

## 3. Tobacco Use

---

### Goal

Reduce the burden of tobacco-related addiction, disease, and mortality, thereby improving the health and well being of adults and youth in Kentucky. This includes decreasing tobacco use among adults, pregnant women, youth, and disparate populations, eliminating exposure to secondhand smoke, and building capacity in communities for tobacco prevention and cessation.

### Overview

Tobacco use is the number one public health threat in Kentucky. The state's adult and youth smoking rates, annual deaths related to smoking, and lung cancer death rates are among the highest in the country. Smoking accounts for approximately 30 percent of all cancer deaths, and 87 percent of lung cancer deaths. Smoking is known to cause an increased risk for cancers of the mouth, pharynx, larynx, esophagus, pancreas, cervix, kidney, and bladder. In addition, smoking is a major cause of heart disease, stroke, chronic bronchitis, and emphysema.

At current smoking rates, 87,902 Kentucky children who are 18 years or younger will die prematurely from smoking. According to the latest National Youth Tobacco Survey (YTS), 10 percent of middle school and 23 percent of high school students in the United States smoke cigarettes. Kentucky's youth far exceed the national average in current cigarette use. The Kentucky 2004 YTS revealed that 15 percent of middle school students surveyed and 28 percent of high school students surveyed smoke cigarettes.

Kentucky has the second highest percentage of pregnant smokers, 23.9 percent versus the national average of 11.4 percent. (Kentucky's figure is based on 2003 birth records.) This behavior places children of pregnant smokers at risk for low birth weight, Sudden Infant Death Syndrome (SIDS), respiratory problems, and various other health conditions.

In addition to the toll it takes in human lives lost, tobacco use also has substantial economic consequences for the Commonwealth. Health care costs attributable to smoking are estimated at \$1.2 billion annually, creating an extra tax burden for each household in the Commonwealth of \$567 in state and federal taxes. In addition to increased health care costs, it is estimated that Kentucky families experience a loss of an additional \$1.8 billion dollars in income from premature death of those who die of smoking related disease.

The Tobacco Prevention and Cessation Program provides leadership to achieve the four goals identified as best practice by the Centers for Disease Control and Prevention

(CDC): preventing youth initiation, promoting quitting among adults and young people, eliminating exposure to secondhand smoke, and identifying and eliminating disparities among population groups disproportionately affected by tobacco use.

Funds are allocated to local health departments for evidence-based programs ranging from youth education programs to adult cessation. Local health department staff teach prevention education in schools, provide smoking cessation programs, conduct community assessments, offer technical assistance to schools and businesses, and develop coalitions to promote and provide community interventions related to tobacco use. Funds are maximized through collaboration with partners such as Regional Prevention Centers, Family Resource and Youth Services Centers (FRYSC's), Substance Abuse programs, the Kentucky Cancer Program, American Cancer Society, American Lung Association, and American Heart Association.

## Summary of Progress

The *Healthy Kentuckians 2010 Mid-Decade Review* revealed that progress has already been made in 24 of the 38 possible objectives or partial objectives. (Some objectives have multiple parts in which progress may have been made in one part but not the other.) Of those with progress, 21 percent have already reached the Healthy Kentuckians 2010 Target. Four objectives have been deleted due to absence of a data source with no prospective suitable data sources by 2006. Progress has not been made in eight objectives/partial objectives. One objective is using baseline data for the mid-decade status and therefore progress cannot be measured at this time. Finally, data are not expected until 2006 for one objective, causing it to remain in developmental status.

## Progress toward Achieving Each HK 2010 Objective

### 3.1. Reduce the proportion of adults (18 and older) who use tobacco products.

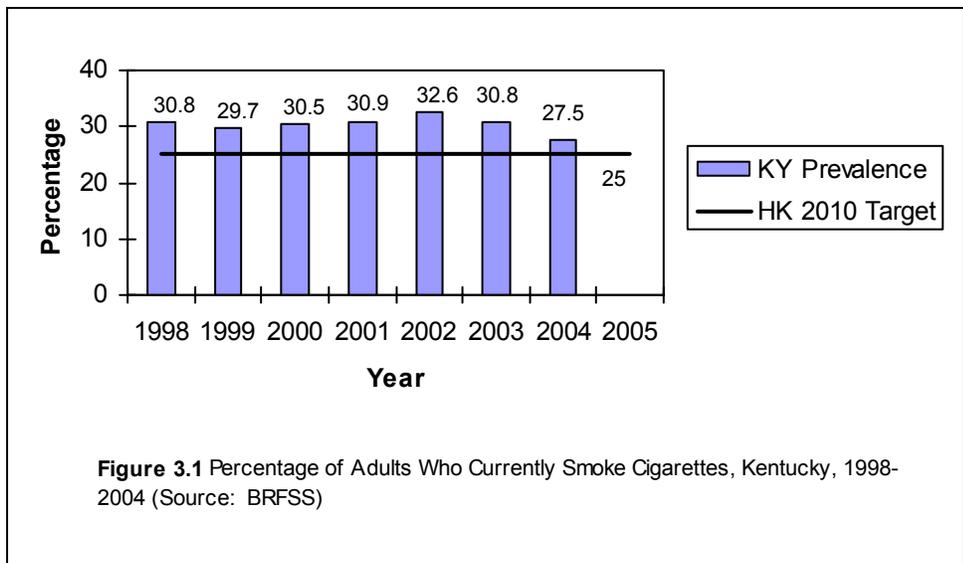
**Data Source:** Behavioral Risk Factor Surveillance System (BRFSS). Refused and unknown responses are excluded. Questions on cigarette use are asked every year. Questions on other tobacco products use (cigars and spit tobacco) were asked in: 1997 (spit tobacco), 1998 (cigars), 2001 (both products) and 2004 (both products).

#### **Cigarettes**

**Baseline:** 30.8 percent in 1998

**HK 2010 Target:** 25.0 percent

**Mid-Decade Status:** 27.5 percent in 2004

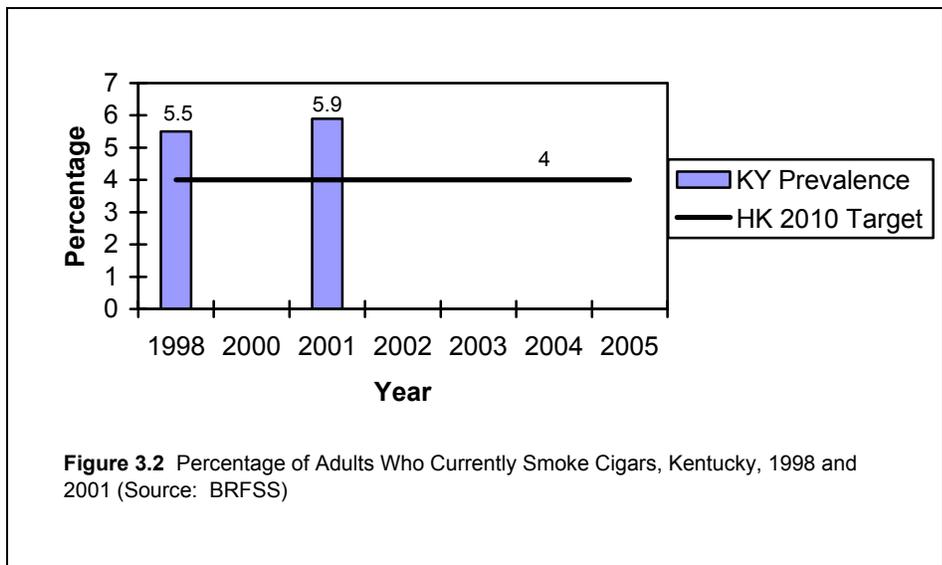


**Cigars**

**Baseline:** 5.5 percent in 1998

**HK 2010 Target:** 4 percent

**Mid-Decade Status:** 5.9 percent in 2001

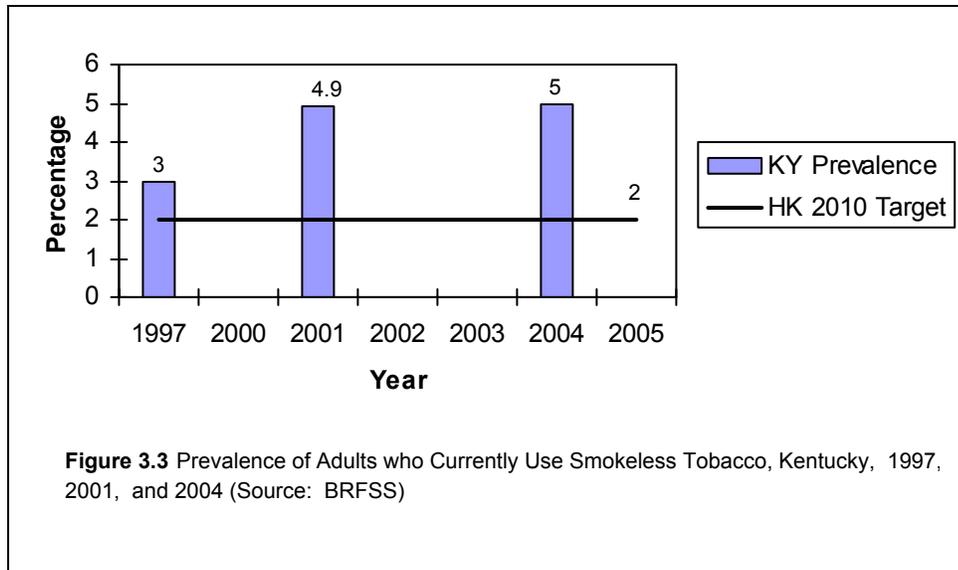


**Smokeless Tobacco**

**Baseline:** 3 percent in 1997

**HK 2010 Target:** 2 percent

**Mid-Decade Status:** 5 percent in 2004



**Data Needs:** Data on current cigar and smokeless tobacco prevalence among adults are needed on a more regular basis (two-year).

