



# Millennium Fund Annual Report

For the Period July 1, 2016, through June 30, 2017

The Idaho Legislature appropriates funding from the Idaho Millennium Fund to eligible applicants who provide services that help individuals to never start, to quit, or to receive treatment for, tobacco or substance use. This process begins with a submitted application to the Joint Legislative Millennium Fund Committee. Applicants that are awarded a Millennium Fund Grant must submit an annual report detailing the project, and any outcomes and expenses, using the criteria listed below. The report is to be submitted by October 13, 2017. Please contact Jared Tatro, Legislative Services Office, with any questions at (208) 334-4740 or email [jtatro@lso.idaho.gov](mailto:jtatro@lso.idaho.gov).

## Public Health Districts' Tobacco Cessation Initiative

### Organizational Contact Information:

#### Full Legal Organization Name

Address  
City  
State  
Zip Code  
Website

#### Idaho Public Health Districts

1901 Alvin Ricken Drive  
Pocatello  
Idaho  
83201  
[www.siphidaho.org](http://www.siphidaho.org)

#### Primary Contact Person

Name  
Title  
Phone  
Email Address

Maggie Mann  
Director, Public Health District 6  
208-239-5258  
[mmann@siph.idaho.gov](mailto:mmann@siph.idaho.gov)

#### Alternate Contact Person

Name  
Title  
Phone  
Email Address

Lora Whalen  
Director, Public Health District 1  
208-415-5102  
[lwhalen@phd1.idaho.gov](mailto:lwhalen@phd1.idaho.gov)

#### Executive Director

Name  
Title  
Phone  
Email Address

Not applicable

#### Millennium Fund Grant Award

\$750,000

#### Report Date

October 12, 2017

## I. Overview, Rationale, and Justification for the Project/Program:

### Overview

Idaho's seven public health districts provide no cost tobacco cessation classes to youth, adults, and pregnant women in their communities. These evidence based classes ("Fresh Start" from the American Cancer Society, "Freedom From Smoking" from the American Lung Association, Intervening with Teen Tobacco Users [TAP/TEG] programs, Ending Nicotine Dependency (END), Idaho Pharmacists Cessation referrals, A Pregnant Woman's Guide to Quit Smoking and the Idaho Prenatal Smoking Cessation Program) are taught by health district staff or hired contractors. The classes are at least four sessions long and include the following components:

- Nicotine addiction and habit
- Consequences of smoking
- Different quitting techniques and therapies
- Benefits of being smoke free
- Withdrawal symptoms
- Coping strategies
- Stress management tools
- Nutrition and exercise
- Social supports
- Relapse prevention

### Rationale

Tobacco use remains the single most preventable cause of death in the United States. In Idaho, 31% of all deaths between 2005 and 2009 were attributed to smoking, higher than the national average (Smoking-Attributable Mortality, Morbidity, and Economic Costs, Centers for Disease Control and Prevention, accessed June 7, 2016). The economic burden is staggering. Smoking-attributable direct health expenditures have increased from \$95.9 billion in 2004 to \$175.9 billion in 2013, and each year cigarette smoking is estimated to be responsible for more than \$150 billion in lost productivity (Surgeon General's Report 2014).

In Idaho, 13.8% of adults smoke (BRFSS, 2015) and 10% of 9-12th graders are current smokers (YRBS, 2015). Furthermore, 25% of Idaho high school students reported using an electronic vapor product (e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, etc.) on one or more of the past 30 days (YRBS, 2015). Of Idaho mothers who gave birth in 2015, 5.7% reported smoking cigarettes during the third trimester of pregnancy (Results from the 2015 Pregnancy Risk Assessment Tracking System Annual Report, 2017).

Tobacco and electronic nicotine delivery systems use impacts quality of life in the short term and the long term. Tobacco use causes cancer, heart disease, lung diseases (emphysema, chronic obstructive pulmonary disease, bronchitis), premature birth, and low birth weight. Secondhand smoke is attributed to heart disease and lung cancer in adults. Children and youth are also negatively impacted by secondhand smoke, with health issues such as: asthma, respiratory infections, ear infections and Sudden Infant Death Syndrome often being directly attributable to secondhand smoke. The primary concern against electronic vapor products is that users are developing an addiction to a harmful product, instead of quitting smoking altogether. There is also evidence that a large percentage of electronic vapor product users have never used tobacco products prior to using electronic vapor products (Amrock, Zakhar, Zhou, & Weitzman, 2015).

