Kansas Tobacco Control Strategic Plan, 2016 - 2020

TOBACCO FREE KANSAS
COALITION

Fellow Kansans:

Tobacco use impacts not only the user, but the children, families, and workers who are exposed to it. Today in Kansas 18% of adults smoke, and 4,400 adults die from smoking annually. Each year nearly 2,300 children become new daily smokers, and 3.3 million packs of cigarettes are bought or smoked by kids. As a result Kansas' annual health care costs directly caused by smoking are $1.12 billion, and productivity losses total $1.09 billion.

The mission of the Tobacco Free Kansas Coalition (TFKC) is to eliminate tobacco use among Kansans through advocacy, education and collaboration. Our organization has been actively engaged in policy change related to tobacco use and prevention for over 15 years. The effective partnerships established in our state have resulted in successful development and implementation of four strategic plans leading to tobacco control successes. These include multiple increases in cigarette taxes; local and statewide clean indoor air policies and protection of the integrity of those policies; and most recently, enactment of local T21 ordinances in three communities over the past six months, with five additional local governments discussing ordinances. In addition, Kansas has strong youth engagement in tobacco prevention efforts. The Kansas State Fair is now tobacco-free due solely to youth efforts. As a result of these strategies, the smoking prevalence among the state's high school students has decreased steadily from 2000 to 2013, from 26.1% to 10.2%. However, there is still much more work to be done.

TFKC members recognize that coordinated efforts are important in order to achieve population level outcomes. Historically, TFKC has served in a key advocacy role for important state policies related to tobacco use and prevention. Goal 1 (To prevent initiation among youth and young adults) includes two key strategies that align well with our mission and historic role within the state, those being to "Educate policy makers and the public about pricing strategies, tobacco-free policies, and Tobacco 21 policies as evidence-based practice" and to "Advocate for allocation of funding from tobacco excise tax for tobacco use prevention and cessation programs."

The organization will utilize this plan to coordinate annual priorities and goals for education and advocacy of members, policy-makers and citizens of Kansas. Having served on the Executive Steering Committee and been actively engaged in development of the plan, I am pleased to endorse the plan on behalf of our Board and members.

Sincerely,

Joyce A Cussimanio

Joyce A. Cussimanio
Board President

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Additional Information
For more information about tobacco prevention, please visit http://www.kdheks.gov/tobacco/ or contact the Kansas Tobacco Use Prevention Program at tupp@kdheks.gov.

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Statement on Native American Use of Tobacco
Strategies in this plan aim to reduce youth access to and experimentation with tobacco as well as to assist adults and youth in breaking their addiction to the nicotine in tobacco. Ceremonial tobacco use by Native Americans does not enter into this plan as such tobacco use does not involve abuse or addiction to nicotine.

Introduction

The Kansas State Tobacco Control Strategic Plan ("the plan") is the culmination of collaborative processes undertaken by state and local tobacco control partners.

The plan outlines a series of goals, objectives and priority strategies that will help guide all stakeholders in Kansas as they work together to decrease tobacco use and secondhand smoke exposure among youth and adults in Kansas, especially among populations disproportionately impacted by tobacco. The plan is a roadmap for success that is intended to provide direction and focus for state staff, partners and stakeholders, while providing a framework to align statewide public health initiatives.

The involvement of a broad range of diverse partner organizations with a history of productive collaboration across tobacco prevention and control has helped to ensure that this document is a reflection of shared purpose, and that it will be a useful and relevant tool for all audiences with a stake in tobacco control and prevention in Kansas. (For a full listing of those involved in the development of the plan, see Appendix A.)

The following plan describes an integrated approach to implementing evidence-based interventions, strategies and activities that build on established partnerships, programs and networks. Based on the evidence documented in scientific literature and the needs identified in Kansas, the most effective population-based approaches have been included. It is important to recognize that all components of the plan must work together to produce the synergistic effects of a comprehensive tobacco control program.

Implementing evidence-based, environmental change in tobacco use can be achieved. Science and experience have identified proven, cost-effective strategies that prevent youth and adults from smoking, help smokers quit and protect everyone from secondhand smoke. We know what works, and if we endeavor to fully implement the following proven strategies, we can prevent the devastating effects tobacco has on individuals, families and communities in Kansas.

The Burden of Tobacco in Kansas

The Problem of Tobacco Use

Tobacco use is the leading underlying cause of death in the United States (U.S), with approximately 480,000 people dying from smoking-related illnesses each year. Cigarette smoking is the primary driver of tobacco-related disease and death, and is associated with heart disease, stroke, cancer, chronic lung diseases and many other disabling and fatal conditions.[1]

Adult smoking prevalence in Kansas has mirrored national trends and stagnated for nearly a decade.[2,3] Approximately 436,200 Kansas adults still smoke cigarettes.[4] In 2014, adult smoking prevalence in Kansas was 18.1 percent, which is similar to the national average of 17.8 percent.[5,6] In Kansas, 97 percent of adult smokers started smoking by age 26 and 78 percent started by age 18, emphasizing the need to prevent tobacco use among youth and young adults.[7]

The prevalence of cigarette smoking among Kansas high school students dropped from 21.0 percent in 2005 to 10.2 percent in 2013.[8,9] Despite this progress, it is estimated that 2,300 Kansas youth become daily smokers each year and that 61,000 Kansas children alive today will ultimately die prematurely from smoking as adults.[4] Kansas high school students also use other tobacco products, such as smokeless tobacco (including spit, snuff, chew; prevalence: 8.1 percent) and cigars (10.3 percent).[9]

Health Consequences of Tobacco Use

Tobacco use negatively affects every system in the human body. The health consequences of tobacco use include heart disease, multiple types of cancer, lung and respiratory disease, negative reproductive effects, and the worsening of chronic health conditions like asthma. Smoking can cause diabetes, and smokers are 2 to 4 times more likely than nonsmokers to develop heart disease or suffer from a stroke.[1,4] About 4,400 Kansans die each year from cigarette smoking.[10] For each person who dies from tobacco use, another 30 suffer with at least one serious tobacco-related illness.[1]

Exposure to secondhand smoke is also a leading cause of preventable death in the U.S., killing nearly 42,000 nonsmokers each year. The 2014 Surgeon General's Report *The Health Consequences of Smoking—50 Years of Progress* states that there is no safe level of exposure to tobacco smoke. Breathing even a little secondhand smoke can be dangerous, as secondhand smoke causes lung cancer, heart disease and strokes in nonsmokers.[1] Many Kansas adults report having been exposed to secondhand smoke in the past week—20.2 percent at work and 8.8 percent at home.[11] Among high school students, 25.7 percent report that someone smoked inside their home and 32.6 percent report they rode in a vehicle with someone who was smoking.[12] In addition, about a quarter of adults living in multi-unit housing report having been exposed to secondhand smoke from outside their units.[11]

Smokeless tobacco products like spit tobacco, snuff, snus and dissolvable tobacco products (e.g., orbs, strips) are also harmful. All of these products can cause oral health problems, including gum disease, tooth decay and tooth loss. Spit tobacco has been clearly linked to several types of cancer including oral cancer, esophageal cancer and pancreatic cancer.[13] In addition, all tobacco products contain nicotine, which is addictive. Nicotine use during adolescence and young adulthood has been associated with lasting cognitive and behavioral impairments, including effects on memory and attention.[1] Rates of smokeless tobacco use are particularly high among

males. In Kansas, 13.2 percent of high school males and 10.7 percent of adult males currently use smokeless tobacco, compared to 2.3 percent of high school females and 0.9 percent of adult females.[5,9]

Electronic cigarettes (e-cigarettes) are battery-powered devices that deliver nicotine and other additives like flavorings to the user in an aerosol form. E-cigarette use among U.S. youth has increased significantly in the past few years. From 2011–2014, past-30-day e-cigarette use increased from 0.6 percent to 3.9 percent among middle school students and from 1.5 percent to 13.4 percent among high school students. E-cigarettes became the most commonly used tobacco product among middle school and high school students in 2014.[14] As of 2012, 5.9 percent of high schoolers in Kansas have ever used e-cigarettes.[12] E-cigarette use is particularly high among young adults, with 26.0 percent of 18-24 year olds in Kansas having ever tried an e-cigarette (21.6 percent nationwide).[15,16]

The Financial Toll of Tobacco Use

Cigarette smoking in Kansas costs $1.12 billion in health care expenditures and another $1.09 billion in lost productivity each year. The health care expenditure cost covered by the state Medicaid program is $237.4 million per year. Kansas residents' state and federal tax burden is $822 per household to pay annual health care costs for smoking-related expenditures. These costs do not include health costs caused by exposure to secondhand smoke, smoking-caused fires or use of other tobacco products like spit tobacco or cigars.[4]

Disparate Tobacco Use and Priority Populations in Kansas

Kansas has notable adult smoking disparities across a variety of social and demographic constructs, including age, income, education, race, mental health, sexual identity and disability status. To reduce the overall toll of tobacco in Kansas, eliminating such disparities must be a priority. The following groups have been selected as Priority Populations for Kansas tobacco control efforts:

- **Youth and Young Adults:** Approximately 2,300 kids in Kansas become regular smokers each year, and 1 in 3 of them will die an early death as a result.[4] Approximately 78 percent of adult smokers in Kansas started smoking by age 18 and 97 percent started by age 26.[7]
- **Pregnant Women:** In 2014, 12.0 percent of adult pregnant women in Kansas smoked cigarettes.[17] Smoking during pregnancy is a risk factor for complications from prematurity, low birth weight and other pregnancy problems. Infants exposed to parental smoking are at heightened risk for Sudden Infant Death Syndrome.[1]
- **Low-Income Adults:** In Kansas, adults with an annual household income of less than $25,000 smoke at nearly three times the rate of adults with an annual household income of $50,000 or more.[5] Additionally, adults in Kansas who are uninsured or on Medicaid smoke at rates more than double those for adults with private health insurance or Medicare.[11]
- **Persons with Poor Mental Health Status**: Individuals who have poor mental health bear a disproportionate burden of tobacco-related illness compared to the general population. More than 1 in 3 U.S. adults with a mental illness smoke cigarettes, compared to 1 in 5

adults with no mental illness.[18] The prevalence of smoking is significantly higher among Kansas adults with Serious Psychological Distress, those who experience Frequent Mental Distress, and those with a lifetime diagnosis depression than those without these mental health conditions.[15] Individuals with poor mental health status also experience factors that make it more challenging to quit smoking, such as stressful living situations and limited access to health care.[18]

Tobacco Industry Influences

The tobacco industry's marketing practices influence tobacco use. In the U.S. alone, tobacco marketing expenditures total $9.6 billion a year – $26 million each day.[19] Kansas spends less than $1 million each year to prevent smoking, compared to the estimated $70.7 million spent each year by the tobacco industry to market their products in the state.[4] The vast majority of tobacco industry marketing funds are spent in the retail environment, including point-of-sale advertising and price discounts such as coupons, promotional allowances and buy-one-get-one-free offers.[20] In addition to marketing, the industry spends millions on lobbying and political contributions aimed at defeating tobacco control laws and regulations and passing measures that protect the industry.[19]

The tobacco industry targets specific groups with marketing efforts:

- **Youth and young adults**: Studies indicate youth smoking increases as a result of tobacco industry advertising that especially appeals to young people. When adolescents are exposed to cigarette advertising, they find the ads appealing and smoking looks attractive, so their desire to smoke increases.[21]
- **Ethnic minorities**: Advertising and promotion of certain tobacco products appear to be targeted to members of racial/minority communities.[20,21,22] Marketing to Hispanics and American Indians/Alaska Natives has included advertising and promotion of cigarette brands like Rio, Dorado and American Spirit. The tobacco industry has also targeted African-American communities in its advertisements and promotional efforts for menthol cigarettes through campaigns that use urban culture and language, sponsorship of hip-hop bar nights with samples of menthol cigarettes and targeted direct-mail promotions.[22,23]
- **Women**: Tobacco companies have branded and advertised products specifically for women with themes of social desirability and independence, conveyed by advertisements featuring slim, attractive and athletic models.[22,24]

Newer tobacco products like snus, flavored little cigars, hookah and electronic nicotine delivery systems (ENDS) like e-cigarettes also present challenges. In 2014, nearly 7 out of 10 middle and high school students in the U.S. were exposed to e-cigarette advertisements from sources like retail stores, the Internet, television, movies, newspapers and magazines.[25] These products are available in fruit and candy flavors that appeal to youth, are addictive and may pose health risks. Use of these products also contribute to maintaining social norms that tobacco use is acceptable. For example, e-cigarettes can currently be used in many places that combustible cigarettes cannot, making their use more normal.