**Strategies to Achieve Objective:**

- Promote the use of evidence-based cessation programs
- Promote the accessibility and availability of tobacco cessation programs through advertising and marketing strategies
- Tailor tobacco cessation to special populations (e.g. African Americans, Hispanics, low-income)
- Promote provider education and providers' use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination

**3.2. Increase to 58 percent the proportion of cigarette smokers ages 18 and older who stop smoking for a day or more. (See Revision)**

**3.2R. Increase to 58 percent the proportion of cigarette smokers ages 18 and older who smoke every day and stop smoking for a day or more.**

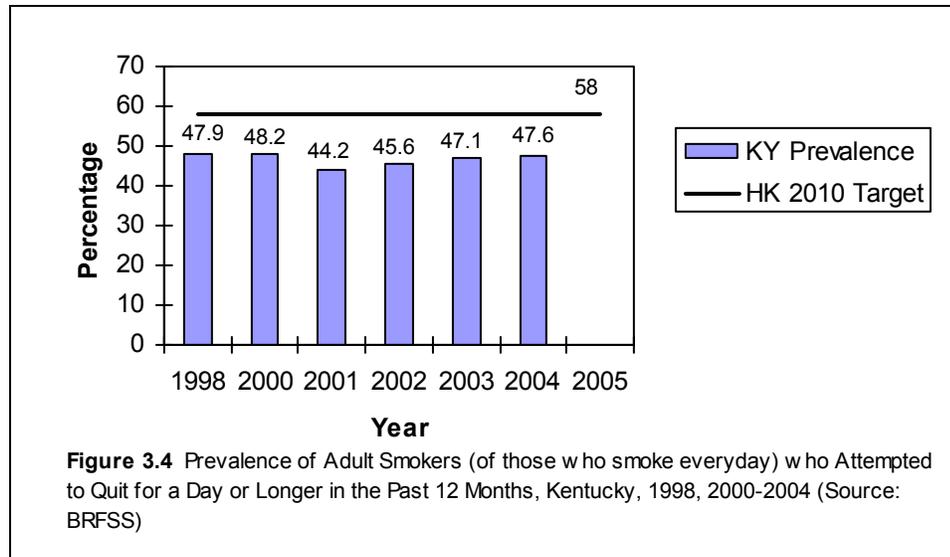
**Reason for Revision:** Change in BRFSS questions

**Data Source:** BRFSS. Refused and unknown responses are excluded.

**Baseline:** 47.9 percent in 1998

**HK 2010 Target:** 58 percent

**Mid-Decade Status:** 47.6 percent in 2004



### Strategies to Achieve Objective:

- Promote the use of evidence-based cessation programs
- Promote the accessibility and availability of tobacco cessation programs through advertising and marketing strategies
- Tailor tobacco cessation programs to special populations (e.g. African Americans, Hispanics, low-income)
- Promote provider education and providers' use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination

### 3.3. (Developmental) Increase the proportion of cigarette smokers aged 18 and older who stop smoking cigarettes for 7 days or longer. (DELETED)

**Reason for Deletion:** Data source is not available for this objective.

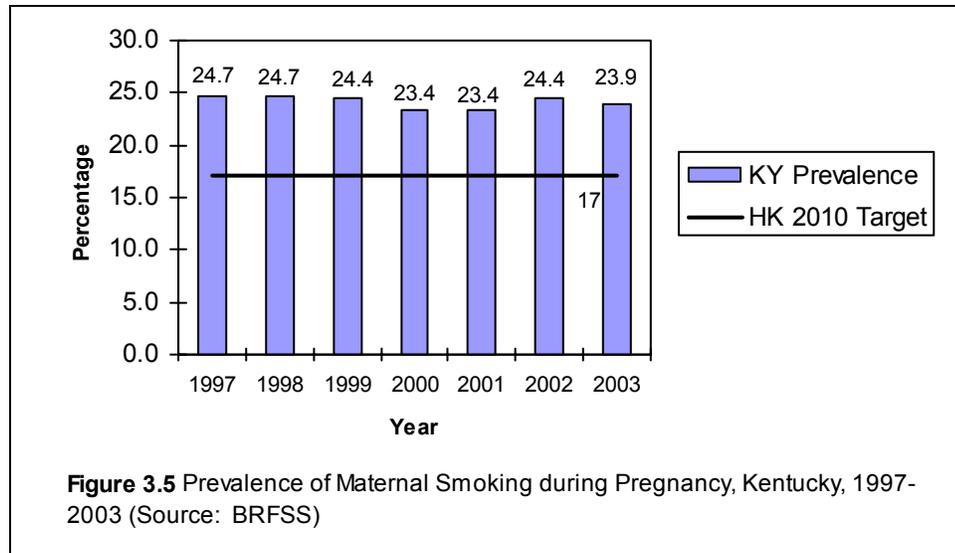
### 3.4. Reduce cigarette smoking among pregnant women to a prevalence of no more than 17 percent.

**Data Source:** Kentucky Vital Statistics Surveillance System, Birth Records

**Baseline:** 24.7 percent in 1997

**HK 2010 Target:** 17 percent

**Mid-Decade Status:** 23.9 percent in 2003



**Strategies to Achieve Objective:**

- Promote provider education and providers' use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination
- Promote cessation through advertising and marketing strategies tailored for pregnant women

**3.5. Increase to at least 50 percent the proportion of pregnant women who abstain from tobacco use beginning early in pregnancy and who maintain abstinence for the remainder of their pregnancy, following delivery, and through 6 weeks postpartum. (See Revision)**

**3.5R. (REVISION) Of new mothers who smoked in the first three months before becoming pregnant, increase the percentage who abstained from using tobacco during their pregnancy.**

**Reason for Revision:** Change in data collected from the birth record

**Data Source:** Kentucky Vital Statistics Surveillance System - Birth Records

**Baseline:** None until 2004 data are available

**HK 2010 Target:** To be determined from 2004 data

**Mid-Decade Status:** To be determined from 2004 data

**Strategies to Achieve Objective:**

- Promote provider education and providers' use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination
- Promote cessation through advertising and marketing strategies tailored for pregnant women

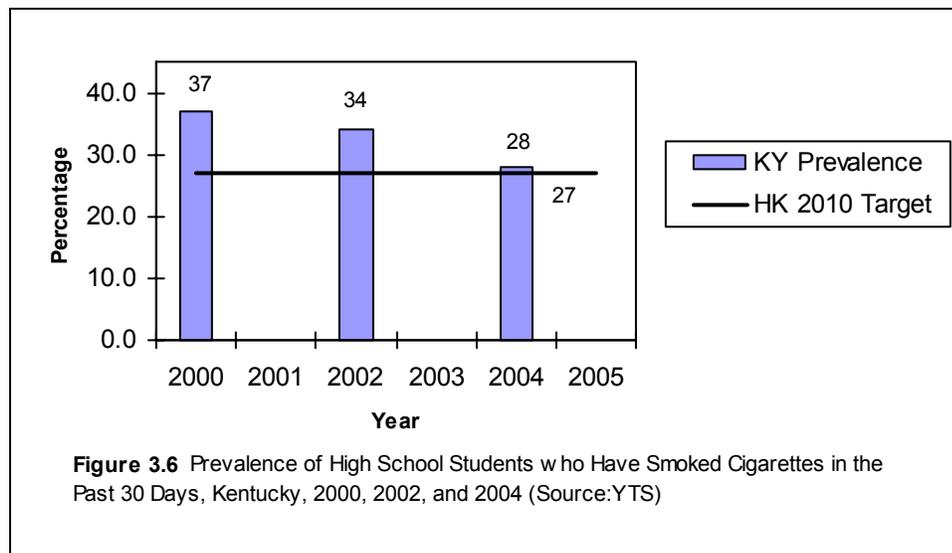
**3.6. Reduce the proportion of young people who have smoked cigarettes within the past 30 days.**

