

Kentucky Tobacco Use Prevention and Cessation Status Report, 2003



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*Tobacco use is
unlike other
threats to global
health.
Infectious
diseases do not
employ
multinational
public relations
firms. There are
no front groups
to promote the
spread of
cholera.
Mosquitoes
have no
lobbyist.
(WHO committee of
Experts 2000)*

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A full copy of this report can also be viewed at:
<http://www.mc.uky.edu/tobaccopolicy/>

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Executive Summary

The purpose of the Kentucky Tobacco Use Prevention and Cessation Status Report 2003 is to describe tobacco use and policy patterns in the Commonwealth and local health department service areas from 1996 to 2002. Tobacco use is the single most preventable cause of death in Kentucky and the U.S. Kentucky leads the nation in adult cigarette smoking prevalence and spends over \$1 billion dollars each year treating sick smokers.

Although the Commonwealth of Kentucky is not making progress in reducing the percent of adults and pregnant women who smoke, the state is moving forward in reducing youth tobacco use, reducing youth access to tobacco products, adopting local voluntary smoke-free policies, and providing cessation programs. Very few manufacturing facilities ban smoking or offer resources to promote tobacco cessation for their employees. While almost all middle and high schools (public and private) in the state ban smoking on school grounds for students, less than half have tobacco-free campuses banning tobacco use for employees.

The Kentucky Department for Public Health (KDPH) Tobacco Prevention and Cessation Program supports local health departments in implementing comprehensive community-based programs that address the four Centers for Disease Control and Prevention (CDC) goals to reduce tobacco use and the associated health risks. The CDC goals are to (a) prevent initiation of tobacco use by youth and young adults; (b) promote cessation; (c) reduce exposure to secondhand smoke; and (d) identify and eliminate disparities among population groups that are disproportionately affected by tobacco use.

The Kentucky Tobacco Prevention and Cessation Program has developed an Annual Plan that is based on the Healthy Kentuckians 2010 goals to reduce tobacco use. This Status Report describes progress toward meeting these goals at both the state and local level.

For fiscal years 2000-2002, the Kentucky General Assembly allocated \$5.5 million of the Master Settlement Agreement (MSA) monies to the Kentucky Department for Public Health for tobacco control (an average of \$.60 per capita). The CDC recommends that Kentucky spend at least \$6.42 per capita for comprehensive, evidence-based tobacco control. Since 2000, all local health departments have received funding to provide tobacco use prevention and cessation services. Prior to state MSA funding, ten local health departments received \$60,000 per year from KDPH through a cooperative agreement with the CDC for comprehensive tobacco control. Seven of the 10 CDC funded health departments have been funded by the CDC since FY 1997-1998. The remaining three CDC funded health departments have been funded for tobacco control since FY 1998-1999.

Methodology

Overview

Tobacco use is the leading cause of preventable death in Kentucky.¹ The purpose of this report is to describe tobacco use and policy patterns in Kentucky and selected local health departments from 1996 to 2002. The use of tobacco creates a significant impact on Kentucky's economy. In 1999, the cost of treating smoking-related illnesses in Kentucky exceeded one billion dollars.² Kentucky spent \$298 per capita on smoking-attributable direct medical costs. In 1998, tobacco cost Kentucky's Medicaid system alone about \$380 million. Kentucky employers bear the burden in higher health insurance premiums and taxpayers pay the price in increased public health spending. Kentucky's high rate of tobacco use among adults harms the state economy in other ways. Smoking cigarettes drives up employers' disability costs and property insurance premiums and drains workforce productivity through time lost to cigarette breaks and sick days. In 1999, smoking attributable productivity costs were \$465 per capita in Kentucky.² These economic realities place the state in a competitive disadvantage for attracting new employers and keeping existing ones.

The mission of the Kentucky Tobacco Use Prevention and Cessation Program is to reduce preventable and premature deaths attributed to tobacco by implementing programs to diminish tobacco use and exposure to secondhand tobacco smoke. The program includes local and statewide initiatives aimed at preventing initiation of smoking and helping those who wish to quit. The Kentucky Department for Public Health Tobacco Use and Prevention and Cessation Program supports local health departments that use existing infrastructure and form strong linkages among community groups concerned about reducing the health risks and illness associated with tobacco use (Kentucky Department for Public Health, Tobacco Cessation and Prevention Program Annual Plan, 1999-2004).

The program is supported by funding from the Tobacco Master Settlement Agreement (MSA) and by a grant from the Centers for Disease Control and Prevention (CDC). In 1993, Kentucky was one of 13 states awarded funding from CDC for planning efforts. Funding for planning efforts were awarded to states that lacked the basic infrastructure needed to implement comprehensive tobacco prevention and cessation programs.

In 1999, the cost of treating smoking-related illnesses in Kentucky exceeded one billion dollars.... \$298 per capita in direct medical costs attributable to smoking.²

The Governor requested additional MSA funding from the Kentucky Legislature in the 2000 session. As a result of this request, an allocation of \$5.5 million was added to the program for 2000-2002. The majority of the funding is allocated to local health departments to support comprehensive community based programs addressing the following four goals established by the CDC:

- Preventing initiation of tobacco use by youth and young adults
- Promoting cessation
- Reducing exposure to secondhand smoke
- Identifying and eliminating disparities among population groups that are disproportionately affected by tobacco use

Health departments and their community partners play a direct and vital role in educating leaders, decision-makers, the public, and others in understanding the need for economic, social, and environmental changes that impact tobacco use (Healthy Kentuckians, 2010). Local health departments employ a full or part-time tobacco coordinator who is responsible for forming local partnerships and preparing annual plans that indicate how community partners will work with others to address the four CDC goals and local needs. Staff in the Department for Public Health provide technical support and training for local health departments to help them achieve their goals. The Department for Public Health provides workshops related to best practices, community mobilization, policy development, surveillance, and evaluation.

Objectives

The Kentucky Tobacco Cessation and Prevention Program (KTCP) Annual Plan (1999-2004) actualizes the mission of the program by identifying goals and objectives with targeted outcomes. The annual plan is linked to Healthy Kentuckians 2010 in terms of goals, objectives, and data sources (see Appendix). Table 1 illustrates the connection between the Kentucky Annual Plan and Healthy Kentuckians 2010.

The Kentucky Tobacco Use Prevention and Cessation Program supports local health departments in implementing comprehensive, community-based programs addressing the four CDC goals:

- *Prevent Initiation*
- *Promote Cessation*
- *Reduce Exposure to Secondhand Smoke*
- *Eliminate Disparities*

Table 1. Sample Objectives, Kentucky Annual Plan and Healthy Kentuckians 2010

<u>Objectives</u>	<u>KY Tobacco Annual Plan 2004 Goal</u>	<u>Healthy Kentuckians 2010 Goal</u>
<p>Goal: Promote Cessation.</p> <ul style="list-style-type: none"> • Reduce cigarette use among adults. • Increase proportion of adult smokers who quit for a day or more. • Reduce cigarette smoking among pregnant women. • Increase the proportion of health plans that reimburse for nicotine addiction treatment. • Increase the proportion of health departments that provide a variety of research-based smoking cessation treatment interventions. 	<p>28%</p> <p>60%</p> <p>22%</p> <p>*</p> <p>*</p>	<p>25%</p> <p>58%</p> <p>17%</p> <p>**</p> <p>100%</p>
<p>Goal: Prevent Initiation</p> <ul style="list-style-type: none"> • Reduce the proportion of young people who have smoked cigarettes in the past 30 days. • Increase the proportion of schools with tobacco-free environments. • Increase compliance with youth access laws. 	<p>29% males 27% females</p> <p>100%</p> <p>95%</p>	<p>29% males 27% females</p> <p>100%</p> <p>95%</p>
<p>Goal: Eliminate Exposure to Secondhand Smoke</p> <ul style="list-style-type: none"> • Increase the number of workplaces that prohibit smoking. • Increase the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas. 	<p>43%</p> <p>40%</p>	<p>100%</p> <p>51%</p>

*Kentucky Tobacco Annual Plan target indicator not identified.

** Healthy Kentuckians target indicator not identified.

This report is organized according to the three main CDC goals. Included in each section is a summary of the Kentucky data, followed by summary data by Area Development District, if relevant, and by local health department service area. The actual data tables follow each narrative.

Design

The purpose of this section is to describe the design and data sources used for the development and analysis of the Status Report 2003. The primary goal of the Status Report is to monitor change over time in tobacco prevention and cessation related outcomes at state and local levels.

A time series design was used to analyze and compare changes in 1) adult cigarette use, 2) adult quit attempts, 3) spit tobacco and cigar use, 4) smoking during pregnancy, 5) tobacco cessation services, 6) tobacco policy in manufacturing facilities and schools, 7) youth tobacco use and quit rates, 8) illegal sales to minors, and 9) smoking policy in food service establishments using county and state level data over a seven year time frame (1996-2002).

Data Sources

Eight data sources were used to evaluate outcomes: 1) The Behavioral Risk Factor Surveillance System (BRFSS), 2) Kentucky Vital Statistics Birth File, 3) Local Health Department Tobacco Cessation Survey, (LHD) 4) Workplace Tobacco Policy Survey, 5) School Tobacco Policy Survey, 6) Kentucky Youth Tobacco Survey (KYTS), 7) Illegal Tobacco Sales to Minors Data Base, and 8) Smoking Policy in Food Service Establishments. Data analysis consisted of examining differences in percents and rates over time. Confidence intervals were used to determine the range of values (interval) that the true score (± 3) would be 95% of the time.

The primary goal of the Status Report is to monitor change over time in tobacco prevention and cessation related outcomes at state and local levels.

The Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS was used to determine change in adult cigarette use (past 30 days) and change in attempts to quit smoking within the past 12 months from 1996 to 2001. The BRFSS is a collaborative effort between the Kentucky Department of Health Services and the Centers for Disease Control and Prevention (CDC) to monitor state-level prevalence of the major behavioral risks associated with premature morbidity and mortality in adults. The Department for Public Health compiles these data and makes the electronic file available annually to the authors.

