



Tobacco Prevention and Control Strategic Plan 2008-2013

Goal 1: Reduce Youth Initiation of Tobacco Use

OBJECTIVE 1.1: By 2013, decrease the percentage of middle school students (grades 6 to 8) who report smoking cigarettes on one or more of the previous 30 days to 10% or less. [2006 baseline is 12.1%]

OBJECTIVE 1.2: By 2013, decrease the percentage of high school students (grades 9 to 12) who report smoking cigarettes on one or more of the previous 30 days to 20% or less. [2006 baseline is 24.5%]

OBJECTIVE 1.3: By 2013, decrease the percentage of middle school students who have used smokeless tobacco on one or more of the past 30 days from 8.1% to 7.3%. [10% reduction from 2006 baseline]

OBJECTIVE 1.4: By 2013, decrease the percentage of high school students who have used smokeless tobacco on one or more of the past 30 days from 13.5% to 12.2%. [10% reduction from 2006 baseline]

Strategies to Reduce tobacco use Initiation

- ❖ Promote the use of evidence-based strategies and best practices for youth tobacco prevention.
- ❖ Integrate evidence and research based tobacco use prevention into the school curriculum at all grade levels.
- ❖ Support the increase or establishment of an excise tax for all tobacco products.
- ❖ Increase the unit price for tobacco products.
- ❖ Eliminate promotion of tobacco products.
- ❖ Promote youth engagement in tobacco prevention education and advocacy.
- ❖ Engage the education community to support a comprehensive tobacco-free environment policy, promoting school/ community forums (could be facilitated by Regional Prevention Centers, KY ASAP Boards, Champions, etc).
- ❖ Raise youth awareness through the media.

- ❖ Distribute prevention messages through existing youth-oriented community-based channels, such as youth sports, Scouts, 4-H Clubs, youth recreational organizations, YMCA/YWCA, and church groups.
- ❖ Conduct mass media education campaigns along with other interventions.*
- ❖ Establish community-level youth advocacy groups statewide that engage youth in developing and implementing tobacco control interventions and include teacher training and parental involvement.

Strategies to restrict minors' access to tobacco products

- ❖ Promote governmental and voluntary policies to restrict youth access to tobacco products, and strengthen enforcement of laws prohibiting the sale of tobacco products to minors.
- ❖ Mobilize the community through community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products, and mobilize community support for efforts to reduce that access while conducting additional interventions.
- ❖ Conduct community education about youth access to tobacco products.*
- ❖ Pass sales laws directed at retailers.*
- ❖ Actively enforce sales laws directed at retailers when used alone.*
- ❖ Educate retailers with and/or without reinforcement and information on health consequences.*
- ❖ Pass laws directed at minors' purchase, possession, or use of tobacco products.*

Goal 2: Promote Youth and Adult Cessation

OBJECTIVE 1.5: Reduce the proportion of adults age 18 and older who smoke from 28.2% to 25%, and the proportion of those who use smokeless tobacco from 5% to 4.5%. [2007 baseline]

OBJECTIVE 1.6: By 2013, decrease the percentage of current smoking among low-income adult (defined as 2008 federal property guidelines) to 32%.

OBJECTIVE 1.7: By 2013, decrease the percentage of current smoking among African-American adults to 24%. [2007 baseline is 31.5%]

OBJECTIVE 1.8: By 2013, decrease the percentage of current smoking among Hispanic/ Latino adults to 10%. [2004 baseline is 11.8%]

OBJECTIVE 1.9: Reduce smoking among pregnant women to 20% by 2013. [2005 baseline is 26.1%]

Strategies to increase smoking cessation

- ❖ Increase the unit price for tobacco products.*
- ❖ Conduct mass media campaigns combined with additional interventions.*
- ❖ Conduct a series of mass media segments to recruit, inform, and motivate tobacco users to quit.*
- ❖ Conduct tobacco cessation contests that use mass media to promote the event, recruit participants, and motivate them to commit to quitting on a target date or during a specific period.*
- ❖ Reduce client out-of-pocket costs for cessation therapies.*
- ❖ Conduct multi-component interventions that include telephone support.*
- ❖ Increase availability and access to cessation resources for adults and youth including components targeting diverse/special populations.*
- ❖ Provide culturally competent evidence-based smoking prevention and cessation interventions for the African-American and

Hispanic/Latino communities, the low SES population, women of childbearing age, and pregnant women.

