRAIN)</b>                           | TRAIN, a web-based information and reporting system, allows tobacco control coordinators to create and update, in real time, the strategies and action steps needed to accomplish the goals of their program.   | TRAIN was unveiled in January 2003 for use by TFN grantees (local tobacco control coalitions).   | <b>TRAIN will continue to provide the basis for evaluating local tobacco prevention efforts in the communities receiving TFN School/Community/ Outreach grants.</b> |

## Tobacco Free Nebraska

### Key Program Achievements 2001-2003 with the Anticipated 2004 Status of Each

| Tobacco Control Initiative  | Description   | Key Achievements 2001-2003  | Anticipated 2004 Status  |
|---|---|---|--|
| <p><b>No Limits Youth Empowerment Movement</b></p>  | <p>This youth-led movement is sweeping across the State of Nebraska. Its mission: Empower teens to expose and oppose the tobacco industry. Through the spring and summer of 2002, "No Limits" took its message across the state with a road tour stopping at local teen gathering places.</p> | <ul style="list-style-type: none"> <li>• Launched April 2002 with a statewide summit.</li> <li>• The No Limits Road Tour was held in 2002 and made 76 stops in 27 Nebraska communities.</li> <li>• Launched Grants for Action Program in September 2002 to teen groups that work to implement creative tobacco prevention initiatives.<sup>1</sup></li> <li>• No Limits youth were directly involved in a number of youth conferences and rallies during 2003.<sup>2</sup></li> <li>• In 2003, the No Limits Activist Camp was held for teens across the state to learn new ways to expose the tobacco industry's influence in Nebraska. In November, No Limits <i>Street Squads</i> were established in 10 communities.</li> </ul> | <p><b>Funding for the No Limits Youth Empowerment Movement will end June 30, 2004.</b></p> |
| <p><b>Media Campaigns on</b></p> <ul style="list-style-type: none"> <li>• Youth Tobacco Use Prevention</li> <li>• Secondhand Smoke Exposure</li> <li>• Nebraska Tobacco Quitline</li> <li>• Dangers of Smokeless Tobacco</li> </ul> | <p>These are statewide campaigns designed to prevent tobacco use and increase public awareness about the hazards of exposure to secondhand smoke, hazards of smokeless tobacco use, and the Nebraska Tobacco Quitline.</p>  | <p>Launched in November 2001, the media campaign targeted youth with a prevention campaign centered on the theme "Don't Even Get Me Started!" Another campaign focuses on the dangers of secondhand smoke with the theme "Secondhand Smoke is a First-rate Killer." In August 2002, media efforts focused on promoting the Nebraska Tobacco Quitline. In the spring of 2003, a chewing tobacco campaign was launched with the theme "Tobacco Brands You. You're in Control – Choose Not to Chew."</p> <p>Since it was launched, the media campaign generated over 150 million impressions across the state. At the height of the campaign, Nebraskans were reached by approximately 40 TFN messages each year.</p>                  | <p><b>Funding for the TFN Media Campaigns will end March 31, 2004.</b></p>                 |

