

# Kansas Tobacco Prevention

## ■ Workgroup for Specific Populations May 17 and 18, 2007

### **Best Practices for Comprehensive Tobacco Control Programs**

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# Goals of a Comprehensive Tobacco Control Program

**To reduce disease, disability, and death related to tobacco use...**

- Preventing the initiation of tobacco use among young people
- Promoting quitting among young people and adults
- Eliminating nonsmokers' exposure to environmental tobacco smoke
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups

# Efficacy of Tobacco Control Programs – CA and MA

**Evidence supporting the programmatic recommendations in this guidance include:**

- Evidence-based guidelines
- Efficacy of the large-scale and sustained efforts of two states from excise taxes

Tobacco industry quote, *“the California campaign and those like it represent a very real threat to the industry in the intermediate term...”*



## Smoking & Tobacco Use

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## Best Practices for Comprehensive Tobacco Control Programs, August 1999

CDC's *Best Practices for Comprehensive Tobacco Control Programs* is an evidence-based guide to help states plan and establish effective tobacco control programs to prevent and reduce tobacco use.

The book identifies and describes the key elements for effective state tobacco control programs, including programs designed for communities, schools, and the entire state. *Best Practices* also addresses the significance of cessation programs, counter-marketing, enforcement, surveillance and evaluation, and chronic disease programs to reduce the burden of tobacco-related diseases. Tobacco control program funding models for all 50 states and the District of Columbia are included.

- [Executive Summary](#)
- [Fact Sheet](#)
- [Suggested Citation](#)
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*Best Practices for Comprehensive Tobacco Control Programs*  
August 1999

# Best Practices...The Details

- Released in August 1999
- CDC prepared to help States assess options for comprehensive tobacco control programs and to evaluate their local funding priorities after MSA funds available
- 9 components that must work together to produce a synergistic effect
- Funding levels (upper and lower) recommended for each component based on population of state

# Best Practices for Comprehensive Tobacco Control Programs

- Community Programs
- Chronic Disease Programs
- School Programs
- Enforcement
- Statewide Programs
- Counter-Marketing
- Cessation Programs
- Surveillance and Evaluation
- Administration and Management

# ■ Provided For Each Component

- Justification for the program element
- Budget estimates for successful implementation
- Core resources to assist implementation
- References to scientific literature



# Community Programs

- Increase the number of organizations and individuals involved in the planning and conducting community-level education and training programs
- Use State and local counter-marketing campaigns to place pro-health messages that inform, educate, and support local tobacco control initiatives and policies
- Promote the adoption of public and private tobacco control policies
- Measure outcomes using surveillance and evaluation techniques



# Chronic Disease Programs

- Interventions should be implemented to alleviate existing burden of disease from tobacco, which will remain even if tobacco use is reduced among future generations
- Incorporation of tobacco prevention and cessation messages into broader public health activities to ensure wider dissemination
- The reduction of risk factors for tobacco-related diseases other than tobacco use reduces the disease impact of tobacco use (PANT – heart disease)



# School Programs

- Develop and enforce a school policy on tobacco use.
- Provide instruction about the short and long term negative physiological and social consequences of tobacco use, social influences on tobacco use, and peer norms regarding tobacco use, and refusal skills.
- Provide tobacco use prevention education in kindergarten through 12<sup>th</sup> grade; this instruction should be especially intensive in junior high or middle school and should be reinforced in high school.

# School Program - Continued

- Provide program-specific training for teachers.
- Involve parents or family members in support of school-based programs to prevent tobacco use.
- Support cessation efforts among students and all school staff who use tobacco. **(1-866-KAN-STOP)**
- Evaluate the tobacco use prevention program at regular intervals.



# Enforcement

## **Minor's Access to tobacco**

- Retailer compliance checks (4 per outlet per year)
- Graduated series of civil penalties on the retailer
- Eliminating tobacco vending machines and self-service displays in stores accessible to youth

## **Clean Indoor Air**

- Establishing and publicizing telephone hotlines for reporting violations of CIA ordinances
- Reporting violations noted by state officials performing health, environmental, and other routine inspections



# Statewide Programs

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- Sponsoring multicultural organizations and networks to collect data and develop and implement culturally appropriate interventions
- Sponsoring local, regional, and statewide training, conferences, and technical assistance based on Best Practices for effective tobacco use prevention and cessation programs
- Supporting innovative demonstration and research projects to support the four goal areas



# Counter-Marketing

- Combine messages on prevention, cessation, and protection from ETS; target both youth and adults; address both individual behaviors and public policies
- Include grassroots promotion, local media advocacy, event sponsorship, and other community tie-ins to support and reinforce the statewide campaign
- Maximize the number, variety, and novelty of messages and production styles rather than communicate a few messages repeatedly
- Use nonauthoritarian appeals that avoid direct exhortations not to smoke and do not highlight a single theme, tagline, identifier, and sponsor



# Cessation Programs

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- Establishing population-based counseling and treatment programs, such as cessation helplines (**1-866-KAN-STOP**)
- Covering treatment for tobacco use under both public and private insurance
- Eliminating cost barriers to treatment for underserved populations, particularly the uninsured

# Surveillance and Evaluation

- Accountability for state policy makers and fiscal oversight
- Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time
- Evaluation should be able to track to the progress of each program element in statewide objectives



# CDC Recommended Comprehensive Program

## \*Recommended Program Element Budgets per year...

Community Programs	\$2.7 M
Chronic Disease Programs	\$2.8 M
School Programs	\$2.5 M
Enforcement	\$1.3 M
Statewide Programs	\$1.0 M
Counter-Marketing	\$2.6 M
Cessation	\$2.5 M
Surveillance and Evaluation	\$1.6 M
Administration and Management	\$0.8 m
<b>TOTAL:</b>	<b>\$18.1 M</b>

\*Based on lower-level estimates

# Comprehensive Level Funding Means a Healthier Kansas

According to the Centers for Disease Control's "*Best Practices for Comprehensive Tobacco Control Programs*", a spending level of **\$18 million to \$44 million per year** for 10 years is projected to reduce tobacco use in Kansas by 50%.



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# Questions???

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*Kansas Tobacco Quitline 1-866-KAN-STOP*