Tobacco Prevention and Control in Kansas

Key Tobacco Policies in Kansas

Tobacco policies help create environments in which tobacco is less accessible and desirable – thereby discouraging initiation and promoting cessation. Several state tobacco policies are described here. It is important to note that in Kansas, cities and counties have "Home Rule" authority granted by the Kansas Constitution, giving them the power to enact and administer laws concerning local matters as long as such laws are not weaker than state law.

Smoke-Free Environments

Smoke-free policies have been proven to reduce secondhand smoke exposure and also reduce tobacco use.[26] The 2010 Kansas Indoor Clean Air Act prohibits smoking in most public indoor spaces, including worksites, restaurants and bars. There are exemptions for certain tobacco shops, casino floors, private clubs, adult long-term facilities and up to 20 percent of hotel/motel sleeping rooms.[27]

Tobacco Pricing

Evidence from multiple studies shows that increasing the unit price of tobacco products reduces tobacco use, both increasing cessation and preventing initiation. Increasing the unit price for tobacco products by 20 percent reduces prevalence of adult tobacco use by 3.6 percent, initiation of tobacco use by young people by 8.6 percent, and overall consumption of tobacco products by 10.4 percent. This in turn results in reduced health care costs and productivity losses. Evidence also shows that increasing the price of tobacco reduces tobacco-related disparities among income groups and may reduce disparities by race and ethnicity.[28]

One approach to increasing the price of tobacco is through excise taxes. In 2015, Kansas raised the state excise tax on cigarettes to $1.29 per pack ($0.50 increase). Other tobacco products such as chewing tobacco, cigars, little cigars, roll your own, pipe tobacco, snuff and snus are taxed at 10 percent of the wholesale price. All proceeds from state taxes on tobacco products go to the state general fund.[27]

Youth Access to Tobacco

Because most people who smoke begin using tobacco in their teens, reducing youth access to tobacco is important.[29] A 2015 report from the Institute of Medicine concludes that raising the minimum legal age to purchase tobacco to 21 would reduce tobacco use initiation, particularly among youth 15 to 17 years old.[30] Eliminating self-service displays also eliminates easy access to tobacco products by young people. In Kansas, the minimum age to purchase or possess cigarettes, electronic cigarettes or other tobacco products is 18. The state requires tobacco retailers pay $25 every two years for a license to sell tobacco products, and self-service displays for tobacco products are only permissible in designated tobacco specialty stores.[27]

Statewide Initiatives

The burden of tobacco in Kansas can be reduced through implementation of evidence-based interventions, strategies and activities that prevent initiation, promote cessation, reduce exposure to secondhand smoke and eliminate tobacco-related disparities. The interventions currently in place in Kansas are specifically tailored to capitalize upon an engaged state-level partnership, relationships with state chronic disease programs and state organizations that represent disparate

sub-populations, and an extensive network of local community programs. Many diverse statewide, regional and community stakeholders representing universities, health care, social service providers, advocacy organizations, foundations and local and state health department professionals work together by:

- Educating stakeholders and the public about the burden of tobacco use and evidence-based strategies to reduce this burden.
- Integrating tobacco prevention and control initiatives into chronic disease programs.
- Offering technical support to establish and support local community coalitions, such as those awarded Chronic Disease Risk Reduction (CDRR) grants, to implement evidence-based strategies for environmental change.
- Engaging state-level organizations that represent populations experiencing health disparities in planning and implementing interventions tailored to their constituencies.
- Providing the Kansas Tobacco Quitline and promoting the use of evidence-based tobacco cessation treatments.
- Coordinating mass-reach health communication interventions and counter-marketing campaigns that use multiple communication channels.
- Conducting surveillance and evaluation, including data collection, analysis and dissemination.
- Providing resources to support state and local interventions (see Appendix F for a list of such resources).

These statewide initiatives coordinate with and support several community-level interventions, such as:

- Increasing tobacco retailer license fees and revising licensing provisions to restrict tobacco products that target youth.
- Implementing and enforcing tobacco-free school grounds and college campuses.
- Engaging youth to raise awareness and support for tobacco control policy change.
- Implementing smoke-free multi-unit housing policies.
- Implementing smoke-free air policies for outdoor areas such as such as parks, fairgrounds, community events, dining areas, bus stops, farmers markets and trails.
- Promoting an online provider training for smoking cessation.
- Training tobacco control spokespeople to educate decision-makers, stakeholders and the public.

The following updated Kansas State Tobacco Control Strategic Plan builds upon past successes and current initiatives, providing a framework through which an extensive network of statewide partnerships will continue to collaborate to eliminate tobacco use and exposure in Kansas.

The Collaborative Planning Process

Developing the Kansas State Tobacco Control Strategic Plan was a truly collaborative effort. The process relied on a large network of content experts from across the state and various organizations including state and local agencies and organizations, academia and philanthropies. Experts were engaged throughout the strategic planning process to identify assets and barriers to tobacco control, and to fine tune priorities, objectives and action steps to ensure the final plan is both achievable and supported by the latest scientific evidence.

To begin planning, a one-day strategic planning meeting was held on August 27, 2015, in Topeka, Kansas, with 25 individuals representing key partner organizations and stakeholder groups (see Appendix A). During the meeting, stakeholders reviewed, identified and prioritized goals, objectives and evidence-based strategies, interventions and actions.

First, participants received an orientation to the following key areas:

1. Current status and key indicators of state tobacco use and prevention trends, including cigarette and smokeless tobacco use prevalence, secondhand smoke exposure, and quit attempts.
2. Current state and local policies related to tobacco control, such as excise tax and smoke-free air regulations.
3. Results of Key Informant Interviews with 14 partners who discussed desired statewide outcomes, perceived assets and challenges, and success factors.
4. Results of a Stakeholder Survey from 81 stakeholders who identified priority topics related to preventing tobacco use, promoting cessation, eliminating secondhand smoke exposure and reducing tobacco-related disparities.

Following the orientation, the group reviewed the proposed vision, mission and goals to ensure consensus. Participants then identified, discussed and prioritized objectives and strategies. The Health Impact Pyramid described by Dr. Thomas Frieden in the *American Journal of Public Health* was used as a reference to assist participants in selecting strategies that are high impact, evidence-based and reach a broad segment of the population (see Figure 1).[31]

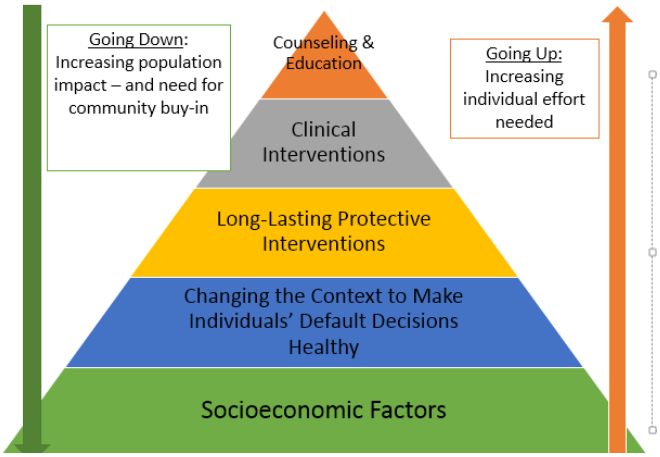

Figure 1: The Health Impact Pyramid

Following the August 27 meeting, bi-weekly conference calls were held with an executive committee comprised of representatives from KDHE, Tobacco Free Kansas Coalition, American Lung Association, American Heart Association and American Cancer Society Cancer Action Network. During those meetings, the executive committee refined the goals, objectives and strategies and identified key partners and activities for each objective in the plan.

The draft plan was presented to stakeholders via in-person listening sessions held in four locations across the state as well as via a webinar-based interactive conference call. During the

listening sessions local community stakeholders had the opportunity to engage in the planning process and give feedback on the plan's activities and partners. The webinar re-engaged the strategic planning meeting attendees and CDRR grantees to ensure the plan was a good representation of the tobacco control and prevention priorities across the state.

The Kansas State Tobacco Control Strategic Plan is a living document. As the plan is implemented during the next five years, KDHE will engage partners in monitoring and implementing the plan. KDHE and partners will work together to address strategies, review progress, gather lessons learned, identify success stories and determine if modifications or mid-course corrections to the plan are needed.

The Strategic Plan

The Kansas State Tobacco Control Strategic Plan was developed with guidance by the vision, mission and core values shared by tobacco control partners throughout the state.

Vision: A healthy, tobacco-free Kansas.

Mission: Prevent and eliminate tobacco use among Kansans of all ages through advocacy, education and collaboration.

Core Values

- Tenacity
- Evidenced-Based Decision Making
- Leadership
- Passion
- Strategic Action
- Innovation
- Integrity

Goals: The goals of the Kansas Tobacco Control Strategic Plan align with the goals for comprehensive state tobacco control programs as identified by the Centers for Disease Control and Prevention. The four goals are:

Goal 1: Prevent initiation among youth and young adults.

Goal 2: Eliminate exposure to secondhand smoke.

Goal 3: Promote quitting among adults and youth.

Goal 4: Identify and eliminate tobacco-related disparities among population groups disproportionately impacted by tobacco.

For each of these goals, the collaborative strategic planning process has resulted in:

- **Measurable objectives to be achieved by 2020** that represent progress toward accomplishing each goal. KDHE will track additional indicators and short-term and intermediate objectives as the plan is implemented.
- **Priority strategies** to achieve the objectives.
- **Key activities** to implement the priority strategies.
- **Examples of key partner organizations** that will implement the activities.

The strategic plan presented here describes the evidence supporting the selection of the four goal areas and the strategies to achieve them. Each goal is aligned with its corresponding objectives, strategies, key activities and key partners. The plan is supported by, and meant to be implemented in conjunction with, the Sustainability and Communications Plans presented in Appendices B and C. The Kansas Tobacco Control Logic Model is presented in Appendix D, illustrating how these strategies and activities will result in decreased tobacco-related disease and death in Kansas. Key indicators that will be used to measure progress are outlined in Appendix E.

