



KENTUCKY
TOBACCO
PREVENTION
& CESSATION
PROGRAM

Report on the Findings of Kentucky's 2023 Local Health Department Tobacco Cessation Survey

July 2023

Background on Tobacco Use and Cessation in Kentucky

The Kentucky Tobacco Prevention & Cessation Program (KTPC) at the Kentucky Department for Public Health works to reduce the number of preventable and premature deaths caused by tobacco use and exposure. The program has four goals: preventing the initiation of tobacco use among young people; promoting quitting among adults and young people; eliminating exposure to secondhand smoke; and identifying and addressing tobacco-related disparities.

Kentucky faces numerous challenges in reducing the burden of tobacco use. This is in part because there is a significantly higher smoking rate in the commonwealth (19.6%) compared to the nation (14.4%) (Kentucky Behavioral Risk Factor Survey, KyBRFS, 2021). Additionally, while nearly nine in ten Kentucky adults who smoke (88%) say they want to quit, only four in ten know about Kentucky's free tobacco quitline: Quit Now Kentucky. While utilizing an evidence-based counseling service like Quit Now Kentucky can double a person's chance of quitting smoking successfully, many people in the state still attempt to quit without assistance.

Furthermore, the introduction of new tobacco products like e-cigarettes has led to an increase in the use of tobacco products, particularly among youth. The youth vaping crisis is particularly bad in Kentucky, where the Kentucky Incentives for Prevention (KIP) survey showed use among tenth graders jumped almost six percentage points in five years - from 11.4% in 2016 to 17% in 2021. In 2021, more than one in five Kentucky high school students (Youth Risk Behavior Survey, 2021) and nearly one in ten Kentucky eighth graders (KIP, 2021) reported using an e-cigarette in the past month.

Despite these challenges, Kentucky has made significant progress toward addressing residents' high rates of tobacco use. In 2023, the adult smoking rate in the state dropped under twenty percent (19.6%) for the first time. After years of being the state with the highest or second highest adult smoking rate, Kentucky now has only the fourth-highest rate. These improvements are undoubtedly due to policy improvements and new resources provided across the state. For instance, in 2017, Kentucky passed an act requiring most health insurers to cover all Food & Drug Administration (FDA) approved tobacco cessation medications and to provide all forms of tobacco cessation services recommended by the U.S. Preventive Services Task Force. Additionally, the state has launched a quitline specifically for youth called My Life, My Quit. This service offers coaching 24/7 via text, online chat or phone call. Meanwhile, the adult quitline, Quit Now Kentucky, offers five free coaching calls to all state residents; free nicotine replacement therapy (NRT) to those who are uninsured, on Medicare, or in public housing; and specialized programs for people with a behavioral health diagnosis and people who are pregnant or postpartum.

In the past, KTPC collaborated closely with the 61 local health departments (LHDs) across the commonwealth, as each LHD had at least one full- or part-time 'tobacco coordinator' funded through KTPC. These tobacco coordinators have been essential to ensuring tobacco control strategies are implemented appropriately and effectively within local communities. In fiscal year 2021 (FY21), however, KTPC experienced a 43% cut in Master Settlement Agreement funding from the state. This resulted in KTPC's having to transition from a system by which every LHD was funded to a competitive application process through which only about one in three of the state's 61 LHDs currently receive funding for tobacco control work. Consequently, there has been a loss of capacity to address tobacco use among the many LHDs that were not awarded grant funding or who are receiving funding at a lower level than in previous years.

Survey Purpose

The survey was created to better understand what tobacco cessation resources LHDs currently offer their communities. A survey goal was for KTPC to identify gaps in training as well as to create resources and bring more tailored support to LHD staff working to promote cessation. Given KTPC's budget restrictions, there is an increased need to provide actionable strategies and maximize collaboration among LHDs and other partners.