## Tobacco Free Nebraska

### Key Program Achievements 2001-2003 with the Anticipated 2004 Status of Each

| Tobacco Control Initiative                              | Description   | Key Achievements 2001-2003  | Anticipated 2004 Status   |
|---|---|---|---|
| <b>Independent Evaluation of Tobacco Free Nebraska</b>  | Tobacco Free Nebraska has been working over the past three years with an independent evaluation team at Abt Associates Inc. and the University of Nebraska-Lincoln Bureau of Sociological Research to track the progress of the statewide tobacco control initiative. | <p>The ongoing evaluation is helping TFN track its progress in achieving its four main tobacco control goals.<sup>3</sup> Key measures of success include:</p> <ul style="list-style-type: none"> <li>• Changes in tobacco use among youths and adults</li> <li>• Quitting behavior among adult smokers</li> <li>• Awareness of the media campaign</li> <li>• Behavior change related to secondhand smoke exposure</li> <li>• Tobacco-related policy change and enforcement of existing tobacco-related policies</li> </ul> | <b>Insufficient funding to continue initiative.</b>   |
| <b>Implementation of Statewide Tobacco Surveillance</b> | TFN is monitoring changes in various tobacco use behaviors and attitudes among adults and youth, policies, and public awareness through an array of surveillance activities.  | TFN has established its own state and local data sources through statewide surveys of adults and youth and the TRAIN system. TFN also utilizes state and national data collected by other agencies to monitor the state of tobacco use and behaviors in Nebraska. <sup>4</sup>  | <b>TFN will continue to conduct surveys to evaluate the program and assess tobacco use rates.</b> |
| <b>Nebraska Clean Indoor Air Act Enforcement</b>        | Tobacco Free Nebraska contracts with the Department of Regulation and Licensure to monitor compliance with the Nebraska Clean Indoor Act.   | NHHS made awards to several local health departments for clean indoor air inspections.  | <b>Insufficient funding to continue initiative.</b>   |
| <b>Cultural Competency Training</b>                     | Tobacco Free Communities of Color sponsored this training program.  | Three trainings were provided to TFN coalitions throughout the state.   | <b>Insufficient funding to continue initiative.</b>   |
| <b>High-Risk Youth Programs</b>                         | These grants provide funding to a small number of agencies to ensure that strategies are developed for high-risk youth.   | Grants have been provided to <i>Cedars Youth Services</i> and the <i>Youth Rehabilitation and Treatment Center</i> .  | <b>Insufficient funding to continue initiative.</b>   |
| <b>Perinatal Smoking Cessation Initiative</b>           | This initiative supports projects that identify, expand, and enhance existing efforts to promote and support tobacco cessation among women who are pregnant and after their babies have been born.  | TFN has provided almost \$200,000 in funding to a variety of community-based perinatal tobacco cessation initiatives. <sup>5</sup>  | <b>Insufficient funding to continue initiative.</b>   |

## Tobacco Free Nebraska

### Key Program Achievements 2001-2003 with the Anticipated 2004 Status of Each

| Tobacco Control Initiative   | Description   | Key Achievements 2001-2003  | Anticipated 2004 Status   |
|--|---|---|---|
| <b>Tobacco Retailer Compliance Checks</b>                            | The Nebraska Department of Health and Human Services contracts with the Nebraska State Patrol to conduct random unannounced compliance checks of tobacco retailers in Nebraska. | <p>During 2001-2003, the Nebraska State Patrol conducted unannounced compliance checks to determine the rate of compliance in tobacco sales to minors. Rates of noncompliance were:</p> <ul style="list-style-type: none"> <li>• 2001: 18.8%</li> <li>• 2002: 18.6%</li> <li>• 2003: 15.3%</li> </ul> <p>MOTAC reported that the rate of noncompliance in <i>Douglas County</i> has dramatically declined from 23% in March 2002 to 9% in September 2003.</p> | <b>Insufficient funding for Tobacco Free Nebraska to continue supporting compliance check initiatives.</b>  |
| <b>State Agency Smoke Free Policy Development and Implementation</b> | This initiative provided technical assistance toward the development of Tobacco Free Campus Policies to encompass all 24-hour care facilities across the state.                 | The <i>Department of Correctional Services</i> , the <i>Lincoln, Norfolk and Hastings Regional Centers</i> , and the <i>Geneva Youth Rehabilitation and Treatment Center</i> have all adopted tobacco free policies and implemented cessation/relapse training.   | <b>TFN will continue to provide technical assistance to any state agency that is working to implement new or existing policies relating to clean air.</b> |
| <b>"How to Conduct Tobacco Compliance Checks" Training</b>           | This training program targets law enforcement, tobacco prevention professionals, and cooperating individuals and their parents.   | Training was provided in June 2002.   | <b>Insufficient funding to continue initiative.</b>   |
| <b>TFN Sponsorship of Rodeos</b>                                     | TFN sponsorship focused on providing information on the dangers associated with spit tobacco use.   | In 2002 and 2003, TFN sponsored a number of rodeos across the state. <sup>6</sup>   | <b>Insufficient funding to continue initiative.</b>   |
| <b>TFN Sponsorship of Cornhusker State Games</b>                     | In addition to sponsorship of the games, an opportunity for athletes to join the CSG Tobacco-Free All-Star Team was also offered.   | TFN was a sponsor of the Cornhusker State Games held in July 2002.  | <b>Insufficient funding to continue initiative.</b>   |
| <b>Native American Tobacco Youth Conference</b>                      | This conference targeted minority populations that traditionally have higher rates of tobacco use.  | Annual Nebraska Native American Tobacco Youth Conferences was held each summer.   | <b>Insufficient funding to continue initiative.</b>   |