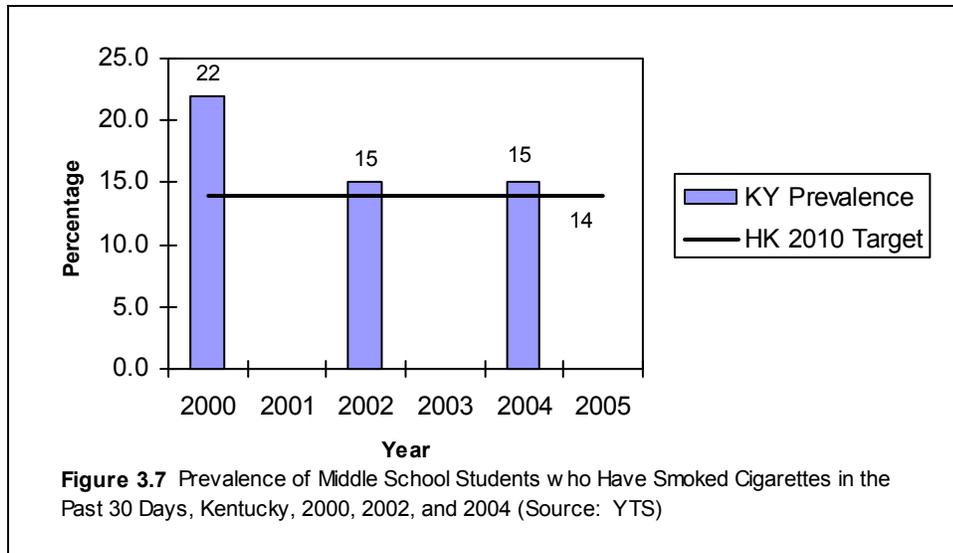
**Data Source:** Kentucky Youth Tobacco Survey (YTS)

**Baseline:** 37 percent in 2000 for high school students  
22 percent in 2000 for middle school students

**HK 2010 Target:** 27 percent for high school students  
14 percent for middle school students

**Mid-Decade Status:** 28 percent in 2004 for high school students  
15 percent in 2004 for middle school students





**3.7. Reduce the proportion of males and females who smoked a whole cigarette before age 13. (See Revision)**

**3.7R. (REVISION) Reduce the proportion of high school youth who smoked a whole cigarette before age 13.**

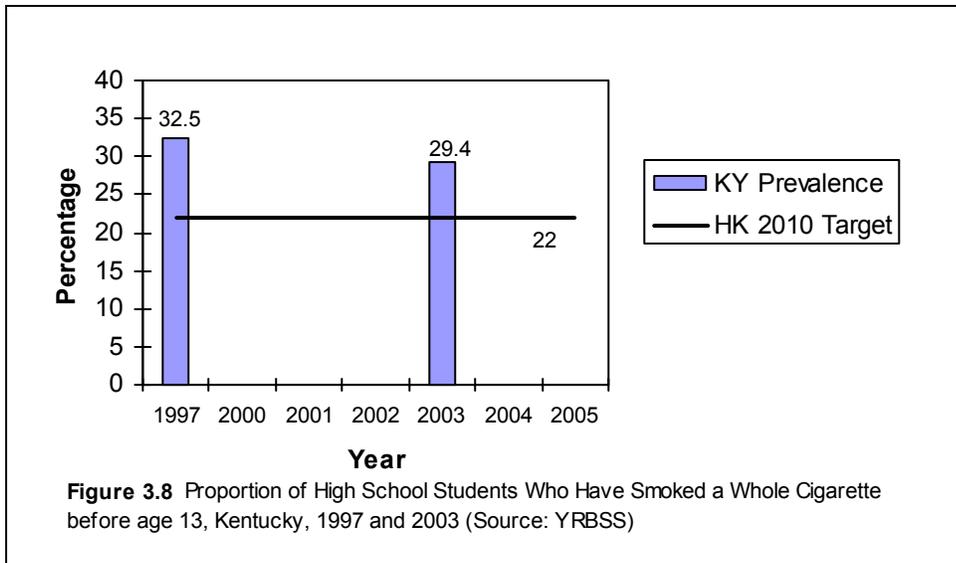
**Reason for Revision:** The objective was revised to reflect data collected through the Youth Risk Behavior Surveillance System (YRBSS)

**Data Source:** YRBSS

**Baseline:** 32.5 percent in 1997

**HK 2010 Target:** 22 percent

**Mid-Decade Status:** 29.4 percent in 2003



### Strategies to Achieve Objective:

- Promote and enforce tobacco-free policies in schools and other organizations that serve youth
- Promote the use of evidence-based curricula in schools
- Initiate media campaigns to counter pro-tobacco influences and increase pro-health messages at state and local levels
- Promote youth involvement in state and local coalitions

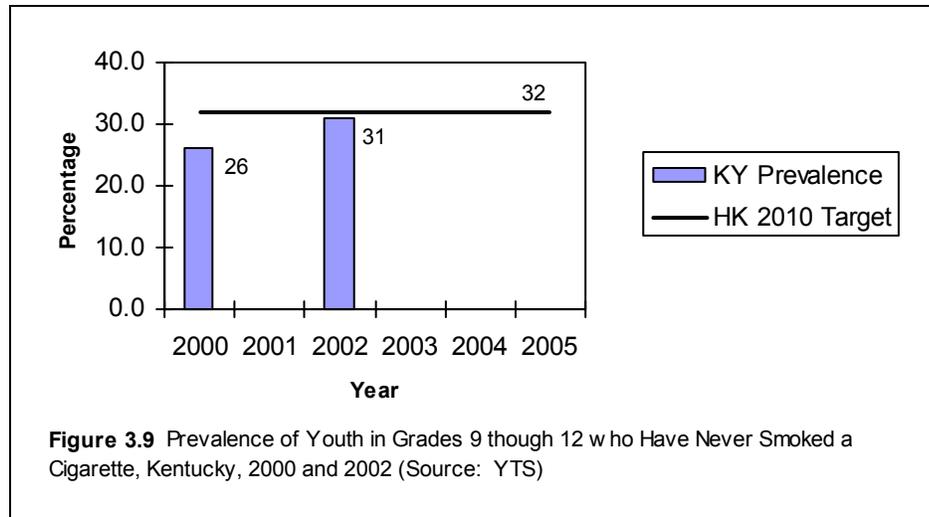
### 3.8. Increase to 32 percent the proportion of young people in grades 9 to 12 who have never smoked.

**Data Source:** YTS

**Baseline:** 26 percent in 2000

**HK 2010 Target:** 32 percent

**Mid-Decade Status:** 31 percent in 2002



### Strategies to Achieve Objective:

- Promote and enforce tobacco-free policies in schools and other organizations that serve youth
- Promote the use of evidence-based curricula in schools
- Initiate media campaigns to counter pro-tobacco influences and increase pro-health messages at state and local levels
- Promote youth involvement in state and local coalitions
- Encourage schools to offer evidence-based cessation programs for youth

**3.9. Increase to 56 percent the proportion of youth smokers who quit for at least a day or more. (See Revision)**

**3.9R. (REVISION) Increase to 62 percent the proportion of students in high school who smoke who quit for at least a day or more.**

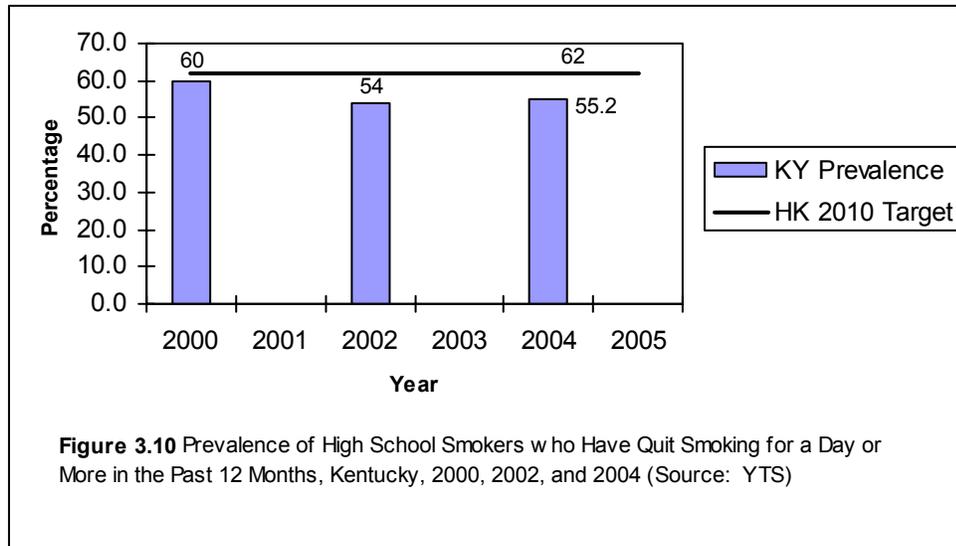
**Reason for Revision:** The objective was revised to reflect data collected through the YTS.

