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The Wyoming Profile: A review of Wyoming's tobacco prevention and control program

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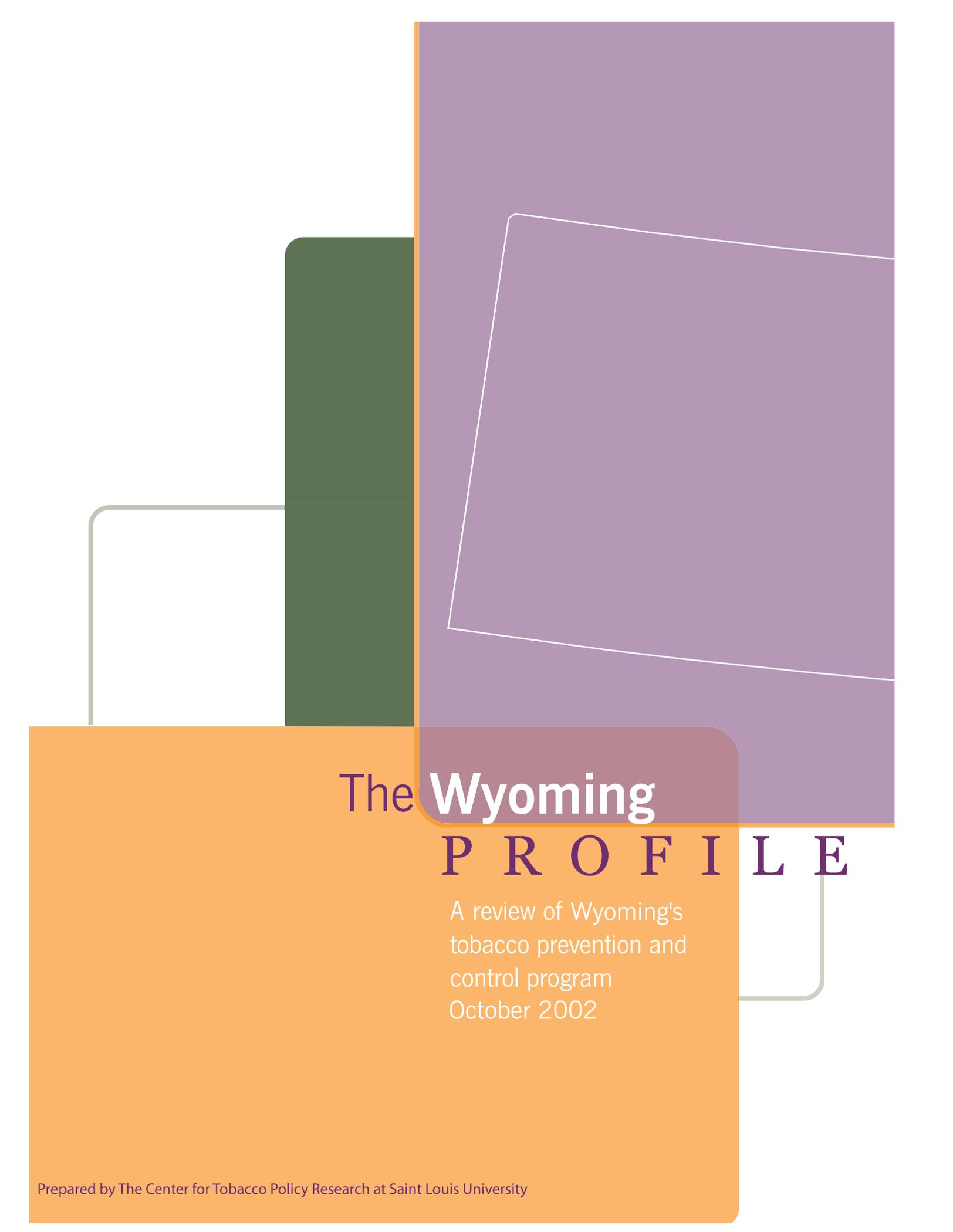
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The Wyoming

P R O F I L E

A review of Wyoming's
tobacco prevention and
control program
October 2002

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Executive Summary

Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 10-12 state tobacco control programs. The project aims to: 1) develop a comprehensive picture of a state's tobacco control program; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. It presents both quantitative and qualitative results collected in October 2002. All information presented reflects fiscal year 2003 unless otherwise noted.

Summary

Wyoming's strong belief of individualism and its pro-tobacco cowboy culture posed significant challenges to Wyoming's tobacco control program in 2002. Despite the challenges, the tobacco control partners were able to continue to improve their program. They have benefited from the tobacco control network's strong commitment and enthusiasm and a primary focus on implementing programs in communities across the state.

Financial Climate

Wyoming dedicated approximately \$4.2 million to tobacco control in FY 03, meeting 57% of the CDC's minimum funding recommendations for an effective tobacco control program. Community and cessation programs received the most tobacco control funding, while chronic disease programs did not receive any funding from the tobacco control program. The establishment of the Tobacco Settlement Trust

Fund was identified as a financial success for the program, while the passage of the Substance Abuse Bill (HB 59) was seen as an impediment. Partners were concerned about proposed plans for securitization and the ability to sustain future funding levels.

Political Climate

Wyoming's political climate was viewed as conservative with a strong anti-tax sentiment and belief in personal choice. Most partners felt that tobacco control was not on the political radar screen. Governor Geringer was viewed as unsupportive of tobacco control throughout his tenure. The State Legislature offered little or no support to the program. Yet, several tobacco control champions were identified, including Representative Doug Osborn who was a strong supporter of the program. The Department of Health's Tobacco Prevention and Control Program (DOH TPCP) manager Janet Jares was also recognized for her commitment. The strong influence of the tobacco industry was seen as a major political barrier to the program. The Substance Abuse Bill and the relocation of the tobacco control program to the DOH Substance Abuse Division were identified as impeding the progress of the program.

Capacity & Relationships

Most partners felt their agency's leadership was supportive of their tobacco control efforts. Recruiting and keeping qualified and effective tobacco control staff was a challenge. Staff at the DOH TPCP had grown, while community level programs experienced problematic turnover. The DOH TPCP program staff was highly regarded due to their commitment, expertise, and strong work ethic. However, many partners felt the DOH TPCP was not a

high priority for the Substance Abuse Division. They believed that the DOH needed to improve their internal and external communication. Most felt the tobacco control network was improving, but needed more involvement from other state government agencies. Partners were pleased with the efforts of Wyoming Tobacco Use Prevention (WY TUP), and with the DOH TPCP's efforts to build local coalitions throughout the state. WY TUP was rated high for both commitment to tobacco control and importance to a state tobacco control program. The DOH TPCP and the State Legislature were rated high for importance, but much lower for commitment to tobacco control.

Best Practices

The DOH TPCP used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) closely in the development of the state plan. However, other partners had a limited knowledge of the BP. Partners felt that community and statewide programs were high priorities for Wyoming, while chronic disease programs and counter-marketing were ranked as low priorities. Identified strengths of the BP were that it provides guidance for program planning, includes proven practices, and is comprehensive. Weaknesses of the BP were a lack of guidance for implementation and examples from a wide variety of states. Improvements suggested were to update and include more variety of examples, address community awareness and readiness, and emphasize changing social norms.

Program Goals

Community and cessation programs were seen as appropriate priority goals for Wyoming. Partners viewed community programs as the most effective way to implement change in Wyoming. Because community programs were off to a good start, partners felt that the state was ready to address its cessation needs. Some partners were uncertain of how to address cessation and identify the most cost-effective activities. A statewide media campaign, a stronger emphasis on youth, and

increasing the excise tax were suggested additions to the list of goals. Partners felt that the development of community programs was successful. They also viewed the efforts to increase the percentage of smoke-free restaurants as a success, despite the challenge of obtaining the public's support and involvement. Partners suggested additional funding for cessation programs and qualified staff to promote community programs as ways to ensure their agencies would meet the priority goals.

Disparate Populations

The DOH TPCP identified male smokeless tobacco users, Native Americans, and low socioeconomic groups as experiencing significant tobacco-related disparities. Partners agreed that the three populations were high priorities for Wyoming. They also suggested that pregnant women and adolescent smokers be added to the list. Due to the vastness of Wyoming, some felt that involving the three populations was a slow process. Very few strategies to work with these populations were identified. Most partners felt that the BP were not useful for addressing disparate populations.

Program Strengths & Challenges

Partners identified the following strengths and challenges of Wyoming's tobacco control program:

- The focus on supporting and expanding community programs by the DOH TPCP was considered a major strength.
- The commitment and enthusiasm of the tobacco control partners was also a major strength.
- A lack of support from the DOH Substance Abuse Division for tobacco control was a challenge.
- The individualistic Wyoming culture made tobacco control efforts difficult.
- Inadequate funding, a lack of support from policymakers, and the influence of the tobacco industry also made implementing a comprehensive program challenging.



Introduction

Methods

Information about Wyoming's tobacco control program was obtained in the following ways: 1) a survey completed by the Wyoming Department of Health Tobacco Prevention and Control Program (DOH TPCP) that provided background information about the program; and 2) key informant interviews conducted with 12 tobacco control partners in Wyoming. The DOH TPCP was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Each partner participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. The interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews:

- WY State Department of Health
 - Tobacco Prevention and Control Program
 - Substance Abuse Division
- American Cancer Society
- American Heart Association
- Making Laramie a Smoke Free Indoor Environment
- Natrona County Tobacco Use Prevention Task Force
- Partnership for Smoke-Free Families
- WY Department of Maternal and Child Health
- WY Department of Education
- WY Medical Society
- WY State Legislature
- WY Statistical Analysis Center
- WY Tobacco Use Prevention (WY TUP)

Results presented in this Profile are based on an extensive content analysis of qualitative data as well as statistical analysis of quantitative data. The results represent the major themes or ideas from many partners and do not reflect the thoughts of any one individual or agency.

Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

Rationale for Specific Components

Area 1: Facilitating Conditions

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on the tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by the state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of the tobacco control partners and the inter-agency relationships are also important characteristics to evaluate. While states can have adequate funding and political support, if the partners' capacity and the cohesiveness of tobacco control network are not evident then the success of the program could be impaired.