The purpose of the BRFSS is to examine trends over time, monitor program progress, formulate policy for health initiatives, and measure progress toward state health objectives. Because it would be impossible to phone every household in Kentucky each year, the BRFSS relies on a sample of the population. A Disproportionate Stratified Sample (DSS) method is used to select phone numbers randomly throughout the state. Business and nonworking numbers are omitted for adults 18 years or older. The sampling method used assures comparability of data across the state and over time. To ensure data quality, interviewers are specially trained to ask questions exactly the same way for each call. Interviewers use the Computer Assisted Telephone Interview (CATI) software to manage dialing and data collection. The CATI standardized interviews take 10 to 20 minutes and responses are entered directly into the computer by interviewers.

Data about adult cigarette use and attempts to quit smoking were analyzed from core questions on the BRFSS regarding tobacco use. For example, smoking prevalence included the question, "Do you now smoke cigarettes everyday, some days, or not at all?" If the response was everyday or some days, the person was identified as a smoker. Quit attempts included the question, "During the past 12 months, have you quit smoking for one day or longer?" If the answer was yes, the smoker was considered to have made a quit attempt.

The BRFSS was designed to produce accuracy in prevalence data at the 95% confidence level. However, small sample sizes and the ability to segregate data by geographic region and demographic variables decrease statistical power. Since some of the health department service areas were not adequately represented in the annual BRFSS samples (sample sizes < 50), data were aggregated over three years (1996-1998 and 1997-1999 and 1999-2001) to ensure adequate sample sizes. Thus, moving rates are reported to show change over time in those health departments. The aggregated data reflect the unweighted estimates for the health department service area compared to Kentucky.

Kentucky Vital Statistics Birth File

The Kentucky Vital Statistics Birth File was used to track smoking during pregnancy from 1996 to 2001. On every birth record, the mother was asked whether or not she smoked during pregnancy (yes/no). The Kentucky Vital Statistics Birth File represents a census of all babies born to mothers who reside in Kentucky by

county. The Department of Public Health compiles these data and makes the electronic file available annually to the authors.

Local Health Department Tobacco Cessation Survey

The Local Health Department Tobacco Cessation Survey (LHDTCS) was used to determine the rate of participation in tobacco cessation programs per 10,000 adult smokers from 1999 to 2002.

The LHDTCS was created by the authors to monitor the amount and type of tobacco cessation services offered by the health departments in Kentucky. All 55 health departments voluntarily participate in the annual telephone survey. Participants include local health department tobacco prevention coordinators, health educators, and clinic managers. The number of tobacco cessation programs offered per year was measured by the question, “How many tobacco cessation programs were offered within the past year?” Every summer, the University of Kentucky College of Nursing staff conducts telephone interviews with Tobacco Coordinators and local Health Department Staff to assess services provided during the past fiscal year. Thus, the 2002 LHDTCS reflects services provided during fiscal year 2001-2002.

Rate of participation versus absolute numbers of cessation program participants was used to determine the program’s reach in relation to the estimated population of adult smokers in the service area. The U.S. census data were used to determine the number of adults in a health department service area. The BRFSS was used to determine the proportion of adult smokers for the same area. The actual number of annual participants in the health department service area cessation programs was divided by the number of adult smokers in any given year. This number was multiplied by 10,000 to obtain the rate per 10,000. The use of a rate per 10,000 smokers allows for comparison to the state rate. Figure 1 illustrates this calculation using data for Fayette County in 2000.

Rate Calculation Example			
Adult Population		Proportion of Smokers	Number of Smokers
205,023	x	.241	= 49,411
Number of Participants		Number of Smokers	Raw Rate
45	divided by	49,411	= .00091
Raw Rate		Multiplier	Rate per 10,000 Smokers
.00091	x	10,000	= 9.1

Figure 1. Calculation Method Used to Determine Health Department Service Area Rate of Participation in Tobacco Cessation Programs

Workplace Tobacco Policy Survey

The Workplace Tobacco Policy Survey was used to assess smoking policies and cessation resources in manufacturing facilities in Kentucky. The Workplace Tobacco Policy Survey is a bi-annual project that was piloted in 1999 with selected CDC-funded health departments, and conducted for the first time statewide in 2002. Tobacco coordinators were trained to conduct telephone interviews with human resource managers to assess a variety of tobacco policy issues. The 48-item interview guide includes questions about the company's written indoor and outdoor smoking policies, health care reimbursement for smoking cessation, sale of cigarettes on company property, provision of cessation and prevention programs, existence of community outreach and/or funding programs, and interest in changing company smoking policy.

School Tobacco Policy Survey

The School Tobacco Policy Survey was used to assess smoking policies and cessation resources in public and private, middle and high schools in Kentucky. The School Tobacco Policy Survey is a bi-annual project that was piloted in 1999 with the CDC-funded health departments and extended to a random sample of health department service areas in 2001. In 2001, health department service areas were randomly selected within each of the 15 Area Development Districts. Tobacco coordinators were trained to conduct telephone interviews with principals or assistant principals to assess a variety of tobacco policy issues.

The 34-item interview guide includes questions about indoor and outdoor smoking policies, actions taken with violators, cessation services provided to students and employees, and research-based curricula. Currently, the School Policy Survey 2003 is underway with all 55 health department service areas.

Kentucky Youth Tobacco Survey

Kentucky Youth Tobacco Survey (KYTS) was used to track tobacco use among youth using a common methodology and core questionnaire. The biannual survey is intended to enhance the capacity of health departments to design, implement, and evaluate tobacco control and prevention programs. The survey is composed of seven core topics: prevalence of cigarette smoking and other tobacco use, knowledge and attitudes toward cigarette smoking, influence of the media and advertising on use of cigarettes, access to cigarettes, tobacco-related school curricula environmental tobacco smoke (ETS), and cessation of cigarette smoking. A multistage sampling design with schools selected proportional to enrollment size was used to survey students from 13 to 15 years of age. Classrooms were chosen randomly within selected schools using an anonymous and confidential self-administered questionnaire. Completed survey answer sheets were sent to CDC for data entry and analysis. Kentucky Department for Public Health conducts the KYTS biannually in collaboration with the Centers for Disease Control and Prevention.

Illegal Tobacco Sales to Minors Data Base

The data on illegal tobacco sales to minors are obtained annually by open records request from Kentucky Alcoholic Beverage Control (ABC). Data are gathered from June 1 to May 31 of every year. The number of attempts to purchase and percent of illegal tobacco sales to minors was assessed from 1997 to 2001. Illegal sales rates were based on the percent of attempts to purchase tobacco products by underage youth (17 and younger).

In order to determine the variation in the number of attempts to purchase tobacco by minors in each county, attempt rates per 100,000 population were calculated. The 2000 U.S. census was used to determine the total population for each county. The actual number of attempts to purchase tobacco by minors in each county was divided by the number of residents in that county. This number was then multiplied by 100,000 to obtain the rate per 100,000. The use of a rate per 100,000 population allows for comparison to the state rate.

Smoke-free Food Service Establishment Survey

The Kentucky Department for Public Health Division of Environmental Health and Community Safety tracks smoking policies in food service establishments as part of the regular semi-annual food service inspections in every health department service area. The Smoke-Free Food Service Establishment Survey (SFFSES) was created to form a statewide database to track policies in all food service establishments in Kentucky. The existing Food Service Inspection Survey form was modified to include questions about smoking policies. The question used for this report is: "Is smoking allowed in the establishment?" If the response was no, the food service establishment was considered a smoke-free restaurant. The population from which the sample for the SFFSES was drawn includes all food establishments inspected by environmentalists in Kentucky.

Food establishments are defined as any facility that serves prepared food including gas stations, convenience stores, and food markets. Schools, daycare centers, and churches were excluded from the database used for the analysis. Environmentalists assess smoking policy during routine food inspections conducted every six months. Data are entered into field computers by local health department staff. In 2002, data were collected on 89% of the Health Department Service Areas resulting in 6,732 food establishments surveyed.

The electronic data file is provided by the Kentucky Department for Public Health, and the Division of Environmental Health, to the College of Nursing on an annual basis. In October of every year, the Kentucky Department of Public Health queries the database for the percent of eating establishments that were smoke-free at that point in time. The database is continually updated as six-month inspections are completed and entered into the system by local health department staff.

“The burden of a fifth to a third of each new generation carrying nicotine addiction into adulthood is simply too great; constant repetition of the cycle of initiation, addiction, and death imposes a savage and depressing toll on the public’s health.”³

Goal: Promote Cessation

Smoking Rates among Adults, 1996-2001

Kentucky

In 2001, Kentucky led the nation in adult smoking prevalence with 31% of adults reporting smoking cigarettes in the past 30 days. The 2001 adult smoking prevalence in Kentucky was significantly higher than the rest of the nation by 35%. Between 1996 and 2001, there was no significant change in adult cigarette use in Kentucky or the U.S. (see Figure 2). A 19% decline will be required to meet the Healthy Kentuckians 2010 goal of reducing cigarette use among adults to 25%.

Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. Between 1996 and 2000 the age-adjusted death rate from heart disease in Kentucky increased from 159.5 to 307.5 per 100,000.^{4, 5}

Between 1996 and 2000, the age-adjusted incidence rate for lung and bronchus cancer in Kentucky remained about the same (97.2 to 96.4). However the death rate for lung and bronchus cancer increased from 78.6 to 81.3 per 100,000 during the same time period.⁶

There was no significant change in adult smoking in Kentucky from 1996-2001.