**Data Source:** YTS

**Baseline:** 60 percent in 2000

**HK 2010 Target:** 62 percent

**Mid-Decade Status:** 55.2 percent in 2004



**Strategies to Achieve Objective:**

- Encourage schools to offer evidence-based cessation programs for youth

**3.10. Increase the proportion of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders who disapprove of tobacco use. (See Revision)**

**3.10R. (REVISION) Reduce the proportion of high school and middle school students who think smoking cigarettes makes young people look cool or fit in.**

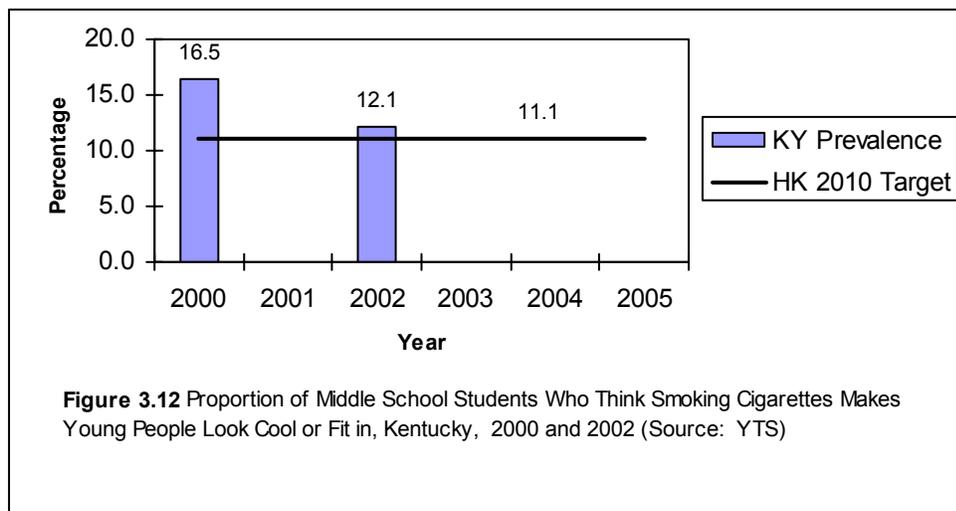
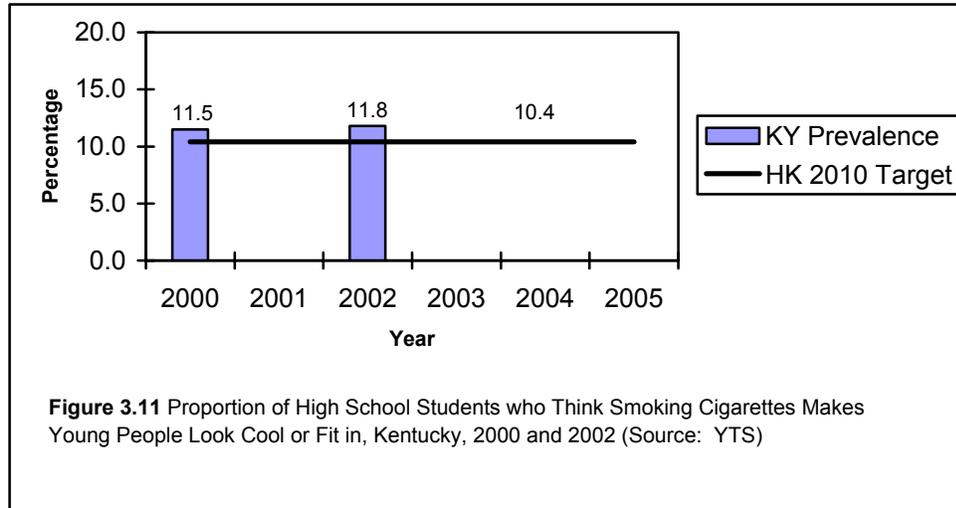
**Reason for Revision:** The objective was revised to reflect data collected through the YTS

**Data Source:** YTS

**Baseline:** 11.5 percent in 2000 for high school students  
16.5 percent in 2000 for middle school students

**HK 2010 Target:** 10.4 percent for high school students  
11.1 percent for middle school students

**Mid-Decade Status:** 11.8 percent in 2002 for high school students  
12.1 percent in 2002 for middle school students



### Strategies to Achieve Objective:

- Promote and enforce tobacco-free policies in schools and other organizations that serve youth
- Promote the use of evidence-based curricula in schools
- Initiate media campaigns to counter pro-tobacco influences and increase pro-health messages at state and local levels
- Promote youth involvement in state and local coalitions

**3.11. (Developmental) Increase the proportion of 8<sup>th</sup>-12<sup>th</sup> graders who associate harm with tobacco use. (See Revision)**

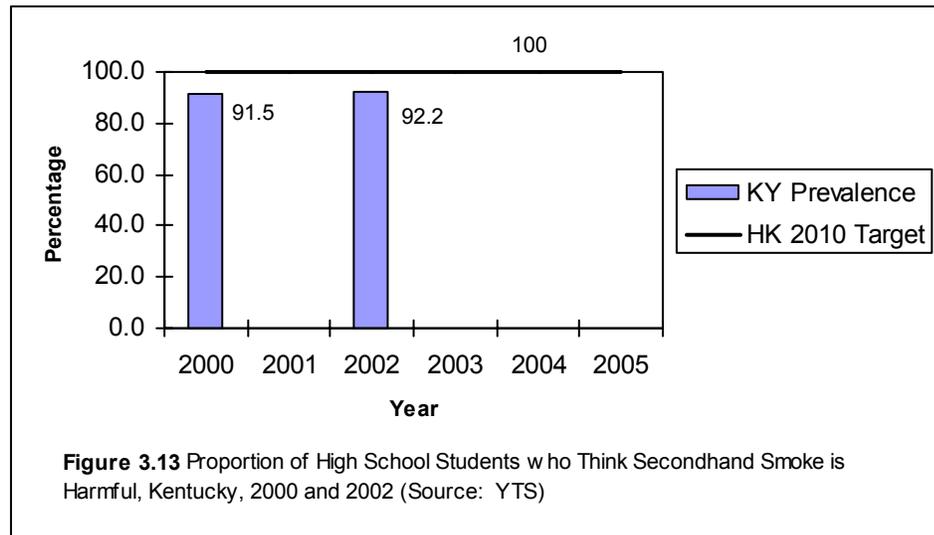
**3.11R. Increase to 100 percent the proportion of high school students who think secondhand smoke is harmful.**

**Data Source:** YTS

**Baseline:** 91.5 percent in 2000

**HK 2010 Target:** 100 percent

**Mid-Decade Status:** 92.2 percent in 2002



**Strategies to Achieve Objective:**

- Promote and enforce tobacco-free policies in schools and other organizations that serve youth
- Promote the use of evidence-based curricula in schools
- Initiate media campaigns to counter pro-tobacco influences and increase pro-health messages at state and local levels
- Promote youth involvement in state and local coalitions

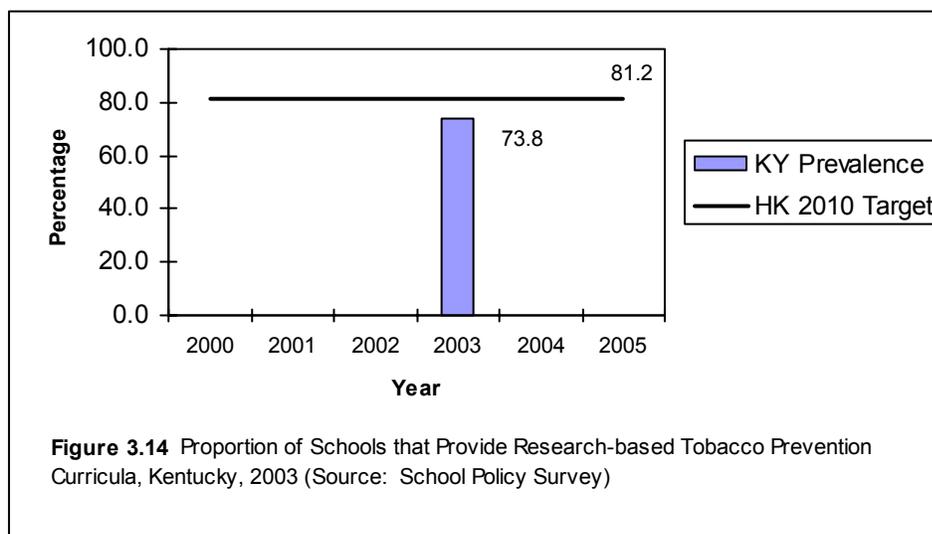
**3.12. Increase to 81.2 percent the proportion of schools (middle and high) that provide research-based tobacco use prevention curricula.**

**Data Source:** School Policy Survey

**Baseline:** 73.8 percent in 2003

**HK 2010 Target:** 81.2 percent

**Mid-Decade Status:** See baseline



**Data Needs:** Data are provided by the University of Kentucky College of Nursing (UK CON). When reporting results from the School Policy Survey, UK CON does not report an overall percentage of schools that provide research-based tobacco prevention curricula. Instead, results are reported by individual curriculum. In the future, KDPH needs to work with UK CON to either obtain raw data and analyze overall proportion (as was done in 2003) or report an overall proportion.