Survey Method

This survey was inspired by the Local Tobacco Cessation Survey designed and disseminated annually by the University of Kentucky College of Nursing Bridging Research Efforts & Advocacy Toward Healthy Environments (BREATHE) from 1999 through 2008. The most recent results of that survey were published in June 2009. Each LHD's responses to that survey are available on [the BREATHE website](#). In this newer iteration of the survey, however, LHDs were given the option to opt out of their individual responses being shared. Over 85% of responding LHDs asked that their survey responses not be shared publicly. Therefore, the metrics in this report are only presented in aggregate. We have deidentified all information presented in this report to allow all LHDs' responses to remain anonymous.

In 2023, KTPC revised the previously used BREATHE survey and added questions to better fit the current needs of the program. The survey was recreated using REDCap, an online survey tool. A question was added asking LHDs whether they offer tobacco cessation services. If LHDs reported they did not offer services, the survey was shortened to include tailored questions related to their awareness of available cessation resources. If LHDs reported offering services, they were directed to questions related to the services they offered. The survey was sent out to each LHD's designated KTPC contact. Reminder emails were sent out periodically to LHDs who had not responded. LHDs were given the option to opt out of their LHD's individual responses being shared. Over 85% of responding LHDs asked that their individual survey responses not be shared publicly. Therefore, the metrics in this report are only presented in aggregate. We have deidentified all information presented in this report in order to allow all LHDs' responses to remain anonymous.

Results

The survey received responses from 55 of the state's 61 LHDs. Of the 21 LHDs that received Master Settlement Agreement funding from KTPC for FY23, 100% completed the survey. Of the 40 LHDs that did not have Master Settlement Agreement funding, 85% (n=34) completed the survey.

The primary question asked of LHDs was whether they provide and/or promote tobacco cessation services. Of all 55 survey responses, 81.8% (n=45) reported yes, and 18.2% (n=10) reported no. Of the 21 LHDs that received Master Settlement Agreement funding for FY23 from KTPC, 95.8% reported providing and/or promoting tobacco cessation services. Of the non-funded LHDs, 71% reported providing and/or promoting cessation.

To better understand which cessation services LHDs offer, KTPC provided a list of programs and asked LHDs to indicate all those they offer. Table 1 shows the responses to this question. American Lung Association's Freedom From Smoking® program is the most commonly offered, with 62% of LHDs who reported providing any cessation service (n=28) reporting they offer it. However, 28.9% of LHDs reported not providing any of the listed programs.

Table 1: Which of the following cessation programs do you provide? * (In order of the number of responses received.)

Cessation Program	Number of Responses
Freedom From Smoking	28
None of the above	13
Not on Tobacco (N-O-T)®	11
Tobacco Treatment Specialist (TTS)	7
Smoking Cessation & Reduction in Pregnancy Treatment Program (SCRIPT)	7
Other (e.g., TEG/TAP, Fresh Start, Make Yours a Fresh Start Family, Quit & Win)	5
Plan to Be Tobacco Free	2
Cooper-Clayton Method to Stop Smoking	1
Unknown	1

**This question was only asked of the 45 LHDs who reported offering or promoting at least one tobacco cessation service.*

KTPC asked a similar question of the LHDs who reported not offering or promoting services. Table 2 shows these results. The majority of these LHDs (60%, n= 10) reported they are not familiar with any of the listed tobacco cessation programs. However, 30% reported being familiar with Freedom From Smoking, which is the most offered program among LHDs in the state, as seen in Table 1.

Table 2: Which of the following tobacco cessation programs are you familiar with?