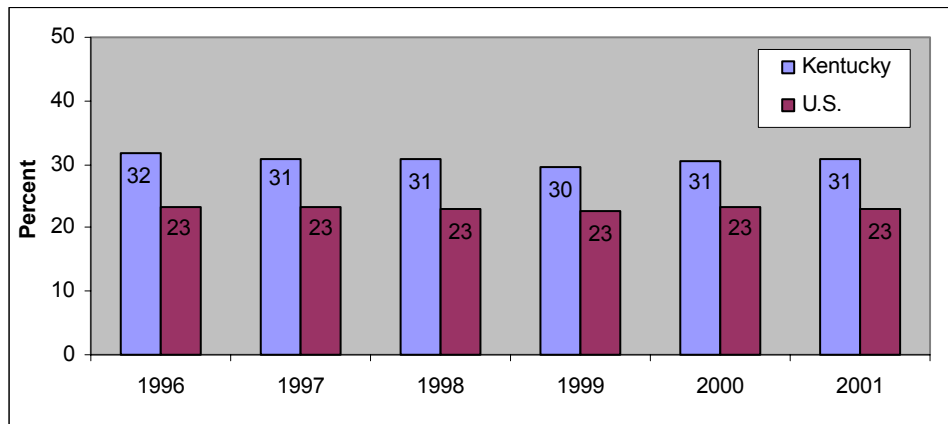


Figure 2. Current Adult Cigarette Use, Kentucky and U.S., 1996-2001

Source: Behavioral Risk Factor Surveillance System: <http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>

Area Development District (ADD)

Adult Smoking prevalence varied by ADD in 2001, from 27.3% in Buffalo Trace to 35.9% in Big Sandy.

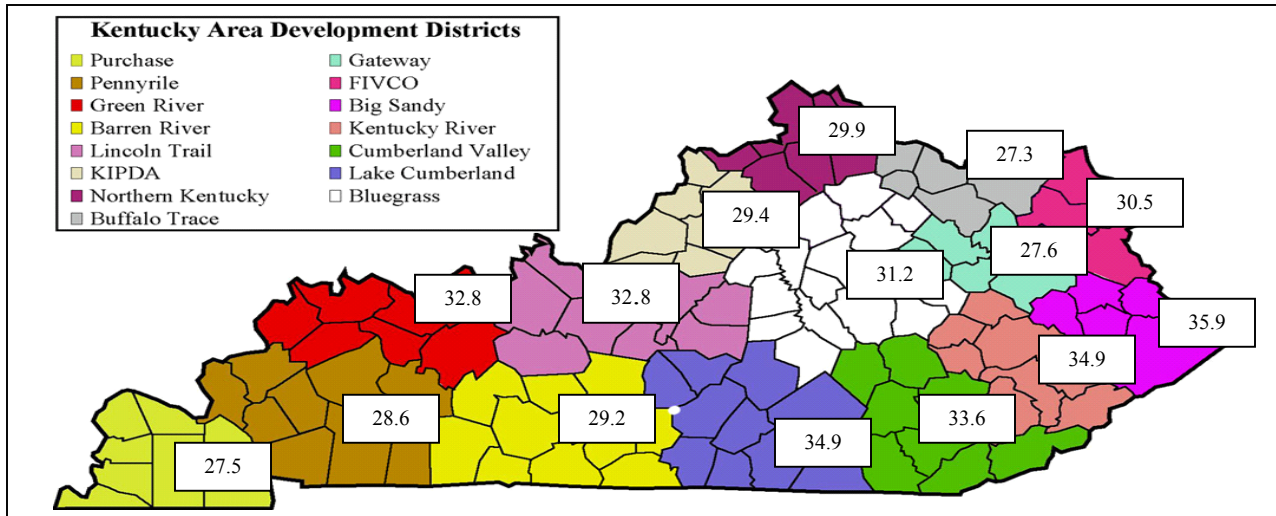


Figure 3. Adult Smoking by Area Development District, 2001
Source. Behavioral Risk Factor Surveillance Survey, 2001

Local Health Department Service Area

Among the 55 health department services areas, there was no significant change in adult smoking from 1996 to 2001. Though not statistically significant, there have been declines in smoking rates by at least 25% in the following counties: Bourbon and Magoffin Counties, and Purchase District Health Department.^a Likewise, a few counties have seen more than a 25% increase since 1996: Garrard, Christian, Estill, Laurel, and Lincoln (see Table 2).

Counties that have consistently met the Healthy Kentuckians (HK) 2010 goal to reduce cigarette use among adults to 25% or less are: Boyle, Jessamine, and Mercer Counties. Although some counties have met or exceeded the HK 2010 goal of 25%, most counties in Kentucky are still well above the national adult smoking rate (22.8%).

Although some counties have met or exceeded the Healthy Kentuckians 2010 goal of 25%, most counties in Kentucky are still well above the national adult smoking rate (22.8 %).

^a Received additional funding from the Centers for Disease Control and Prevention (CDC).

Table 2. Adult Smoking Rates by Local Health Department Service Area, 1996-2001*

Health Department	1996-1998			1997-1999			1999-2001		
	N	%	CI (95%)	N	%	CI (95%)	N	%	CI (95%)
Barren River	525	31.4	(27.4-35.4)	820	32.6	(29.3-35.8)	1321	30.1	(27.7-32.6)
Buffalo Trace	75	32.0	(21.3-42.7)	187	30.5	(23.8-37.1)	390	30.3	(25.7-34.8)
Cumberland Valley	278	33.8	(28.2-39.4)	417	31.7	(27.2-36.1)	638	31.5	(27.9-35.1)
FIVCO	183	30.6	(23.9-37.3)	404	29.7	(25.2-34.2)	752	29.5	(26.3-32.8)
Gateway	133	29.3	(21.5-37.1)	430	28.8	(24.5-33.1)	1015	30.0	(27.1-32.8)
Green River	610	30.8	(27.1-34.5)	817	29.9	(26.7-33.0)	1227	29.2	(26.6-31.7)
Kentucky River	294	35.4	(29.9-40.9)	631	36.1	(32.4-39.9)	1228	33.7	(31.1-36.4)
Lake Cumberland	548	34.1	(30.1-38.1)	854	32.3	(29.2-35.5)	1374	31.7	(29.3-34.2)
Lincoln Trail	640	30.8	(27.2-34.4)	919	29.3	(26.3-32.2)	1318	30.5	(28.0-33.0)
Little Sandy	99	31.3	(22.1-40.6)	211	32.2	(25.9-38.6)	399	27.3	(22.9-31.7)
North Central	152	32.2	(24.7-39.7)	150	35.3	(27.6-43.0)	146	34.2	(26.5-42.0)
Northern KY	970	28.5	(25.6-31.3)	1143	26.3	(23.8-28.9)	1397	27.6	(25.2-29.9)
Pennyryle	125	27.2	(19.3-35.1)	200	30.5	(24.1-36.9)	364	26.9	(22.4-31.5)
Purchase	504	31.5	(27.5-35.6)	807	25.0	(22.0-28.0)	1325	24.1	(21.8-26.4)
Three Rivers	102	33.3	(24.1-42.6)	142	32.4	(24.6-40.2)	172	32.6	(25.5-39.6)
WEDCO	108	33.3	(24.3-42.3)	121	33.9	(25.4-42.4)	134	37.3	(29.0-45.6)
Independent Counties									
Allen	44	27.3	(13.7-40.8)	71	33.8	(22.6-45.0)	110	30.9	(22.2-39.6)
Anderson	46	34.8	(20.6-48.9)	49	36.7	(22.9-50.6)	59	37.3	(24.7-49.9)
Bourbon	48	45.8	(31.4-60.3)	49	36.7	(22.9-50.6)	52	28.8	(16.2-41.5)
Boyle	41	22.0	(8.9-35.0)	42	21.4	(8.6-34.2)	59	23.7	(12.6-34.8)
Bracken	26	42.3	(22.4-62.3)	82	41.5	(30.6-52.3)	184	37.0	(29.9-44.0)
Breathitt	52	40.4	(26.7-54.0)	83	32.5	(22.3-42.8)	163	33.1	(25.8-40.4)
Breckinridge	42	38.1	(23.0-53.2)	59	30.5	(18.5-42.5)	108	43.5	(34.1-53.0)
Bullitt	140	32.9	(25.0-40.7)	156	30.1	(22.9-37.4)	120	27.5	(19.4-35.6)
Christian	155	23.2	(16.5-29.9)	212	29.2	(23.1-35.4)	374	33.2	(28.4-37.9)
Clark	92	23.9	(15.1-32.7)	95	27.4	(18.3-36.5)	73	34.2	(23.2-45.3)
Estill	49	22.4	(10.5-34.4)	49	28.6	(15.6-41.5)	42	40.5	(25.2-55.8)
Fayette	722	25.8	(22.6-29.0)	632	24.2	(20.9-27.6)	587	25.4	(21.9-28.9)
Fleming	27	29.6	(11.6-47.7)	117	29.1	(20.7-37.4)	305	29.5	(24.4-34.6)
Floyd	97	35.1	(25.4-44.7)	173	32.4	(25.3-39.4)	315	31.7	(26.6-36.9)
Franklin	99	27.3	(18.4-36.2)	133	28.6	(20.8-36.3)	120	26.7	(18.7-34.7)
Garrard	46	19.6	(7.8-31.3)	51	19.6	(8.4-30.8)	27	33.3	(14.7-52.0)
Greenup	114	27.2	(18.9-35.4)	231	30.3	(24.3-36.3)	443	27.1	(22.9-31.2)
Hopkins	128	28.1	(20.3-36.0)	186	24.7	(18.5-31.0)	296	28.7	(23.5-33.9)
Jefferson	2039	28.0	(26.1-30.0)	1902	28.0	(26.0-30.0)	1316	28.0	(25.5-30.4)
Jessamine	114	21.9	(14.3-29.6)	96	22.9	(14.4-31.4)	81	23.5	(14.1-32.8)
Johnson	44	40.9	(26.0-55.9)	105	36.2	(26.9-45.5)	201	34.8	(28.2-41.5)