**Strategies to Achieve Objective:**

- Promote the use of evidence-based curricula in schools
- Encourage schools to offer evidence-based cessation programs

**3.13. Enforce minors’ access to tobacco laws to increase compliance to 95 percent or higher. (See Revision)**

**3.13R. (REVISION) Increase the proportion of stores that are compliant with youth tobacco access laws.**

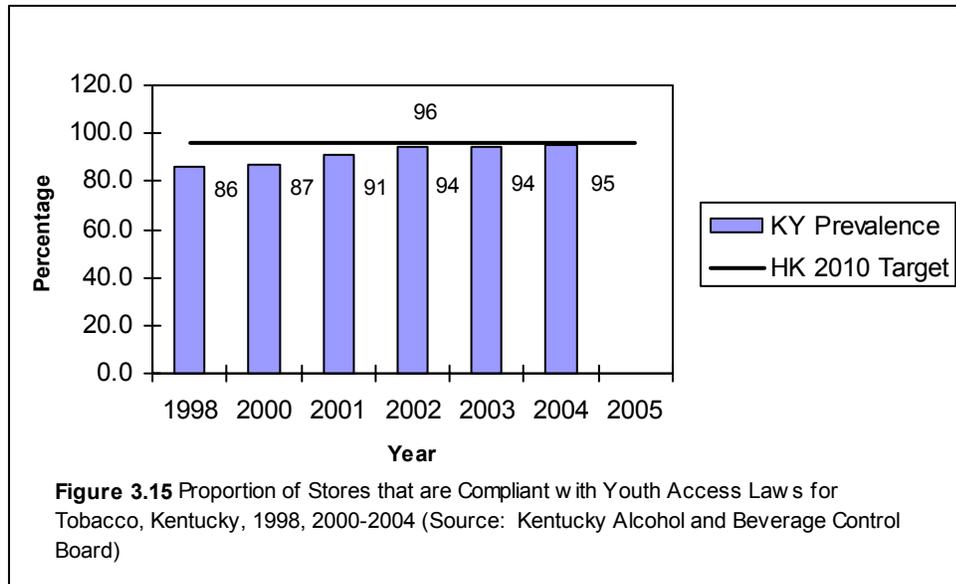
**Reason for Revision:** This revision reflects the type of data collected from the Kentucky Alcohol and Beverage Control Board.

**Data Source:** Kentucky Alcohol and Beverage Control Board

**Baseline:** 86 percent in 1998

**HK 2010 Target:** 96 percent

**Mid-Decade Status:** 95 percent in 2004



**3.14. (Developmental) Increase the proportion of health care providers that inquire about secondhand smoke exposure in the home and advise reduction in secondhand smoke exposure for patients and their families. (DELETED).**

**Reason for Deletion:** A data source is not available to track objective and no source is expected in the near future.

**3.15. Increase to 100 percent the proportion of schools with tobacco-free environments (including indoors and outdoors), in vehicles, and at all school events. (See Revision)**

**3.15R.(REVISION) Increase the proportion of schools with tobacco-free environments (both indoors and outdoors) for students and staff, and at all school events to the proportions listed below.**

**Reason for Revision:** The objective was revised to reflect data collected through the School Policy Survey.

**Data Source:** School Policy Survey

**Baseline:** (2001) Indoor tobacco-free environments for students, teachers and staff: 98.7 percent

School grounds for students: 96.8 percent

School grounds for teachers and staff: 44.7 percent

Indoor school-related events: 95.5 percent

Outdoor school-related events: 41.4 percent

**HK 2010 Target:** Indoor tobacco-free environments for students, teachers and staff: 100 percent  
School grounds for students: 100 percent  
School grounds for teachers and staff: 49.2 percent  
Indoor school-related events: 100 percent  
Outdoor school-related events: 45.5 percent

**Mid-Decade Status:** (2003) Indoor tobacco-free environments for students, teachers and staff: 99 percent  
School grounds for students: 96.6 percent  
School grounds for teachers and staff: 41.7 percent  
Indoor school-related events: 92.7 percent  
Outdoor school-related events: 43.6 percent

**Strategies to Achieve Objective:**

- Promote and enforce tobacco-free policies in schools that apply to staff, teachers, administrators, and youth
- Promote tobacco-free policies in school vehicles
- Promote tobacco-free policies at all school events, both on and off-site, at all venues

**3.16. Increase to 100 percent the proportion of worksites that prohibit smoking or limit smoking to separately ventilated areas. (See Revision)**

**3.16R. (REVISION) Increase to 50.3 percent the proportion of manufacturing worksites that prohibit smoking indoors.**

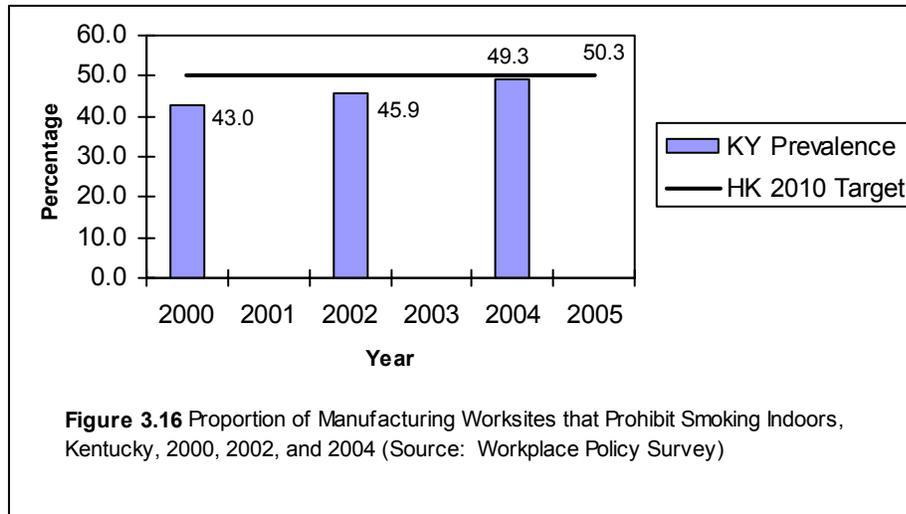
**Reason for Revision:** The revision reflects data collected from the Workplace Policy Survey.

**Data Source:** Workplace Policy Survey. This survey is conducted on a biennial basis from randomly sampled manufacturing facilities in Kentucky.

**Baseline:** 43 percent in 2000

**HK 2010 Target:** 50.3 percent

**Mid-Decade Status:** 49.3 percent in 2004



**3.17. Increase to 51 percent the proportion of food service establishments that prohibit smoking or limit smoking to separately ventilated areas. (See Revision)**

**3.17R. (REVISION) Increase to 51 percent the proportion of food service establishments that prohibit smoking.**

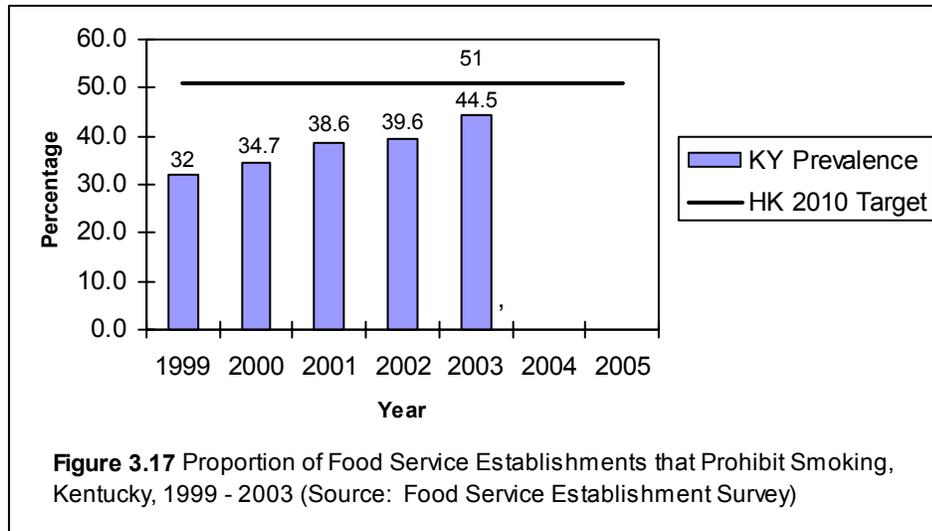
**Reason for Revision:** The objective was revised to reflect data collected through the Food Establishment Survey

**Data Source:** Food Service Establishment Survey

**Baseline:** 32 percent in 1999

**HK 2010 Target:** 51 percent

**Mid-Decade Status:** 44.5 percent in 2003



**Data Needs:** Data collected on the Food Service Establishment Survey should be consistent with previous years. However, a change in the database in 2004 may cause data to be reported in a manner different from prior years. The Tobacco Program should work closely with the Division of Public Health Protection and Safety in order to resolve the issues the database change may cause.

