# KansasTobaccoUse Prevent on Program

Kansas Department of Health and Environment

Office of Health Promotion

## **Tobacco Use Prevention Program**

The Kansas Tobacco Use Prevention Program provides resources, technical assistance and education for policy change to community coalitions for development, enhancement, and evaluation of state and local initiatives to prevent morbidity and mortality from tobacco use addiction.



# Four Programs Goals National, State and Local

- 1. Preventing the initiation of tobacco use among young people.
- 2. Promoting quitting among young people and adults.
- 3. Eliminating nonsmokers' exposure to environmental tobacco smoke (ETS).
- 4. Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

# How do we accomplish our goals?

- **TUPP Staff** to provide technical assistance
- Kansas Tobacco Quitline to assist tobacco users
- **Grant Programs** to build local capacity
- **Partners** to expand our impact



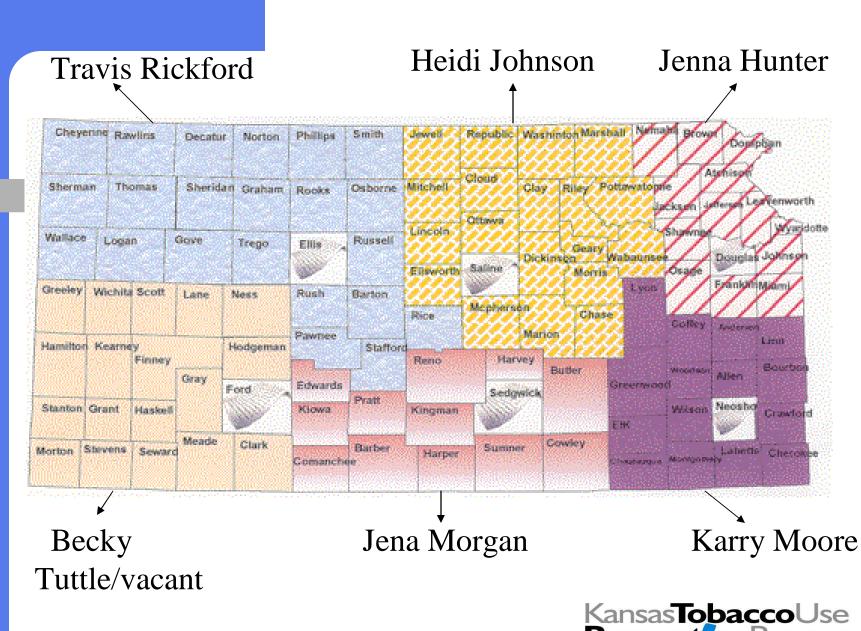
# **TUPP Staff**

Vacant -Carol Cramer-Vacant-Ginger Park-Becky Tuttle-6 Outreach Coordinators Vacant Katy Ashton-

Director Program Manager Epidemiologist Media and Policy Coordinator Quitline Manager

Administrative Assistant Administrative Assistant





Prevent on Program Kansas Department of Health and Environment

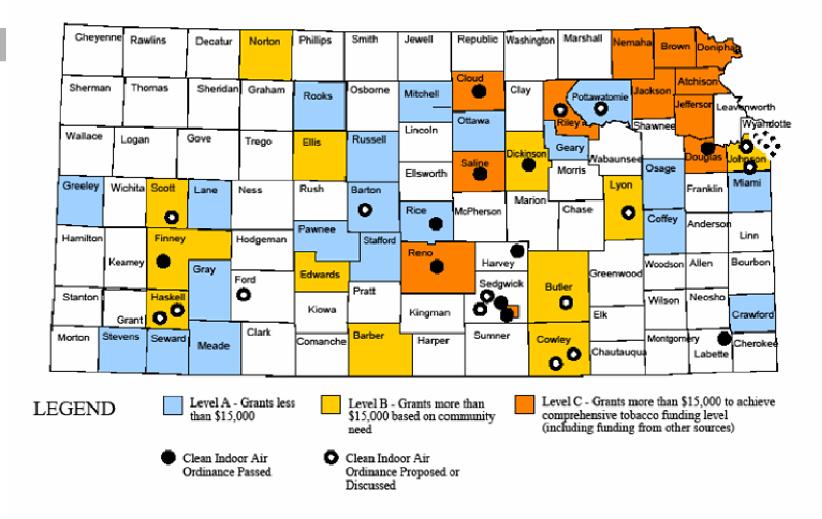
## **Grant Programs**

- Chronic Disease Risk Reduction
- Smokeless Doesn't Mean Harmless (TFKC)





Chronic Disease Risk Reduction Grants November 2006 Fiscal Yr'07



#### **Partners**

- CDC, Sunflower Foundation
- Health Departments and RPCs
- AHA, ALA, ACS, SRS, KSDE, KSNA, Dept. of Revenue
- Tobacco Free Kansas Coalition
- Kansas Academy of Family Physicians
- Kansas Health Foundation
- Hospitals
- Universities
- Faith Community



# **Kansas Tobacco Quitline**



A tobacco cessation program as unique as your thumbprint.