Area 2: Planning

Tobacco control professionals have a variety of resources available to them. Partners may find it helpful to learn what resources their colleagues are utilizing. The *CDC Best Practices for Comprehensive Tobacco Control Programs* (BP) is evaluated extensively due to its prominent role as *the* planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

Area 3: Activities

Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state's top two priority programmatic or policy goals for the current fiscal year (*e.g.* passing secondhand smoke

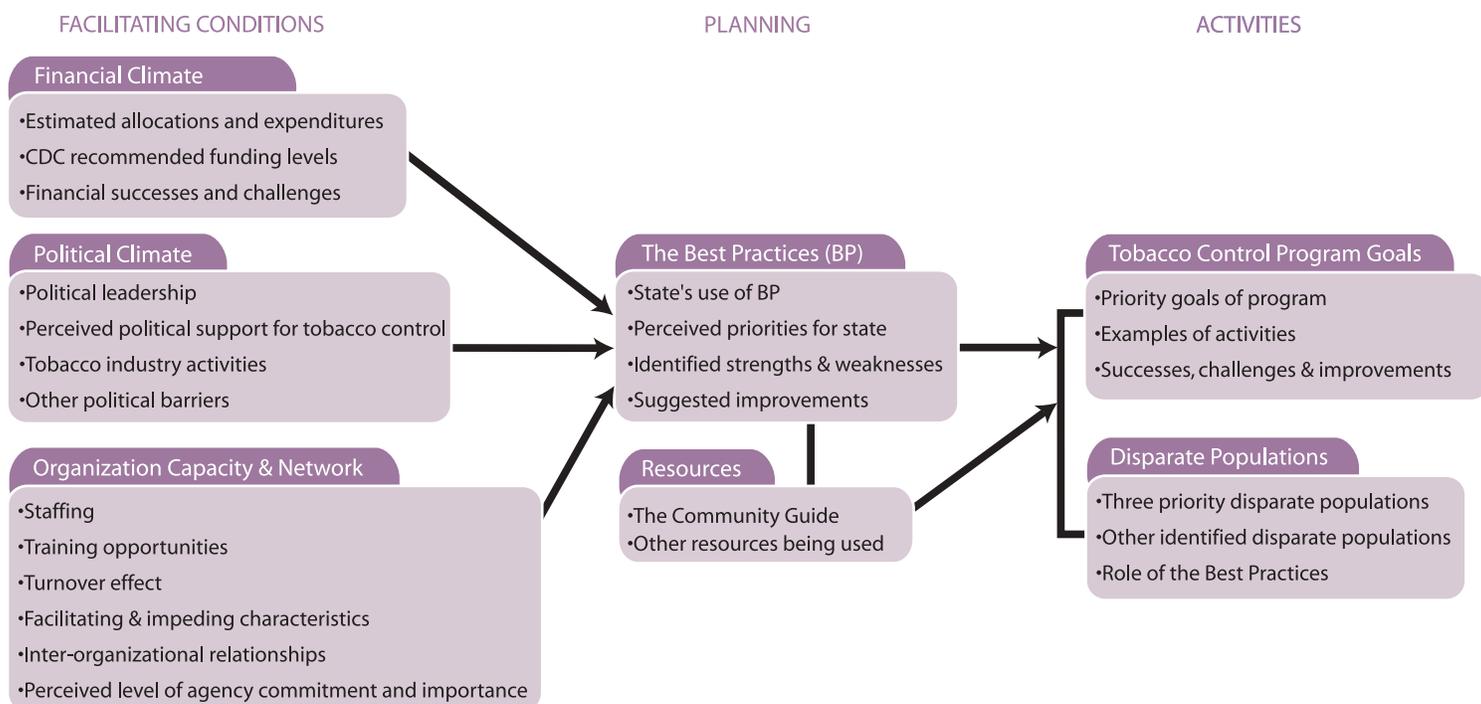
legislation, implementing cessation programs) and the emphasis on disparate populations (*e.g.* identification and addressing disparate populations).

Additional Information

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

Inquiries and requests should be directed to the project director, Dr. Douglas Luke, at (314) 977-8108 or at dluke@slu.edu or the project manager, Nancy Mueller, at (314) 977-4027 or at mueller@slu.edu.

The Best Practices Project Conceptual Framework

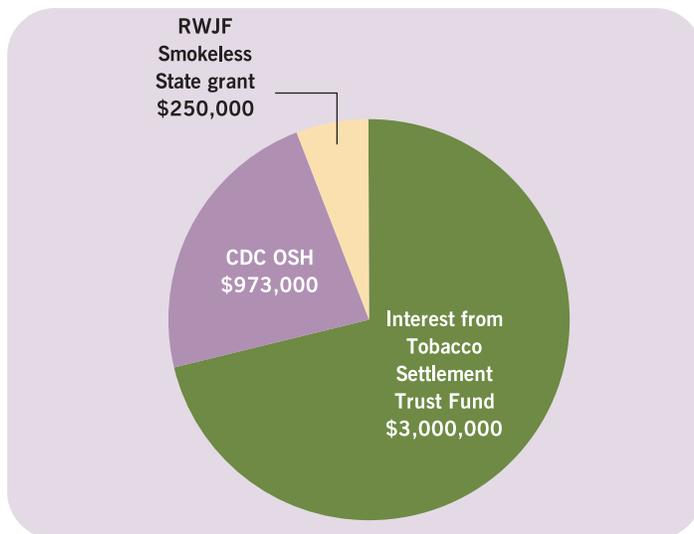


Financial Climate

Section Highlights

- ▶ Wyoming dedicated approximately \$4.2 million to tobacco control in FY 03, meeting 57% of the CDC's minimum recommendation for an effective tobacco control program.
- ▶ Community and cessation programs received the most tobacco control funding, while chronic disease programs did not receive any tobacco control funding in FY 03.
- ▶ The establishment of the Tobacco Settlement Trust Fund was identified as a financial success for the program, while the passage of the Substance Abuse Bill was seen as an impediment.
- ▶ Partners were concerned about proposed plans for securitization and the ability to sustain future funding levels.

Tobacco control funding sources, FY 2003



Note: The principal of the Trust Fund was originally established with MSA funding.

CDC funding recommendations & estimated expenditures, FY 2003

| Best Practices Category | CDC Lower Recommendation | Estimated Expenditures | Status (+/-) ^a |
|-----------------------------|--------------------------|--------------------------------|---------------------------|
| Chronic Disease Programs | \$2,748,000 | \$0 | - |
| Community Programs | \$1,186,000 | \$1,286,259 | + |
| School Programs | \$903,000 | \$360,000 | - |
| Surveillance & Evaluation | \$642,000 | \$144,000 | - |
| Cessation Programs | \$516,000 | \$702,170 | + |
| Counter-Marketing | \$480,000 | \$212,756 | - |
| Enforcement | \$357,000 | \$382,571 | + |
| Administration & Management | \$321,000 | \$525,244 | + |
| Statewide Programs | \$192,000 | \$360,000 | + |
| Total | \$7,381,000 | \$3,973,000^b | - |

^a(-) = below CDC recommendation
 (+) = meets CDC recommendation

^b Does not include RWJF Smokeless State Grant (\$250,000) received by Wyoming Tobacco Use Prevention Coalition.

FY 2003 Funding

Unlike other states across the nation, Wyoming was not experiencing a budget deficit. Its financial climate was described as fiscally conservative and adverse to taxes. The state experiences boom and bust financial cycles since its major revenue source is taxes from the mineral and coal industries.

In FY 03, Wyoming dedicated a total of approximately \$4.2 million (\$8.47 per-capita) to tobacco control, meeting 57% of CDC's minimum recommendation. Approximately 71% (\$3 million) of the total funding was allocated from the Master Settlement payments. The remaining tobacco control funding came from the CDC and The Robert Wood Johnson Smokeless States grant.

According to the DOH TPCP’s estimated FY 03 expenditures, community and cessation programs received the most funding at 32% and 18%, respectively. Chronic disease programs did not receive any tobacco control funding. When comparing these estimated expenditures to the CDC recommendations, Wyoming met or exceeded the recommended funding allocation for five categories: community programs, cessation programs, enforcement, administration and management, and statewide programs.

Successes & Challenges

The following influences on the financial climate of tobacco control were identified:

Establishment of the Trust Fund

The establishment of the Tobacco Settlement Trust Fund (Trust Fund) was seen as a success for the tobacco control program. In 1999, a law was passed creating the Fund, which required the interest generated to be spent annually on healthcare programs, including efforts to prevent tobacco use through school and community programs.

It makes good fiscal sense for them [Legislature] to have set up the Trust Fund and do it the way they have done it because we operate off of the interest. That’s very fiscally responsible and it shows the fiscally conservative nature of our state.

Tobacco Control Program Funding

Although, many partners felt that the program was making good progress with the current funding level, some felt more funding was needed in order to implement a comprehensive program.

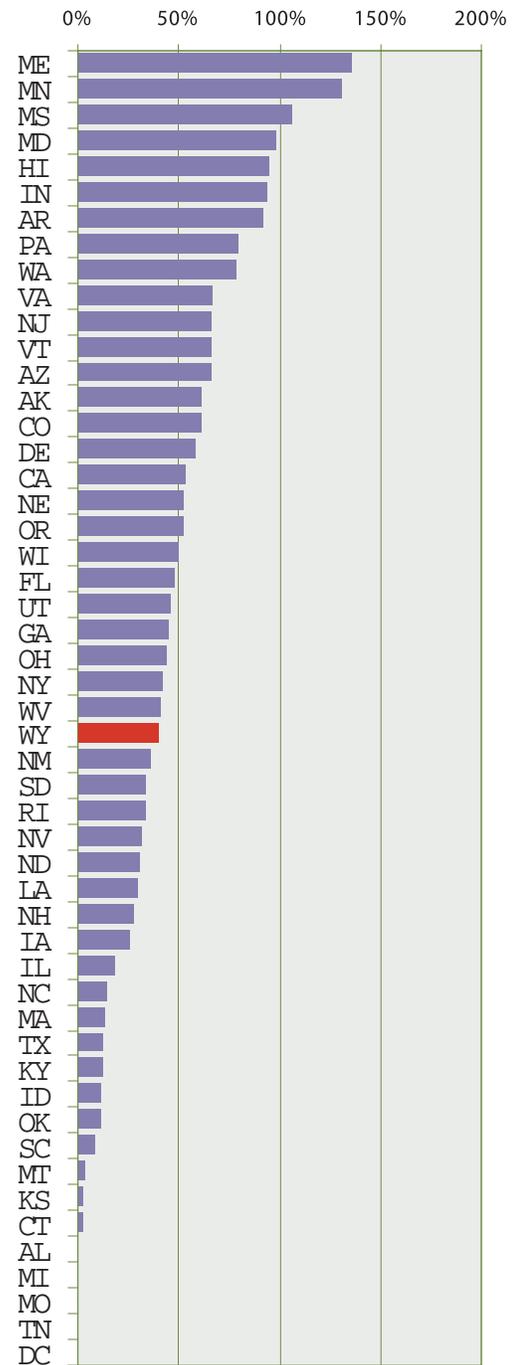
I think we’re at a reasonable level now, and our progress is pretty good.