The plan outlines the types of strategies and activities that need to occur to achieve the objectives and goals. To implement these strategies, key partners and stakeholders will reconvene each year to agree on a work plan that establishes a timeline and defines stakeholder roles. In doing so, additional activities may be identified and planned. The annual review will also present many collaborating partners with an additional opportunity to share resources, problem solve, coordinate and collaborate to have the greatest statewide impact. Similarly, the list of key partners included under each strategy is not meant to be exhaustive and may be augmented as implementation and planning proceeds. A broad range of partners and stakeholders across the state will continue to engage in the plan's strategies and activities.

Goal 1: Prevent initiation among youth and young adults

Preventing tobacco initiation among youth and young adults is critical since about 78 percent of adult smokers in Kansas started smoking by age 18, and 97 percent started by age 26.[7] To measure progress toward this goal, the percentage of youth and young adults who use tobacco products will be monitored over time. The selected strategies focus on changing environments to make tobacco less accessible and acceptable to youth.

Supporting Evidence for Strategies Selected for Goal 1:

- The CDC recommends that school and college policies and interventions be part of comprehensive tobacco control and prevention programs, implemented in conjunction with efforts to create tobacco-free social norms, including making environments smoke-free. E-cigarettes can currently be used in many places that combustible cigarettes cannot, which normalizes use of the products.[29]
- Evidence from multiple studies shows that increasing the price of tobacco products reduces tobacco use. This strategy is particularly effective in preventing initiation among youth.[28]
- Research has shown a causal relationship between advertising of tobacco products and the initiation of tobacco use among young people. Approximately one-third of underage experimentation with smoking can be attributed to tobacco industry advertising and promotion. Hard-hitting countermarketing campaigns that use commercial marketing tactics can be a valuable tool to reduce tobacco use, particularly when combined with other interventions.[29]
- Restricting minors' access to tobacco products is recommended to prevent initiation. Research indicates that raising the minimum legal age to purchase tobacco to 21 will reduce tobacco use initiation, particularly among youth 15 to 17 years old.[30]
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including increasing the unit price of tobacco and creating smoke-free public and private environments.[29]

Goal 1: Prevent initiation among youth and young adults

Objective 1	**Reduce the percentage of high school students who use cigarettes, e-cigarettes and any tobacco products respectively by 5 percentage points.***
Strategies	1. Support efforts to adopt and implement evidence-based pricing strategies that discourage tobacco use 2. Support zoning and licensing policies to restrict youth access to tobacco products in the retail environment 3. Incorporate e-cigarettes into all smoke-free and tobacco-free policies at the state and local levels 4. Develop tobacco-free policies that include e-cigarettes on K-12 school properties 5. Develop and implement a large scale, counter marketing-communication campaign to promote tobacco use prevention and control
Key Activities	➢ Educate partners, stakeholders, policy makers and the public about pricing strategies as evidence-based practice ➢ Develop surveillance plan to ensure availability of youth data ➢ Engage youth in strategies and activities that raise awareness of and support for policy change ➢ Advocate for allocation of funding from tobacco excise tax for tobacco use prevention and cessation programs
Key and/or Potential Partners	• Tobacco Free Kansas Coalition (TFKC) membership and founding members *(founding members are: American Cancer Society, American Lung Association, American Heart Association, Kansas Department of Health and Environment)* • Kansas State Department of Education • Kansas Department of Revenue • Kansas Department of Aging and Disability Services (KDADS)- Substance Abuse Prevention • Local governments / policy makers • Chronic Disease Risk Reduction (CDRR) grantees and other health and prevention – focused grantees and coalitions • Local chambers of commerce and businesses • School districts
Objective 2	**Reduce the percentage of 18-24 year olds who use cigarettes, e-cigarettes and any tobacco products respectively by 5 percentage points.***
Strategies	1. Support efforts to adopt and implement evidence-based pricing strategies that discourage tobacco use 2. Support adoption and implementation of Tobacco 21 policies 3. Develop tobacco-free policies that include e-cigarettes on educational campuses, worksites or other places where 18-24 year olds are exposed to tobacco use
Key Activities	➢ Educate policy makers and the public about pricing strategies, tobacco-free policies, and Tobacco 21 policies as evidence-based practice ➢ Advocate for allocation of funding from tobacco excise tax for tobacco use prevention and cessation programs ➢ Convene partners, including youth and young adults, to determine priorities, timeline and roles ➢ Provide training and technical assistance on Tobacco 21 policies to CDRR grantees and other regional communities and wellness groups ➢ Provide resources for town hall meetings on Tobacco 21 policies in interested communities
Key and/or Potential Partners	• TFKC membership and founding members • Kansas State Department of Education • Kansas Department of Revenue • KDADS- Substance Abuse Prevention • CDRR grantees and other health and prevention-focused grantees and coalitions • Board of Regents • College administrators • Student organizations at universities, colleges and technical schools (e.g., student government, Greek life) • Local governments / policy makers

***** See Appendix E, Key Indicators Table, for baseline data.

Goal 2: Eliminate exposure to secondhand smoke

There is no risk-free level of secondhand smoke, which can cause premature death and disease in nonsmoking adults and children.[29] Primarily because of exposure to secondhand smoke, an estimated 7,330 nonsmoking Americans die of lung cancer and more than 33,900 die of heart disease each year. Economic costs attributable to smoking and exposure to secondhand smoke now approach $300 billion annually.[29] While the Kansas Indoor Clean Air Act protects the public from secondhand smoke in many places, 36.6 percent of Kansas high school students report being exposed to secondhand smoke in public places.[12] In addition, 20.2 percent of Kansas workers are exposed to secondhand smoke in their workplace.[11] Smoking is also permitted in 13 percent of Kansas homes.[5] Smoke-free air policies that eliminate all secondhand smoke exposure are proven to protect the public from secondhand smoke and save lives. To measure progress toward this goal, secondhand smoke exposure in public places, worksites and homes will be monitored. The selected strategies focus on creating smoke-free indoor and outdoor environments.

Supporting Evidence for Strategies Selected for Goal 2:

- Research has documented the effectiveness of laws and policies in a comprehensive tobacco control effort to protect the public from secondhand smoke exposure. This includes implementing comprehensive smoke-free laws that prohibit smoking in all indoor and outdoor areas, including worksites, parks, recreational areas and campuses. Incorporating provisions for smoke-free work vehicles and areas around building entrances provide additional protection. Prohibiting the use of e-cigarettes as part of smoke-free regulations can help ensure the public is not exposed to e-cigarette vapors and enforcement of smoke-free laws is not compromised.[29]
- Research shows that secondhand smoke can infiltrate nonsmoking homes in multi-unit housing complexes through routes like air ducts, stairwells and open windows, exposing nonsmoking residents to secondhand smoke and potentially endangering their health. Smoke-free policies in multi-unit housing facilities can play an important role in protecting residents from secondhand smoke.[32]
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including creating smoke-free public and private environments, such as parks and multi-unit housing. Statewide programs can educate policy makers and organizational decision makers about tobacco to build support for tobacco control policy change.[29]

Goal 2: Eliminate exposure to secondhand smoke			
Objective 1	**Decrease the percentage of high school students exposed to secondhand smoke in any indoor or outdoor public place from 36.6% to 25%.**		
Strategies	1. Implement policies for smoke-free parks, recreation and sports areas, campuses and outdoor work areas		
Key Activities	➢ Fund local communities to convene stakeholders, hold town hall meetings and promote policies ➢ Provide resources, technical assistance and strategy sharing opportunities to communities ➢ Engage youth in process and in raising community awareness		
Key and/or Potential Partners	• TFKC membership and founding members • State and local parks & recreation departments and associations • Local governments / policy makers	• Youth-focused organizations (e.g., 4H, Boys and Girls Clubs, Big Brothers and Big Sisters, Boy and Girl Scouts, religious groups) • Local community and civic organizations with outdoor focus	• School districts • Kansas State Department of Education • CDRR grantees and other health and prevention –focused grantees and coalitions
Objective 2	**Decrease the percentage of Kansas workers who were exposed to secondhand smoke at work in the past week from 20.2% to 17%.**		
Strategies	1. Close loopholes in Kansas Indoor Clean Air Act regarding exemptions for casinos, cigar bars, fraternal organizations, etc. 2. Implement tobacco-free policies and cessation support in low wage worksites and worksites in locations serving low socioeconomic status (SES) communities and racial and ethnic subgroups.		
Key Activities	➢ Include questions about worksite tobacco policies in BRFSS ➢ Educate all interested partners and stakeholders, including opinion leaders, public officials and the public, about evidence-based strategies to reduce exposure to secondhand smoke		
Key and/or Potential Partners	• TFKC membership and founding members • WorkWell Kansas	• Local chambers of commerce and businesses • CDRR grantees and other health and prevention –focused grantees and coalitions	
Objective 3	**Decrease the percentage of Kansas adults who live in households where smoking is allowed from 13% to 8%.**		
Strategies	1. Implement smoke-free multi-unit housing policies		
Key Activities	➢ Work with housing authorities to perform environmental assessments and to create smoke-free policies ➢ Provide resources, technical assistance and strategy sharing opportunities to communities		
Key and/or Potential Partners	• TFKC membership and founding members • CDRR grantees and other health and prevention –focused grantees and coalitions	• Housing authorities • Multi-unit housing property owners, managers and residents, and residential associations	

Goal 3: Promote quitting among adults and youth

Promoting cessation is a key component of a comprehensive state tobacco control program.[29] Over half (58.6 percent) of adult smokers in Kansas attempted to quit in 2014.[5] Providing tobacco users who want to quit with resources and services to assist them in succeeding is an effective approach to reduce tobacco-related disease and health care costs.[29] To measure progress toward this goal, the percentage of adult smokers who make a quit attempt and the proportion of pregnant women who smoke will be monitored over time. The selected strategies focus on providing comprehensive, evidence-based tobacco cessation services and reducing barriers to accessing these services, particularly for low-income populations and pregnant women.

Supporting Evidence for Strategies Selected for Goal 3:

- State programs should focus on population-level, strategic efforts to reconfigure policies and systems to normalize quitting and institutionalize tobacco use screening, referrals and treatment through quitlines and pharmaceutical aides.[29]
- More than 80% of smokers see a health care provider every year, and most smokers want their health care providers to talk to them about quitting. Smokers successfully quit more often when they are referred to evidence-based treatments through the health care system, state quitlines and other community-based resources.[29]
- Population-wide interventions that change societal environments and norms related to tobacco use, like comprehensive smoke-free policies, increased tobacco product pricing and hard-hitting media campaigns, increase tobacco cessation by motivating tobacco users to quit and making it easier for them to do so.[29]
- Expanding cessation insurance coverage is recommended to facilitate cessation by removing cost and administrative barriers that prevent smokers from accessing cessation counseling and medications. This increases the number of smokers who use evidence-based cessation treatments and successfully quit. Since low-income adults smoke at a much higher rate than those with a higher income, expanding insurance coverage reduces tobacco-related population disparities by enabling low-income populations to access evidence-based cessation treatment.[29]
- Parental smoking is a risk factor for several pregnancy complications and infant health problems, making pregnant women and mothers of infants who smoke an important population for targeted cessation efforts.[1] During pregnancy (the prenatal period) and immediately before and after birth (the perinatal period), women engage with health care systems frequently, providing opportunities for tobacco cessation referral and treatment.

