

67	+0088	+0409	+0730	+1052	+1373	+1694
73	3299	3620	3941	4262	4583	4903
87	6507	6828	7149	7469	7790	8111
91	9713	+0034	+0354	+0675	+0995	+1316
97	2917	3237	3558	3878	4198	4518
03	6119	6439	6758	7078	7398	7718
09	9317	9637	9957	10277	+00996	+0916
05	2514	2834	3155	3475	3795	4115
89	5708	6028	6347	6667	6986	7306
81	8900	9219	9538	9857	+01076	
71	2090	2409	2728	3046	3365	
59	5277	5596	5914	6233	6551	
4	8462	8780	9099	9417	9735	
27	1645	1963				
07	4825	5143				
85	8005	8320				
61	1173	1496				
34	4352	4669				
06	7523					
75	0691					
41	3853					
05	7022					
67	+0183					
27	3343					
34	6500					
39	9655					
42	2807					
45	5958					



# Tobacco Trends Make a Turn

**MFH**  
MISSOURI FOUNDATION FOR HEALTH

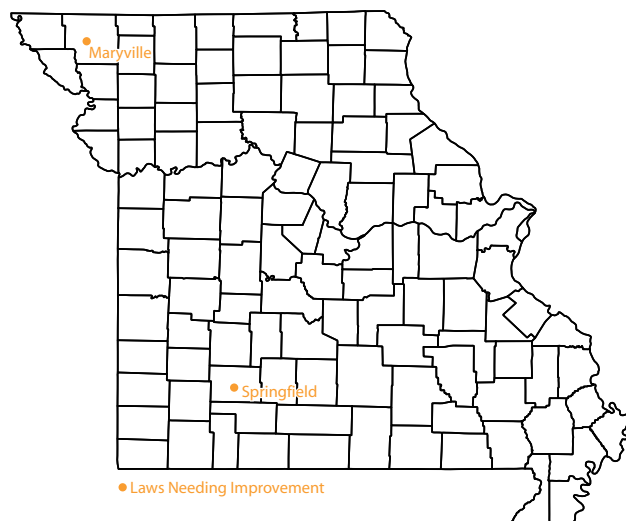
## Tobacco Control Outcomes

Tobacco use prevalence in Missouri has decreased significantly since the inception of Tobacco Prevention and Cessation Initiatives (TPCI). When TPCI was formed in 2004, Missouri ranked 3rd in the nation for tobacco prevalence; nearly two thirds (65.8%) of Missouri youth had used some form of tobacco before graduating high school; and two communities had implemented community-wide smoke-free policies.

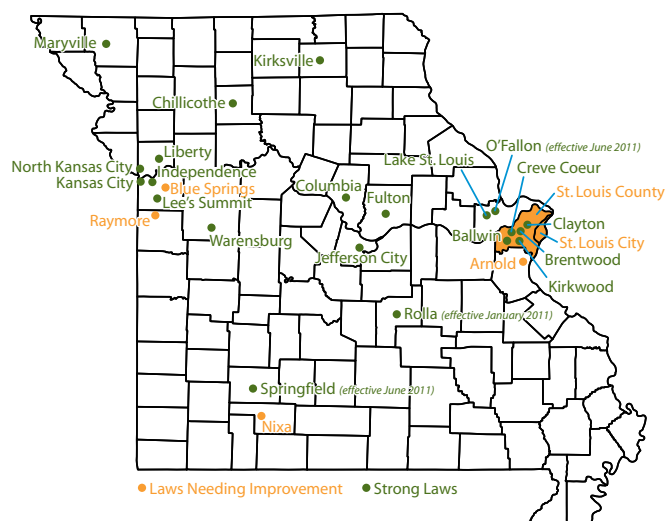
As of June 2011, Missouri ranks 11th in the nation in tobacco prevalence; half (51.5%) of Missouri youth say they have used some form of tobacco before graduating high school; and 25 communities have implemented smoke-free laws protecting 2.5 million Missourians.

MFH has contributed to significant declines in tobacco use in the state of Missouri through the work of TPCI. Many other partners and organizations have played roles in this effort, including the Healthcare Foundation of Greater Kansas City; voluntary organizations such as the American Cancer Society, American Lung Association, and American Heart Association; Missouri DHSS program staff; and many local volunteers and coalition leaders throughout Missouri who have tirelessly dedicated their time to addressing tobacco use.