Health Department	1996-1998			1997-1999			1999-2001		
	<u>N</u>	<u>%</u>	<u>CI (95%)</u>	<u>N</u>	<u>%</u>	<u>CI (95%)</u>	<u>N</u>	<u>%</u>	<u>CI (95%)</u>
Knox	55	27.3	(15.2-39.3)	103	30.1	(21.1-39.1)	181	30.9	(24.2-37.7)
Laurel	125	23.2	(15.7-30.7)	188	29.8	(23.2-36.4)	321	32.7	(27.6-37.9)
Lewis	24	45.8	(24.8-66.9)	107	39.3	(29.9-48.6)	264	38.3	(32.4-44.1)
Lincoln	71	35.2	(23.9-46.5)	62	35.5	(23.3-47.6)	65	49.2	(36.8-61.6)
Madison	172	30.8	(23.9-37.8)	160	28.8	(21.7-35.8)	167	35.3	(28.0-42.6)
Magoffin	41	36.6	(21.4-51.8)	68	26.5	(15.8-37.1)	229	27.5	(21.7-33.3)
Marshall	77	36.4	(25.4-47.3)	128	32.8	(24.6-41.0)	81	32.1	(21.8-42.4)
Martin	49	28.6	(15.6-41.5)	68	30.9	(19.7-42.1)	44	31.8	(17.7-46.0)
Mercer	62	22.6	(12.0-33.2)	50	22.0	(10.2-33.8)	96	22.9	(14.4-31.4)
Monroe	30	26.7	(10.2-43.2)	39	15.4	(3.7-27.1)	67	25.4	(14.8-36.0)
Montgomery	83	34.9	(24.5-45.4)	230	33.0	(26.9-39.2)	511	31.9	(27.8-35.9)
Muhlenberg	111	31.5	(22.8-40.3)	143	28.0	(20.6-35.4)	205	27.8	(21.6-34.0)
Oldham	131	21.4	(14.3-28.5)	108	18.5	(11.1-25.9)	65	29.2	(18.0-40.5)
Pike	158	37.3	(29.7-44.9)	302	35.1	(29.7-40.5)	527	34.0	(29.9-38.0)
Powell	16	31.3	(6.6-55.9)	22	31.8	(11.2-52.5)	35	28.6	(13.1-44.1)
Todd	48	33.3	(19.6-47.0)	50	28.0	(15.2-40.8)	62	33.9	(21.9-45.9)
Whitley	82	32.9	(22.6-43.3)	111	34.2	(25.3-43.2)	190	31.1	(24.4-37.7)
Woodford	66	24.2	(13.7-34.8)	57	26.3	(14.6-38.0)	57	26.3	(14.6-38.0)
Kentucky	10912	29.9	(29.1-30.8)	14822	29.7	(28.9-30.4)	21402	30.1	(29.4-30.7)

Source: Kentucky Behavioral Risk Factor Surveillance Survey, 1996-2001

*Note. % = Percentage, C.I. (95%) = Confidence Interval (at 95 percent probability level); Missing, "don't know," and refused responses are excluded. Unweighted estimates reported

Quit Attempts among Adults, 1996-2001

Kentucky

There was no significant change in the percent of adults who attempted to quit smoking from 1996 to 2001 in Kentucky or the U.S. (see Figure 4). In 2001, 48% of adult smokers in Kentucky attempted to quit smoking at least once in the previous year. The percentage of adult smokers attempting to quit from 1996 to 2001 was comparable to national estimates. A 20% increase in the percent of adult smokers in Kentucky who attempt to quit using tobacco products will be required to meet the Healthy Kentuckians 2010 goal of increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

Given that nearly half of Kentucky smokers report at least one quit attempt, an increase in research-based tobacco dependence treatment and cessation services is warranted. As the number of attempts to quit smoking increase, individuals are more likely to succeed in quitting. Accessible and affordable tobacco-use treatment services coupled with population-based interventions to prevent initiation can be instrumental in impacting tobacco use patterns among adult Kentuckians.⁷

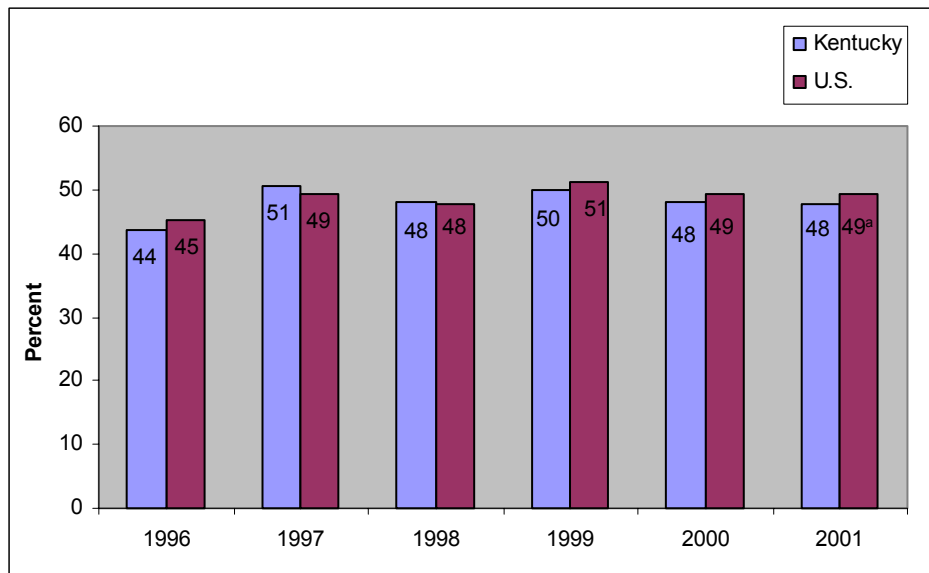


Figure 4. Quit Attempts among Adult Smokers, Kentucky and U.S., 1996-2001

Source: Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/>

^a 2000 US Adult Quit Attempts.

“Population-based cessation programs are critical in reducing tobacco-related morbidity and mortality and have been shown to be effective in helping large numbers of current smokers quit.”⁷

Area Development District (ADD)

In 2001, the percent of smokers attempting to quit by ADD ranged from 57.2% in the Lincoln Trail District to 37.6% in the Pennyriple District. Adult quit attempts by ADD did not differ significantly from the state estimate of 47.9%. However, several ADDs were similar or had slightly higher quit attempts than the state: Big Sandy (55.2%), Bluegrass (52.7%), Buffalo Trace (51.5%), Cumberland Valley (49.7%), Green River (50.3%), Lake Cumberland (53.3%), and Purchase (52.2%).

Local Health Department Service Area

There was no significant change in adult quit attempts among the 55 health department service areas from 1996 to 2001. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%. The following health departments have met or exceeded this goal: Anderson (57.9%), Bourbon (69.2%), Boyle (84.6%), Clark (62.5%), Fayette^a (57.5%), Magoffin (61.0%), Oldham (64.7%), Powell (66.7%).

Quit attempts by District health department service area varied from a low of 36.4% in the Little Sandy District to a high of 51.1% in the Lincoln Trail District in 1999-2001. Counties/districts with more than a 20% increase in quit attempts from 1996 to 2001 included: Allen, Anderson, Boyle, Bracken, Magoffin, Martin, Powell, Cumberland Valley,^a FIVCO, Gateway, and Purchase District^a (see Table 3).

There was no significant change in the percent of adults who attempted to quit smoking from 1996 to 2001 in Kentucky or the U.S.

^a Received additional funding from the Centers for Disease Control and Prevention (CDC).

Table 3. Quit Attempts Among Adult Smokers by Local Health Department Service Area, 1996-2001*

Health Department	1996-1998			1997-1999			1999-2001		
	N	%	CI (95%)	N	%	CI (95%)	N	%	CI (95%)
Barren River	144	46.5	(38.3-54.7)	233	48.9	(42.5-55.4)	358	46.4	(41.2-51.6)
Buffalo Trace	23	39.1	(18.0-60.2)	53	41.5	(27.9-55.1)	111	43.2	(33.9-52.6)
Cumberland Valley	86	37.2	(26.8-47.6)	122	41.8	(33.0-50.6)	187	48.1	(40.9-55.3)
FIVCO	50	38.0	(24.2-51.8)	110	42.7	(33.4-52.1)	211	47.9	(41.1-54.6)
Gateway	35	40.0	(23.2-56.8)	109	52.3	(42.8-61.8)	281	50.5	(44.7-56.4)
Green River	173	42.8	(35.3-50.2)	222	44.6	(38.0-51.2)	334	46.7	(41.3-52.1)
Kentucky River	94	41.5	(31.4-51.6)	200	47.5	(40.5-54.5)	379	48.3	(43.2-53.3)
Lake Cumberland	172	43.6	(36.1-51.1)	242	47.5	(41.2-53.8)	401	46.9	(42.0-51.8)
Lincoln Trail	170	48.8	(41.3-56.4)	235	50.6	(44.2-57.1)	366	51.1	(46.0-56.2)
Little Sandy	28	39.3	(20.3-58.2)	62	37.1	(24.8-49.4)	99	36.4	(26.8-46.0)
North Central	45	46.7	(31.7-61.7)	48	41.7	(27.4-56.0)	49	36.7	(22.9-50.6)
Northern KY	243	46.1	(39.8-52.4)	269	46.1	(40.1-52.1)	350	45.1	(39.9-50.4)
Pennyrile	29	41.4	(22.6-60.1)	53	52.8	(39.1-66.6)	89	44.9	(34.5-55.4)
Purchase	138	39.1	(30.9-47.3)	181	44.8	(37.5-52.0)	294	48.6	(42.9-54.4)
Three Rivers	31	45.2	(26.9-63.4)	41	43.9	(28.2-59.6)	52	44.2	(30.4-58.1)
WEDCO	34	52.9	(35.5-70.4)	37	48.6	(32.0-65.3)	47	48.9	(34.3-63.6)
Independent Counties									
Allen	10	40.0	(5.0-75.0)	22	54.5	(32.5-76.6)	32	50.0	(32.0-68.0)
Anderson	15	33.3	(7.2-59.4)	17	29.4	(6.0-52.8)	19	57.9	(34.1-81.7)
Bourbon	19	57.9	(34.1-81.7)	15	60.0	(32.9-87.1)	13	69.2	(41.3-97.1)
Boyle	9	33.3	(0.0-69.6)	8	62.5	(22.0-100.0)	13	84.6	(62.8-106.4)
Bracken	7	42.9	(0.0-88.6)	29	44.8	(25.9-63.7)	64	54.7	(42.3-67.1)
Breathitt	18	38.9	(14.6-63.1)	22	54.5	(32.5-76.6)	51	52.9	(38.9-67.0)
Breckinridge	13	38.5	(9.1-67.9)	15	60.0	(32.9-87.1)	45	55.6	(40.6-70.5)
Bullitt	45	48.9	(33.9-63.9)	44	47.7	(32.5-62.9)	30	36.7	(18.7-54.7)
Christian	31	61.3	(43.4-79.2)	56	57.1	(43.9-70.4)	115	55.7	(46.5-64.8)
Clark	20	55.0	(31.7-78.3)	25	64.0	(44.2-83.8)	24	62.5	(42.1-82.9)
Estill	11	27.3	(0.0-57.2)	13	30.8	(2.9-58.7)	14	42.9	(14.3-71.4)
Fayette	149	51.0	(42.9-59.1)	124	51.6	(42.7-60.5)	134	57.5	(49.0-65.9)
Fleming	4	50.0	(0.0-100.0)	28	46.4	(27.1-65.8)	81	48.1	(37.1-59.2)
Floyd	29	55.2	(36.3-74.1)	48	52.1	(37.6-66.6)	92	52.2	(41.8-62.5)
Franklin	27	51.9	(32.1-71.6)	38	55.3	(38.9-71.6)	31	48.4	(30.1-66.7)
Garrard	8	25.0	(0.0-61.2)	9	22.2	(0.0-54.2)	8	37.5	(3.0-78.0)
Greenup	28	60.7	(41.8-79.7)	62	54.8	(42.2-67.5)	110	54.5	(45.1-64.0)
Hopkins	33	39.4	(22.1-56.7)	40	52.5	(36.5-68.5)	77	48.1	(36.7-59.4)