Goal 3: Promote quitting among adults and youth

Objective 1	**Increase the percentage of current smokers who make a quit attempt from 58.6% to 65.0%.**
Strategies	1. Implement comprehensive tobacco cessation programs and treatment protocols in mental health 2. Promote utilization of tobacco cessation treatment available through Medicaid 3. Develop and implement a large scale, counter marketing communication campaign to promote tobacco cessation 4. Establish comprehensive insurance coverage for cessation to reduce barriers to receiving cessation benefits 5. Engage providers throughout health care systems in integrating cessation into health care practices
Key Activities	➢ Sponsor multifaceted educational campaign (e.g., focusing on youth, veterans, providers, patients, etc.) to promote quitting and provide information on how smokers can get help to quit, including free and low-cost cessation support ➢ Engage insurance providers and other stakeholders to develop strategies to reduce out-of-pocket treatment costs for cessation services ➢ Train safety net providers serving low-income/uninsured populations on screening, referral and follow-up for smoking on every visit ➢ Educate state policy makers on cessation, particularly among disparately affected populations ➢ Create network of providers to collaborate/coordinate outreach and services ➢ Align all cessation activities with the state quitline plan
Key and/or Potential Partners	• TFKC membership and founding members • Insurance providers (e.g., KanCare, BCBS) • Ascension Health • County Extension programs • Health care providers/facilities (e.g. hospitals, community health centers, mental health providers) • KDADS • Veteran and military-focused organizations (e.g., Veterans' Association; Veterans of Foreign Wars) • Kansas Association for the Medically Underserved • Kansas Family Partnership • Employers
Objective 2	**Decrease the percentage of pregnant women who smoke from 12.0% to 9.0%.**
Strategies	1. Educate health care providers on evidence-based best practices for cessation before, during and after pregnancy 2. Implement comprehensive tobacco cessation programs and treatment protocols in prenatal and perinatal care settings 3. Increase utilization of available tobacco cessation treatment among pregnant women
Key Activities	➢ Leverage consistent, repeat messages about tobacco and nicotine across all systems using traditional techniques (face-to-face communication with provider) and through use of social media, texting, videos and peer-to-peer mentoring ➢ Train Women, Infants and Children (WIC) staff and family planning nurses at health departments on screening, referral and follow-up for smoking at every visit ➢ Train WIC staff and family planning nurses at health departments on brief tobacco intervention counseling techniques ➢ Implement Baby and Me Tobacco Free Programs at the county level ➢ Enlist support of pediatricians to screen, refer and follow-up on smoking during perinatal period ➢ Develop marketing tools to promote tobacco cessation treatments available through Medicaid to perinatal clients who smoke
Key and/or Potential Partners	• Maternal and child health programs (e.g., WIC, Family Planning) • Insurance providers (e.g., KanCare, BCBS) • Health care providers/facilities (e.g., pediatricians, hospitals, community health centers, family practitioners) • County Extension programs • Kansas Department for Children and Families • KDHE Bureau of Family Health • Local health departments • Kansas Academy of Family Physicians • American Academy of Pediatrics • CDRR grantees and other health and prevention-focused grantees and coalitions • March of Dimes • Kansas Action for Children • University of Kansas Medical Center

Goal 4: Identify and eliminate tobacco-related disparities among population groups disproportionately impacted by tobacco

Certain population subgroups in Kansas suffer disproportionately from tobacco use and exposure to secondhand smoke, including adults with mental illness and low income adults. Adults with mental illness have a much higher smoking prevalence than adults without mental illness, smoke more cigarettes per month and are less likely to quit smoking. In Kansas in 2013, 43.2 percent of adults with Serious Psychological Distress (SPD) were current smokers, compared with 16.2 percent of adults with no SPD. Among adults with Frequent Mental Distress (FMD), 36.1 percent were current smokers, compared with 18.7 percent of adults with no FMD.[15] Kansans with an annual household income of less than $25,000 smoke at nearly three times the rate of those with an annual household income of $50,000 or more.[15] To measure progress toward eliminating these disparities, smoking prevalence among low-income adults and adults with poor mental health status will be monitored over time. The selected strategies focus on changing social norms, creating tobacco-free environments and providing targeted cessation support.

Supporting Evidence for Strategies Selected for Goal 4:

- Interventions that change systems and environments support tobacco use prevention and cessation. These include changing policies to create smoke-free environments and integrating tobacco screening, referral and cessation treatment into clinical care.[29]
- Removing cost and administrative barriers makes cessation treatment more accessible, increasing the number of tobacco users who successfully quit. Since low-income adults and adults experiencing behavioral health issues smoke at a much higher rate than the general population, removing these barriers is particularly effective for these populations.[29]
- The vast majority of tobacco industry marketing funds are spent in the retail environment, including point-of-sale advertising and price discounts such as coupons, promotional allowances and buy-one-get-one-free offers.[20]
- Kansas spends less than $1 million each year to prevent tobacco use compared with the estimated $70.7 million spent each year by the tobacco industry to market their products in the state.[4] Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. The longer states invest in such programs, the greater and quicker the impact.[29]

Goal 4: Identify and eliminate tobacco-related disparities among population groups disproportionately impacted by tobacco			
Objective 1	**Reduce percentage of low-income adults who smoke from 31.1% to 26%.**		
Strategies	1. Promote quit attempts among low-income smokers 2. Support efforts to reduce tobacco industry targeted marketing in the retail environment 3. Implement tobacco-free policies and cessation support in low wage worksites and organizations serving low SES communities and racial and ethnic subgroups 4. Improve the availability, accessibility and effectiveness of cessation services for populations affected by tobacco-related disparities		
Key Activities	➢ Maintain and expand use of the surveillance instruments supported by KDHE that assess statewide population tobacco and nicotine use behavior among disparate populations (including age, race/ethnicity, income, education, mental health, sexual identity and disability status) ➢ Integrate tobacco use identification and cessation efforts into all chronic disease areas ➢ Engage members of disparate populations in statewide and community-based programs to raise awareness of tobacco industry practices in retail environments ➢ Provide training on the harms of tobacco and evidence-based tobacco control strategies to organizations serving low SES communities and racial and ethnic subgroups. ➢ Advocate for increased funding for smoking cessation medications ➢ Advocate for allocation of funding from tobacco excise tax for tobacco use prevention and cessation programs		
Key and/or Potential Partners	• KDHE • CDRR grantees and other health and prevention –focused grantees and coalitions • Kansas Action for Children • Insurance providers (e.g., KanCare, BCBS)	• Kansas Association for the Medically Underserved • Poverty and health advocates • Kansas Health Foundation • Kansas Prevention Collaborative	• Representatives from business community • Organizations serving low SES communities and racial and ethnic subgroups
Objective 2	**Decrease percentage of adults with poor mental health status who smoke from 36.1% to 31%.**		
Strategies	1. Implement policies for tobacco-free treatment in behavioral health care facilities 2. Adopt statewide regulation requiring tobacco-free grounds polices for behavioral health organizations 3. Improve the availability, accessibility and effectiveness of cessation services in behavioral health populations		
Key Activities	➢ Engage behavioral health partners and people experiencing poor mental health status ➢ Train behavioral health and substance abuse treatment providers to integrate tobacco cessation as part of patient treatment plans ➢ Convene partners who are most interested in eliminating disparities—both allies and constituents—to create a timeline and create roles for new partners		
Key and/or Potential Partners	• TFKC membership and founding members • Kansas Mental Health Coalition	• National Alliance on Mental Illness • Community Mental Health Centers	• Insurance providers (e.g., KanCare, BCBS) • Behavioral health/substance abuse treatment centers and peer support groups

Plan Alignment

Alignment with Other State Plans

The Healthy Kansans 2020 State Health Improvement Plan for tobacco control, representing a diverse group of partner organizations, was used to guide the initial development of this 5-year plan. The KDHE Bureau of Health Promotion chronic disease programs will integrate the recommended strategies into cancer, heart disease, stroke and diabetes initiatives and planning processes. Environmental, policy and systems change strategies designed to impact social norms, increase cessation and mobilize public support and action for tobacco control will be the adopted priorities of the Community Health Promotion Section. The Oral Health, and Maternal and Child Health programs (co-located within the Division of Public Health) will be actively engaged in joint planning and execution of tobacco use prevention strategies.

Local Use of This Plan

To achieve the goals outlined in the Kansas Tobacco Control State Plan, key partners from across the state must collaborate to plan and execute the strategies and activities outlined in the plan. Community-level organizations and coalitions are also key partners that play an important role in bringing the plan to life. Community-based organizations and coalitions can alter knowledge, attitudes and practices of community members by changing the way tobacco is promoted, sold and used. These organizations play a critical role in mobilizing their communities to develop and implement policies and programs that shape tobacco-free norms, making tobacco less desirable, acceptable and accessible.[33]

Community-based organizations and coalitions can contribute to the state plan by:

- Using available training and technical assistance to stay informed on tobacco issues.
- Keeping tobacco control issues in front of the public and providing local expertise.
- Educating local decision makers about evidence-based strategies and policy change.
- Promoting community buy-in and enhancing community involvement.
- Identifying and communicating community needs to state partners.
- Participating in statewide planning efforts.

In turn, the Tobacco Use Prevention Program and other state partners can assist local programs by:

- Building awareness and knowledge of tobacco issues and related policy solutions.
- Providing guidance on implementing evidence-based strategies at the community level.
- Building coalition capacity by providing training and technical assistance.
- Acting as conveners, bringing state and local partners to the table on a regular basis.
- Seeking feedback from coalitions on how program staff can enhance their support to communities.

Appendices

Appendix A: Acknowledgements

This plan was created in collaboration with several key partners. The following individuals contributed by providing key informant interviews; participating in the in-person planning sessions for the Strategic Plan, Sustainability Plan and Communication Plan; and/or serving on the Executive Committee:

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5. Paula Clayton, Kansas Department of Health and Environment
6. Jill Courtney, American Lung Association
7. Daniel Craig, Central Kansas Foundation/Tobacco Free Kansas Coalition
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36. Jeff Willett, Kansas Health Foundation

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1. Douglas County, facilitated by Charlie Bryan, Lawrence-Douglas County Health Department
2. Finney County, facilitated by Donna Gerstner, Centura Health
3. Lyon County, facilitated by Erin Fletcher, Kansas Department of Health and Environment
4. Saline County, facilitated by Daniel Craig, Central Kansas Foundation/Tobacco Free Kansas Coalition

Additional stakeholders contributed to this plan by providing input on priority strategies via the stakeholder survey and by giving feedback on the Strategic Plan draft via the stakeholder webinar. The Emory Centers for Training and Technical Assistance provided facilitation and writing support to develop this plan.

Appendix B: Sustainability Plan

Introduction

The Centers for Disease Control and Prevention (CDC) defines program sustainability as "the ability to maintain programming and its benefits over time." To maintain the proven benefits of a comprehensive tobacco control program, including the coordination and collaboration of statewide, regional and local partners, stakeholders must address all of the factors that contribute to program sustainability. With knowledge of these critical factors, stakeholders can build program capacity for sustainability and position their efforts for long term success. The Kansas Tobacco Control Sustainability Plan augments the 2016-2020 Kansas State Tobacco Control Strategic Plan, describing how stakeholders can collaborate to sustain tobacco control efforts.