| <b>Tobacco Free Nebraska</b>   |   |  |  |
|--|---|--|--|
| <b>Key Program Achievements 2001-2003 with the Anticipated 2004 Status of Each</b> |   |  |  |
| <b>Tobacco Control Initiative</b>  | <b>Description</b>  | <b>Key Achievements 2001-2003</b>                              | <b>Anticipated 2004 Status</b>   |
| <b>2002 Nebraska “Guide to Smoke Free Dining”</b>                                  | This second edition to the Guide provides Nebraskans with smoke-free options for dining at over 1,000 restaurants statewide.  | Approximately 6,000 copies of the guide have been distributed. | <b>The 2002 guide remains available on the TFN website.</b><br><br><b>Many communities that receive TFN funding have developed their own local smoke free dining guides.</b> |
| <b>Tobacco Free Nebraska State Conference</b>                                      | The one-day conference provided participants with the tools needed to help make their tobacco control efforts more effective. | State Conferences were held annually.                          | <b>The 2004 Tobacco Free Nebraska State Conference will be held in April, 2004.</b>  |

<sup>1</sup> The following groups were awarded Grants for Action funds: *Sarpy County Tobacco Coalition, Dawson County, Lincoln County Tobacco Coalition, Louisville Public Schools, Loup County Rusty Rustlers 4-H Club, Tobacco Free Hall County, Kearney High School Key Club Anti-Tobacco Committee, Asian Community & Cultural Center, Boy Scout Troop 911, Youth Rehabilitation and Treatment Center (YRTC Geneva), and Scottsbluff County Tobacco Free.*

<sup>2</sup> No Limits youth participated in the Youth Leadership Conference in Scottsbluff, the Teens Take on Tobacco Rally in Lincoln, the Teens Tackle Tobacco II: Don't Fumble Now Summit sponsored by students at Sumner-Eddyville-Miller, and the Lawrence-Nelson Youth Summit.

<sup>3</sup> Independent evaluation reports include: Key Process and Outcomes Measure Report, First Year State Snapshot, First Year Local Snapshots, Second Year State Snapshot, Snapshot of No Limits Campaign, Coalition Fact Sheets: 2001, Summary descriptions of 22 TFN-funded coalitions, Third Year State Snapshot, Third Year data briefs, TFN-funded Coalitions Sustainability Reports, and the Print Media Monitoring Report.

<sup>4</sup> Existing data sources include: Youth Risk Behavior Survey, Adult Behavior Risk Factor Survey, Youth Tobacco Survey, Adult Tobacco Survey, School Administrator Survey, Social Climate Survey, Pregnancy Risk Assessment Monitoring System, NCIAA/Youth Access Compliance Data, Nebraska Quitline data, TRAIN, and Print Media Monitoring data.

<sup>5</sup> Grants were awarded to the following: *Creighton University Community Center of Excellence to Women’s Health, Lincoln Medical Education Foundation, Inc., Panhandle Community Services, South Central Health Alliance, Saint Francis Medical Center – Healthy Start, Omaha Tribe of Nebraska’s 4 Hills of Life Wellness Center, and The Santee Sioux Tribe of Nebraska.*

<sup>6</sup> TFN sponsored rodeos in Bertrand, Burwell, Hastings, North Platte, Ogallala, Sidney, and Valentine.