Health Department	<u>1996-1998</u>			<u>1997-1999</u>			<u>1999-2001</u>		
	<u>N</u>	<u>%</u>	<u>CI (95%)</u>	<u>N</u>	<u>%</u>	<u>CI (95%)</u>	<u>N</u>	<u>%</u>	<u>CI (95%)</u>
Jefferson	510	45.7	(41.4-50.0)	466	48.3	(43.7-52.8)	333	48.9	(43.6-54.3)
Jessamine	24	41.7	(20.8-62.5)	19	52.6	(28.6-76.7)	14	50.0	(21.1-78.9)
Johnson	17	35.3	(10.7-59.9)	35	37.1	(20.5-53.7)	66	43.9	(31.7-56.1)
Knox	13	38.5	(9.1-67.9)	28	50.0	(30.6-69.4)	50	48.0	(33.8-62.2)
Laurel	27	44.4	(24.8-64.1)	50	44.0	(29.9-58.1)	97	45.4	(35.3-55.4)
Lewis	7	42.9	(0.0-88.6)	36	50.0	(33.1-66.9)	96	47.9	(37.8-58.0)
Lincoln	23	30.4	(10.5-50.3)	21	28.6	(8.0-49.1)	31	35.5	(17.9-53.0)
Madison	42	47.6	(32.1-63.2)	38	50.0	(33.6-66.4)	54	46.3	(32.7-59.9)
Magoffin	13	30.8	(2.9-58.7)	16	37.5	(11.7-63.3)	59	61.0	(48.3-73.7)
Marshall	26	23.1	(6.1-40.1)	39	35.9	(20.3-51.4)	24	33.3	(13.4-53.2)
Martin	14	21.4	(0.0-45.1)	20	15.0	(0.0-31.7)	14	50.0	(21.1-78.9)
Mercer	13	30.8	(2.9-58.7)	10	50.0	(14.2-85.8)	19	36.8	(13.6-60.1)
Monroe	7	42.9	(0.0-88.6)	3	33.3	(0.0-100.0)	14	42.9	(14.3-71.4)
Montgomery	28	50.0	(30.6-69.4)	71	54.9	(43.2-66.7)	155	46.5	(38.5-54.4)
Muhlenberg	31	51.6	(33.3-69.9)	36	52.8	(35.9-69.7)	52	42.3	(28.6-56.1)
Oldham	24	70.8	(51.6-90.0)	16	56.3	(29.8-82.7)	17	64.7	(40.1-89.3)
Pike	56	41.1	(27.9-54.2)	96	42.7	(32.7-52.7)	166	53.0	(45.4-60.7)
Powell	4	25.0	(0.0-93.9)	7	57.1	(11.4-100.0)	9	66.7	(30.4-102.9)
Todd	15	46.7	(19.0-74.3)	12	58.3	(27.0-89.7)	20	45.0	(21.7-68.3)
Whitley	23	56.5	(35.1-78.0)	33	48.5	(30.8-66.2)	54	48.1	(34.5-61.8)
Woodford	15	40.0	(12.9-67.1)	13	30.8	(2.9-58.7)	13	38.5	(9.1-67.9)
Kentucky	2903	44.8	(43.0-46.6)	3897	47.3	(45.8-48.9)	5918	48.4	(47.1-49.7)

Source: Kentucky Behavioral Risk Factor Surveillance Survey, 1996-2001

*Note. % = Percentage, C.I. (95%) = Confidence Interval (at 95 percent probability level); Missing, "don't know," and refused responses are excluded. Unweighted estimates reported.

Spit Tobacco Use and Cigar Smoking Rates among Adults, 1996-2001

Kentucky

There was no significant change in Kentucky's spit tobacco rates from 1996 to 2001. Nor was there any significant change in cigar use from 1998 to 2001 (see Table 4). Spit tobacco use ranged from 4.3% in 1996-97 to 4.9% in 2001. Cigar use ranged from 5.6% in 1998 to 5.9% in 2001.

Area Development District (ADD)

Spit tobacco use ranged from 12.1% in Big Sandy to 2.3% in KIPDA in 2001 (see Table 4). The following ADDs were significantly higher than the state estimate of adult spit tobacco use (4.9%) in 2001: Big Sandy (12.1%), Cumberland Valley (9.1%), Kentucky River (8.9%), and Lake Cumberland (8.5%). Adults in KIPDA were significantly less likely to use spit tobacco over time than the state (1.1-2.3% vs. 4.3-4.9%).

In 1998, cigar smoking in Big Sandy was significantly lower than the state (2.3% vs. 5.6%). However, cigar smoking rates by ADD in 2001 were not significantly different from the state estimate of 5.9%. In 2001, cigar smoking ranged from 7.6% in Northern Kentucky to 3.8% in Big Sandy.

Due to the small sample sizes, this report does not include data relevant to adult spit tobacco and cigar use by health department service area.

*There was
no
significant
change in
spit tobacco
or cigar use
in Kentucky
over time.*

Table 4. Adult Spit Tobacco and Cigar Use By Area Development District, 1996-2001

Area Development District	Spit Tobacco Use						Cigar Use					
	<u>1996-1997</u>			<u>2001</u>			<u>1998</u>			<u>2001</u>		
	<u>N</u>	<u>%</u>	<u>CI (95%)</u>	<u>N</u>	<u>%</u>	<u>CI (95%)</u>	<u>N</u>	<u>%</u>	<u>CI (95%)</u>	<u>N</u>	<u>%</u>	<u>CI (95%)</u>
Barren River	190	7.4	(3.7-11.1)	520	4.5	(2.7-6.2)	216	8.2	(4.5-11.9)	520	5.7	(3.7-7.6)
Big Sandy	106	9.4	(3.8-15.0)	419	12.1	(9.0-15.2)	155	2.3	(0.0-4.7)	418	3.8	(2.0-5.6)
Bluegrass	572	4.4	(2.7-6.1)	518	4.2	(2.4-5.9)	587	5.2	(3.4-7.0)	517	6.4	(4.3-8.5)
Buffalo Trace	44	4.6	(0.0-11.0)	413	4.3	(2.3-6.3)	47	2.8	(0.0-7.6)	413	4.9	(2.8-7.0)
Cumberland Valley	156	9	(4.5-13.5)	453	9.1	(6.5-11.8)	193	8.6	(4.6-12.6)	452	5.9	(3.8-8.1)
FIVCO	124	8.9	(3.8-14.0)	549	6.8	(4.7-8.9)	129	6	(1.9-10.1)	548	5.7	(3.7-7.6)
Gateway	77	9.1	(2.6-15.6)	565	7.5	(5.3-9.6)	66	9.7	(2.4-17.0)	565	4.6	(2.9-6.3)
Green River	178	4.5	(1.4-7.6)	398	6.0	(3.7-8.4)	192	2.9	(0.5-5.3)	397	5.9	(3.6-8.2)
Kentucky River	129	3.9	(0.5-7.3)	465	8.9	(6.3-11.5)	104	4	(0.2-7.8)	465	6.6	(4.3-8.9)
KIPDA	801	1.1	(0.4-1.8)	544	2.3	(1.0-3.5)	822	6.8	(5.1-8.5)	544	5.9	(3.9-7.9)
Lake Cumberland	195	4.6	(1.6-7.6)	470	8.5	(5.9-11.0)	172	6.3	(2.6-10.0)	470	5.2	(3.2-7.2)
Lincoln Trail	223	3.6	(1.1-6.1)	485	4.5	(2.7-6.4)	226	2.3	(0.3-4.3)	482	6.4	(4.2-8.5)
Northern Kentucky	325	2.8	(1.0-4.6)	537	3.1	(1.6-4.5)	356	6.9	(4.3-9.5)	537	7.6	(5.4-9.9)
Pennyrile	192	3.1	(0.6-5.6)	422	3.4	(1.6-5.1)	204	4.2	(1.4-7.0)	422	5.0	(2.9-7.1)
Purchase	193	5.2	(2.0-8.4)	528	5.1	(3.2-6.9)	218	3.3	(0.9-5.7)	528	4.0	(2.3-5.6)
Kentucky	3509	4.3	(3.6-5.0)	7286	4.9	(4.4-5.4)	3687	5.6	(4.9-6.3)	7278	5.9	(5.3-6.4)

Source: Kentucky Behavioral Risk Factor Surveillance Survey, 1996, 1997, 1998, 2001

Note. %=Percentage, C.I. (95%) = Confidence Interval (at 95 percent probability level); Missing, "don't know", and refused responses are excluded. Weighted estimates reported for years 1998 and 2001 (can't weight 96-97 due to combining years).