**Strategies to Achieve Objective:**

- Encourage tobacco-free policies, voluntary or locally-enacted, for all public places including food service establishments

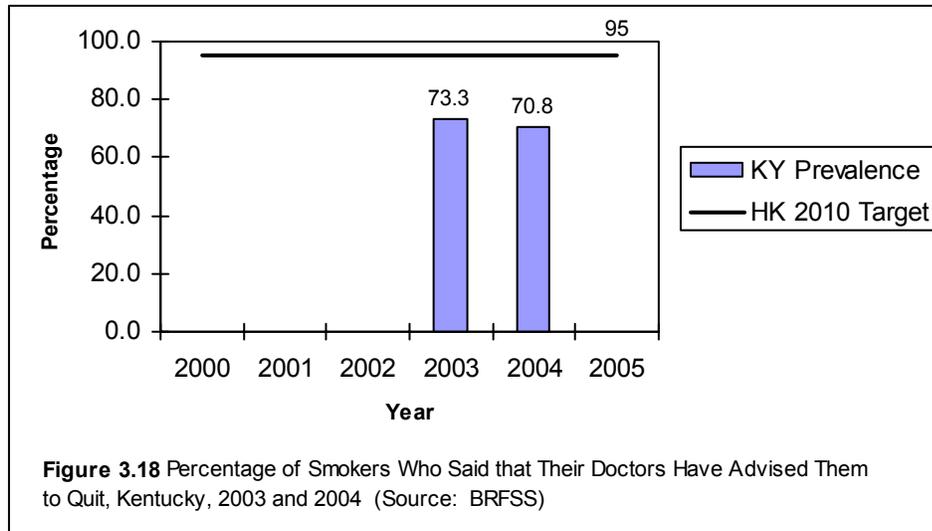
**3.18. Increase to 95 percent the proportion of patients who receive advice to quit smoking from a health care provider.**

**Data Source:** BRFSS. Refused and unknown responses are excluded. The question is not asked on an annual or regular basis.

**Baseline:** 73.3 percent in 2003

**HK 2010 Target:** 95 percent

**Mid-Decade Status:** 70.8 percent in 2004



### Strategies to Achieve Objective:

- Promote provider education and providers' use of self-reminder systems to ensure that this issue is raised during the clinical examination

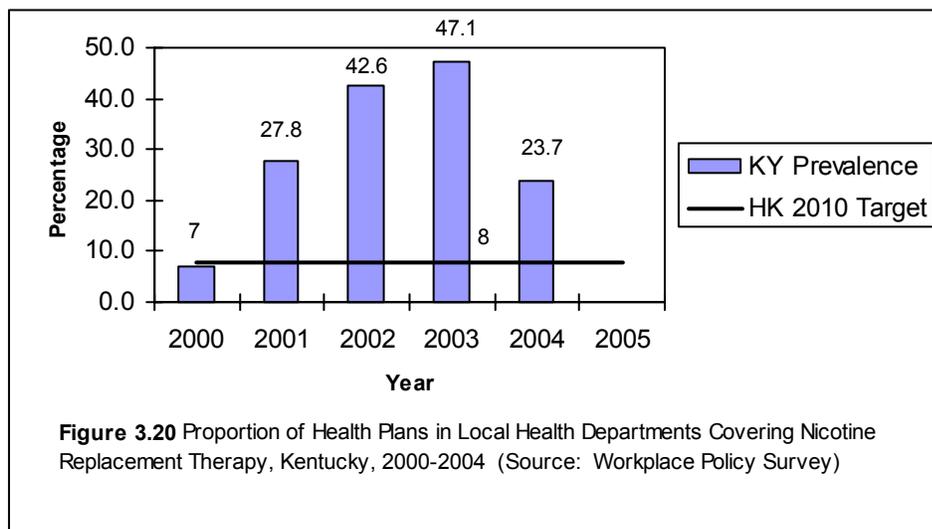
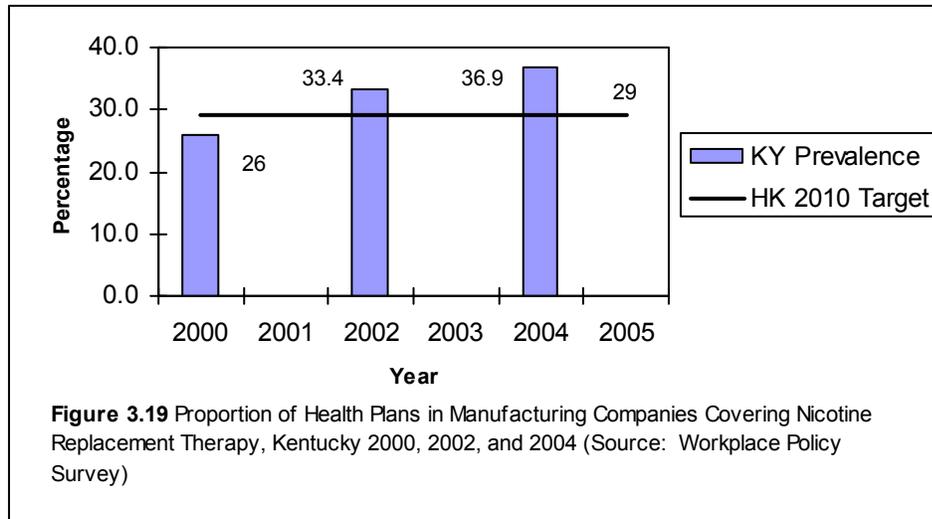
### 3.19. Increase the proportion of health plans that reimburse for nicotine addiction treatment.

**Data Source:** Workplace Policy Survey

**Baseline:** 26 percent in 2000 (health plans in manufacturing companies)  
7 percent in 2000 (health plans in local health departments - LHDs)

**HK 2010 Target:** 29 percent (manufacturing)  
8 percent (LHDs)

**Mid-Decade Status:** 36.9 percent in 2004 (manufacturing)  
23.7 percent in 2004 (LHDs)



**Data Needs:** Data for this objective only cover some manufacturing companies in Kentucky and local health departments. A survey covering more diverse companies across the state is needed to gain a more complete understanding of health plans' reimbursement in Kentucky.

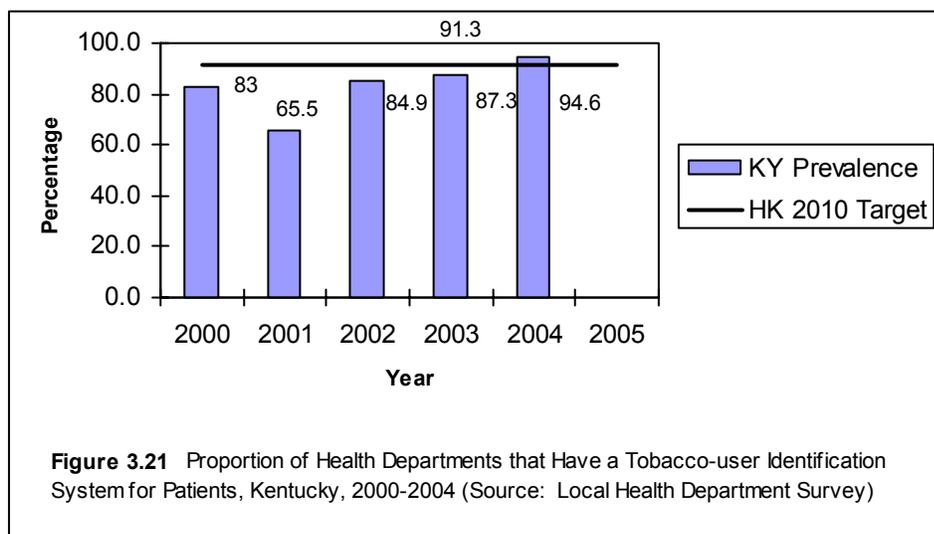
**3.20.a. Increase the proportion of health departments that have a tobacco-user identification system for patients.**

**Data Source:** Local Health Department Survey

**Baseline:** 83 percent in 2000

**HK 2010 Target:** 91.3 percent

**Mid-Decade Status:** 94.6 percent in 2004



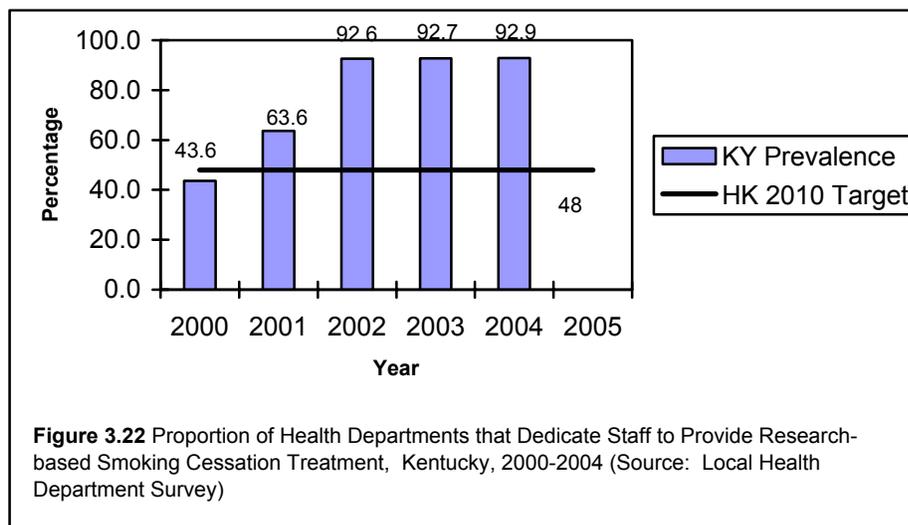
**3.20.b. Increase the proportion of health departments that dedicate staff to provide research-based smoking cessation treatment.**

**Data Source:** Local Health Department Survey. Data include those local health departments that have dedicated staff providing classes in the Cooper Clayton Method to Stop Smoking, which is a research-based smoking cessation program.