Emerging data suggest that electronic nicotine delivery systems, such as e-cigarettes, have the same addictive potential and some of the same harmful health side effects as tobacco products, and recent research suggests that their use may lead to initiation of use of traditional tobacco products (Wills TA, et al. Tobacco Control 2016). In 2009, the latest year for which data were available, smoking-attributable expenditures (tobacco specific, not including e-cigs) in the state totaled \$508 million.

### **Justification**

According to the Centers for Disease Control and Prevention (CDC), tobacco cessation programs have proven to be cost effective and provide an excellent way to reduce the number of tobacco users in a community. Tobacco cessation programs that successfully assist youth, pregnant women, and adult tobacco users in quitting produce a quicker and larger short-term public health benefit than any other type of program.

**II. Distribution:** For FY2017, the public health districts proposed tobacco cessation services would be provided to 2,200 participants in 39 of the 44 Idaho counties, but the goal was not met. The public health districts instead reached 1,808 adults, youth, and pregnant women in 36 of 44 Idaho counties. Even though the proposed number of participants was not reached, the program was well received across Idaho with strong data showing successful quit rates. For Fiscal Year (FY) 2017, the percent quit rate within each group was 22% for adults, 39% for youth, and 18% for pregnant women. The program was marketed to teens, pregnant women, and adults who used tobacco or electronic nicotine delivery systems (ENDS) through social media postings, newspaper advertising, press releases, flyers, and brochures. In addition, the public health districts partnered with the juvenile courts, OB/GYN offices, pharmacies, local businesses, detention centers, Women, Infants, and Children (WIC), and schools to refer participants to the program. For more data on the Public Health District's Millennium Fund Tobacco Cessation Program, our evaluation prepared by the Center for Health Policy at Boise State University is available upon request.

### **III. Goals:**

The Public Health Districts goal for FY2017 was to provide tobacco cessation services to 2,200 youth, pregnant women, and adults in at least 89% (39 of 44) of Idaho counties; we reached 1,808 participants in 36 of Idaho counties.

### **Objectives**

#### **Short-Term Objectives**

The program identified four cessation objectives:

- 1). Increase the number of classes offered and/or participants in rural and outlying areas;
- 2). Provide ongoing support/education to pregnant women to encourage them to quit/stay quit;
- 3). Incorporate social media to encourage all class participants to quit/stay quit; and
- 4). Work with local pharmacies to refer smoking patients to Public Health District Tobacco Cessation classes.

#### **Long-Term Objective**

The long-term objective is to reduce the morbidity and mortality associated with tobacco use in Idaho. Target populations for tobacco cessation programs are youth (who use tobacco and/or e-cigarettes) and pregnant women; although no cost services are available to any Idaho resident who wants to participate.

### **Outcomes**

1. Public Health Districts provided tobacco cessation services to 1,808 participants for FY17 rather than the estimated 2,200, and provided services in 36 of Idaho's counties rather than 39.
2. Public Health Districts promoted tobacco cessation services to pharmacies in their communities, but this method didn't increase the number of class participants to 2,200.
3. Public Health Districts promoted tobacco cessation services on social media platforms and Public Health District websites to reach teens, adults, and pregnant women.
4. Boise State University (BSU) removed the email follow-up surveys due to limited responses and efforts were focused on text and phone call follow-ups. In addition, seven-month follow-up calls were discontinued, but one-month follow-up calls continued. For FY17, 579 participants were eligible for one-month follow-up calls. Sixty-one participants (11%) completed the follow up interview conducted by BSU.

### **Additional outcomes**

1. Of the 1,808 people starting health district tobacco cessation program in FY17, 938 (53%) people completed it. This included 382 adults, 461 youth, and 95 pregnant women. Completion of a program was defined as attending a minimum of four sessions.
2. Overall, 513 persons out of 1,808 persons (28%) reported quitting tobacco during the program whether or not they completed the minimum of four classes. Of those participants (1,808) starting the program, 194 (22%) adults, 281 (39%) youth, and 38 (18%) pregnant women stopped using tobacco at some point in their program experience.
3. The Idaho health care system realizes an average of \$3,390 in savings for each youth or adult who stops tobacco use (CDC Morbidity and Mortality Weekly Report, April 2002 and November 2008), which is a total savings of \$1,739,070.