Smoking Rates Among Pregnant Women

Kentucky

According to data from Kentucky birth certificates, 23.4% of women smoked during pregnancy in 2001. This rate was unchanged from the year before, and while it decreased from the 1991 rate of 27%, it is still high compared to the nation. The latest national data on women who smoke during pregnancy reveals that in 1999 Kentucky had the second highest rate of women smoking during pregnancy in the United States.⁸



Health risks for infants associated with women who smoke during pregnancy include low birth weight and Sudden Infant Death Syndrome (SIDS). Women who smoke while pregnant are more likely to have infants with lower average birth weights than those who do not smoke. Kentucky birth certificate data suggest that from 1995 to 2000, the rate of live births that were low birth weight increased two percent. While the low birth weight rate for non-smoking women also increased over this six-year period, it remained significantly lower than the rate for women who smoked during pregnancy.

Smoking-attributable mortality in Kentucky calculated from Smoking-Attributable, Mortality, Morbidity, and Economic Costs (SAMMEC) software was estimated to be 22 infant deaths in 1999. Of these deaths, approximately 17% were attributed to low birth weight, 24% to SIDS, 7% to respiratory distress syndrome, and 9% were respiratory conditions of the newborn.

Local Health Department Service Area

In 2001, 44 local health departments had higher rates of women who smoked while pregnant than the state. Smoking rates among pregnant women ranged from 38.6% in Powell County to 12.8% in Oldham County (see Table 5). Six health departments had rates that were over 50% higher than the state rate: Little Sandy District and Breathitt, Lewis, Magoffin, Martin, and Powell counties.

Smoking during pregnancy rates in 2001 were not substantially different than the 2000 rates. In 2000, there were 40 local health departments that had higher rates of pregnant women smoking than the state. In 2000, the percent of women smoking while pregnant ranged from 38.9% in Knox County to 11.8% in Oldham County. The six health departments that had rates over 50% higher than the state in 2000 were Buffalo Trace District, and Bracken, Knox, Lewis, Powell and Whitley counties.

Table 5. Smoking During Pregnancy, 1996-2001

Area	1996		1997		1998		1999		2000		2001	
	N	%	N	%	N	%	N	%	N	%	N	%
Barren River	2812	22.0	2800	22.5	2858	23.6	2944	22.3	3005	23.1	2906	23.7
Barren	478	17.2	453	20.1	453	21.6	465	20.4	496	21.2	504	21.0
Butler	143	29.4	139	25.9	167	24.6	165	27.9	162	31.5	159	32.1
Edmonson	110	32.7	123	25.2	102	28.4	133	34.6	133	28.6	137	31.4
Hart	194	24.7	228	23.2	220	23.6	227	21.1	242	23.6	215	20.5
Logan	371	21.8	339	21.2	341	30.5	350	26.0	414	28.7	356	27.5
Metcalf	126	26.2	136	22.8	132	25.8	124	22.6	151	19.2	124	25.0
Simpson	203	26.1	217	27.6	218	24.8	248	23.0	225	28.9	209	23.9
Warren	1187	20.6	1165	21.9	1225	21.5	1232	20.0	1182	19.5	1202	22.1
Buffalo												
Trace	235	34.9	236	30.9	267	34.5	256	31.3	279	35.1	224	31.3
Mason	217	35.0	205	29.3	238	33.6	231	31.2	254	35.0	199	29.6
Robertson	18	33.3	31	41.9	29	41.4	25	32.0	25	36.0	25	44.0
Cumberland												
Valley	1527	35.6	1446	33.7	1499	30.3	1466	32.4	1466	34.2	1462	33.7
Bell	435	33.3	384	29.7	403	28.5	357	27.7	371	33.2	377	32.9
Clay	334	41.3	297	41.1	299	30.4	299	37.5	284	42.3	332	41.3
Harlan	439	34.4	444	30.4	421	31.1	438	33.3	408	33.8	375	31.2
Jackson	152	35.5	159	37.1	174	36.8	182	35.2	191	33.0	176	33.5
Rockcastle	167	32.9	162	35.8	202	26.2	190	28.4	212	26.9	202	27.2
FIVCO	744	25.9	774	26.9	728	24.3	728	26.6	731	29.8	546	25.5
Boyd	565	24.1	623	24.7	559	21.8	534	26.6	534	26.8	546	25.5
Lawrence	179	31.8	151	35.8	169	32.5	194	26.8	197	38.1	-	-
Gateway	567	27.5	593	31.0	629	31.8	667	28.5	667	31.2	625	31.5
Bath	133	28.6	138	31.2	144	33.3	166	24.1	163	30.7	154	32.5
Menifee	60	33.3	77	35.1	82	37.8	84	31.0	89	37.1	64	40.6
Morgan	132	34.1	158	41.8	146	33.6	165	27.9	138	28.3	159	34.0
Rowan	242	21.9	220	21.8	257	28.0	252	31.0	277	31.0	248	27.0
Green River	2519	22.2	2559	25.4	2787	24.9	2645	22.5	2914	21.0	2837	20.8
Daviess	1195	24.4	1242	28.0	1339	26.1	1282	23.4	1289	22.4	1391	23.4
Hancock	114	21.1	122	24.6	110	23.6	101	26.7	153	23.5	100	25.0
Henderson	491	15.9	466	20.8	562	20.5	509	18.5	614	16.8	555	13.2
McLean	110	34.5	110	24.5	130	23.1	130	27.7	155	27.1	125	31.2
Ohio	252	34.5	275	30.5	286	35.0	294	25.9	314	22.3	273	28.2
Union	189	9.5	180	17.2	179	17.3	165	13.3	200	15.5	212	13.7
Webster	168	14.3	164	20.1	181	23.8	164	23.8	189	21.2	181	12.2

Area	1996		1997		1998		1999		2000		2001	
	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%
Kentucky												
River	1342	31.6	1294	30.4	1317	27.1	1315	28.9	1305	27.7	1247	27.2
Knott	213	33.3	185	34.6	208	26.1	204	27.0	185	24.9	159	31.4
Lee	91	39.6	86	36.0	88	45.5	87	43.7	89	39.3	76	31.6
Leslie	151	30.5	158	34.8	164	30.5	163	41.1	150	36.7	154	25.3
Letcher	279	18.6	263	17.5	274	12.8	315	10.8	286	4.9	281	8.9
Owsley	64	59.4	61	37.7	67	40.3	57	47.4	52	50.0	63	49.2
Perry	440	33.0	447	32.7	409	28.6	381	31.0	438	33.3	401	30.7
Wolfe	104	34.6	94	30.9	107	31.8	108	38.0	105	38.1	113	41.6
Lake												
Cumberland	2258	24.2	1856	25.8	2408	20.8	2329	24.2	2444	26.3	2494	25.3
Adair	192	29.7	179	34.1	239	23.4	195	28.2	216	27.8	218	26.1
Casey	208	26.0	176	25.0	199	22.1	208	26.4	198	23.2	189	25.4
Clinton	106	17.9	97	25.8	142	24.6	127	27.6	132	32.6	126	23.8
Cumberland	79	27.8	66	37.9	71	23.9	71	22.5	90	25.6	81	32.1
Green	101	28.7	102	29.4	125	28.8	100	38.0	128	28.1	141	30.5
McCreary	231	33.8	178	30.9	225	20.4	222	33.3	217	32.7	238	27.7
Pulaski	619	21.0	486	19.1	682	15.2	714	20.0	709	23.1	787	23.8
Russell	187	17.6	145	24.8	188	18.1	171	15.8	214	22.4	194	21.1
Taylor	292	29.5	251	26.7	276	31.2	282	27.3	292	31.2	279	30.1
Wayne	243	16.0	176	24.4	261	16.1	239	18.4	248	24.6	241	20.7
Lincoln Trail	2522	27.6	2559	28.2	3164	22.6	3207	24.1	3264	23.5	3040	23.8
Grayson	287	30.0	268	42.5	322	32.3	290	41.7	362	29.3	303	37.0
Hardin	1018	28.8	1014	25.8	1456	18.9	1502	18.6	1496	18.9	1390	20.2
Larue	152	27.6	143	27.3	150	21.3	166	24.1	174	31.0	163	23.3
Marion	218	26.1	238	32.8	233	29.2	258	29.1	251	29.5	242	30.6
Meade	237	33.8	241	33.6	319	25.7	304	30.6	293	30.0	315	27.0
Nelson	480	23.5	523	22.8	554	24.0	559	24.5	555	23.8	489	21.3
Washington	130	19.2	132	21.2	130	15.4	128	21.9	133	23.3	138	21.0
Little Sandy	419	22.7	449	32.1	423	32.6	442	30.8	438	32.0	440	36.6
Carter	342	22.2	375	33.6	367	31.1	372	30.9	358	30.7	348	35.6
Elliott	77	24.7	74	24.3	56	42.9	70	30.0	80	37.5	92	40.2
North												
Central	759	29.2	744	24.5	939	23.1	832	25.8	1043	24.4	1000	22.5
Henry	190	30.5	175	31.4	208	27.4	196	34.2	237	29.1	216	31.5
Shelby	375	29.6	368	20.7	465	20.4	397	21.7	525	23.0	518	17.6
Spencer	124	21.8	116	24.1	157	22.3	154	26.0	175	22.3	173	23.1
Trimble	70	37.1	85	27.1	109	27.5	85	25.9	106	23.6	93	28.0
Northern KY	4761	22.5	5112	22.8	5228	23.7	4708	25.6	5516	22.7	4918	23.9
Boone	1052	17.3	1176	17.9	1285	18.2	1178	16.6	1429	18.5	1362	16.6
Campbell	1224	22.9	1321	23.9	1311	26.2	1122	28.3	1241	24.3	1101	28.3
Grant	298	33.6	350	25.4	338	30.8	391	33.2	401	28.9	367	32.7
Kenton	2187	23.2	2265	24.4	2294	24.2	2017	28.0	2445	23.3	2088	24.9