Process for Stakeholder Engagement

Thirteen key stakeholders in Kansas were brought together to assess the capacity of Kansas to sustain its tobacco control programs and policies. The survey instrument used is a CDC-recommended sustainability assessment developed by Washington University in St. Louis, designed to assess factors related to eight key organizational considerations that are necessary for a strong, sustainable statewide tobacco control program. Seven stakeholders completed the assessment. The average scores for each organizational consideration (listed from weakest to strongest) are as follows:

- ***Funding Stability*** (3.7): Establishing a consistent financial base for the program
- ***Strategic Planning*** (4.7): Using processes that guide the program's direction, goals, and strategies (*Note: this score was pulled down by the low score on financial and clear program roles and responsibilities for stakeholders*)
- ***Communications*** (4.9): Strategic communication with stakeholders and the public about the program (program demonstrates its value to public)
- ***Environmental Support*** (5.2): Having a supportive internal and external climate for the program
- ***Organizational Capacity*** (5.4): Having the internal support and resources needed to effectively manage the program and its activities
- ***Program Evaluation*** (5.7): Assessing the program to inform planning and document results
- ***Partnerships*** (5.8): Cultivating connections between the program and its stakeholders
- ***Program Adaptation*** (5.85): Taking actions that adapt the program to ensure it is ongoing

The survey suggested that those factors that scored lowest needed to be addressed in the sustainability plan to assure the future of tobacco control programs, services and policies. These included:

- The program exists in a supportive state economic climate (lowest score)
- The program has a combination of stable and flexible funding
- The program has sustained funding
- The program has a long-term financial plan

Next, thirteen key stakeholders participated in an interactive, facilitated 3-hour sustainability planning session on February 10, 2016 to come to consensus on the components of the

sustainability plan. These stakeholders represented organizations that have invested significant financial resources in tobacco control and consider tobacco control a very high priority among their constituents.

To address the needs identified in the sustainability assessment, the sustainability planning team looked at ways to leverage an area that scored highly: partnerships**.** By seeking greater visibility and support among existing partnerships and health coalitions, the team recommended strategies to make tobacco control a higher priority and intensify commitments among key opinion leaders and decision makers. In an economic environment that has few opportunities for increased money for the KDHE's Tobacco Use Prevention Program, the team discussed and decided upon three strategies that use existing funds and partnerships to maximize the program's impact.

Using the Sustainability Plan

The following at-a-glance sustainability plan represents the essential elements of the stakeholders' recommendations. The plan focuses on collaborating with existing state programs, coalitions and advisory councils to raise profile of tobacco control and integrate prevention and cessation programs and policy interventions into their priorities and plans. The plan contains realistic strategies with actionable steps and definitions of measures of success that are evidence of progress. As the sustainability plan is implemented, new needs will emerge; as these new needs are addressed, progress toward sustainable tobacco control funding will continue to build and ultimately be achieved.

Definition of Plan Components

- **Strategy:** The overarching approach that will be used.
- **Steps to Achieve Strategy:** Detailed actions to take to accomplish the strategy.
- **Responsible Parties:** Person or entity responsible for ensuring the steps are completed.
- **Measurements of Progress:** How completion of each step will be tracked.
- **Resources Needed:** Non-financial resources necessary to complete the step.
- **Timeframe:** Years during which the step will be in progress.

Sustainability Plan Strategy 1: Strengthen collaboration with Kansas' three Managed Care Organizations (MCOs) to educate providers and patients to increase use of covered cessation services				
Steps to achieve strategy	**Responsible Parties**	**Measurements of Progress**	**Resources Needed**	**Timeframe**
1. Convene meeting with the three MCOs to learn more about coverage and explore opportunities to collaborate to reach smokers who are Medicaid recipients	Planning group: Tobacco Free Kansas Coalition President; Kansas Health Foundation; Sunflower Foundation; American Heart Association; KanCare; University of Kansas Medical Center	Agree to submit a proposal to MCOs to achieve greater use of Medicaid coverage for tobacco cessation treatment	• Facts about what MCOs currently provide • Resources to present the case for cessation services, such as: breakdown of smoking prevalence among low-income Kansans, economic costs both health care and productivity, mortality and morbidity data	Year 1 (2016)
2. Explore opportunities to identify smokers among Medicaid recipients	To be determined after first meeting	To be determined after first meeting	To be determined after first meeting	Years 1-2 (2016-2017)
3. Explore opportunities to distribute educational materials on Medicaid benefits and health impact of tobacco use to providers and Medicaid recipients who smoke	To be determined after first meeting	To be determined after first meeting	Resources describing benefit coverage, risks of tobacco use, Quitline referrals, etc.	Years 1-5 (2016-2020)
4. Explore opportunities for local communities (Chronic Disease Risk Reduction [CDRR] grantees, local health departments, etc.) to raise awareness of Medicaid benefits among providers and patients and encourage referrals to clinics, and Quitline	KDHE; CDRR grantees; Local health departments	Increased utilization of Quitline and health systems cessation services	Communication tools for social media, town hall meetings, outreach to local partners, etc.	Years 2-5 (2017-2020)
5. Present case for Medicaid benefits for tobacco cessation treatments at conferences	KDHE; University of Kansas	Number of conferences attended	Medicaid benefit messages; Identifying partnership participation	Years 2-5 (2017-2020)

Sustainability Plan Strategy 2: Leverage relationships on existing councils, commissions and coalitions to raise profile of tobacco and support evidence-based policies and interventions				
Steps to achieve strategy	**Responsible Parties**	**Measurements of Progress**	**Resources Needed**	**Timeframe**
1. Advocate for tobacco control on Governor's Council on Fitness	Members of Council: Blue Cross Blue Shield of Kansas, Chair; Kansas Health Foundation, Vice Chair	Council adoption of an evidence-based tobacco control strategy, such as promotion of Quitline; support for community-based interventions	Information from KDHE on what has been accomplished and what more could be done with Council support	Year 2 (2017)
2. Convene an Interagency Council on Tobacco Control comprised of government agencies and key partners to integrate evidence-based tobacco control programs and policies in health care delivery; partner to address common challenges; exchange resources	KDHE, TFKC, Kansas Cancer Partnership, Kansas Department of Maternal and Child Health, KanCare (Medicaid), Sunflower Foundation, Kansas Health Foundation, Kansas Department for Aging and Disability Services (KDADS)	Generate a call to action or policy/program platform that all groups support and commit to collaborate and coordinate together.	Leadership from KDHE and TFKC	Years 1-2 (2016-2017)
3. Deliver presentations with calls to action at conferences sponsored by allied organizations	KDHE, TFKC	Presentations at conferences sponsored by: Kansas Association for the Medically Underserved (KAMU); Chronic Disease Alliance of Kansas (CDAK); Association of Community Mental Health Centers of Kansas; Kansas School Nurse Organization	Develop presentations and resources to use at state conferences	Years 2-5 (2017-2020)
4. Enhance surveillance to capture emerging issues in tobacco control	KDHE	Questions added to existing surveillance systems and/or new surveillance systems identified to track needed information	Information on emerging issues; funds to help cover the costs of added questions and/or surveys	Years 1-5 (2016-2020)
5. Disseminate up to date surveillance to partners and the public that demonstrate the burden of tobacco use in Kansas	KDHE	Products developed and shared with partners that communicate information about the current burden of tobacco use in Kansas	Staff time to analyze surveillance data and develop products	Years 1-5 (2016-2020)

Sustainability Plan Strategy 3: Raise awareness of tobacco control program's impact on the health and economy of the State and local communities.				
Steps to achieve strategy	**Responsible Parties**	**Measurements of Progress**	**Resources Needed**	**Timeframe**
1. Explore opportunities to protect and increase funding from the Master Settlement Agreement (MSA), future excise tax increases and other state resources	TFKC; AHA, ALA, ACS-CAN; New partners	Sustainable source of funds for a comprehensive tobacco control program	Economic case for funds (in particular if new funds help supplant deficit/other taxes)	Years 2-5 (2017-2020)
2. Educate local lawmakers about impact of tobacco control programs in their districts/towns	CDRR grantees; TFKC; Advocacy grassroots volunteers	Greater diversity of legislators supporting sustainable funding for tobacco control at local level	Community perspective (all funds from state going to communities—impact/what more could be done); Good relationships with diverse lawmakers	Years 2-5 (2017-2020)
3. Establish sustainable funding for comprehensive tobacco control as a priority among advocacy organizations, possibly a single focus like Kansans for a Healthy Future	TFKC; ACS-CAN; AHA; ALA; Behavioral health organization; Advocates for low-SES populations	Increased intensity of advocacy for sustainable comprehensive tobacco control programs	Sign on letter of commitment TFKC commitment	Years 3-5 (2018-2020)
4. **Disseminate surveillance and evaluation data to partners and the public to raise awareness of the tobacco control program's impact**	KDHE; CDRR grantees	Products developed and shared with partners and the public	Staff time to analyze surveillance data and develop products	Years 1-5 (2016-2020)

Appendix C: Communications Plan

Introduction

According to guidelines from the CDC, the purpose of a state tobacco control program communications plan is to educate state leaders, decision-makers and the public about the burden of tobacco use and evidence-based strategies to reduce this burden. The Kansas Tobacco Control Communications Plan augments the 2016-2020 Kansas State Tobacco Control Strategic Plan by specifically addressing the potential roles of strategic audiences and how best to educate and engage them in coordinated, collaborative strategies to achieve each of the four statewide tobacco control goals. The resulting Communications Plan is dynamic and positioned to evolve in response to contextual influences, such as changes in scientific evidence, priorities, funding levels and external support.

Process for Stakeholder Engagement

To engage stakeholders in the creation of a communications plan, the Emory Centers for Training and Technical Assistance facilitated a 3-hour communications planning session. Eleven stakeholders met on February 10, 2016 to come to consensus on the components of the communications plan through an interactive, facilitated planning process. The same group was invited to participate in a February 23, 2016 web-based conference call to review the draft plan, address questions and concerns and provide additions to the plan.

Plan Components

- **Key Audiences**: The people and institutions who can provide results and will be targeted by this Communications Plan. This includes those who have the formal authority to deliver the outcomes as well as those who have the capacity to influence those with formal authority (i.e., the media and key constituencies). In both cases, an effective communications plan requires a clear sense of who these audiences are and how to influence them.
- **Message**: Reaching these different audiences requires crafting and framing a set of messages that will be persuasive. Although these messages must always be rooted in the same basic truth, they also need to be tailored differently to different audiences depending on what they are ready to hear. In most cases, there are two basic components to the message: an appeal to what is right and an appeal to the audience's self-interest.
- **Strategy**: The most effective way to communicate varies from situation to situation. The key is to evaluate the situation carefully and apply the delivery appropriately to establish common ground and mutual benefit with the intended audience.
- **Messenger**: The most credible person to deliver the messages for each audience. The same message has a very different impact depending on who communicates it. In some cases, these messengers are "experts" whose credibility is largely technical. In other cases, we need to engage the "authentic voices" who can speak from personal experience.
- **Needed Assets**: The resources needed to equip the messengers, both in terms of the information to deliver and comfort level in delivering it. This includes resources available already that can be repurposed for this audience and resources that need to be developed.
- **Asset Provider**: Person or entity responsible for providing the needed resources, materials, and expertise. In some cases, the provider can take the lead in implementing

the strategy. Regardless of situation, the messenger and resource provider parties need to coordinate and collaborate to be successful; none of these steps is a one-person job.

Using the Communications Plan

The following at-a-glance communications plan represents a composite of the stakeholders' recommendations for statewide and local engagement in tobacco control. The plan represents many collaborative, strategic approaches to educating and engaging essential audiences in tobacco control. Each of the leading stakeholders will be responsible for creating their own action plan that breaks down their organizations' communication tasks required to fulfill their portion of the statewide strategic plan.