We don’t have a comprehensive tobacco control program yet. I think we are working towards that still...It would be great if we could say we had all the components covered...I would say a big part of it is funding.

The stability of future program funding was a concern because the Legislature could use the MSA funds for more pressing issues (i.e., school construction).

The Legislature sees so many things that need to be funded, primarily education, that they’re focusing more of the money towards that.

Where does Wyoming rank?
The percentage of CDC lower estimate funding allocated for tobacco control in FY 2003



Cigarette excise tax rates
(as of 01/03)

| State | Excise Tax |
|-------|------------|
| MA | \$1.510 |
| NJ | \$1.500 |
| NY | \$1.500 |
| WA | \$1.425 |
| RI | \$1.320 |
| OR | \$1.280 |
| MI | \$1.250 |
| HI | \$1.200 |
| AZ | \$1.180 |
| CN | \$1.110 |
| AK | \$1.000 |
| DC | \$1.000 |
| ME | \$1.000 |
| MD | \$1.000 |
| PA | \$1.000 |
| IL | \$0.980 |
| VT | \$0.930 |
| CA | \$0.870 |
| KS | \$0.790 |
| WI | \$0.770 |
| UT | \$0.695 |
| NE | \$0.640 |
| IN | \$0.555 |
| OH | \$0.550 |
| NH | \$0.520 |
| MN | \$0.480 |
| ND | \$0.440 |
| TX | \$0.410 |
| IA | \$0.360 |
| LA | \$0.360 |
| NV | \$0.350 |
| AR | \$0.340 |
| FL | \$0.339 |
| SD | \$0.330 |
| ID | \$0.280 |
| DE | \$0.240 |
| OK | \$0.230 |
| NM | \$0.210 |
| CO | \$0.200 |
| TN | \$0.200 |
| MS | \$0.180 |
| MT | \$0.180 |
| MO | \$0.170 |
| WV | \$0.170 |
| AL | \$0.165 |
| GA | \$0.120 |
| WY | \$0.120 |
| SC | \$0.070 |
| NC | \$0.050 |
| KY | \$0.030 |
| VA | \$0.025 |

Note: The Wyoming excise tax rate increases to 60 cents on July 1, 2003.

The Substance Abuse Bill

Partners felt that the 2002 Substance Abuse Bill (HB 59) impeded the tobacco control program because it diverted \$25 million of future MSA payments from the Trust Fund to a comprehensive drug abuse program. This would consequently limit the growth of the Trust Fund. Furthermore, only a small amount of funding for the drug abuse program would be spent on tobacco control.

The Legislature took the funds from the tobacco settlement payments to fund this substance abuse prevention package, which doesn't have a whole lot to do with tobacco prevention. I would call that a political setback.

Securitization of MSA funds

Many partners felt that the securitization of MSA payments was inevitable, even though Wyoming was not experiencing a budget deficit. Many partners were concerned that the securitization would negatively impact the tobacco control program. The main reason for securitization identified was to fund capital construction for schools in the state.

The current discussion is that some of the tobacco settlement monies could be used to fund our very expensive education problems. Construction for the schools is probably more than the state budget will be able to deal with for quite some time.

They're talking about using the funding for capital school construction, which we're in desperate need of. I think that there's a really good chance it's [securitization] going to happen, especially considering that securitization happened in so many other states.

Suggested Approaches

1. Educate the Legislature and public about the negative consequences of securitization.
2. Explore possible funding sources to supplement the program funding and to provide some security if future program funding is decreased.
3. Implement an aggressive dissemination plan to report short-term results of the program to the public and Legislature in order to safeguard funding.
4. Publicize the successes of the community grant recipients to the legislators.

Political Climate

Section Highlights

- ▶ Wyoming's political climate was viewed as conservative with a strong anti-tax sentiment and belief in personal choice.
- ▶ Most partners felt that tobacco control was not on the political radar screen.
- ▶ Governor Geringer was viewed as unsupportive of tobacco control. The leading gubernatorial candidates had shown no public support for tobacco control but some felt the Democratic candidate would be a friend to the program, if elected.
- ▶ The Legislature offered little or no support to the program. However, Representative Doug Osborn (R) was seen as a tobacco control champion.
- ▶ The strong influence of the tobacco industry was seen as a major challenge to the program.
- ▶ Partners felt that the relocation of the tobacco prevention and control program to the DOH Substance Abuse Division and the Substance Abuse Bill were impeding the progress of the program.

Wyoming's political composition, 2002 legislative session

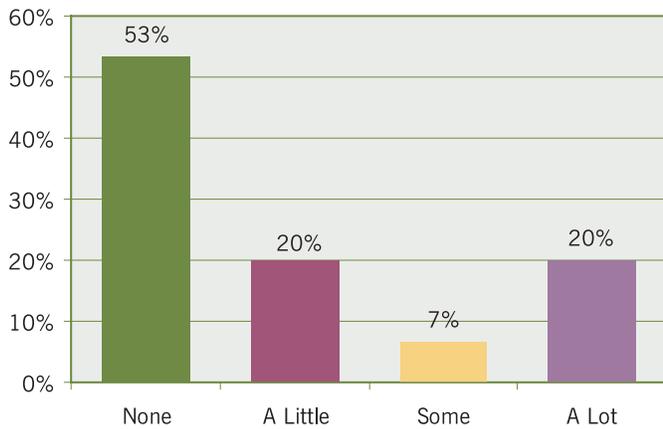
| | |
|---------------------------------|--------------------------------|
| Governor James E. Geringer | Republican |
| Attorney General Hoke MacMillan | Republican |
| <i>Senate</i> | |
| President Henry H.R. "Hank" Coe | Republican |
| Party Breakdown | 10 Democrats 20 Republicans |
| <i>House of Representatives</i> | |
| Speaker Rick Tempest | Republican |
| Party Breakdown | 14 Democrats 46 Republicans |

Political Climate

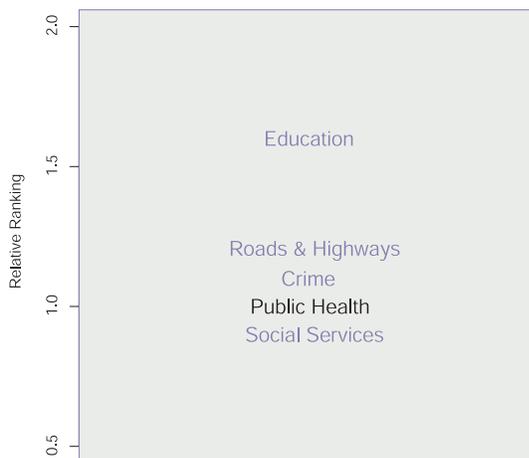
Partners viewed Wyoming's political climate as conservative with a strong anti-tax sentiment and belief in personal choice. The Republicans were the majority party during the 2002 legislative session. They held the top political offices throughout the executive and legislative branches of government.

We are a fairly conservative state and a Legislature that is primarily controlled by

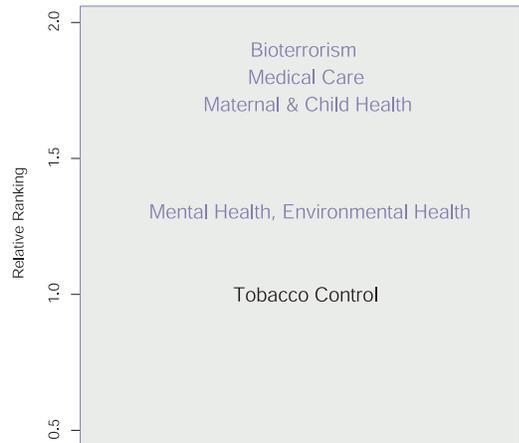
How much support for tobacco control do you receive from Governor Geringer?



Perceptions of Governor Geringer's prioritization of public health



Perceptions of Governor Geringer's prioritization of tobacco control



one party. We have an adverse reaction to collecting and increasing taxes.

Most partners felt that tobacco control was not on the political radar screen. Wyoming's cowboy culture, the high rates of smokeless tobacco use, and the independent nature of its citizens were some reasons why tobacco control was viewed as a low priority for the state. A few partners felt that if it were not for the MSA, Wyoming would not have a tobacco control program at all.

We still have this philosophy of 'I'm an individual and leave me alone. If I hurt myself, I hurt myself.'

Wyoming is the cowboy state and we pride ourselves on being a bunch of independent people and people who don't like to tell each other what to do. That's probably the biggest hurdle that we have to overcome is this culture of independence.

Political Support for Tobacco Control and Public Health

Nearly 75% of the partners felt that Governor Geringer provided little or no support for tobacco control. Many believed that his support of the Substance Abuse Bill reflected a lack of support for tobacco control.

He was the one who advocated taking the tobacco settlement funds to pay for the substance abuse bill.

Partners perceived that public health was a lower priority for the Governor than education, roads and highways, and crime. They felt tobacco control was the lowest priority for the Governor when compared to other public health issues such as bioterrorism and medical care.

The close of 2002 marked the end of Governor Geringer's administration.

During the interviews, many partners discussed the leading gubernatorial candidates, Republican Eli Bebout and Democrat Dave Freudenthal. Neither candidate had publicly supported tobacco control but most partners felt that Freudenthal would be a friend to tobacco control if elected. *(Note: Dave Freudenthal was elected Governor in November 2002.)*

The majority of partners felt that the State Legislature offered little or no support for tobacco control. The following quote reflects how the partners described the Legislature.

We have the oldest Legislature in the nation. Most of them are men and ranchers, and they just aren't in touch with the issue [tobacco control]. They were raised chewing tobacco and they sit in their meetings with a dip container in their pocket.

Partners also felt that the Legislature's passage of the Substance Abuse Bill reflected their lack of support. Some felt that since the bill was passed, many legislators thought there was no need to spend any more time on the tobacco control issue.

There is a potential that legislators will say, 'We have taken care of the problem. We've funded it and it's part of the substance abuse plan so we don't need to do anything else.'

Some were concerned that the anti-tax platforms of the legislative candidates and their vulnerability to the tobacco industry would be a significant challenge to the program.

Tobacco Control Champions

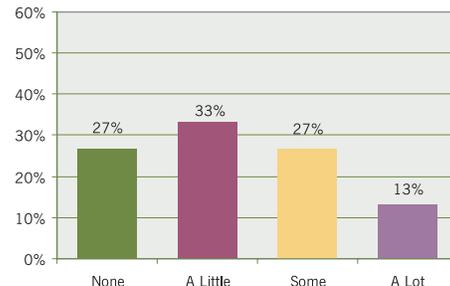
Despite the partners' view of the Legislature, several legislators were identified as being supportive for tobacco control, including Senator Charles Scott (R) and Representative Jane Warren (D). Representative Doug Osborn (R) was frequently identified as a major champion of Wyoming's tobacco control program.