Area	1996		1997		1998		1999		2000		2001	
	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%
Pennyriple	486	26.5	540	27.4	524	23.9	541	25.1	543	24.7	472	28.0
Caldwell	130	29.2	147	33.3	152	30.9	137	32.8	126	31.0	124	27.4
Crittenden	85	23.5	99	26.3	100	22.0	112	25.0	105	27.6	86	25.6
Livingston	79	30.4	90	22.2	86	25.6	92	25.0	110	19.1	88	26.1
Lyon	58	31.0	58	29.3	53	24.5	63	19.0	58	20.7	50	28.0
Trigg	134	21.6	146	24.7	133	15.8	137	20.4	144	22.9	124	31.5
Purchase	1823	23.3	1715	23.0	2049	22.7	1987	22.1	1988	24.6	1944	22.6
Ballard	94	24.5	89	25.8	93	28.0	101	25.7	92	34.8	90	36.7
Calloway	335	23.0	320	21.6	387	26.9	344	24.1	326	27.6	336	19.0
Carlisle	48	29.2	43.0	20.9	62	24.2	71	23.9	70	30.0	61	19.7
Fulton	101	20.8	93.0	24.7	116	25.9	100	24.0	101	23.8	94	27.7
Graves	482	24.3	469	20.0	514	24.5	480	23.8	503	26.2	474	22.4
Hickman	55	32.7	49	28.6	50	26.0	51	19.6	48	16.7	55	25.5
McCracken	708	21.9	652	24.8	827	18.4	840	19.8	848	21.6	834	22.1
Mercer/ Anderson	529	26.3	501	26.9	507	23.7	515	22.9	544	24.6	513	30.2
Mercer	272	29.8	268	27.2	258	23.6	265	23.8	282	22.3	273	28.6
Anderson	257	22.6	233	26.6	249	23.7	250	22.0	262	27.1	240	32.1
Three Rivers	463	33.9	508	36.2	555	31.5	510	32.9	596	34.6	590	30.2
Carroll	119	34.5	118	36.4	112	36.6	122	32.8	151	37.7	142	35.9
Gallatin	91	41.8	101	31.7	115	31.3	110	39.1	114	35.1	95	24.2
Owen	85	27.1	117	36.8	134	30.6	118	30.5	128	37.5	133	27.8
Pendleton	168	32.7	172	38.4	194	29.4	160	30.6	203	30.0	220	30.5
WEDCO	652	26.7	687	27.2	739	28.1	842	20.1	867	23.0	855	19.4
Harrison	190	29.5	196	32.1	248	33.9	235	20.4	235	29.4	234	29.5
Nicholas	99	31.3	81	35.8	98	26.5	105	29.5	99	24.2	88	25.0
Scott	363	24.0	410	23.2	455	20.0	502	17.9	533	19.9	533	14.1
Independent Counties												
Allen	192	20.6	216	25.9	226	29.6	263	24.7	234	23.9	224	27.7
Bourbon	226	28.8	246	24.8	244	22.5	241	27.8	229	25.3	253	25.3
Boyle	313	26.2	309	23.6	307	21.5	295	30.5	341	27.9	303	24.8
Bracken	125	30.4	90	31.1	111	33.3	102	39.2	113	35.4	103	30.1
Breathitt	219	38.4	213	41.3	173	37.6	185	35.7	143	34.3	169	38.5
Breckinridge	197	33.5	205	32.2	227	34.4	235	38.3	223	27.4	202	32.7
Bullitt	711	26.3	766	28.9	757	27.9	713	23.0	730	21.0	731	23.8
Christian	1516	15.4	1463	16.3	1416	16.0	1507	14.3	1695	16.4	1559	16.7
Clark	408	25.7	411	25.1	460	30.9	434	27.9	427	29.7	424	27.4
Estill	170	22.9	172	30.8	193	26.9	201	26.9	183	30.6	197	32.0
Fayette	3302	19.8	3341	18.0	3573	18.6	3362	16.1	3706	15.6	3707	14.0
Fleming	163	32.5	160	30.0	177	29.9	183	37.2	161	31.1	197	32.5
Floyd	587	31.5	607	31.8	524	27.1	543	30.4	541	27.4	525	30.7
Franklin	541	27.0	602	26.9	619	28.6	612	23.0	631	27.6	616	28.9
Garrard	134	26.1	173	22.0	169	26.0	180	30.6	178	21.3	159	28.9

Area	1996		1997		1998		1999		2000		2001	
	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%	<u>N</u>	%
Greenup	397	22.7	401	24.7	409	23.2	356	20.2	441	24.0	366	22.4
Hopkins	586	24.4	571	27.0	631	27.7	573	29.0	624	28.8	603	29.7
Jefferson	8944	21.0	8837	20.7	9773	19.8	9699	19.1	10116	18.4	9776	18.1
Jessamine	520	24.0	581	24.1	548	19.0	566	22.3	557	23.5	530	22.3
Johnson	288	31.3	286	29.0	316	27.8	315	27.0	321	30.8	306	32.4
Knox	440	33.9	448	31.5	449	29.6	461	31.9	470	38.9	439	34.6
Laurel	721	25.5	682	29.5	800	26.8	744	33.6	772	30.7	840	30.8
Lawrence	-		-		-		-		-		202	27.2
Lewis	178	33.7	185	38.4	174	36.2	91	27.5	194	36.6	123	38.2
Lincoln	277	26.7	294	27.2	298	30.9	308	29.9	320	25.0	358	29.1
Madison	872	25.6	845	20.8	920	23.9	977	25.4	963	24.9	1001	22.5
Magoffin	198	29.8	193	34.7	164	34.1	209	28.2	204	29.4	273	36.6
Marshall	241	33.2	280	27.1	276	25.4	321	26.2	296	23.0	311	29.3
Martin	174	31.6	157	35.0	203	36.0	193	33.7	173	24.9	183	36.1
Monroe	160	18.1	152	21.1	157	24.8	143	16.1	166	27.7	138	26.8
Montgomery	248	23.4	307	22.5	300	23.7	355	25.1	348	22.7	321	25.9
Muhlenberg	383	25.6	364	27.7	413	28.1	429	31.9	398	31.2	387	32.8
Oldham	476	16.8	497	14.9	509	13.4	532	11.5	536	11.8	540	12.8
Pike	899	31.4	845	31.7	863	31.5	801	31.1	766	31.2	767	32.9
Powell	191	29.8	189	32.3	199	38.7	182	36.8	185	37.8	189	38.6
Todd	158	29.1	157	25.5	158	26.6	174	27.0	176	20.5	193	25.4
Whitley	479	32.6	445	34.8	421	39.2	516	37.4	501	35.3	514	32.1
Woodford	287	18.1	275	19.6	285	16.1	281	16.4	306	17.3	321	15.3
Kentucky	50264	24.5	50338	24.7	54125	23.7	53216	23.7	55978	23.4	54076	23.4

Sources. Healthy Kentuckians 2010 Spring 2000
Kentucky Vital Statistics Birth File 1996-99

Tobacco Cessation Services in Local Health Departments, 1999-2002

Kentucky

In 2002, 100% of local health departments provided programs to help tobacco users quit. From 1999 to 2002, there was more than a 150% increase in the number of health departments providing Cooper Clayton (see Figure 5; Table 6) programs, and a nearly 400% increase in the rate of individuals participating in tobacco cessation programs, from 8.6 to 38.4 per 10,000 smokers (see Figure 6).

From 2000 to 2002, there was nearly a 90% increase in the number of health departments providing self-help materials for tobacco cessation in exam rooms (see Figure 7).

Not only have local health departments increased their provision of and participation in smoking cessation programs, there has also been a significant increase in the average number of requests for tobacco use cessation programs from 50 per month in 2000 to 421 in 2002. From 1999 to 2002, local health departments showed significant increases in cessation and prevention services in keeping with the Healthy Kentuckians 2010 recommendation to provide research-based smoking cessation services.

Local health departments in Kentucky are an important resource in providing tobacco cessation prevention and cessation services. Local health departments can impact tobacco use patterns through information dissemination and direct service provision.⁹

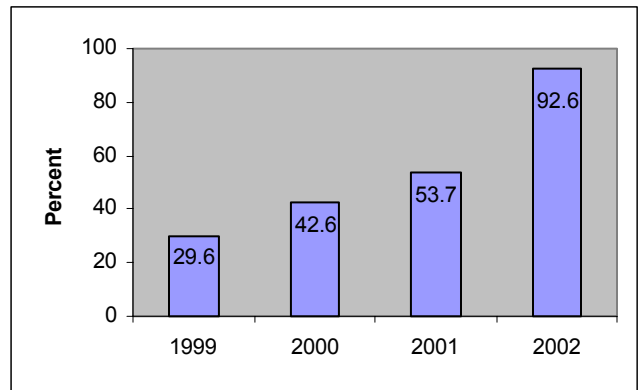


Figure 5. Percent of LHDs reporting Cooper-Clayton Programs, 1999-2002

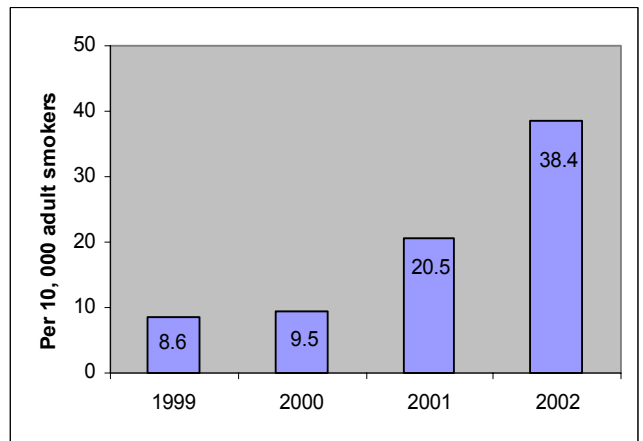


Figure 6. Participation in Cessation Programs per 10,000 Adult Smokers

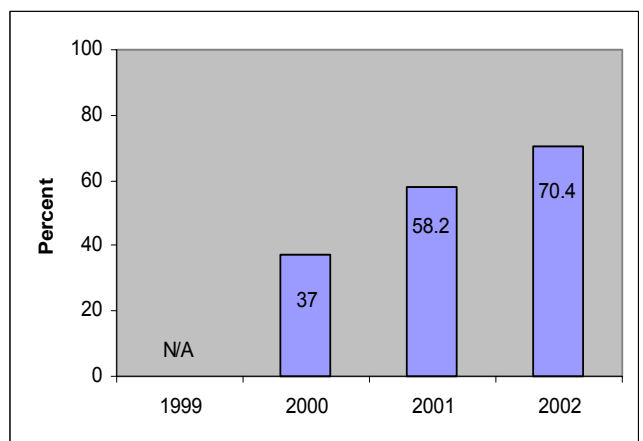


Figure 7. Percent of LHDs that Provide Self-help Material in Every Exam Room, 1999-2002

Local Health Department Service Area

In 2002, almost all health departments (93%) provided Cooper Clayton programs to quit smoking (see Table 6). This represents a steady increase since 1999. Seven in ten health departments had self-help materials for tobacco cessation and/or secondhand smoke available in every exam room. This represents an increase from 58% in 2001 and 37% in 1999. Overall, tobacco cessation program participation rates increased by 3.5 times from 1999 to 2002. Health departments exhibiting an increase in cessation program participation of more than 3.5 times since 1999 were: Cumberland Valley,^c Little Sandy, Three Rivers Districts, and Allen, Fayette,^c and Floyd Counties.