**Baseline:** 43.6 percent in 2000

**HK 2010 Target:** 48 percent

**Mid-Decade Status:** 92.9 percent in 2004



**3.20.c. Increase to 100 percent the proportion of health departments that provide annual training on research-based smoking cessation programs for health care providers. (See Revision)**

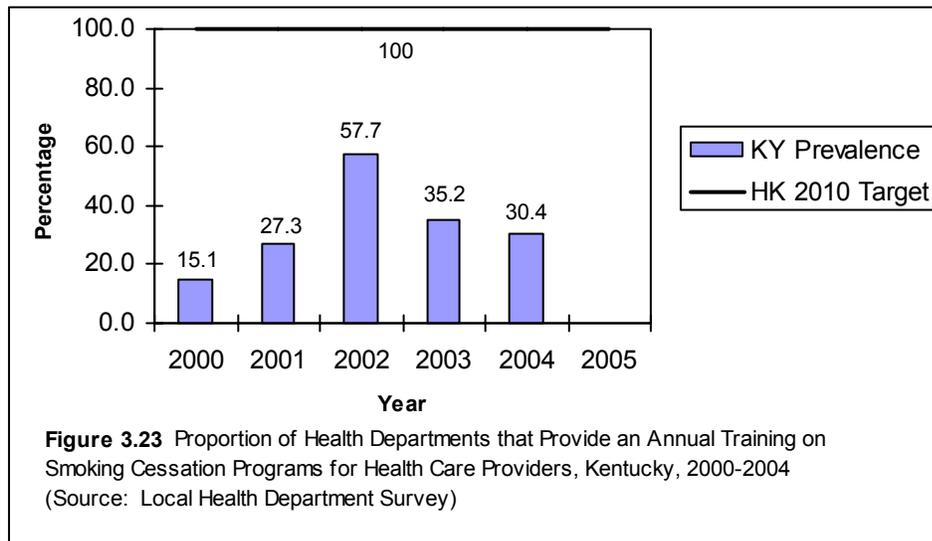
**3.20.cR. (REVISED) Increase to 100 percent the proportion of health departments that provide annual training on smoking cessation programs for health care providers.**

**Data Source:** Local Health Department Survey

**Baseline:** 15.1 percent in 2000

**HK 2010 Target:** 100 percent

**Mid-Decade Status:** 30.4 percent in 2004



**3.20.d. Increase to 100 percent the proportion of health departments that provide a variety of research-based smoking cessation treatment interventions. (DELETED)**

**Reason for Deletion:** Not able to accurately determine the number of research based interventions provided at each health department.

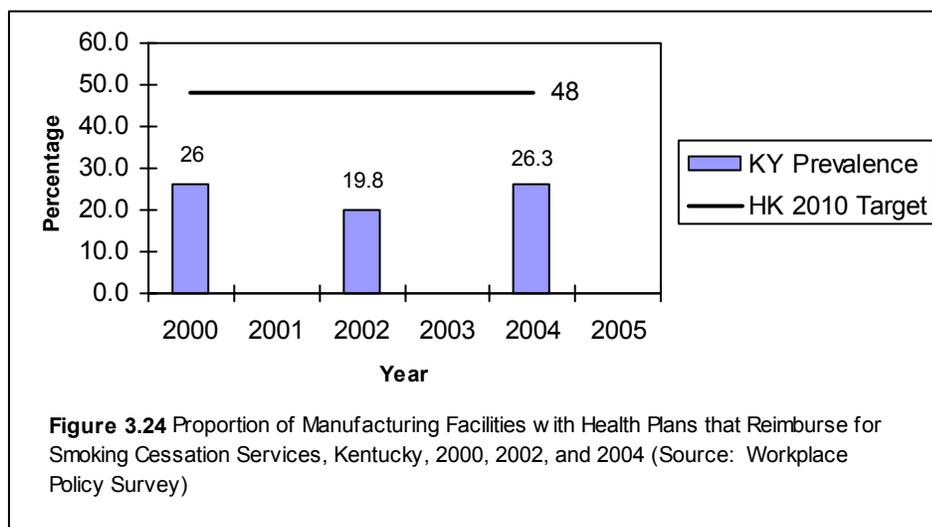
**3.20.e. Increase to 48 percent manufacturing facilities that reimburse for smoking cessation services.**

**Data Source:** Workplace Policy Survey. The data includes manufacturing workplaces that have health insurance plans that reimburse for all or part of behavioral counseling or classes for smoking cessation.

**Baseline:** 26 percent in 2000

**HK 2010 Target:** 48 percent

**Mid-Decade Status:** 26.3 percent in 2004



### Strategies to Achieve Objective:

- Encourage health insurers to offer coverage for evidence-based cessation treatment and pharmacotherapy

### 3.21. Establish a comprehensive research-based tobacco control program in Kentucky. (See Revision)

#### 3.21R. (REVISION) Establish a comprehensive research-based tobacco control program in Kentucky, as evidenced by the following criteria:

1. The number of local health departments (LHDs) that are funded for tobacco prevention and cessation
2. The number of LHDs that offer the Cooper Clayton Method to Stop Smoking Program
3. The number of full-time state-level tobacco control program staff
4. The percentage of schools with research-based tobacco prevention curricula

The Tobacco Prevention Program has grown since funding for it began in 1994. In 1999, 10 LHDs were funded for tobacco prevention and control, 21 LHDs provided Cooper Clayton Stop Smoking Programs, and there were four (4) full-time state-level staff in the Kentucky Tobacco Prevention and Cessation Program.

Currently, all of Kentucky's 56 LHDs (covering all 120 counties) are funded for tobacco prevention and control (2005); 52 LHDs provide Cooper Clayton Stop Smoking Programs (2004); there are 5 full-time state-level staff in the Kentucky Tobacco Prevention and Cessation Program (2005); and 73 percent of schools have research-based prevention curricula (2003).

**3.22. Increase the proportion of localities that adopt ordinances and/or policies to restrict tobacco use. (See Revision)**

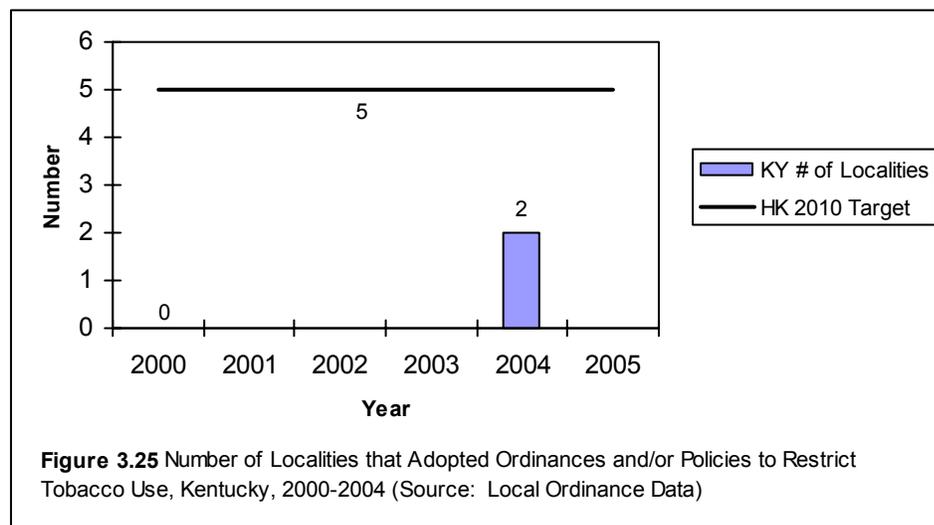
**3.22R. (REVISION) Increase the number of localities that adopt ordinances and/or policies to restrict tobacco use.**

**Data Source:** Local Ordinance Data

**Baseline:** 0 in 2000

**HK 2010 Target:** 5

**Mid-Decade Status:** 2 in 2004



**Strategies to Achieve Objective:**

- Encourage tobacco-free policies in all public places including bars and restaurants
- Offer technical assistance to cities on model tobacco-free policies

**Terminology**

**Cessation Programs:** a full range of services to identify and advise users of tobacco products to quit, including brief advice/counseling, intensive individual and group counseling, pharmaceutical aids (nicotine gum/patch, nasal inhaler, Zyban, etc.), computer-assisted interventions, mass media campaigns, and telephone quit lines.