He's [Osborn] a key supporter. There are other legislators who rally around the issues and give their positive votes for us. But he sponsors the legislation. He goes to his meetings informed.

The DOH was also identified as a significant champion of the program, with special recognition given to the tobacco control program manager Janet Jares and State Health Officer Dr. Brent Sherard.

Janet's gotten into so much trouble because she's so passionate. She's like the Ever-Ready Bunny.

How much support for tobacco control do you receive from the Legislature?



Organizations that were frequently mentioned as strong tobacco control advocates included:

- Wyoming Tobacco Use Prevention (WY TUP)
- American Cancer Society
- American Heart Association
- Wyoming Hospital Association
- Wyoming Medical Society

Political Barriers

In addition to the low level of support from the Governor and the Legislature, the tobacco industry posed a significant challenge to the program. Most partners felt the industry had been somewhat effective in inhibiting the program.

They have a very strong presence here. The tobacco industry filmed their commercials here. It's like they're everywhere.

The tobacco lobbyists were well respected and very powerful in the state, with close relationships with legislators.

They're [tobacco industry] strong, very strong. They've got some long time lobbyists that are very effective. They do spend money in the state and they are willing to spend money during the campaigns.

The tobacco industry loves our state. It's an emotional issue for them because they consider it Marlboro Country and they don't want to give up on us. It creates a very close relationship with the tobacco lobbyists and the legislators.

The tobacco industry's sponsorship of the rodeos, including the College National Rodeo Finals, was one of their major activities in Wyoming. The industry did not allow any tobacco control sponsorship at the rodeos. The industry also regularly sponsors one of Wyoming's biggest tourism events, the Frontier Days.

At the rodeos, they hand out free chew and dip. Everything is sponsored by U.S. Smokeless Tobacco. They provide \$200,000 in scholarships and all the prize money is from big tobacco.

The tobacco industry has also been very successful in developing their grassroots network to form a strong pro-tobacco alliance. The Wyoming Restaurant and Lodging Association was identified as a formidable opponent to the tobacco control program. Other political barriers identified were:

- The strong social norm of personal choice and less government interference
- The lack of clean indoor air legislation in Wyoming
- The geographic size of Wyoming made it difficult to provide tobacco control efforts to all areas of the state

Significant Event

The passage of the Substance Abuse Bill and the relocation of the tobacco control program to the Substance Abuse Division were seen as having a significant negative impact on the program.

The Substance Abuse Division was able to pull money from the Tobacco Settlement Trust Fund to finance substance abuse related activities, programs, and infrastructure. I believe that greatly diminished the ability and resources for the tobacco prevention.

Suggested Approaches

- 1. Cultivate a close relationship with the new Governor Dave Freudenthal to raise the level of priority of tobacco control on his agenda.
2. Develop a strong education campaign for new legislators using the statewide coalition, WY TUP, and other tobacco control partners.
3. Work to change the social acceptability of tobacco, especially smokeless tobacco use, beginning at the community level.
4. Develop an extensive education campaign to educate the public about the risks of tobacco and the tobacco industry tactics in Wyoming to impact social norms and gain more support for the program.

Policy Watch: SCLD Ratings

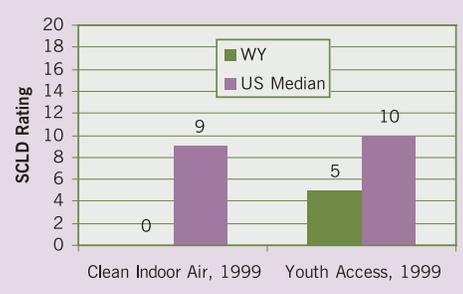
Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI's State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressed enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

Wyoming has no state level clean indoor air legislation. Several local communities (i.e., Casper and Laramie) tried to pass legislation but were unsuccessful due to strong opposition from the tobacco industry. Wyoming's youth access score was reduced due to existing preemption and is well below the national median.

Wyoming's ratings

Clean Indoor Air: 0
Youth Access: 5



Capacity & Relationships

Section Highlights

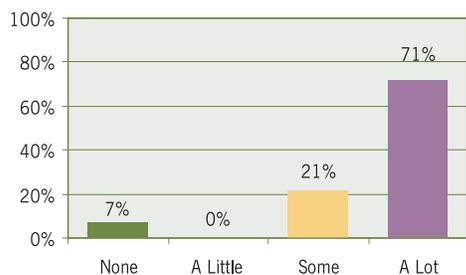
- ▶ Most partners felt their agency’s leadership was supportive of their tobacco control efforts.
- ▶ Recruiting and keeping qualified and effective tobacco control staff in Wyoming was challenging.
- ▶ Staff at the DOH TPCP had grown, while community level programs experienced problematic turnover.
- ▶ The staff at the DOH TPCP was highly regarded due to their commitment, expertise, and strong work ethic.
- ▶ Many partners felt the TPCP was not a high priority for the Substance Abuse Division within the DOH.
- ▶ Partners believed that the DOH needed to improve their internal and external communication.
- ▶ Most felt the network was improving but needed more involvement from other state government agencies.
- ▶ Partners were pleased with the efforts of Wyoming Tobacco Use Prevention (WY TUP), and with the DOH TPCP’s efforts to build local coalitions throughout the state.
- ▶ WY TUP was rated high for both commitment to tobacco control and importance to a state tobacco control program. The DOH TPCP and the State Legislature were rated high for importance, but much lower for commitment to tobacco control.

Organizational Capacity

Partners identified similar organizational characteristics that influenced their tobacco control efforts. The large majority felt that they received a lot of support from agency leadership for their tobacco control efforts. Approximately half of partners felt they received a lot of support from their tobacco control partners. They also felt that one of the program’s strengths was the commitment of the people working in tobacco control throughout the state.

Partners felt that training opportunities, the internal communication structure and organizational structure of their agencies, physical resources (*e.g.* office supplies, computers) and the size of their agencies helped their tobacco control efforts. The internal

How much support for tobacco control do you receive from your agency leadership?



decision-making process within their agencies was seen as both facilitating and impeding to their efforts.

While more than three-quarters of the partners felt staffing levels were adequate, only about half felt the tobacco control experience of their staff was adequate. Regarding the new DOH TPCP program staff hired in the previous year, all were new to tobacco control with less than one year of experience.

Recruiting and keeping qualified and effective tobacco control staff throughout the state was a barrier to the program. The DOH TPCP had experienced very little staff turnover. In fact, their staff had recently grown. However, turnover had been problematic for community level program leaders, which partners felt hurt the state's efforts as a whole. Reasons given for this problem were low pay and a lack of job opportunities for the staff's spouses.

Our pay scale at the state level does not allow us to really hire people with strong education and experience. And at the local level, too, it's hard to get that in these small communities...So typically, what we do is we end up kind of lowering our standard and hiring people whom may be very dedicated and very committed, but really do not have a level of skills you need.

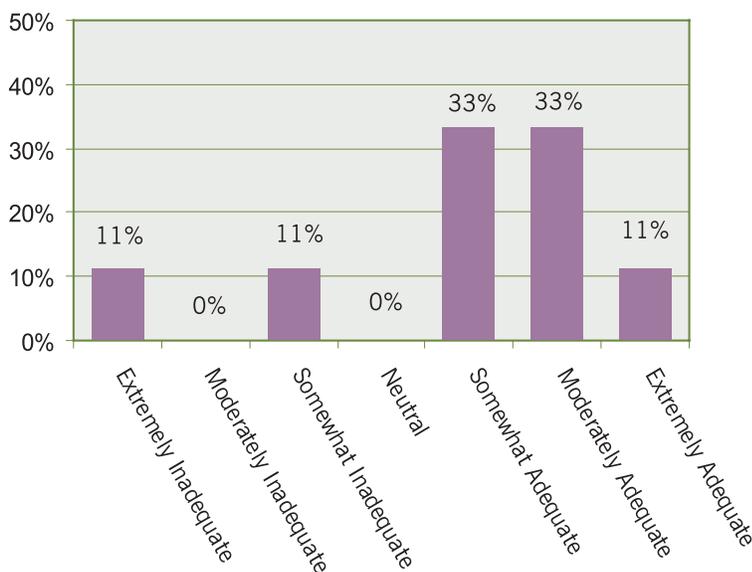
There hasn't been much turnover, if any, at the state level, but at the community programs there has been tons of turnover. It seems as soon as you get someone trained and they're doing a great job in their community and then they'll leave and you have to train a brand new person.

Partners felt that available training opportunities helped their efforts. The most common trainings attended by tobacco control partners in the past year

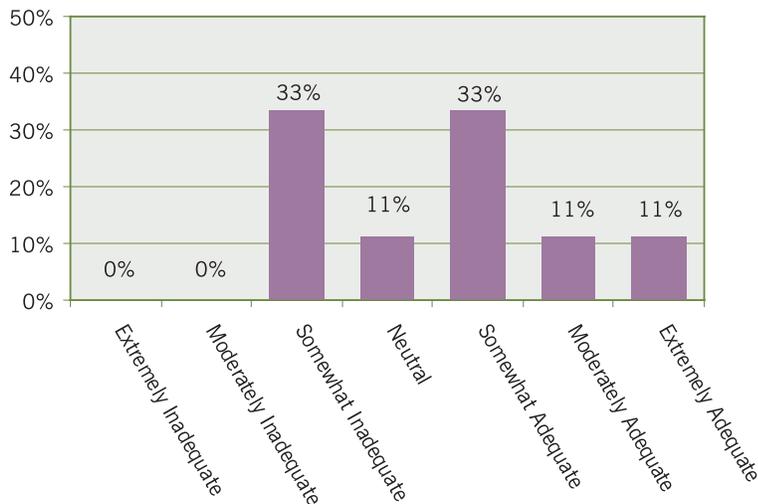
How does each of the following characteristics affect your agency's tobacco control program?

| Organizational Characteristic | Helps | Hurts | Both | Neither |
|------------------------------------|-------|-------|------|---------|
| Training opportunities | 79% | 14% | 0% | 7% |
| Internal communication network | 71% | 14% | 7% | 7% |
| Organizational structure of agency | 64% | 7% | 21% | 7% |
| Physical resources | 64% | 21% | 7% | 7% |
| Size of agency | 64% | 14% | 21% | 0% |
| Reporting requirements | 50% | 7% | 14% | 29% |
| Number of tobacco control staff | 50% | 29% | 14% | 7% |
| Internal decision-making process | 43% | 21% | 29% | 7% |
| Staff turnover | 36% | 0% | 14% | 50% |

How adequate is your tobacco control staffing level?