During the communications planning process, stakeholders created new channels to build partnerships and amplify the messages needed to achieve their strategic plan objectives. This communications plan is only the beginning of a multi-year effort to raise awareness of the problems of tobacco use and to address these problems with evidence-based interventions. To further engage partners in communications strategies, each of the lead players may develop their own action plans and timelines that include their entire arsenal of communications tools ready to be applied to the strategic plan. As the plan is implemented, more communications opportunities will emerge and the original plan will be revisited to exploit these opportunities and strengthen statewide tobacco control efforts.

Infrastructure and Systems to Support the Communications Plan

Communications with internal audiences

Leadership

The Tobacco Use Prevention Program (TUPP) operates within the Bureau of Health Promotion (BHP) within Kansas Department of Health and Environment (KDHE). The BHP director serves as TUPP's main liaison to KDHE higher level administration and meets monthly one-on-one with the KDHE Secretary/State Health Officer to discuss the work of the bureau, including TUPP activities. TUPP communications staff continues a long-standing, collaborative relationship with KDHE Office of Communications, which approves TUPP communications materials including news releases, social media content, paid media and website updates.

Other Health Department Programs

TUPP works in collaboration and communicates regularly with the chronic disease programs housed at KDHE. The chronic disease programs are located in the same bureau as TUPP and this facilitates frequent communications between TUPP staff and the staff of injury, cancer, community clinical linkages, arthritis and health systems programs. The TUPP program manager and communications coordinator meet monthly with staff from these programs to share tobacco-related activities and explore potential collaborations. The TUPP program manager, cessation coordinator and epidemiologist are also part of the prevention subcommittee of the statewide Kansas Cancer Partnership, which provides an avenue for sharing TUPP's work and the state tobacco control plan and for identifying additional opportunities to collaborate. Additionally, TUPP staff collaborates on multiple projects with KDHE Health Care Finance (Kansas Medicaid), KDHE Bureau of Family Health and KDHE Bureau of Community Health Systems through efforts that target similar audiences – local health departments, pregnant women, low-income adults, Medicaid beneficiaries and KDHE grantees.

Local Health Departments and Grantees

Communications with CDRR grantees, made up of local health departments and community organizations, is primarily through Community Health Specialists (TUPP outreach staff located in five KDHE offices around Kansas) who provide tobacco control updates, technical assistance on tobacco interventions and information about training opportunities through phone, email, bi-monthly check-in/progress calls, quarterly in-person meetings/webinars simultaneously broadcast in five locations, semi-annual site visits and a two-day annual summit. The quarterly meetings/webinars always include training on a topic usually requested by a grantee, tobacco-related updates from the state and the opportunity for grantees to share lessons learned and successes in tobacco control and prevention with their counterparts across Kansas. Additionally, the TUPP communications coordinator maintains a listserv of CDRR grantees that is used to directly distribute tobacco-related earned media materials such as news releases, talking points, message maps, social media content and Tips from Former Smokers campaign materials and updates.

TUPP regularly communicates with local health departments in Kansas through KDHE Bureau of Community Health Systems' (CHS) listserv and monthly e-newsletter. Information sent includes state tobacco control updates, TUPP-related events and grant opportunities and Tips from Formers Smokers campaign materials.

Communications with external audiences

Decision-makers

CDRR grantees are required to provide their state legislators updates and successes related to their tobacco control activities twice a year in the form of a letter that the TUPP communications coordinator reviews prior to mailing. In this letter grantees also invite legislators to tobacco control events and coalition meetings in their districts. Furthermore, in order to be successful in their tobacco control activities at the local level, grantees engage and maintain ongoing relationships with their local decision-makers in both public and private sectors. The capacity of CDRR grantees to educate and inform local decision-makers is enhanced by the training, technical assistance, data and evidence-based interventions in tobacco prevention and control that TUPP staff members provide. On the state level, TUPP provides bill reviews and testimony to KDHE leadership to present to the Kansas Legislature during the legislative session.

State Coalition

TUPP has a 25-plus year relationship with the Tobacco Free Kansas Coalition, the statewide tobacco control coalition in Kansas. Members of TFKC include the staff from TUPP, American Heart Association, American Lung Association, American Cancer Society and the Kansas Health Foundation. The TUPP director sits on the TFKC board that meets monthly to discuss current tobacco control issues, and the TUPP program manager is in bi-weekly contact with the TFKC board president. TUPP provides a conference line for TFKC monthly subcommittee calls and also provides staffing support to the TFKC steering, membership and communications committees. Furthermore, in 2016 TUPP will begin using a communications tool—a fillable Adobe PDF form—that Community Health Specialists (TUPP outreach staff located in five KDHE offices around Kansas) will use to provide the most up-to-date information on tobacco prevention and control activities occurring statewide to the TFKC board. Moreover, the ongoing relationship between KDHE and TFKC is evidenced by the pivotal role TFKC board members

played in the creation of the Kansas tobacco control strategic plan required in the DP15-1509 National State Based Tobacco Control Programs cooperative agreement. They provided guidance and feedback throughout the process in 2015 and early 2016 by participating in bi-weekly executive committee meetings, completing key informant interviews and stakeholder surveys, reviewing the drafts and participating in strategic planning sessions.

Other Key Partners

Over the years, collaborative and productive relationships have developed between TUPP and its key partners—American Lung Association, American Cancer Society, American Heart Association, Kansas Health Foundation and University of Kansas Hospital. There is well-established trust among this core group despite the passage of time and staff changes. Representatives stay in regular contact by phone, email and through their participation in various organizations whose goals overlap with the work of TUPP, including the Tobacco Free Kansas Coalition, Chronic Disease Alliance of Kansas, Governor's Council on Fitness and Kansas Cancer Partnership. Reciprocity is well-established and highly valued among the key partners and the frequent information-sharing among the group facilitates action that is responsive to the changing tobacco landscape in Kansas.

Media Engagement

TUPP continues a long-standing, collaborative relationship with KDHE Office of Communications (OOC), which distributes all TUPP- and tobacco-related news releases. For years the OOC and TUPP have worked together to create and distribute at least four tobacco-related news releases per year and to respond to requests from the media across Kansas. Per KDHE policy, TUPP staff must coordinate media requests, messaging, interviews and pitching media through the OOC and all items go through a process of review by the OOC. Per KDHE policy, the OOC controls KDHE social media presences through one agency Facebook and Twitter account, so the TUPP communications coordinator sends all social media to the OOC to approve and post at its discretion. Additionally, the TUPP communications coordinator regularly forwards tobacco-related social media content from other organizations like the CDC and Campaign for Tobacco-Free Kids to the OOC to re-post/re-tweet.

Priority Target Audiences

TUPP maximizes its reach and resources by partnering with local communities (CDRR grantees, local coalitions) and statewide organizations to reach priority target audiences listed in the tobacco control strategic plan, including low-income adults, adults with poor mental health status and pregnant women. These organizations are many but include Kansas Association for the Medically Underserved and its Federally Qualified Health Center members and KDHE Health Care Finance (Kansas Medicaid) to reach low-income adults; the Kansas chapter of the National Alliance on Mental Illness and its members and KDHE Health Care Finance to reach adults with poor mental health status; and KDHE Bureau of Family Health and its grantees to reach pregnant women. Currently, TUPP communicates with these organizations by e-mail distribution lists, listservs and face-to-face meetings. Additionally, to target the fourth priority population listed in the tobacco control strategic plan, TUPP is building a youth component through state-level coordination with CDRR grantees throughout 2016. Communication will develop over time but currently includes a youth-focused website and social media presence.

Additionally, TUPP meets quarterly with a cessation advisory group that assesses the tobacco landscape in Kansas and provides insights and guidance on reaching priority target audiences

through various communications methods. Given the group's make-up of representatives from the Kansas Medicaid program, Kansas Academy of Family Physicians, Kansas Association for the Medically Underserved, Valeo Behavioral Health and UKanQuit—the smoking cessation service at the University of Kansas Hospital—it is positioned to continue providing TUPP with valuable information and feedback throughout the life of the five-year state tobacco control plan.

Staffing and Resources to Support Health Communications

Staffing

The TUPP communications coordinator is advised by the BHP communications manager and TUPP program manager, who collectively have 25 years of experience in tobacco control and communications at BHP. The TUPP communications coordinator has been working in media and public relations for 12 years in the fields of public health, health care, drug prevention and victim advocacy in non-profit and public sectors.

GotoMeeting/GotoWebinar

TUPP has accounts with GotoMeeting and GoToWebinar with which to facilitate technical assistance requests, quarterly meetings and topical webinars.

Conference Call Line

TUPP maintains its own conference line which is used frequently for ongoing technical assistance requests, bi-monthly check-in/progress calls, quarterly meetings and topical webinars.

KDHE Facebook and Twitter Accounts

KDHE Office of Communications controls the agency's Facebook and Twitter accounts and programs like TUPP are not permitted to have their own presence on social media. Therefore, TUPP communications staff sends all social media to the OOC to approve and post at its discretion.

KDHE Website

TUPP's online presence appears on the KDHE website, where TUPP maintains content for more than a dozen webpages. TUPP creates content which is approved by KDHE Office of Communications before posting.

KDHE File Exchange

TUPP will begin using a file-sharing online portal located on the KDHE website as an additional communications tool for CDRR grantees in 2016. TUPP communications materials such as Swiss cheese news releases, social media posts and talking points will be posted there after being emailed to all grantees. The goal is to enable grantees to find these materials in one place for quick and easy access.

Tobacco Free Kansas Coalition Email Distribution List

TUPP utilizes this free communication method to reach TFKC membership that consists of state and local agencies, professional health associations, health departments, community wellness and tobacco control coalitions and individuals and other groups dedicated to tobacco prevention and cessation goals in Kansas.

Other Elements to Support Health Communications

Approach to Leveraging National Media Campaigns

TUPP staff meets at the beginning of each cycle of the Tips campaign to brainstorm ways to leverage Tips while supporting communities' local tobacco control interventions during the year. These ideas are also informed by discussions with TUPP's CDC Project Officer and a guidance document from the CDC Office of Smoking and Health (OSH). Additionally, TUPP and OSH have a brainstorming session to leverage the additional Tips ad placements in "Heavy-Up" markets of Kansas. During the Tips campaign and piggybacking off of health observances throughout the year, the TUPP communications coordinator provides content from Tips to CDRR grantees on the harms tobacco use and secondhand smoke and the evidence-based activities to address them. Campaign materials shared include social media content and infographics, Tips from Former Smokers videos, print ads, web links and Surgeon General's Report videos and infographics. TUPP also utilizes its established partnerships with statewide organizations/agencies like the Kansas Academy of Family Physicians, Kansas Association for the Medically Underserved and the Kansas Dental Association to leverage national media campaigns and push out campaign materials targeted to their respective constituencies through listservs, email distribution lists, e-newsletters, websites and social media.

How Health Communications Will Address Disparities among Population Groups

TUPP's health communications addresses disparities among population groups through extensive use of partnerships with agencies and statewide organizations like KDHE Health Care Finance (Kansas Medicaid), Kansas Association for the Medically Underserved, Kansas Academy of Family Physicians and Kansas Health Foundation to reach priority target audiences experiencing significant disparities in tobacco use and exposure to secondhand smoke (see Priority Target Audiences section for more detail). These health communications messages use disparity data from local and state data sources such as the Kansas Adult Tobacco Survey, Kansas Youth Risk Behavior and Youth Tobacco Surveys and the Kansas Behavioral Risk Factor Surveillance System. Messaging is also guided by the health equity resources and tools the CDC, National Association of Chronic Disease Directors, National Association of County & City Health Officials, Berkeley Media Studies Group, Frameworks Institute and agencies within the CDC Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities.