**Chronic Bronchitis:** an inflammation of the bronchi, the main air passages in the lungs, which persists for a long period or repeatedly recurs.

**Community-Based Approaches:** prevention approaches that focus on the problems or needs of an entire community, including large cities, small towns, schools, worksites, and public places.

**Disparate Populations:** groups of people that are more adversely affected by tobacco use (either underserved—too few services or underutilizing existing services).

**Emphysema:** a chronic, irreversible disease of the lungs characterized by abnormal enlargement of air spaces in the lungs accompanied by destruction of the tissue lining the walls of the air spaces.

**Low Birth Weight:** a baby weighing less than 2500 grams (5 pounds 8 ounces) at birth.

**Postpartum:** the 6-week period immediately following birth.

**Public Place:** any area to which the public is invited or in which the public is permitted.

**Research-Based:** information obtained from research studies conducted to evaluate the effectiveness of interventions and typically published in peer-reviewed journals.

**Secondhand Smoke:** exhaled tobacco smoke and side stream smoke from the burning end of a cigarette and other tobacco product. Frequently referred to as “environmental tobacco smoke”, “involuntary smoking”, or “passive smoking.”

**Spit Tobacco:** also known as smokeless tobacco, comes in two forms: moist snuff and chew. Snuff is a finely ground tobacco, of which users put a pinch (also called a “dip” or a “rub”) between the cheek and gum in the mouth and hold it there. Chewing tobacco comes in leaf and plug forms and is chewed.

**Sudden Infant Death Syndrome (SIDS):** sudden and unexplained death of an infant from an unknown cause.

**Youth:** any person or persons under 18 years of age.

## References

- Kentucky Alcohol Beverage Control Illegal Tobacco Sales to Minors Database, 1998-2004
- Kentucky Department for Public Health Food Service Establishment Survey, 1999-2003
- Kentucky Vital Statistics Birth Records, 1997-2003
- Kentucky Youth Risk Behavior Surveillance Survey, 1997-2003
- Kentucky Youth Tobacco Survey, 2000-2004
- Behavioral Risk Factor Surveillance System, 1997-2004
- Local Health Department Cessation Survey, 1999-2004
- School Policy Survey, 2000-2003
- Workplace Policy Survey, 1999-2004

## Contributors

- Irene Centers, BA, Program Manager, Division of Adult and Child Health Improvement, Chronic Disease Prevention and Control Branch, Department for Public Health, Chapter Co-coordinator
- Katherine Gresham, MA, Surveillance Coordinator, Division of Adult and Child Health Improvement, Chronic Disease Prevention and Control Branch, Department for Public Health, Chapter Co-coordinator
- RaeAnne Davis, MSPH, Quit Line Coordinator, Division of Adult and Child Health Improvement, Chronic Disease Prevention and Control Branch, Department for Public Health
- Patricia McLendon, MPH, Evaluation Coordinator, Division of Adult and Child Health Improvement, Chronic Disease Prevention and Control Branch, Department for Public Health
- Barbara Donica, MA, RN, Coordinated School Health Administrator, Division of Nutrition and Health Services, Kentucky Department of Education

### 3. Tobacco Use – Summary Table

Summary of Objectives for Tobacco	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
3.1. Reduce the proportion of adults (18 and older) who use tobacco products.	Cigarettes 30.8% (1998)	≤25%	27.5% (2004)	Yes	BRFSS
	Cigars 5.5% (1998)	≤4%	5.9% (2001)	No	
	Spit Tobacco 3% (1997)	≤2%	5% (2004)	No	
3.2R. Increase to 58 percent the proportion of cigarette smokers ages 18 and older who smoke every day and stop smoking for a day or more.	47.9% (1998)	≥58%	47.6% (2004)	No	BRFSS
3.3. (DELETED)					
3.4. Reduce cigarette smoking among pregnant women to a prevalence of no more than 17 percent.	24.7% (1997)	≤17%	23.9% (2003)	Yes	Vital Statistics
3.5R. (Developmental) Of new mothers who smoked in the first three months before becoming pregnant, increase the percentage who abstained from using tobacco during pregnancy.	TBD	TBD	TBD	TBD	Vital Statistics
3.6. Reduce the proportion of young people who have smoked cigarettes within the past 30 days.	High School 37% (2000)	≤27%	28% (2004)	Yes	YTS
	Middle School 22% (2000)	≤14%	15% (2004)	Yes	
3.7R. Reduce the proportion of high school youth who smoked a whole cigarette before age 13.	32.5% (1997)	≤22%	29.4% (2003)	Yes	YRBSS
3.8. Increase to 32 percent the proportion of young people in grades 9 to 12 who have never smoked.	26% (2000)	≥32%	31% (2002)	Yes	YTS
3.9R. Increase to 56 percent the proportion of students in high school who smoke who quit for at least a day or more.	60% (2000)	≥62%	55.2% (2004)	No	YTS
3.10R. Reduce the proportion of high school and middle school students who think smoking cigarettes makes young people	High School 11.5% (2000)	≤10.4%	11.8% (2002)	No	YTS

Summary of Objectives for Tobacco	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
look cool or fit in.	Middle School 16.5% (2000)	≤11.1%	12.1% (2002)	Yes	
3.11R. Increase to 100 percent the proportion of high school students who think secondhand smoke is harmful.	91.5% (2000)	100%	92.2% (2002)	Yes	YTS
3.12. Increase the proportion of schools (middle and high) that provide research-based tobacco use prevention curricula.	73.8% (2003)	≥81.2%	73.8% (2003)	N/A	School Policy Survey
3.13R. Increase the proportion of stores that are compliant with youth tobacco access laws.	86% (1998)	≥96%	95% (2004)	Yes	KY ABC
3.14. (DELETED)					
3.15R. Increase the proportion of schools with tobacco-free environments (both indoors and outdoors) for students and staff, and at all school events.	Indoor for everyone 98.7% (2001)	100%	99% (2003)	Yes	School Policy Survey
	School grounds for students 96.8% (2001)	100%	96.6% (2003)	No	
	School grounds for teachers and staff 44.7% (2001)	≥49.2%	41.7% (2003)	No	
	Indoor school-related events 95.5% (2001)	100%	92.7% (2003)	No	
	Outdoor school-related events 41.4% (2001)	≥45.5%	43.6% (2003)	Yes	
3.16R. Increase to 47.3 percent the proportion of manufacturing worksites that prohibit smoking indoors.	43% (2000)	≥50.3%	49.3% (2004)	Yes	Workplace Policy Survey
3.17R. Increase to 51 percent the proportion of food service establishments that prohibit smoking.	32% (1999)	≥51%	45% (2003)	Yes	Food Service Estab. Survey
3.18. Increase to 95 percent the proportion of patients who receive advice to quit smoking from a health care provider.	73.3% (2003)	≥95%	70.8% (2004)	No	BRFSS
3.19. Increase the proportion of health plans that reimburse for nicotine addiction treatment.	Manufacturing 26% (2000)	≥29%	36.9% (2004)	Target Achieved	Workplace Policy Survey
	LHDs 7% (2000)	≥8%	23.7% (2004)	Target Achieved	
3.20a. Increase the proportion of health departments that have a tobacco-user identification system for patients.	83% (2000)	≥91.3%	94.6% (2004)	Target Achieved	LHD Survey

Summary of Objectives for Tobacco	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
3.20b. Increase the proportion of health departments that dedicate staff to provide research-based smoking cessation treatment.	43.6% (2000)	≥48%	92.9% (2004)	Target Achieved	LHD Survey
3.20cR. Increase to 100 percent the proportion of health departments that provide annual training on smoking cessation programs for health care providers.	15.1% (2000)	100%	30.4% (2004)	Yes	LHD Survey
3.20d. (DELETED)					
3.20e. Increase to 48 percent manufacturing facilities that reimburse for smoking cessation services.	26% (2000)	≥48%	26.3% (2004)	Yes	Work-place Policy Survey
3.21R. Establish a comprehensive research-based tobacco control program in Kentucky, as characterized by the following: 1. The number of local health department (LHD) districts that are funded for tobacco prevention and cessation 2. The number of LHD districts that offer Cooper Clayton Method to Stop Smoking Programs. 3. The number of full-time state-level tobacco control program staff. 4. The percentage of schools with research-based tobacco prevention curricula.	1) 10 (1999)	1) 56	1) 56 (2005)	Target Achieved	Plan/Budget Records
	2) 21 (1999)	2) 56	2) 52 (2004)	Yes	LHD Survey
	3) 4 (1999)	3) Staff to cover all CDC goals	3) 5 (2005)	Yes	Personnel Records
	4) No data	4) 100%	4) 73% (2003)	N/A	School Policy Survey
3.22R. Increase the proportion of localities that adopt ordinances and/or policies to restrict tobacco use.	0 (2000)	≥5	2 (2004)	Yes	Local Ordinance Data

R = Revised objective

N/A = Only baseline data are available. Not able to determine progress at this time.

TBD = To be determined. No reliable data currently exist.