How adequate is your staff's tobacco control experience?



were national, state or regional, and coalition trainings. Most partners reported that the trainings their tobacco control staff attended over the past year were at least moderately adequate.

Perceptions of the DOH

Many partners highly regarded the staff at the DOH TPCP due to their commitment, expertise, and strong work ethic. In particular, partners were very positive about Janet Jares because of her passion for tobacco control, her belief in CDC's Best Practices, and her guidance.

They're a very energetic group over there [at the DOH] and they're excited about the issue.

She [Janet Jares] has gotten into so much trouble because she really is so passionate.

The DOH State Health Officer Dr. Brent Sherard was also mentioned as a strong supporter for tobacco control. Partners were pleased with his leadership on tobacco control and other health issues.

We now have a recently practicing physician [Dr. Sherard] as the Director of the Department of Health who can clearly communicate and provide leadership on public health issues, including tobacco prevention education.

The movement of the DOH TPCP from the Public Health Division to the Substance Abuse Division greatly impacted the program. Some partners felt it facilitated the tobacco program's efforts because it associated tobacco with other addictive drugs, pushing it to the forefront. The tobacco control program also gained more office resources and support staff as a result of joining the Substance Abuse Division.

It moved tobacco as an addictive drug and put a higher importance on the issue of tobacco as a gateway drug with youth issues...So it placed tobacco in the field of addiction treatment. It also benefited the Substance Abuse Division in that tobacco is public health, so is substance abuse. So you can see this complementary relationship.

However, most partners felt that the placement of the tobacco program into the Substance Abuse Division was not helpful. They felt that tobacco control was not given the priority it needed under the Substance Abuse Division, since more support was given to other substance abuse issues. Furthermore, the tobacco program also lost some autonomy after the move. Decisions made by the Division were not always conducive to tobacco control, and did not allow for

good collaboration between the tobacco program and other tobacco control agencies in the state.

I feel like the Substance Abuse Division is far more interested in talking about illicit substances than they are about talking about legal substances like tobacco and alcohol. I just don't see them putting a whole lot of energy, time, resources, and emphasis as a Division as a whole on these areas, which are by far our most prevalent use, abuse and addiction problems in this state.

Partners also felt the state program could improve their internal and external communication. They needed to be more connected with others and be open to external input.

I think that they could benefit from getting more input. I have a great deal of respect for the folks that do the tobacco program work at the Department of Health, but I think that they almost get their voices muted and then I think that there are voices of knowledge from the outside that could really do work with them. They just stay so closed that it's really difficult.

Other improvements suggested for the DOH were to:

- Give more priority to tobacco control
- Hire more staff to provide technical assistance to the local levels
- Improve their planning process by obtaining consensus and communicating established priorities clearly and effectively

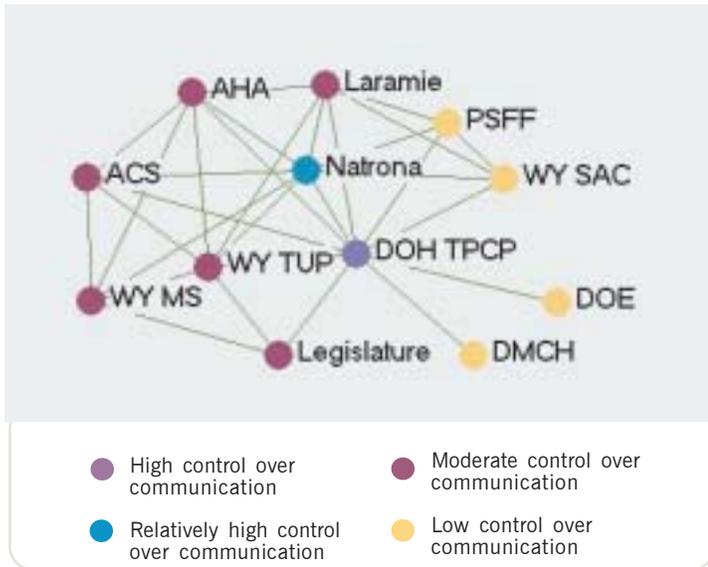
Tobacco Control Network

Twelve Wyoming tobacco control partners were identified as core members of Wyoming's program and were invited to participate in the interviews. The list of partners included voluntary agencies, coalitions, contractors, state government agencies and the Legislature.

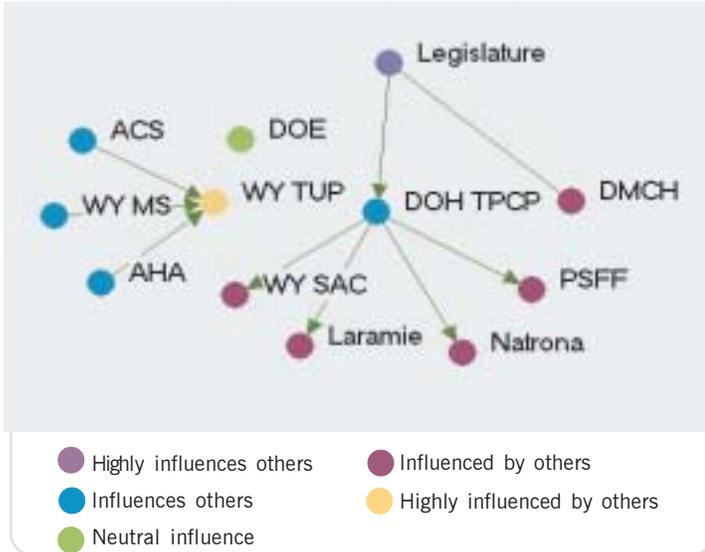
Partners of Wyoming's tobacco control network

| Agency | Abbreviation | Agency Type |
|---|---------------|-----------------------|
| Wyoming Department of Health Substance Abuse Division, Tobacco Prevention and Control Program | • DOH TPCP | • Lead agency |
| American Cancer Society | • ACS | • Voluntary |
| American Heart Association | • AHA | • Voluntary |
| Wyoming Tobacco Use Prevention | • WY TUP | • Statewide Coalition |
| Making Laramie a Smoke Free Indoor Environment | • Laramie | • Regional Coalition |
| Natrona County Tobacco Use Prevention Task Force | • Natrona | • Regional Coalition |
| Wyoming Medical Society | • WY MS | • State Medical Assn. |
| Wyoming Statistical Analysis Center | • WY SAC | • Contractor |
| Partnership for Smoke-Free Families | • PSFF | • Contractor |
| Department of Maternal and Child Health | • DMCH | • State Gov't Agency |
| Department of Education | • DOE | • State Gov't Agency |
| Wyoming State Legislature | • Legislature | • State Legislature |

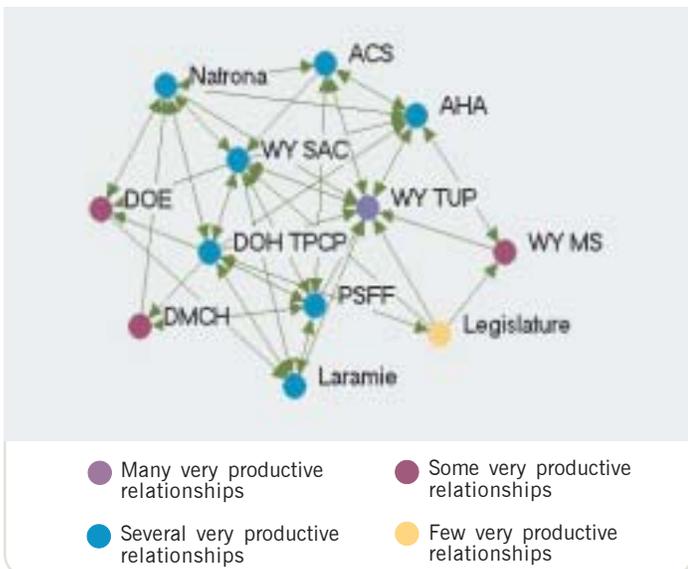
Capacity & Relationships



Money flow among network partners



Productive relationships among network partners



Contact Frequency

In the adjacent figure, a line connects two partners who had contact with each other at *least* once a month. Wyoming had a relatively centralized communication structure where members of the network frequently had contact with only a couple of central agencies, especially the DOH TPCP. The DOH TPCP had the most control over communication flow in the network, followed by Natrona. Peripheral agencies (yellow dots) had infrequent direct contact with other agencies, some only having frequent contact with the DOH TPCP. These agencies had the least control over communication flow in the network.

Money Flow

In the adjacent graph, an arrow indicates the direction of money flow between two partners. Funding mainly flows from the Legislature to the DOH TPCP, then to a number of contractors and coalitions. Therefore, the Legislature had the most financial influence over the network, followed the DOH TPCP. AHA, WY MS, and ACS also had some financial influence because they sent money to WY TUP. The DOE received no funding that was specifically allocated for tobacco control activities.

Productive Relationships

A directional arrow (A→B) indicates that Partner A felt that it had a *very* productive relationship with Partner B. A bidirectional arrow (A ↔ B) indicates that both partners agreed that their relationship was very productive. Partners generally felt that they had many productive relationships with other agencies, with many arrows being bidirectional. The statewide coalition, WY TUP, had the greatest number of productive relationships. The DOH TPCP

fell in the second tier, with several productive relationships as well. Relatively few agencies had low numbers of productive relationships. However, only the DOH TPCP felt it had a very good relationship with the Legislature.

Perceived Effectiveness of Network

Almost all partners felt the tobacco control network was improving and making progress. Some even felt communication among partners was a strength of the network, partly due to the small population of the state facilitating increased collaboration.

There's much more information out now about the tobacco issues, the program, and what we can do for the community than there was even two years ago. So the network itself is getting better, and I think it will get stronger.

There are less than 500,000 people in our state. We all know each other and we all e-mail each other and keep each other informed of what's going on. I think that's one of the big positives for the state.

Yet, partners felt that involvement of other state government agencies in tobacco control had been lacking. They believed that partners needed to work to involve those agencies more, and that those agencies needed to make an effort to become more involved.

I'm a little disappointed within state government with the participation by the Department of Family Services, the Department of Education, and some of the other departments that don't have a direct responsibility for tobacco. I think they could do better there.

Coalitions

Many partners were pleased with the efforts of Wyoming Tobacco Use Prevention (WY TUP). They felt the statewide coalition had a good membership base and had done well educating the Legislature. Partners were also positive about its efforts to help local coalitions become more effective.

We've got a couple of bills that are asking for a substantial increase of tobacco excise tax. That just wouldn't have been possible before and I think it's because of this good education program that we had in and outside the Legislature by the persistence of the WY TUP in particular...