# **Funding Sources**

- National Centers For Disease Control and Prevention
- Kansas SGF from the MSA



#### Cessation

Increase cessation attempts, reduce prevalence

[Implement health care provider outreach initiative collaborate with oral health providers]



#### Long term objectives

- By June 2010, increase the percentage of youth in grades 9-12 that report they have stopped smoking for 30 days or longer from 36% in 2002 to 50%.
- By June 2010, increase the percentage of adult smokers who report they are planning to quit smoking in the next 30 days from 48% in 2000 to 70%.
- By June 2010, decrease the percentage of adults who report they now smoke cigarettes some days or everyday from 22% in 2001 to 15%.
- By June 2010, decrease the percentage of youth in grades 9-12 that report they have smoked in the past 30 days from 21% in 2002 to 15%.
- By June 2010, decrease the percentage of Hispanic adults who report they now smoke cigarettes some days or everyday from 23% in 2001 to 16%.
- By June 2010, decrease the percentage of Kansas adults with an annual household income of less than \$15,000 that report they now smoke cigarettes some days or everyday from 26% in 2001to 19%.
- By June 2010, decrease the percentage of Kansas adults with an annual household income of less than \$15,000 to \$24,999 that report they now smoke cigarettes some days or everyday from 29% in 2001 to 19%.

#### Initiation

Decrease usage, restrict access

[Provide technical assistance to adopt youth access ordinances, pass tobacco free school ground policies, spit tobacco initiative, tobacco free county fairs]

#### Long term objectives

By June 2010, decrease the percentage of youth in grades 9-12 that report they have smoked in the past 30 days from 21% in 2002 to 15%.

By June 2010, decrease the percentage of youth in grades 6-8 that report they have smoked in the past 30 days from 6% in 2002 to 3%.

By June 2010, decrease the percentage of youth in grades 9-12 that report they have tried smoking from 54% in 2002 to 44%.

By June 2010, decrease the percentage of youth in grades 9-12 that report they tried smoking before age 13 from 29% in 2002 to 15%.

By June 2010, decrease the percentage of youth in grades 6-8 that report they have tried smoking from 25% in 2002 to 10%.

By June 2010, decrease in the percentage of males in grades 9-12 that report they have used spit tobacco in the past 30 days from 15% in 2002 to 10%.

By June 2010, decrease in the percentage of males in grades 6-8 who report they have used spit tobacco in the past 30 days from 3% to 0.

By June 2010, decrease the percentage of males in grades 9-12 that report they have tried spit tobacco from 36% in 2002 to 31%.

By June 2010, decrease the percentage of males in grades 6-8 that report they have tried spit tobacco from 13% in 2002 to 8%.

By June 2010, replicate spit tobacco use prevention program in each of the six districts.

By June 2010, in the funded community decrease the percentage of males in grades 9-12 that report they have used spit tobacco by 6%.

• Secondhand smoke Decrease/eliminate exposure

[Provide resources and technical assistance to adopt tobacco free workplaces]

#### Long term objectives

By June 2010, decrease the proportion of adult smokers that smoke a pack of cigarettes a day from 35% in 2002 to 20%.

By June 2010, decrease the consumption of cigarettes statewide from 160 million packs in 2003 to 110 million packs.

By June 2010, decrease the proportion of Kansas adults reporting exposure to secondhand smoke in the workplace from 16% in 2003 to 11%.

By June 2010 100% of workplaces in all Kansas communities will be tobacco free.

#### • Disparities

Eliminate health disparities caused by tobacco use among sub-populations in KS

- Identify & implement strategies
- Establish a diverse workgroup
- Identify disparate and diverse populations
- Develop a strategic plan

#### • Disparities

- Identify communities with high levels of tobaccorelated disparities interested in making it a priority

- Secure funding for future specific population strategies

- Implement specific populations strategic plan

Next application – 5 year plan

#### **Objectives**

By 2010 eliminate health disparities caused by tobacco among subpopulations in Kansas.

By June 2008 reduce the prevalence of smoking among Hispanic adults to 20%.

By June 2009 reduce the prevalence of smoking among adult individuals with an annual household income less than \$15,000 to 20%.

By June 2009 reduce the prevalence of smoking among adult individuals with an education less than High school to 25%.

By January 2008 the number of tobacco use prevention programs targeting disparities will increase to four. (No baseline data available.)

# Kansas Department of Health and Environment