### Smoke-free Laws – 2004



### Smoke-free Laws – January 2011



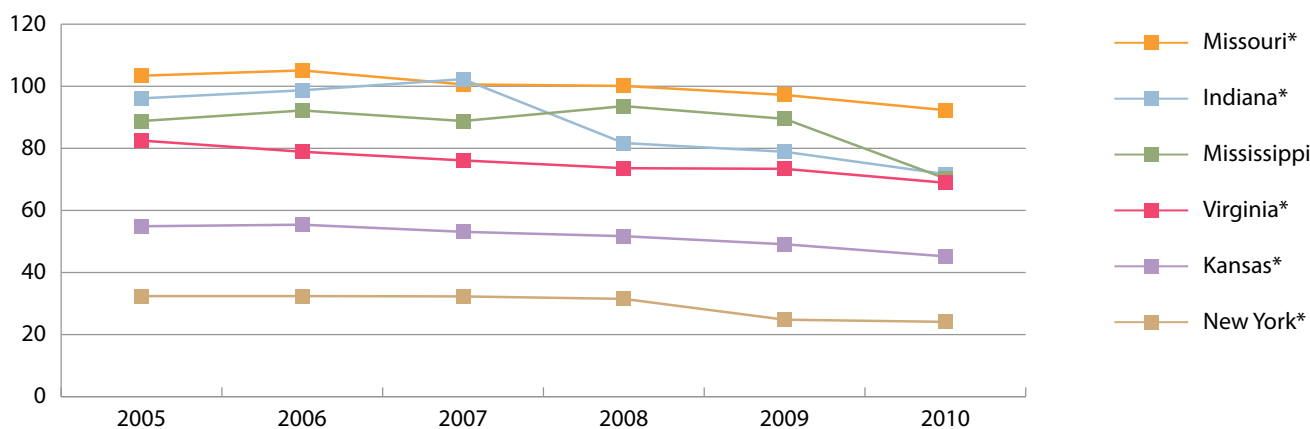
**Smoke-free policies have increased dramatically.** Grantees have made significant strides in implementing community-wide smoke-free policies across Missouri. The number of smoke-free policies increased from two (2) in 2004 to twenty-five (25) by June 2011. As a result, more than 2.5 million Missourians, or 41.6% of the state's population, benefit from a policy change.

**Consumption of cigarettes has declined.** The per capita consumption of cigarettes, or packs sold per person, declined from 103.4 per 1,000 in 2005 to 97.2 per 1,000 in 2009. This is a statistically significant decline in consumption over the time period of TPCI. (103.4 - 97.2;  $p < 0.05$ )

**Overall tobacco use prevalence has declined among youth and adults.** Current smoking prevalence among Missourians adults aged 18 and older, and the percentage of youth who have tried tobacco, have realized statistically significant declines. The adult tobacco use rate declined from 27.2% in 2003 to 21.1% in 2010, its first statistically significant change in more than 10 years. The percentage of young people who report ever using tobacco also significantly declined from 65.8% to 51.5% among high school youth, and from 43.5% to 25.4% among middle school youth.

These statistics buck national trends that have showed increases or plateaus in youth and adult tobacco use.

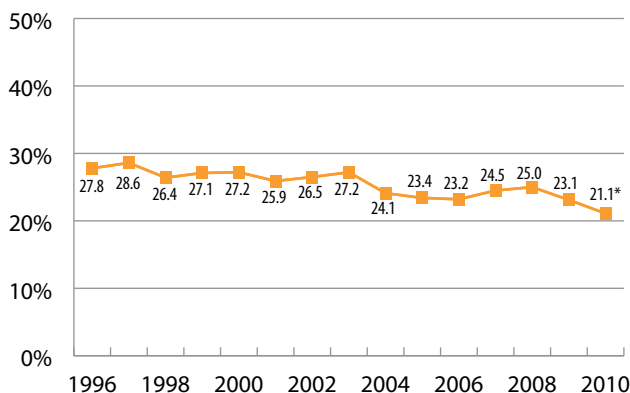
### Cigarette Consumption (Pack Sales Per Capita)<sup>a</sup>



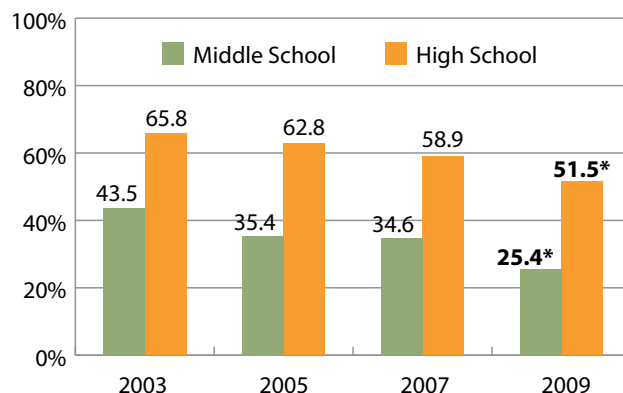
<sup>a</sup>Source: Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at: <http://www.cdc.gov/tobacco/statesystem>

\*decreasing linear trend for 6 year time period is statistically significant (p<0.05)