However, the relationship between WY TUP and the DOH TPCP was not optimal. The DOH TPCP was not highly involved with WY TUP's efforts. Some partners felt that their level of collaboration could be improved.

I'm never quite sure about the relationship between the persons at the State Department of Health and WY TUP. I'm concerned that the coordination or collaboration between the State's programs and what happens through the WY TUP is as though we are two parts of the same program, but not necessarily in unison, or even in collaboration.

The DOH TPCP's efforts to build local coalitions throughout the state were seen as a strength of the network. In fact, 93% of partners felt that the state's grassroots network was at least somewhat effective.

It's the community coalitions that we are pulling more people in. We're getting more people involved. Therefore, we are getting the work out there more. We are becoming more of a recognizable entity.

Agency rating of importance to the program & commitment to tobacco control

| Importance to the program ^a | | Commitment to tobacco control ^b | |
|--|--------------------------|--|--------------------------|
| Agency | Avg. rating ^c | Agency | Avg. rating ^c |
| DOH TPCP | 9.5 | WY Tobacco Use Prevention | 9.8 |
| State Legislature | 9.5 | American Heart Association | 9.7 |
| WY Tobacco Use Prevention | 9.3 | Making Laramie a Smoke Free Indoor Environment | 9.4 |
| American Heart Association | 9.1 | Natrona County Tobacco Use Prevention Task Force | 9.4 |
| American Cancer Society | 8.7 | Partnership for Smoke-Free Families | 9.4 |
| Making Laramie a Smoke Free Indoor Environment | 8.5 | WY Statistical Analysis Center | 9.0 |
| WY Medical Society | 8.3 | American Cancer Society | 8.8 |
| WY Statistical Analysis Center | 8.1 | DOH TPCP | 8.6 |
| Natrona County Tobacco Use Prevention Task Force | 8.0 | Department of Maternal and Child Health | 8.0 |
| Partnership for Smoke-Free Families | 8.0 | WY Medical Society | 7.4 |
| Department of Education | 7.5 | Department of Education | 6.0 |
| Department of Maternal and Child Health | 7.5 | State Legislature | 6.0 |

^a How would you rate the importance of each agency for an effective tobacco control program in your state?
^b How would you rate the level of commitment to tobacco control for each of the following agencies in your state?
^c 10 = high; 1 = low

Agency Importance & Commitment

Partners were asked to rate each agency's level of importance for an effective tobacco control program and its level of commitment to tobacco control. WY TUP was consistently rated high in both areas. The Departments of Education and Maternal and Child Health were consistently rated low in both areas possibly due to their minimal role in tobacco control. Interestingly, the DOH TPCP was rated high for importance, but much lower for commitment to tobacco control. This may reflect the partners' sentiment that, although the DOH TPCP is critical for the state program, the Substance Abuse Division did not make tobacco control a high priority. Similarly, the State Legislature was rated high for importance, probably due to the budget appropriation process, but low for commitment since many felt the Legislature was unsupportive of tobacco control.

Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network, including:

- Increase partnerships, including organizations and individuals
- Need staff with more tobacco control experience who will commit to the job (less turnover)
- Need more resources and funding
- Increase the number of youth activities and coalitions
- Better collaboration between the DOH TPCP and the rest of the network

Suggested Approaches

1. Work to increase collaboration between the DOH TPCP and WY TUP.
2. Further define the roles and goals for the Departments of Education and Maternal and Child Health to increase their collaboration in the program.
3. Continue to expand and support local coalitions by diversifying membership.

The Best Practices

Section Highlights

- ▶ The DOH TPCP used the BP closely in the development of their state plan.
- ▶ Some partners in Wyoming had a limited knowledge of the BP.
- ▶ Partners felt that community and statewide programs were high priorities for Wyoming. Chronic disease programs and counter-marketing were ranked as low priorities.
- ▶ Strengths of the BP were that it provides guidance for structuring programs, includes proven and effective practices, and is comprehensive.
- ▶ Weaknesses of the BP were that it lacks guidance for implementation and lacks examples from a wide variety of states.
- ▶ Improvements suggested were to update and expand the types of examples, address community awareness and readiness, and emphasize changing social norms.

Best Practices category definitions

Community programs – local educational and policy activities, often carried out by community coalitions

Chronic disease programs – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

School programs – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

Enforcement – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

Statewide programs – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

Counter-marketing programs – activities that counter pro-tobacco influences and increase pro-health messages

Cessation programs – activities that help individuals quit using tobacco

Surveillance & evaluation – the monitoring of tobacco-related outcomes and the success of tobacco control activities

Administration & management – the coordination of the program, including its relationship with partners and fiscal oversight

The Best Practices

Wyoming tobacco control advocates used the *CDC's Best Practices for Comprehensive Tobacco Control Programs (BP)* in the development of their state plan, *A Strategic Blueprint for Tobacco Use Prevention in Wyoming*, to advocate for appropriate funding levels, and for guidance in prioritizing and planning programming efforts. In fact, partners felt that the DOH TPCP program staff strongly believed in the BP and tried to follow them closely.

The DOH TPCP had combined statewide and cessation programs since there was

insufficient funding available for either component. They also added youth involvement to the list of categories due to Florida’s previous success with their youth program and a belief in activism.

Although the DOH TPCP used the BP closely in developing the state plan, many partners had a limited knowledge of the BP. Many felt they were only somewhat familiar with the BP since they had been exposed to the document, but did not know the details. A few were not familiar with the BP at all.

Although some partners had limited knowledge about the BP, many had enough familiarity to rank the BP categories in terms of how they felt the categories should be prioritized in Wyoming. Partners felt that community programs should be the highest priority for the state, while chronic disease programs were viewed as a lower priority.

High BP Priorities

Community programs were ranked as a high priority for the following reasons:

- The local level is where the most work is done.

A lot of the effort towards reaching our goals stems from what’s happening at the community level.

- Efforts at the community level create change.

There are just a lot of things that can happen from those partnerships and the support that’s formed at the local level to create change. So it’s important to make sure that we’ve got strong community programs in place.

- Community programs are a good approach for a rural state.

Best Practices ranking & DOH TPCP estimated budget allocations, FY 2003

| BP Category | Mean Rank ^a | Budget % ^b |
|-----------------------------|---------------------------|-----------------------|
| Community Programs | 1.5 | 32 |
| Statewide Programs | 3.8 | 9 |
| School Programs | 4.2 | 9 |
| Cessation Programs | 4.5 | 18 |
| Surveillance & Evaluation | 4.8 | 4 |
| Enforcement | 5.0 | 9 |
| Counter-Marketing | 5.4 | 5 |
| Chronic Disease Programs | 7.0 | 0 |
| Administration & Management | Not included ^c | 14 |

^a Ranking: 1 = highest priority; 8 = lowest priority
^b Does not include RWJF Smokeless State Grant (\$250,000) received by Wyoming Tobacco Use Prevention Coalition.
^c Not included because not mutually exclusive with the other categories

The way our state program is set up, the model really is the grassroots model and all of our communities are working on smoke-free environments and other community change. I think that really makes sense, especially for Wyoming being such a rural state, I just think that is the way to go.

Most partners felt this was a high priority in Wyoming due to the DOH TPCP's heavy emphasis on community programs. Community capacity development and coalition building were some of the DOH TPCP's goals during grant planning. Furthermore, approximately one-third of the tobacco control funding for FY 03 was dedicated to these programs. However, issues with the community programs did arise. Partners felt that local coalitions/programs were confused regarding whether they could partake in advocacy work while receiving funds through the DOH TPCP.

There's always an ongoing discussion of whether the grant funded folks should/could/would be the chairs of the coalitions in those communities and/or whether they could do something like participate in a big campaign kick-off for the excise tax and release of the poll results. They've signed these contracts so they won't lobby, so then they don't even think that they can come to something like the kick-off. There's some real work that we need to still do around those coalitions.

Statewide programs were also ranked as a high priority. Partners felt that statewide structure was important to support other components and that if statewide programs were implemented, all the other categories would fall into place.

Low BP Priorities

Chronic disease programs were ranked as a lower priority for the following reasons:

- It is too expensive.

The issue with chronic disease is, I don't know how you would ever parcel out how you'd pay for it...It's too much. The cost of tobacco illness is so huge that the few dollars we have, you couldn't dedicate enough to chronic disease programs.

- Tobacco control should focus on prevention.

If we focus on chronic disease, sure we could help treat those diseases and things like that. But that does nothing for prevention. So I really think prevention is where it's at.

- A lack of understanding about the meaning of chronic disease programs.

Part of the reason I ranked it lower could be ignorance about what exactly they [CDC] mean by chronic disease programs.

Because it's vaguely defined, especially in peoples' minds. People don't really understand what it is.

Most partners felt that chronic disease programs were a low priority in Wyoming. The DOH TPCP had not dedicated any tobacco control funds to chronic disease programs. They planned to address chronic disease programs last, once the Trust Fund generated more interest. The DOH TPCP had supported and partnered with some chronic disease programs, but not financially.

Partners ranked counter-marketing relatively low, perhaps because this was not a priority for Wyoming's state program due to limited funding. The state program was doing little, if any, counter-marketing. They would like to do more in this area in the future to enhance policy efforts once they have been clearly established.

Although enforcement was a relatively high priority for the state, many partners felt it should be a lower priority. Wyoming had previously suffered poor Synar compliance rates and had been in jeopardy of losing funding. An agreement was made with SAMHSA that Wyoming would spend more funds on enforcement. Subsequently, Wyoming's sales-to-minors rates dropped from 55.8% in 2000 to 8.9% in 2001 and 9.5% in 2002. Since enforcement efforts had been successful, partners felt resources could be better spent elsewhere. Furthermore, they were unclear how much enforcement actually impacted tobacco use prevalence.

Partners also discussed the issue of cessation programs in Wyoming. They felt the state was in need of these programs and that Wyoming lacked the infrastructure at the state and local levels to implement them. However, the DOH TPCP had begun planning for statewide cessation programs and was working on defining what the state's and communities' roles should be.

BP Funding

For FY 03, the DOH TPCP allocated the largest portion (32%) of tobacco control funding to community programs, which partners also ranked as the highest priority. This was followed by 18% to cessation programs and 14% to administration and management (see table on page 20). The rest of tobacco control funds were relatively evenly distributed among the rest of the categories, with the exception of chronic disease programs. The DOH TPCP tried to follow CDC's recommended percentages of total funding for the BP

categories as closely as possible when allocating the funds.