- ❖ Increase public awareness of evidence based smoking cessation services available in the community — e.g., pharmacotherapy, Kentucky’s Tobacco Quit Line (1-800-QUIT-NOW), the Cooper/Clayton Method to Stop Smoking, 5 A’s, and the Baby and Me program.

Strategies utilizing businesses to increase smoking cessation

- ❖ Utilize incentives and competitions to increase smoking cessation when combined with additional interventions.*
- ❖ Increase number of businesses which prohibit use of tobacco on premises.
- ❖ Increase the number of employers and businesses that offer no-cost cessation and support programs.
- ❖ Encourage businesses to train facilitators and conduct Cooper/Clayton Method to Stop Smoking classes.

Strategies utilizing insurers to increase smoking cessation

- ❖ Increase private insurance coverage (including Medicaid) for smoking cessation counseling and pharmacotherapy.
- ❖ Reduce the cost of insurance premiums for people who do not use tobacco.

Strategies utilizing providers to increase smoking cessation

- ❖ Utilize provider reminder systems used either alone or with provider education.*
- ❖ Educate providers.*
- ❖ Organize opportunities for provider assessment and feedback.*
- ❖ Identify health care professionals, organizations and agencies that represent the interest of pregnant women and encourage them

to participate in tobacco prevention and cessation efforts.

- ❖ Encourage health care providers to expand the definition of tobacco use to include smokeless and spit tobacco in patient health assessments.
- ❖ Encourage pediatric health care providers to assess exposure to secondhand smoke and encourage parents/family members to quit and/or “take it outside”.
- ❖ Educate health care providers on evidence-based strategies for treating tobacco use dependence.
- ❖ Establish partnership between providers and the tobacco quit line that includes enhancement of services, such as free or low cost NRT and other pharmaceuticals for tobacco cessation.

Goal 3: Reduce Exposure to Secondhand Smoke

OBJECTIVE 1.10: By 2013, Kentucky will have enacted a comprehensive smoke-free law according to *Fundamentals of Smoke-Free Workplace Law* recommendations.

OBJECTIVE 1.11: By 2013, all state buildings will be smoke-free.

Strategies to reduce exposure to secondhand smoke

- ❖ Enact smoking bans and restrictions.*
- ❖ Conduct community education to reduce exposure to ETS in the home.
- ❖ Educate the public on overall dangers of secondhand smoke.
- ❖ Encourage, educate and assist implementation of tobacco-free policies in work places, day care facilities, schools and other public locations.
- ❖ Enforce existing laws related to smoke free environments.

- ❖ Mandate that schools and all school-sponsored events be tobacco free campus-wide for faculty, staff and students.
- ❖ Mobilize agencies and organizations to adopt or strengthen secondhand smoke policies.
- ❖ Promote state and local policies, including voluntary ones that restrict smoking in all public places.
- ❖ Engage advocacy groups and communities to support passage of Kentucky smoke-free law and eliminate exemptions (comprehensive statewide Clean Indoor Air Act).
- ❖ Encourage health care providers to assess and educate patients/clients on health effects of exposure to secondhand smoke and interventions to establish smoke-free homes.
- ❖ Implement a social marketing campaign designed to decrease percentage of children exposed to tobacco smoke.
- ❖ Promote adoption of smoke-free policies to reduce tobacco use among workers.*

Category: Funding

Objective 1.12: By 2013, increase direct funding for statewide comprehensive tobacco prevention and control services to \$13.59 (the lower CDC-recommended level for Kentucky). [2007 baseline is \$0.85 per capita]

Strategies to increase funding

- ❖ Disseminate tobacco use data to Kentucky legislators including but not limited to cost benefit analysis examining smoking; attributable cost; health care cost; tobacco prevention and control cost.
- ❖ Launch a legislative and public advocacy campaign to mobilize support for increasing funding to expand and enhance the state quitline (1-800-QUIT-NOW).

Category: Infrastructure

OBJECTIVE 1.13: By 2013, create a sustainable infrastructure to increase coordination and collaboration of tobacco control efforts on local, regional and state levels.

Strategies to sustain infrastructure

- ❖ Increase the number of partner organizations that endorse and/or support the state strategic plan for tobacco control.
- ❖ Support local health departments with technical assistance for promulgating and enforcing local, comprehensive clean indoor air act.
- ❖ Participate in individual one-on-one meetings with key “grass-tops” (influential stakeholders) to discuss current tobacco prevention and control issues.
- ❖ Develop an external communication system to disseminate information, share resources, and recruit other organizations within the state tobacco control program as partners.