TUPP has achieved success at finding other sources to help push out health communications addressing tobacco disparities as a result of TUPP's long-standing and extensive network of state partners. For example, TUPP received project-specific funding from another chronic disease program at KDHE to address disparities among Medicaid beneficiaries, and recently partnered on a multi-agency grant proposal to address disparities among adults with poor mental health status.

Approach to Building Capacity for and Supporting Local Media/Communication Efforts

TUPP provides on an ongoing basis communication tools (earned media materials like Swiss cheese news releases, talking points, message maps and social media) to build CDRR grantees' capacity to perform media/communication efforts within their local communities. TUPP regularly provides grantees a how-to media and public relations training or webinar, including tobacco spokesperson training for grantees and their local partners at six locations in December 2015. Materials from the training were emailed to grantees and are posted on the KDHE website. The latest training in December 2015 resulted in trained tobacco spokespeople located in every Designated Market Area (e.g., media market) in Kansas. The TUPP communications coordinator annually completes more than 100 grantee media/communication-related technical assistance

requests in the fields of media relations and public relations, which include substantive editing of news releases and other earned media materials, consultation on messaging in response to reporters' requests and resource gathering. The phone, email, KDHE File Exchange, quarterly meetings/webinars, bi-monthly check-in/progress calls, semi-annual site visits and the annual summit are utilized when sharing communication information, tools and training.

Promoting the Success Story, Surveillance Findings and Evaluation Results
TUPP will promote its success story, surveillance findings and evaluation results through a variety of avenues including email, webinar, website and in person. In addition to the success story created by the TUPP communications coordinator, the TUPP epidemiologist will create three surveillance and evaluation products: an Evaluation Technical Report, a Surveillance and Evaluation Brief and an Evaluation Presentation. The Evaluation Technical Report is a 10- to 30-page document with a narrative, detailed methods section, description of the evaluation process and a significant number of tables and graphs. The Surveillance and Evaluation Brief is a 2- to 4-page document that primarily uses infographics and graphs to convey major findings for each of the Kansas tobacco control strategic plan's four goal areas and includes a summary of programmatic activities and successes. The Evaluation Presentation will summarize the evaluation findings, programmatic updates and successes in a slideshow.

The TUPP evaluation advisory group is one target audience of the success story, surveillance findings and evaluation results and all four documents listed above will be shared with the group quarterly by the TUPP epidemiologist. The TUPP cessation advisory group is another target audience and the documents will be shared with the group annually. TUPP staff is another target audience and the success story, surveillance and evaluation brief and evaluation presentation will be shared with staff quarterly during staff meetings. CDRR grantees are the fourth target audience and the success story, brief and presentation will be shared at least annually by email or during quarterly meetings/webinars. CDRR grantees can also access these documents on the KDHE File Exchange web portal and the KDHE website. Key state and local partners are another target audience that will receive these documents by email or be linked to on the KDHE website.

Further promotion beyond what is described above will occur throughout the year during TUPP's involvement with the Tobacco Free Kansas Coalition, Chronic Disease Alliance of Kansas, Governor's Council on Fitness and Kansas Cancer Partnership. Furthermore, TUPP will use KDHE Bureau of Community Health Systems' email distribution list to promote the items to local health departments across Kansas. Lastly, TUPP will pursue the possibility of repurposing content for KDHE's Facebook and Twitter accounts and CDRR grantees' social media accounts.

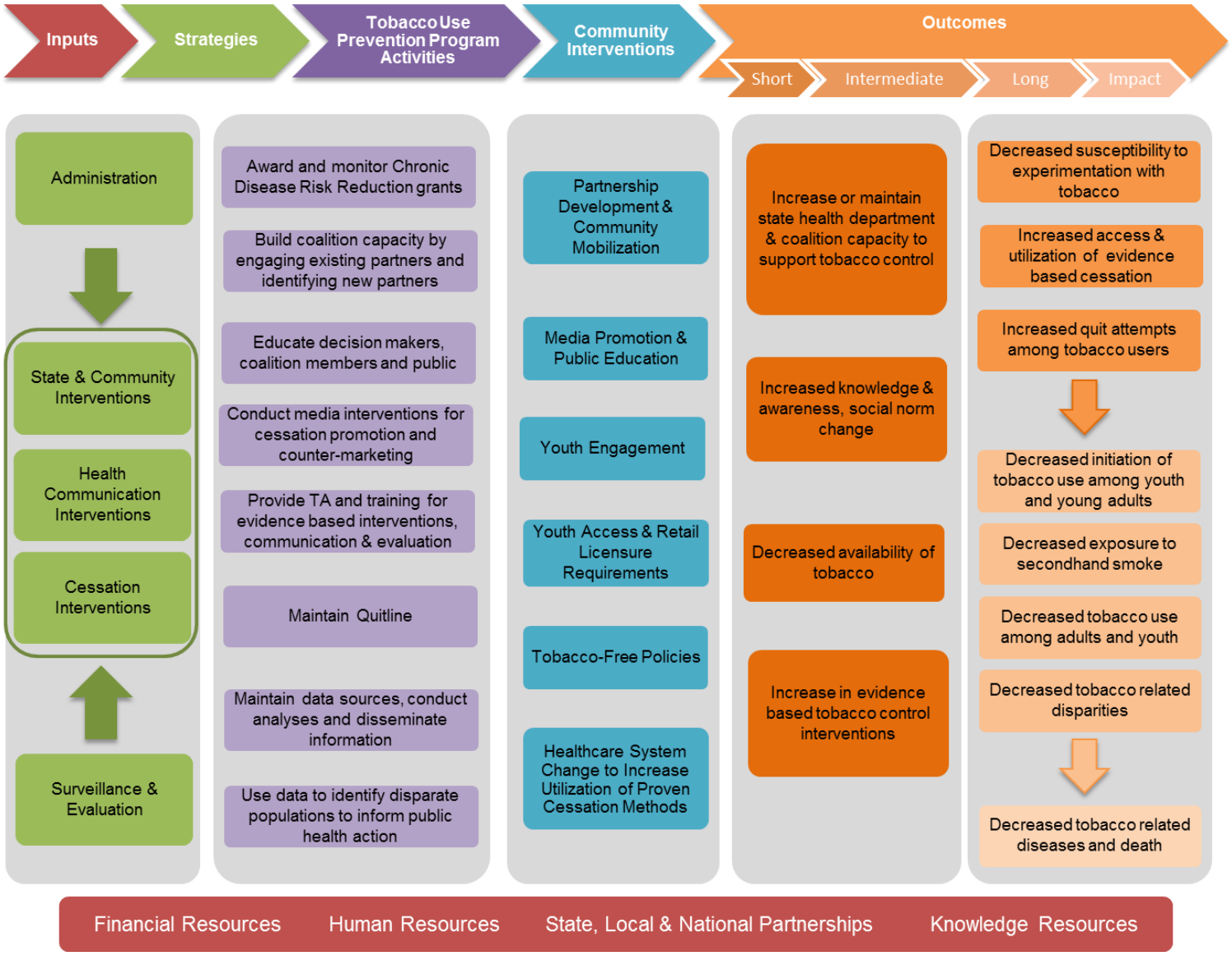
Communications Plan for Goal 1: Prevent initiation among youth and young adults					
Audiences	**Message**	**Strategy**	**Messengers**	**Needed Assets**	**Asset Providers**
Community stakeholders: Churches, local organizations, schools, priority populations	Kids are targeted by the tobacco industry (e.g., in the retail environment)	Community conversation (forum)	Chronic Disease Risk Reduction (CDRR) grantees; Coalitions	Supporting materials; Experience sharing	KDHE; TFKC
School personnel	E-cigarettes should be part of tobacco-free policies	Speak at conferences with call to action	Youth leaders	Policy language; Guidance tools	KDHE; TFKC
Public at-large	Value of Tobacco 21 policies; regulating e-cigarette use	Media event with youth, designed by youth	Youth; Local leaders	Policy language; Guidance tools	KDHE; TFKC
Media/public	Call to action developed by youth on state policy	Capitol forum (possible legislative visits if media component)	CDRR grantee youth; Local partners	Photos; Follow up; Coordination	KDHE; TFKC
Youth/public	Local policy change	Media training	American Cancer Society Cancer Action Network (ACS CAN)	Youth leaders; Youth prevention groups (SADD, TRUST)	CDRR grantees; ACS CAN; American Heart Association (AHA)
Kansas City Chamber of Commerce	Value of Tobacco 21 policies to business community	Check in to see what they need to be successful	Kansas City Chamber of Commerce (reach out to other Chambers)	Support	Kansas City Chamber of Commerce

Communications Plan for Goal 2: Eliminate exposure to secondhand smoke					
Audiences	**Message**	**Strategy**	**Messenger**	**Needed Assets**	**Asset Providers**
Decision-makers and influencers	Everybody deserves clean, healthy air	Refine message based on consensus among partners	AHA; American Lung Association (ALA); ACS CAN; Campaign for Tobacco-Free Kids (CTFK)	Consensus among partners on legislative goals	AHA; ALA; ACS CAN; CTFK
WorkWell Kansas	The importance of enforcement of smoke-free policies at worksites; value of consistent enforcement	Meet to discuss what is needed to improve enforcement; Offer assistance	CDRR grantees; KDHE	Worksite decision makers and influencers at private clubs, hotels and other challenging workplaces; Local law enforcement	CDRR grantees; KDHE
General public	Everybody deserves clean, healthy air	Take advantage of earned media opportunities by training spokespeople impacted by secondhand smoke	CDRR grantees; Clinics; Other partners	Spokespeople; spokesperson training	KDHE
General public	Everybody deserves clean, healthy air	Infographics; YouTube videos posted online for social media and other links	TFKC	Development of videos and infographics	CDRR grantees; Other community partners
Multiunit housing owners/managers; City chapters of landlord associations	Everybody deserves clean, healthy air; fire prevention; economic benefits	Monthly lunches; Statewide conferences; Meetings	CDRR grantees; ALA	Presentations already exist that can be used	CDRR grantees; ALA