BP Strengths and Weaknesses

A number of strengths of the BP were identified:

- Provides guidance for structuring programs, especially community programs
- Includes practices proven to be effective
- Is comprehensive
- Is organized well
- Is not too prescriptive, allowing the state to individualize the BP

Partners also identified weakness of the BP:

- Lacks implementation guidance
- Lacks examples from a wide variety of states
- Lacks examples of programs that effectively reach minority populations

Partners had the following recommendations regarding improvements for the BP:

- Update with a greater variety of evidence-based examples
- Address community awareness and readiness
- Emphasize changing social norms
- Be explicit in explaining why chronic disease programs are an important component

Suggested Approaches

1. Communicate plans for cessation efforts to all partners throughout the state.
2. Better inform community partners about the BP, their ability to educate the public, and show support for tobacco control policy issues.
3. Refer to other tobacco control resources to supplement the Best Practices. For example,
 - *The Guide to Community Preventive Services for Tobacco Use Prevention and Control* (www.thecommunityguide.org)
 - *The 2000 Surgeon General's Report on Reducing Tobacco Use* (www.cdc.gov/tobacco/sgr_tobacco_use.htm)
 - *The 2000 Public Health Services Clinical Cessation Guidelines* (www.surgeongeneral.gov/tobacco/smokesum.htm)
 - Resources from national tobacco control organizations (see the Resources section on page 34).
4. Take into account the strengths, weaknesses, and areas of potential improvement to the *Best Practices* guidelines identified in this Profile when developing your own tobacco control resources.



Tobacco Control Program Goals

Section Highlights

- ▶ Community and cessation programs were seen as appropriate priority goals for Wyoming.
- ▶ Community programs were viewed as the most effective way to create change in Wyoming. Because community programs were off to a good start, partners felt that the State was ready to address its cessation needs.
- ▶ Some partners were uncertain how to address cessation. They felt that determining what would be effective for Wyoming and what would be affordable was difficult.
- ▶ Partners recommended adding an excise tax increase and a statewide media campaign to the list of priorities, as well as having a stronger emphasis on youth.
- ▶ Partners felt that the development of community programs was successful. They also viewed the efforts to increase the percentage of smoke-free restaurants as a success, but obtaining the necessary public support for smoke-free restaurants was challenging.
- ▶ Cessation activities targeted to pregnant women were viewed as successful in providing referrals to counseling and medications and changing some behaviors towards eliminating tobacco risk.
- ▶ Partners suggested more funding for cessation programs and qualified and trained staff to promote community programs as some of the improvements in their agency that could help ensure meeting the priority goals.

Top Two Goals

For this evaluation, the DOH TPCP was asked to identify the top two priority policy or programmatic goals for FY 03. The two goals identified were:

- Community programs; and
- Cessation programs.

These goals were two of the eleven elements identified by the Tobacco Settlement Working Committee as critical for the success of a tobacco use prevention program in Wyoming. They were

documented in the 2000 report, *A Strategic Blueprint for Tobacco Use Prevention in Wyoming*.

There was agreement among the partners that community and cessation programs were appropriate priorities. Partners felt that due to Wyoming's culture and geography, community programs were the best way to accomplish their goals for policy change. They also felt that it made sense to begin working on cessation programs since community programs were off to a good start and they were ready to address the state's cessation needs.

The community programs are showing progress, and in Wyoming's culture, the way to get things done is through your community.

I think our community programs are really getting going and we have a huge portion of the state funded to do community programs. I think it makes sense that the next step where the state is heading is in cessation, because there really isn't much infrastructure there either at the state or local level. And so I think it makes sense for us to be going there next.

Some partners were uncertain how to address cessation. They felt that determining what would be effective for Wyoming and what would be affordable was difficult. A few partners felt that more efforts should be directed at primary prevention.

We're struggling with the cost of a quitline. You need huge dollars to put a quit line in place...Then you've got to match that with the media to make the quit line work. That's probably what I'm struggling with the most right now.

I think cessation is also important, however, I personally would like to see more efforts directed at preventing people from initiating smoking, especially in teens and pregnant women.

Changes and Additions

Partners suggested additions to the list of priorities. Some felt that the program needed to place more emphasis on youth and the passage of the excise tax increase. (*Note: The cigarette excise tax increases to 60 cents on July 1, 2003.*) A statewide media campaign was also recommended as a top priority.

I would like to see more of an emphasis on tobacco control in youth, which I don't think exists at this point and I think that it doesn't reflect in those two goals either.

I think that the Department of Health should have a goal of excise tax, since they know that they've got a statewide coalition working on the issue and putting a ton of funding on it.

The only thing I think is missing right now -- that has been missing and I don't see it changing -- is counter-marketing. The State isn't really doing it, and I'm not sure that they have the money to do it.

Successes, Challenges, & Improvements —

Community Programs

Partners felt that the development of community programs was successful. Reasons for this success were adequate funding, technical assistance and support from the tobacco control project manager, and good networking.

Well the community programs have been very successful because there's a lot of networking that goes on. They have quarterly meetings where the tobacco prevention folks get together. The DOH TPCP also moved to really encourage them to pay these people a decent salary so that it gives worth and value, I mean literally. That's been successful... Those community agencies have a lot of linkage and technical assistance and a great program manager who really helps us to support them and encourage them...

Community programs were required to spend 50% or more of their resources on the issue of smoke-free workplaces. Some partners felt that they were successful in increasing the percentage of restaurants that had become smoke-free. They attributed the success to meaningful education with restaurant workers, providing accurate information to restaurants, and the establishment of agency partnerships at the community level. While this activity was viewed as successful, it was mentioned that a

A sampling of Wyoming's activities

Community programs

- Providing funding, training, and technical assistance
- Coalition and capacity building
- Developed web-based monthly reporting system
- Increased the percentage of smoke-free restaurants
- Developed community resource centers

Cessation programs

- Conducted statewide cessation planning
- Incorporated American Cancer Society's cessation program "You Can Quit" throughout the state
- Worked with physicians to set up protocol based on the 5 A's (Ask, Advise, Assess, Assist, and Arrange)
- Collected cessation data through the Adult Tobacco Survey

challenge for community partners was gaining public support and recruiting volunteers to become involved in the issue.

All of our community programs are required to spend 50% or more of their resources, including staff time, on the smoke-free workplace issue. And we have tried to mobilize them to do face-to-face education with restaurant workers in a more meaningful and human way, to provide them with accurate information about restaurants. And it appears to be a success because the survey just completed shows that 56% of Wyoming restaurants are now smoke-free, 100% smoke-free. So to me that speaks success.

Cessation programs

A few partners identified cessation activities focused on pregnant women as successful. Counseling and medications were being made available to those who were interested through a program funded by one of the four perinatal grants. Counseling was offered at the University of Wyoming's counseling clinic and medications were available on a sliding fee scale at local health clinics.

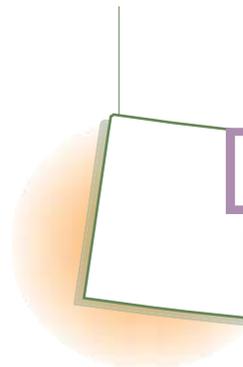
Home visits by nurses focusing on pregnant teens did not see complete cessation, but they saw a change of some behaviors towards eliminating tobacco risk. Mothers were cutting down their smoking during their pregnancy and they were not smoking around their baby once it was born. A challenge for the program was a high staff turnover rate. It was hard to keep the nurses that they have and fill the positions that are available. Partners felt that the home visits and other programs for mothers were implemented well and had potential, but the nursing turnover was a challenge.

Partners identified some improvements in their own agencies that could help ensure meeting the priority goals:

- Increase in staff that was qualified and trained to promote community programs
- More funding to promote adequate cessation programs
- Allow more input on state priorities from partner agencies
- Provide clear leadership and strategic planning within the DOH
- More local level technical assistance
- Involve more physicians and nurses in cessation efforts in their communities

Suggested Approaches

1. Continue to strengthen smoke-free restaurant efforts by:
 - Consulting with other states who have progressed in this area
 - Providing training to local tobacco control staff on how to increase public support
2. Develop a strategic plan for cessation programs and disseminate to community partners.



Disparate Populations

Section Highlights

- ▶ DOH TPCP identified male smokeless tobacco users, Native Americans, and low socioeconomic groups as experiencing significant tobacco-related disparities
- ▶ Partners agreed that the three populations were high priorities for Wyoming. They suggested some additions to the list, including pregnant women and adolescent smokers.
- ▶ Due to the geography of Wyoming some partners felt that bringing the three populations to the table was a slow process.
- ▶ No specific strategies were mentioned for low socioeconomic groups. Partners felt that this group would be targeted through community programs.
- ▶ Most partners felt that the BP were not useful in addressing disparate populations.

Priority Disparate Populations

Using data from state and local needs assessments, Wyoming identified the following populations as having tobacco-related disparities:

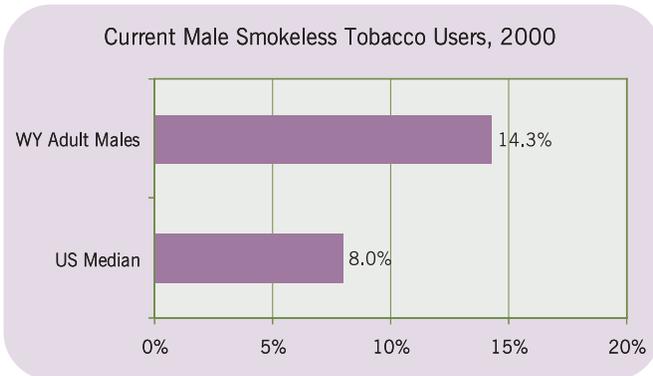
- Male smokeless tobacco users
- Native Americans
- Low socioeconomic groups

In FY 03, the DOH TPCP allocated approximately \$115,000 for tobacco control activities for these three categories of tobacco-related disparate populations. To help plan tobacco control activities, input was solicited from individuals representing the populations.

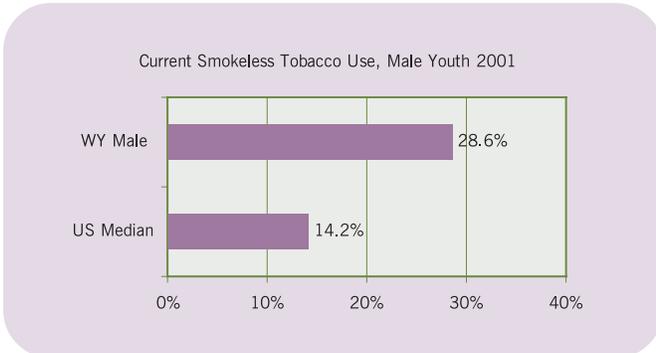
Partners' Comments

Partners overwhelmingly agreed that the above populations were a high priority in Wyoming. While partners considered Native Americans and low socioeconomic groups important, they commented more about smokeless tobacco users. Wyoming has the highest rates of male and female smokeless tobacco use in the nation.