Cessation Program	Number of Responses
None of the above	6
Freedom From Smoking	3
Not On Tobacco (N-O-T)	1
Cooper-Clayton Method to Stop Smoking	1
SCRIPT	0
Tobacco Treatment Specialist	0
Plan To Be Tobacco Free	0
Other (e.g., TEG/TAP, Fresh Start, Make Yours a Fresh Start Family, Quit & Win)	0

**This was only asked of the 10 LHDs who reported not offering or promoting tobacco cessation services.*

The 45 LHDs who reported providing a cessation service were then asked if and how they have promoted Quit Now Kentucky and My Life, My Quit in the past year. Respondents were encouraged to select all that applied. Table 3 shows these results. Word of mouth was the most popular answer, with just over 82% of LHDs reporting the use of this method. This was followed by social media and flyers/brochures, with 77.8% and 68.9% reporting these methods, respectively. None of the 45 LHDs reported not promoting Quit Now Kentucky or My Life, My Quit at all. There were also no LHDs who reported their response to this question as “unknown.”

Table 3: Within the past year, how have you promoted Quit Now Kentucky (1-800-QUIT-NOW) and My Life, My Quit?

Promotion Type	Number of Responses
Word of Mouth	37
Social Media	35
Flyers/Brochures	31
Health Fairs/Career Fairs	24
Website	23
Hospitals/Clinics	12
Billboards/Signs	10
Other Promotions	9
Radio	9
Newspaper	6
Press Release or Other Earned Media	2
Church or Community Bulletins	1
Television	1
No Promotions	0
Unknown	0

**This was only asked of the 45 LHDs who reported offering or promoting tobacco cessation services.*

LHDs were also asked to report how much money they have spent in the past year promoting their cessation programs. Responses ranged broadly from \$200 to \$25,000. This large range is likely due to the size differences in LHDs, with some serving a single county and others serving as many as ten counties.

The LHDs who reported offering services were asked whether they provided resources related to tobacco cessation to health care providers in FY22 specifically. Almost half of respondents answered yes (48.9%). Another 35.55% answered no and 15.55% reported they did not know a response to this question. LHDs answering yes (n=22) were then asked which categories of health care providers receive these resources from the LHD. Table 4 shows the results of this question. Nurses and program coordinators/specialists/directors were the most popular answer, with 16 and 15 responses, respectively.

Table 4: What health care providers were tobacco cessation resources provided to?

Health Care Provider	Number of Responses
Nurse	16
Program Coordinator/Specialist/Director	15
Other	14
Physician	13
Social Worker	10
Dentist	6
Pediatrician	5
Health Educator	5
Dietician/Nutritionist	3
Unknown	1

**This was only asked of the 22 LHDs that reported providing tobacco cessation resources to health care providers.*

LHDs were asked if their clinic staff provided individual counseling about tobacco use to tobacco users. Nearly 70% (68.9%) reported yes, 15.55% reported no, and 15.55% reported unknown.

LHDs were provided a list of intervention methods and asked to select which they use. The results of this question are shown in Table 5. Most responses indicated none of the listed intervention methods were used, or it was unknown what interventions were used.

Table 5: Do your health department clinic staff routinely provide brief cessation interventions using any of the following?

Intervention	Number of Responses
None of the above	19
Unknown	19
5 As	5
5 Rs	4
A-C-T	0
A-A-R	0

**This was only asked of the 45 LHDs who reported offering or promoting tobacco cessation services.*

Finally, all LHD survey respondents were asked what resources KTPC could help provide for them to be successful in their local cessation work. This was an open-ended question. While this data is more qualitative, there were clear themes across the comments. Major themes included the need for more funding locally, more promotion resources and training for local cessation classes and any resources KTPC could continue to pass along.

Next Steps

The results of this survey provide significant insights that KTPC and statewide partners can use to provide meaningful, long-term change to tobacco cessation work being done locally and statewide. Several findings were clear throughout the survey results: there is a significant need for additional funding for critical tobacco cessation work at the local levels; there is a need for more trained cessation staff across the state; there is a need for more resources to help train our health care providers on how to help their patients quit using tobacco products; and there is a need for better resource sharing among LHDs, KTPC and other partners.