Communications Plan for Goal 3: Promote quitting among adults and youth					
Audiences	**Message**	**Strategy**	**Messenger**	**Needed Assets**	**Asset Providers**
Behavioral health professionals; Kansas Association of Addiction Professionals (KAAP); National Alliance on Mental Illness (NAMI)	Quitting tobacco improves patient outcomes; Tobacco cessation services are covered by insurance	Provide training on clinical best practices for tobacco cessation and tobacco cessation treatment coding and billing	KDHE; CDRR grantees	Access to behavioral health clinics and partners; Power points and handouts for training	Kansas addiction experts; Kansas Department for Aging and Disability Services (KDADS); Kansas Health Foundation (KHF)
Healthcare providers and health departments	Quitting tobacco improves patient outcomes; Tobacco cessation services are covered by insurance	Provide training on clinical best practices for tobacco cessation and tobacco cessation treatment coding and billing	KDHE; CDRR grantees	State-level endorsements to encourage practices and health care systems to be trained	Kansas Health Matters; Kansas Medical Society; Kansas State Nurses Association; Kansas Dental Association; Kansas OB/GYN Association; Kansas Academy of Family Physicians (KAFP)
Healthcare providers and health departments	Quitting tobacco improves patient outcomes; Tobacco cessation services are covered by insurance	Provide training on clinical best practices for tobacco cessation and tobacco cessation treatment coding and billing	KDHE; CDRR grantees	Incentives for providers to share smoker lists with MCOs	1422 grantees; Kansas Hospital Association; KDHE; KAFP
Tobacco users	Contact Quitline for help to quit tobacco	Paid media like bus ads and gas pump toppers	CDC Media Campaign Resource Center (MCRC)	Funds to pay for artwork and ads	Sister programs may have interest in providing funds
Tobacco users	Contact Quitline for help to quit tobacco	Social media content to partners for use	KDHE; CDRR grantees	Partners with social media platforms who have access to audiences who use tobacco	Health care organizations (e.g., MCOs, clinics, behavioral health); Colleges; CDRR grantees; Faith communities; Health departments; Worksites; Affordable and public housing
Tobacco users	Contact Quitline for help to quit tobacco	Quitline website buttons on partner websites	KDHE; CDRR grantees	Partners with websites visited by tobacco users	Health care organizations (e.g., MCOs, clinics, behavioral health); Colleges; CDRR grantees; Faith communities; Health departments; Worksites; Affordable and public housing

Communications Plan for Goal 4: Identify and eliminate tobacco-related disparities among population groups disproportionately impacted by tobacco					
Audiences	**Message**	**Strategy**	**Messenger**	**Needed Assets**	**Asset Providers**
Behavioral health providers	Tobacco free campus/worksite policies do work; Affects behavioral health outcomes	Share successes; Provide training	CDRR; KHF grantees	KHF resources that are tailored for behavioral health providers	KHF grantees
Behavioral health addiction counselors	Treat tobacco with other addictions	Conferences (for CME credit); Task Force	Kansas Addiction Professionals (KAP)	Champions and experts	KHF grantees
Public housing residents; Decision-makers	Encourage cessation support: Referrals to Quitline; Provide Medicaid coverage information	See Report – Behavioral Health & Wellness Program University of Colorado Anschutz Medical Campus "Increasing Low Income Callers' Access to and Utilization of the Colorado QuitLine"	ALA; KDHE/Medicaid Office; CDRR grantees can distribute message	Cessation materials with Quitline information; Information on Medicaid coverage (e.g., posters, one pagers, etc.)	ALA; KDHE; CDRR grantees
Chronic disease self-management education (CDSME) providers	Value of Quitline; Medicaid coverage; smoke free policy in housing; Value of cessation to managing chronic diseases	Ask statewide coordinator for support; Engage local providers/educators	CDRR grantees; Other trainers that deliver the CDSME program	Find out the best way to incorporate; Provide them with resources & materials to promote awareness	KDHE

Appendix D: Kansas Tobacco Control Logic Model



Appendix E: Key Indicators Table

Indicator	Description	Baseline Value	Source
Goal Area 1: Prevent initiation among youth and young adults.			
Objective 1	**Reduce the percentage of Kansas high school students who use cigarettes, e-cigarettes and any tobacco products, respectively, by 5%.**		
1.1.1	Percent of Kansas high school students who have smoked cigarettes during the previous 30 days	10.2%	2013 KS YRBS
1.1.2	Percent of Kansas high school students who have used e-cigarettes during the previous 30 days	13.4%	NYTS
1.1.3	Percent of Kansas high school students who have smoked cigarettes or used some type of other tobacco product during the past 30 days (other tobacco products include: smokeless tobacco [chewing tobacco, snuff or dip], cigars [cigars, cigarillos, or little cigars], and e-cigarettes [electronic vapor products]).	24.6%	NYTS*
Objective 2	**Reduce the percentage of 18-24 year old Kansas adults who use cigarettes, e-cigarettes and any tobacco products, respectively, by 5%.**		
1.2.1	Percent of 18-24 year old Kansas adults who now smoke cigarettes every day or some days	18.0%	2014 KS BRFSS
1.2.2	Percent of 18-24 year old Kansas adults who have used e-cigarettes during the previous 30 days	4.6%	2012/2013 KS ATS
1.2.3	Percent of 18-24 year old Kansas adults who now smoke cigarettes every day or some days or currently use some type of other tobacco product (other tobacco products include: smokeless tobacco (chewing tobacco, snuff or dip), cigars (cigars, cigarillos, or little cigars), and e-cigarettes (electronic vapor products)).	30.5%	2012/2013 KS ATS
Additional Indicators			
	Percent of Kansas high school students who have ever tried smoking a cigarette	39.3%	2013 KS YRBS
Goal Area 2: Eliminate exposure to secondhand smoke			
Objective 1	**Decrease the percentage of Kansas high school students exposed to secondhand smoke in any indoor or outdoor public place from 36.6% to 25%.**		
3.1.1	Percent of Kansas high school students exposed to secondhand smoke in any indoor or outdoor public place	36.6%	2011/2012 KS YTS
Objective 2	**Decrease the percentage of Kansas working adults who were exposed to secondhand smoke at work in the past week from 20.2% to 17%**		
3.2.1	Percent of Kansas working adults who breathed smoke at their workplace from someone else who was smoking tobacco in the past 7 days	20.2%	2012/2013 KS ATS
Objective 3	**Decrease the percentage of Kansas adults who live in households where smoking is allowed from 13% to 8%.**		
3.3.1	Percent of Kansas adults who report smoking is allowed in their home (always allowed or allowed in some places)	13.0%	2014 KS BRFSS
Additional Indicators			
	Among adult multi-unit housing dwellers in Kansas, the percent exposed to secondhand smoke at home from inside or outside the building in the past year	25.6%	2012/2013 KS ATS

Indicator	Description	Baseline Value	Source
Goal Area 3: Promote quitting among adults and youth			
Objective 1	**Increase the percentage of current smokers who make a quit attempt from 58.6% to 65.0%**		
2.1.1	Percent of current adult smokers in Kansas who stopped smoking for one day or longer because they were trying to quit	58.6%	2014 KS BRFSS
Objective 2	**Decrease the percentage of pregnant women who smoke from 12.0% to 9.0%**		
2.2.1	Percent of live births in Kansas born to a mother who smoked during pregnancy	12.0%	2014 KS Vital Statistics
Additional Indicators			
	Number of callers to Kansas telephone Quitline receiving assistance quitting tobacco	1872	SFY15 Alere
	Estimated number of Kansas adults who are former cigarette smokers with recent cessation success (i.e. last smoked 6 months to 1 year ago)	5.0%	2014 KS BRFSS
	Estimated number of Kansas adults who are former cigarette smokers with sustained abstinence from tobacco use (i.e. last smoked cigarettes more than 1 year ago)	83.8%	2014 KS BRFSS
Goal Area 4: Identify and eliminate tobacco-related disparities among population groups disproportionately impacted by tobacco			
Objective 1	**Reduce percentage of low income Kansas adults who smoke from 31.1% to 26%.**		
4.1.1	Among Kansas adults with annual household income less than $25,000, the percent who currently smoke cigarettes	31.1%	2014 KS BRFSS
Objective 2	**Decrease percentage of Kansas adults with poor mental health status who smoke from 36.1% to 31.0%**		
4.2.1	Among Kansas adults who experienced frequent mental distress, the percent who currently smoke. Frequent mental distress is defined as 14 or more days of poor mental health during the past 30 days.	36.1%	2014 KS BRFSS
Additional Indicators			
	Among Kansas adult multi-unit housing dwellers, the percent exposed to secondhand smoke at home from inside or outside the building in the past year	25.6%	2012/2013 KS ATS
	Among Kansas adults with Medicaid insurance, the percent who currently smoke cigarettes.	37.8%	2012/2013 KS ATS

KS ATS: Kansas Adult Tobacco Survey
KS BRFSS: Kansas Behavioral Risk Factor Surveillance System
KS YRBS: Kansas Youth Risk Behavior Survey
KS YTS: Kansas Youth Tobacco Survey
NTYS: National YTS . The most recent state-level weighted data for these estimates is 2011/2012. Given the dramatic increase in electronic cigarette use from 2011 to 2014 (1.5% to 13.4%),[14] national data were used to set baseline values.
*NYTS estimates of current cigarettes or other tobacco product include: cigarettes, cigars, smokeless tobacco, e-cigarettes, hookahs, tobacco pipes, snus, dissolvable tobacco and bidis.

Appendix F: Funding for Tobacco Prevention and Control in Kansas

The Kansas Department of Health and the Environment, Tobacco Use Prevention Program receives state and federal funding to implement a comprehensive tobacco control program. In FY2015, state funding was $946,671 and federal funding was $1,398,225. Partner organizations provide additional funding and in-kind support for tobacco control programming and initiatives. Master Settlement Agreement payments are deposited in the Kansas Endowment for Youth Fund. Monies can be transferred to the Children's Initiative Fund and spent as directed by the legislature.

Appendix G: Resources

Kansas-Specific Resources

Tobacco Free Kansas Coalition
http://www.tobaccofreekansas.org/

Kansas Tobacco Use Prevention Program
http://www.kdheks.gov/tobacco/index.html

Kansas Health Assessment and Improvement Plan
http://www.healthykansans2020.org/KHAIP.shtml

Kansas Health Matters
http://www.kansashealthmatters.org/

Kansas Behavioral Risk Factor Surveillance System
http://www.kdheks.gov/brfss/index.html

Kansas Indoor Clean Air Act
http://www.kssmokefree.org/index.html

Kansas Tobacco Quitline
http://www.ksquit.org/

Federal Agency Resources

Centers for Disease Control and Prevention, Office on Smoking and Health
www.cdc.gov/tobacco

Center for Tobacco Products, U.S. Food and Drug Administration
www.fda.gov/TobaccoProducts/default.htm

Smokefree.gov
www.smokefree.gov

Best Practices for Comprehensive Tobacco Control Programs—2014
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

U.S. Department of Health and Human Services, Office of the Surgeon General
http://www.surgeongeneral.gov/library/reports/index.html

- The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General (2014) http://www.surgeongeneral.gov/library/reports/50-years-of-progress/
- Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General (2012) http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/index.html
- How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General (2010) http://www.ncbi.nlm.nih.gov/books/NBK53017/

Data Sources from the Centers for Disease Control and Prevention

Behavioral Risk Factor Surveillance System Survey (BRFSS)
http://www.cdc.gov/brfss/

Youth Risk Behavior Surveillance System (YRBS)
http://www.cdc.gov/HealthyYouth/yrbs/index.htm?s_cid=tw_cdc16

National Youth Tobacco Survey (YTS)
http://www.cdc.gov/TOBACCO/data_statistics/surveys/NYTS/index.htm

National Vital Statistics System
http://www.cdc.gov/nchs/nvss.htm

National Resources

American Cancer Society
www.cancer.org

American Heart Association
www.heart.org

American Lung Association
www.lung.org

Campaign for Tobacco-Free Kids
www.tobaccofreekids.org

Legacy Foundation
www.legacyforhealth.org

National Association of County & City Health Officials, Best Practices for Comprehensive Tobacco Control Programs at the Local Level: A guide for local health departments based on 2014 national recommendations (2015)
http://www.naccho.org/uploads/downloadable-resources/Best-Practices-Tobacco-Programs-Local-Level-2015.pdf

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