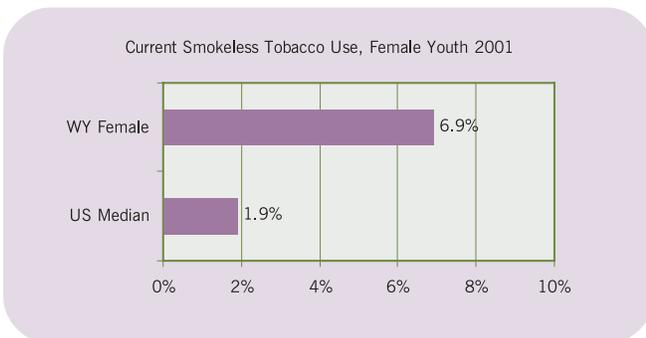
Wyoming adult male smokeless tobacco users



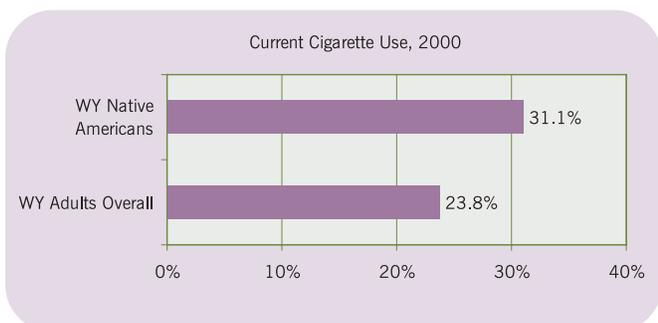
Wyoming male youth smokeless tobacco users



Wyoming female youth smokeless tobacco users



Wyoming Native Americans
(2.3% of Wyoming's population)



Several partners felt that the culture of individualism and the “cowboy image” in Wyoming promoted smokeless tobacco use.

Overall, Wyoming citizens’ opinions are kind of live and let live. I think that we haven’t educated folks enough to realize that people aren’t making their own decisions; that those big circles in the backs of cowboys’ pockets aren’t there because that was just something that they chose to do. They’re there as a badge of honor.

I think that we have a lifestyle and a culture that permit that [smokeless tobacco use], if not promotes it. The cowboy image, the way we live our lives.

Some partners were unsure of how to reach smokeless tobacco users because of the strong public acceptance of smokeless tobacco and the difficulty reaching smokeless tobacco users living in rural areas.

The tobacco industry sponsored rodeos in Wyoming, significantly influencing the use of smokeless tobacco. Partners tried to eliminate tobacco industry sponsorship of rodeos in the past but were unsuccessful.

In Wyoming, we host the college national finals rodeo and tobacco is a big player in that. The tobacco industry has been very good about crafting their message to fit Wyoming’s image of itself...the tobacco industry has a huge influence in the smokeless tobacco community and it’s a long time relationship and plays well in the cowboy community. We have the highest [smokeless] tobacco use rates in the nation in all age groups.

Partners felt that the public needed to be educated about smokeless tobacco use and the tobacco industry’s influence on it. Some partners felt that the lack of available

information about smokeless tobacco use from national agencies was a barrier to educating Wyoming's citizens about the dangers and decreasing the high prevalence in their state.

A lot of time, especially [in] national publications, smokeless tobacco use gets ignored. Just even the CDC Highlights report. The way they report it, they say any tobacco use. And I think for Wyoming it kind of hurts us because smokeless needs to be highlighted... There just isn't enough stuff out there, not enough data, not enough emphasis.

Additional Populations

While partners agreed with the three identified populations, many believed that the list should be expanded to include:

- Pregnant women
- Restaurant workers
- Teen and adolescent smokers
- Medicaid mothers
- African Americans
- Young men involved in rodeo

Identified Strategies

A few partners felt that involving disparate populations and addressing their needs had been inhibited because of the geography of Wyoming and its cowboy culture.

It's slow going because of how rural Wyoming is and because of the mindset of Wyoming that this is cowboy country and therefore it is okay. I've seen more progress in the last couple years than in previous years. So, we're getting there. It is just a slow process.

During the interviews, partners gave some examples of strategies that were being implemented for each population.

- *Male smokeless tobacco users* - Implementation of two pilot projects in Laramie and Teton counties which addressed marketing issues and developed cessation-specific strategies
- *Native Americans* – Funding of a school-based project by the Indian Health Service on the Wind River Reservation
- *Low socioeconomic groups* – No specific strategies were identified. Partners felt this population would be reached through community programs.

Disparate Populations & Best Practices

Most partners felt that the BP were not helpful in addressing

disparate populations. They felt that tobacco-related disparities were not clearly defined and most had not used the BP to address disparate populations. They would like to see the following improvements made to the guidelines.

- Discuss and explain research on tobacco-related disparities.
- Include a specific section on disparate populations.
- Give examples of what strategies are effective with particular disparate populations. In addition, discuss strategies that are

Suggested Approaches

1. Provide training and education to partners about approaches to identifying and developing culturally appropriate programs for specific populations.
2. Continue to work to change social norms regarding smokeless tobacco use through community programs.
3. Consult with other states with high smokeless tobacco use rates to identify strategies to address this population.
4. Evaluate whether community programs are addressing low SES populations and develop specific strategies to implement.
5. Continue work on eliminating tobacco sponsorship of rodeos and other events.



Program Strengths & Challenges

At the end of the interviews, the partners were asked to identify the biggest strength and weakness of Wyoming's tobacco control program. Below is a list of the strengths of Wyoming's program and the challenges facing it.

- The commitment and enthusiasm of everyone working in tobacco control was considered a major strength of Wyoming's program.

Commitment of the people involved, I think at all levels, especially at the local level and being able to see that enthusiasm.

In particular, the energy and expertise of those working in the DOH TPCP was instrumental in providing guidance to other partners. Janet Jares, the Program Manager, was highly regarded.

[Our biggest strength is] that we have an actual program at the State Department of Health, that it's filled with very knowledgeable people...

Janet Jares – She's really very supportive of all of the projects, very willing to give us guidance and direction, and she knows so much. She's a wealth of information.

- Another strength was the DOH TPCP's emphasis on supporting and expanding community programs.

I think it's their [DOH TPCP's] approach of developing community organizations, community agencies, community programs.

The biggest strength is that Janet hustled to get those dollars into the communities and empower the communities to take the issues on themselves.

- The small population of Wyoming facilitated getting to know people and allowed for a larger impact on communities. However, the geographic vastness of the state made reaching out to rural communities a challenge.

In Wyoming we have a unique opportunity, because we're a small state, to make such a huge impact in our communities... We have this opportunity to have a comprehensive program in our communities, that I don't think big states could ever even dream of -- there are too many players.

Wyoming is so vast and diverse and that it's there are so many people out in the rural areas. It's just hard to reach them.

- **A challenge for the program was a lack of support from the DOH Substance Abuse Division for tobacco control. Partners felt tobacco control was second in priority to other substance abuse issues.**

Lack of support from the State Department of Health, lack of leadership from that Substance Abuse Division. Things that they should be advocating on, they're not.

- **The conservative, individualistic, and independent culture of the people of Wyoming impeded tobacco control efforts.**

Probably it has more to do with the state in which we live, the ability to change behaviors or encourage the promotion of changing behaviors is pretty hard to do. We are independent, we're rugged, we'll smoke if we want to, and do not want any government folks trying to tell us how to live healthier and live longer.

- **Recruiting and keeping qualified staff with high levels of education and experience in Wyoming was not easy.**

It really is hard to find people with that level of skill in these small communities or who will move to these small communities... And so typically we end up kind of lowering our standards and hiring people who may be very dedicated and very committed, but really do not have a level of skills you need to carry off what we need to carry off.

- **Inadequate funding, a lack of support from policymakers, and the strong influence of the tobacco industry also made implementing a comprehensive program challenging.**

I guess if we define an effective tobacco control program as one that's pretty broad and has a lot of components, in that case we will probably run out of money. We have put in what I think is a reasonable amount of money, but you could give more.

The policy leaders, the policymakers – The community and state levels have not prioritized the value of good tobacco programs.

This insinuation of the tobacco companies into the marketing in the state and at the rodeos and also the display and accessibility of cigarettes at the grocery stores...

Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

National tobacco control organizations

| | |
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| American Cancer Society | www.cancer.org |
| American Heart Association | www.americanheart.org |
| American Legacy Foundation | www.americanlegacy.org |
| American Lung Association | www.lungusa.org |
| Americans' for Nonsmokers' Rights | www.no-smoke.org |
| Campaign for Tobacco-Free Kids | www.tobaccofreekids.org |
| The Centers for Disease Control & Prevention | www.cdc.gov/tobacco/ |
| The National Cancer Institute | www.tobaccocontrol.cancer.gov |
| The Robert Wood Johnson Foundation | www.rwjf.org |

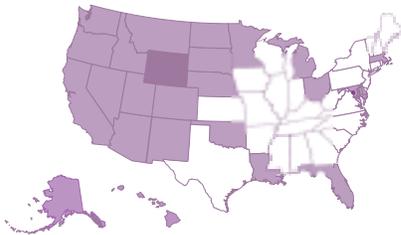
Other suggested resources

- Tobacco Technical Assistance Consortium (TTAC) www.ttac.org
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction www.cdc.gov/tobacco/edumat.htm
- The CDC National Tobacco Control Program State Exchange www.cdc.gov/tobacco/ntcp_exchange/index.htm
- The CDC Media Campaign Resource Center www.cdc.gov/tobacco/merc/index.htm
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control www.thecommunityguide.org
- Cancer Control PLANET <http://cancercontrolplanet.cancer.gov/index.html>
- Wyoming Statistical Analysis Center <http://uwyo.edu/wysac/>
- Wyoming Tobacco Prevention and Control Program <http://sad.state.wy.us/tobacco/>

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

- BRFSS 2000 www.cdc.gov/brfss
- CDC Best Practices www.cdc.gov/tobacco/bestprac.htm
- CDC Tobacco Control State Highlights 2002 www.cdc.gov/tobacco/
- NCI State Cancer Legislative Database www.sclld-nci.net
- SAMHSA State Synar Non-Compliance Rates <http://prevention.samhsa.gov/tobacco/>
- YRBSS 2001 www.cdc.gov/nccdphp/dash/yrbs/2001/index.htm

Wyoming regularly shares information with...





The Prevention Research Center (PRC) at Saint Louis University is one of 28 national Prevention Research Centers funded by the Centers for Disease Control and Prevention. The mission of the PRC is to prevent death and disability from chronic diseases, particularly heart disease, cancer, stroke, and diabetes by conducting applied research to promote healthy lifestyles.