**IV. Financial Statement:** No deviations from the submitted budget occurred during this reporting period.

**V. Entities Visited/Sponsored and Participants in the Project/Program:** See attached spreadsheet.

Idaho Public Health Districts								
PERSONNEL COSTS	Request for Grant Award				ACTUAL EXPENDITURES			
	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions
<b>Organization Hired Staff</b>								
Number of Staff	97.0		97.0		149.0		149.0	
Hours Worked	11,636.0		11,636.0		10,792.7		10,792.7	
Salaries	\$237,300.00		\$237,300.00		\$270,320		\$270,320.00	
Benefits	\$113,300.00		\$113,300.00		\$122,577		\$122,577.00	
<b>Contract Hired Staff</b>								
Number of Staff			0.0				0.0	
Hours Worked			0.0				0.0	
Salaries			\$0.00				\$0.00	
Benefits			\$0.00				\$0.00	
<b>TOTAL PERSONNEL STAFF</b>	<b>97.0</b>	<b>0.0</b>	<b>97.0</b>	<b>0.0</b>	<b>149</b>	<b>0.0</b>	<b>149.0</b>	<b>0.0</b>
<b>TOTAL PERSONNEL HOURS</b>	<b>11,636.0</b>	<b>0.0</b>	<b>11,636.0</b>	<b>0.0</b>	<b>10,793</b>	<b>0.0</b>	<b>10,792.7</b>	<b>0.0</b>
<b>TOTAL PERSONNEL COSTS</b>	<b>\$350,600.00</b>	<b>\$0.00</b>	<b>\$350,600.00</b>	<b>\$0.00</b>	<b>\$392,897</b>	<b>\$0.00</b>	<b>\$392,897.00</b>	<b>\$0.00</b>
OPERATING EXPENDITURES	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions	Millennium Fund	Other Fund Sources	Project Total	In-Kind Contributions
Program Evaluation (not already counted)	\$49,238.00		\$49,238.00		\$46,981		\$46,980.99	
Travel	\$10,400.00		\$10,400.00		\$8,611		\$8,611.00	
Marketing	\$600.00		\$600.00		\$0		\$0.00	
Advertising	\$0.00		\$0.00		\$0		\$0.00	
Insurance	\$1,000.00		\$1,000.00		\$948		\$948.00	
Rent/Bldg. Lease	\$300.00		\$300.00		\$801		\$801.00	
Utilities	\$0.00		\$0.00		\$267		\$267.00	
Organization Overhead	\$79,132.00		\$79,132.00		\$103,226		\$103,226.00	
Lobbying Activities/ Organization Awareness	\$0.00		\$0.00		\$0		\$0.00	
Materials & Supplies	\$25,300.00		\$25,300.00		\$12,880		\$12,880.00	
Contracts (not already counted)	\$209,630.00		\$209,630.00		\$156,785		\$156,785.01	
Employee Development/Training	\$3,900.00		\$3,900.00		\$4,228		\$4,228.00	
Other*	\$19,900.00		\$19,900.00		\$15,694		\$15,694.00	
Other costs consist of communication services, such as cell phones, postage, T1 lines; General Service costs, such as shredding services; Data processing service costs; Repairs and maintenance service costs; STARS and Treasury Office charges.								

\* Other:

Idaho Public Health Districts								
TOTAL OPERATING EXPENDITURES	\$399,400.00	\$0.00	\$399,400.00	\$0.00	\$350,421.00	\$0.00	\$350,421.00	\$0.00
EQUIPMENT/CAPITAL OUTLAY COSTS	Other Fund		Project	In-Kind	Other Fund		Project	In-Kind
	Millennium Fund	Sources	Total	Contributions	Millennium Fund	Sources	Total	Contributions
Computers			\$0.00				\$0.00	
Printers			\$0.00				\$0.00	
Projectors			\$0.00				\$0.00	
Furniture			\$0.00				\$0.00	
Software			\$0.00				\$0.00	
Other (routers, servers)			\$0.00				\$0.00	
<b>TOTAL CAPITAL OUTLAY</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>TOTAL MILLENNIUM FUND REPORT COMPARISON</b>	<b>\$750,000.00</b>	<b>\$0.00</b>	<b>\$750,000.00</b>	<b>\$0.00</b>	<b>\$743,318.00</b>	<b>\$0.00</b>	<b>\$743,318.00</b>	<b>\$0.00</b>

**TRANSFERS TO OTHER ORGANIZATIONS/AGENCIES**

**Organization Name** Boise State University | \$46,981  
**Amount** \$46,981  
 <replace with own text, briefly explain what the transfer was for and how it met the mission of prevention/cessation/treatment>  
**Purpose** the mission of prevention/cessation/treatment>

**SUBCONTRACTING/SUBGRANTING INFORMATION**

**Organization Name** Various  
**Amount** \$156,785  
 Many of the Health Districts contract with various individuals and entities to provide smoking cessation classes.