The most common concern identified by the survey was the gap in tobacco cessation work being done at the local level by funded versus unfunded LHDs. LHDs without funding from KTPC were unable to offer the same resources and services as LHDs that have funding from KTPC; of the LHDs that reported not providing and/or promoting cessation services, 90% did not have any KTPC-provided Master Settlement Agreement funding to support this work in FY23. In some cases, this meant no tobacco cessation work was happening at the LHD at all, which can leave a severe gap in the resources, training and support a community receives. There is a clear need to provide funds to sustain local tobacco control work. Along with funding the overall cessation at the local level, LHDs also need funds to promote the tobacco treatment resources in their communities; funds are needed to advertise local cessation classes through print, digital and radio ads to help educate people on the resources available to help them quit tobacco products. These investments create local buy-in around quitting and seeking effective tools for tobacco treatment. Additionally, local promotion of cessation resources can enable LHDs to capture success stories from community members.

The survey additionally indicated only seven tobacco treatment specialists worked in LHDs across the state in FY23. Additionally, only 11 LHDs are addressing youth cessation with Not-On-Tobacco (NOT), compared to 45 having a trained Freedom From Smoking facilitator on staff to facilitate adult cessation classes. This means that in FY23, LHDs, on average, had significantly more resources to share with adults who wish to quit tobacco-use than with youth.

To maximize tobacco cessation in Kentucky, a crucial step is training health care providers in Kentucky to counsel each patient on tobacco treatment. The survey revealed many LHD clinic staff are not aware of fundamental tobacco treatment interventions, including Ask, Advise, Assess, Assist and Arrange (the 5 As); Relevance, Risks, Rewards, Roadblocks and Repetition (the 5 Rs); and Ask-Advise-Refer (AAR). Statewide support is also needed to help LHDs reach health care providers in their area with messages about both tobacco treatment and tobacco prevention. LHDs could play a crucial role in training local health care providers, including dentists, pharmacists and pediatricians, about the effects of tobacco addiction and the cessation treatments available. Kentucky's Comprehensive Plan for Tobacco Control, which is currently under development, can serve as a roadmap to building these partnerships over the next five years.

Appendix A: List of LHD by Survey Response Status and Funding Status

LHD Name	Responded to Survey	Funded by KTPC Master Settlement Agreement Funds in FY23
Allen County	Yes	
Anderson County	Yes	
Ashland-Boyd County	Yes	
Barren River District	Yes	Yes
Bell County	Yes	
Bourbon County	Yes	
Boyle County	Yes	
Bracken County		
Breathitt County	Yes	
Breckenridge County	Yes	
Buffalo Trace District	Yes	
Bullitt County	Yes	
Calloway County	Yes	
Carter County	Yes	
Christian County	Yes	
Clark County	Yes	
Cumberland Valley District		
Estill County	Yes	
Fleming County	Yes	
Floyd County	Yes	
Franklin County	Yes	Yes
Garrard County	Yes	
Gateway District	Yes	
Graves County	Yes	Yes
Grayson County	Yes	Yes
Green River District	Yes	Yes
Greenup County	Yes	
Harlan County	Yes	
Hopkins County	Yes	
Jessamine County	Yes	
Johnson County	Yes	
Kentucky River District	Yes	Yes
Knox County	Yes	Yes
Lake Cumberland District	Yes	Yes
Laurel County	Yes	
Lawrence County	Yes	Yes
Lewis County	Yes	
Lexington-Fayette County	Yes	Yes
Lincoln County	Yes	
Lincoln Trail District	Yes	Yes
Louisville Metro	Yes	
Madison County	Yes	

Magoffin County		
Marshall County	Yes	Yes
Martin County	Yes	
Mercer County	Yes	
Monroe County	Yes	Yes
Montgomery County		
Muhlenberg County		
North Central District	Yes	
Northern Kentucky District	Yes	Yes
Oldham County	Yes	Yes
Pennyrile District	Yes	
Pike County	Yes	Yes
Powell County	Yes	
Purchase District	Yes	Yes
Three Rivers District	Yes	Yes
Todd County		
WEDCO District	Yes	Yes
Whitley County	Yes	Yes
Woodford County	Yes	Yes