### Current Smoking Prevalence Among Missouri Adults Age 18 and Older, 1995–2010



### Percentage of Youth Who Ever Used Any Form of Tobacco



\*Statistical significance from 2003 – 2009

### TPCI Investment by Program Area

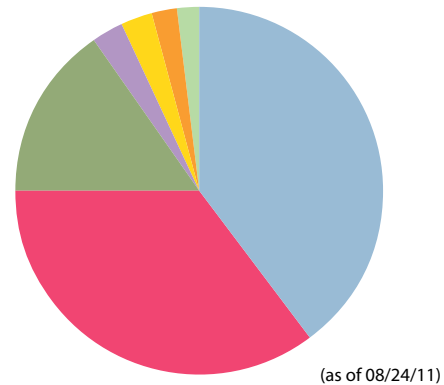
To achieve the objectives of TPCI, an infrastructure for change needed to be developed. The knowledge and capacity of communities to address tobacco use at the beginning of TPCI was significantly lacking. Communities needed training on best practices in prevention and cessation, coalition building, and moving from program focused activities to larger environmental changes.

The Regional Grant program focused on addressing local capacity for change by training communities in evidence-based practices for cessation, youth engagement and policy change. This program took several years to foster, and was focused on driving communities to make change at the local level. The Community Grant program supports the local implementation of activities to address tobacco use and build local capacity to make environmental changes and support programmatic efforts. These efforts were divided into three focus areas in the early stages of the grant program: community, school and workplace initiatives. The Community Grant program has evolved to be more community- and policy-focused as the capacity to implement policy change has increased over the life of TPCI.

To supplement the efforts of the Regional and Community Grant programs, MFH developed Tobacco Policy Change and Eliminating Tobacco-Related Disparities programming to focus resources on high risk/high reward efforts related to smoke-free community policies and targeted interventions in disparate populations.

Evaluation and technical assistance have been critical to the success of this effort. Grantees have used their evaluation data to improve programming based on lessons learned improving outcomes and program effectiveness. Tailored assistance has been required by most grantees through their project implementations and allowed grantees to gain skills that they would not have otherwise in policy advocacy, evaluation, and program development. As TPCI has progressed, this assistance has become more focused on policy activities and strategies to analyze and use the data collected through local efforts.

Spending by grant type (2004 – 2011)	
Community Grants (2006–2011)	\$ 12,179,459
Regional Grants (2005–2008)	\$ 10,836,591
Evaluation/Evaluation Technical Assistance (2005–2011)	\$ 4,662,443
Eliminating Tobacco-Related Disparities (2008–2011)	\$ 900,894
Training Agreements (2005–2011)	\$ 807,878
Tobacco Policy Change (2007–2011)	\$ 705,706
National Tobacco Alliance (2008 and 2009)	\$ 538,203
<b>Total</b>	<b>\$ 30,700,818</b>



**TPCI has resulted in savings, despite the failure of the state tobacco tax increase initiative.**

The total combined benefits for the four TPCI strategies (see table below) during 2005-June 2011 resulted in real savings: 14,165 quality adjusted life years (QALYs) gained, and long-term medical care savings of \$88.2 million. Even though more than \$17 million was spent on these TPCI strategies during this time period, the expenditures yielded a positive return on investment. In addition, the TPCI strategies were cost saving to society, despite no benefits gained from the tobacco tax strategy.

TPCI provided funding and support for a variety of efforts, including: advocating for policy changes, providing cessation services, and offering educational programs in the schools. Smoke-free policy changes, particularly on the community level, resulted in two to fifteen times more QALYs gained than those of cessation services and youth education programs, respectively.

Total Costs and Benefits for TPCI Strategies, 2005 – June 2011					
Strategy	Costs	Total QALYs Gained	Total Long-term Medical Care Savings	Cost/QALY Gained	Medical Care Savings/ Dollars Spent
Tobacco Tax*	\$654,000	0	\$0	\$0.00	\$0.00
Community Grant†	\$13,556,969	7,959	\$48,684,949	\$1,703.37	\$3.59
Tobacco Policy Change*	\$585,966	3,707	\$24,420,282	\$158.08	\$41.68
Quitline	\$3,000,000	2,499	\$15,142,349	\$1,556.74	\$3.89
<b>All Strategies Combined</b>	<b>\$17,796,935</b>	<b>14,165</b>	<b>\$88,247,580</b>	<b>\$1,256.40</b>	<b>\$4.96</b>

\*Although this strategy was heavily dependent on volunteer time and in-kind donations, these costs do not include those data, as they were not available.

†Includes volunteer time and in-kind donations.

Source: Update to *What is it Worth? An Economic Evaluation of the MFH Tobacco Initiative* (October 2009).