Although, the participation in cessation programs has jumped dramatically since 1999, the average participation rate was only 38.4 per 10,000 adult smokers in 2002. While the 2002 participation rates ranged from 0 in Bracken, Pike, and Todd Counties to 284 per 10,000 in the Buffalo Trace District, there is a need to engage many more smokers in cessation programs.

In 2002, the most common perceived obstacle to providing smoking cessation services were few requests (46%), similar to 2001. Tobacco cessation services must be culturally appropriate, available, and accessible. Given that the majority of Kentucky smokers are interested in quitting and smoking cessation is cost-effective, marketing of tobacco cessation services is essential to recruiting and retaining smokers.⁹

Although participation in tobacco cessation programs increased 3.5 times from 1999 to 2002, the average participation rate in 2002 was only 38.4 per 10,000 adult smokers.

^c Received additional funding from the Centers for Disease Control and Prevention (CDC).

Table 6. Tobacco Cessation Services in Local Health Departments, 1999-2002

Health Department	Within the past year, have any 'Cooper-Clayton Method to Stop Smoking' programs been provided in your county? (Yes=X)				Does your health department provide self help materials for tobacco cessation in every exam room? (Yes=X)				Participation in tobacco cessation programs ^a			
	1999	2000	2001	2002	1999 ^b	2000	2001	2002	1999 Rate	2000 Rate	2001 Rate	2002 Rate
Barren River				X		X			11.06	5.52	0.00	49.20
Buffalo Trace		X		X		X	X	X	86.07	0.00	0.00	283.87
Cumberland Valley	X	X	X	X		X	X	X	3.74	0.00	35.95	72.12
FIVCO				X				X	58.15	0.00	13.44	26.78
Gateway		X		X			X		0.00	0.00	0.00	11.04
Green River	X	X	X	X				X	14.75	50.32	42.97	2.43
Kentucky River				X		X			0.00	0.00	0.00	13.19
Lake Cumberland				X					0.00	0.00	0.00	38.96
Lincoln Trail		X	X	X		X	X	X	20.99	6.07	2.59	4.94
Little Sandy				X			X	X	3.72	0.00	131.81	71.94
North Central									31.63	0.00	34.87	30.83
Northern KY	X	X	X	X					12.22	11.11	21.91	21.03
Pennyrile			X	X			X	X	4.70	0.00	21.34	9.85
Purchase		X	X	X			X	X	0.00	23.09	26.55	29.75
Three Rivers		X	X	X					3.03	0.00	0.00	46.40
WEDCO	X	X	X	X			X	X	3.47	0.00	18.35	18.20
Independent Counties												
Allen		X		X		X			28.16	88.04	28.21	241.56
Anderson	X	X		X					0.00	6.94	28.80	56.01
Bourbon		X	X	X		X	X	X	67.19	26.15	17.33	190.15
Boyle		X	X	X				X	0.00	0.00	37.48	59.31
Bracken			X	X		X	X	X	0.00	0.00	0.00	0.00
Breathitt				X			X	X	21.38	0.00	5.92	37.96
Breckinridge						X	X	X	0.00	0.00	0.00	16.22
Bullitt		X	X	X		X		X	53.23	21.50	3.48	110.92
Clark		X	X	X				X	0.00	0.00	36.05	116.38
Christian				X			X		0.00	0.00	0.00	58.63
Estill			X	X		X	X	X	0.00	0.00	82.53	158.57
Fayette	X	X	X	X				X	1.72	9.11	2.02	86.44

Health Department	Within the past year, have any 'Cooper-Clayton Method to Stop Smoking' programs been provided in your county? (Yes=X)				Does your health department provide self help materials for tobacco cessation in every exam room? (Yes=X)				Participation in tobacco cessation programs ^a			
	1999	2000	2001	2002	1999 ^b	2000	2001	2002	1999 Rate	2000 Rate	2001 Rate	2002 Rate
Fleming		X		X				X	49.85	81.54	0.00	96.41
Floyd		X	X	X		X	X	X	0.98	9.92	0.99	29.25
Franklin			X	X			X	X	7.74	0.00	40.84	150.56
Garrard				X					0.00	0.00	0.00	130.15
Greenup				X		X	X	X	0.00	0.00	0.00	18.36
Hopkins			X	X		X	X	X	0.00	0.00	103.18	79.38
Jefferson	X	X	X	*				*	0.83	1.90	0.68	*
Jessamine			X	X				X	0.00	0.00	17.49	15.89
Johnson		X	X	X				X	0.00	0.00	10.16	109.54
Knox				X		X	X	X	42.76	67.86	0.00	170.06
Laurel				X			X	X	0.00	0.00	0.00	9.16
Lewis				X			X	X	0.00	0.00	0.00	15.08
Lincoln			X	X			X	X	1.67	13.52	7.92	19.44
Madison	X	X	X	X		X	X	X	39.21	59.63	23.34	100.19
Magoffin				X		X	X	X	0.00	30.74	0.00	90.26
Marshall		X	X	X					0.00	4.50	67.09	76.71
Martin			X	X			X	X	0.00	0.00	29.76	240.79
Mercer	X	X	X	X			X	X	0.00	13.81	0.00	79.62
Monroe				X		X	X		0.00	0.00	55.94	154.17
Montgomery			X	X					0.00	0.00	1.77	21.74
Muhlenberg				X				X	0.00	0.00	0.00	46.75
Oldham						X	X	X	80.69	47.03	28.44	19.65
Pike				X		X	X	X	0.00	0.00	0.00	0.00
Powell				X			X	X	0.00	0.00	0.00	103.92
Todd							X		0.00	0.00	0.00	0.00
Whitley			X	X			X		43.45	15.88	10.41	71.30
Woodford		X	X	X					0.00	43.92	32.77	152.92
Kentucky	29.6% [54]	42.6% [54]	53.7% [55]	92.6% [54]		37% [54]	58.2% [55]	70.4% [54]	8.6	9.5	20.5	38.37

Source: Local Health Department Tobacco Cessation Survey, 1999-2002

* Missing Data

^a Rate per 10,000 adult smokers

^b Question not asked in 1999

Workplace Tobacco Cessation Services, 1999-2002

Kentucky

There were no significant changes in the percent of manufacturing facilities that offered cessation resources, reimbursed for cessation services, or sold cigarettes on company property from 1999 to 2002 (see Figure 8). In 2002, of the 625 manufacturing facilities surveyed, about one in three facilities' health plans reimbursed for nicotine replacement therapy. The percent of facilities that offered cessation resources in 1999 increased by nearly 18% in 2002. Facilities that sold cigarettes on company property decreased by nearly 46% during the same time frame. Yet, the increase in cessation resources and decrease in cigarettes sales were not significant over time.

Healthy Kentuckians 2010 recommends increasing the percentage of manufacturing facilities that reimburse for smoking cessation services to 48%. Achieving the Healthy Kentuckians 2010 goal will require close to a 50% increase in the current percent of manufacturers that reimburse for smoking cessation services. Mandated coverage for tobacco cessation results in lower rates of absenteeism and lower utilization of health care resources.⁹ It is recommended that tobacco dependence treatments be covered under health insurance plans that are purchased by employers.

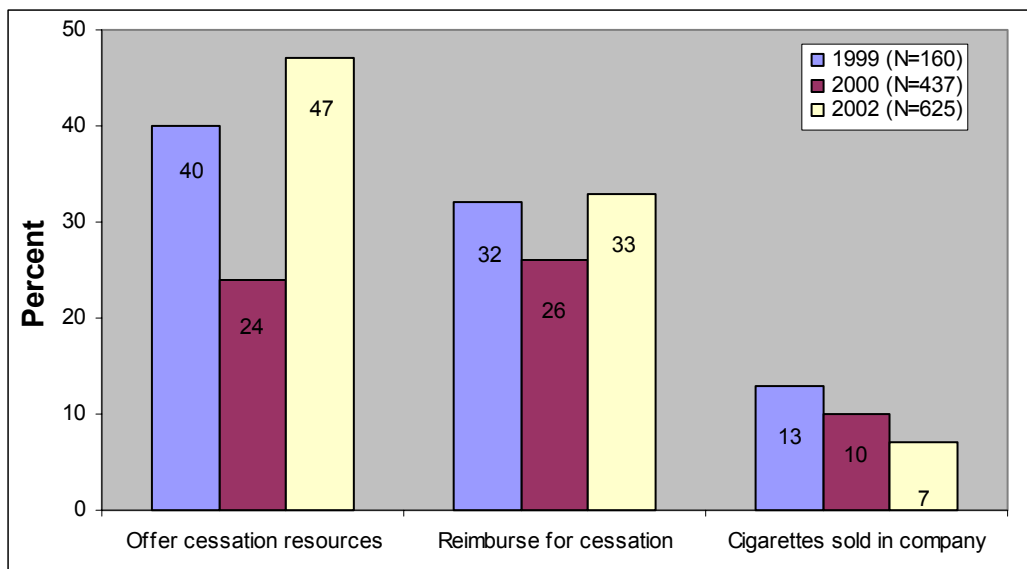


Figure 8. Workplace Tobacco Cessation Services, Kentucky, 1999-2002
Source. Kentucky Workplace Tobacco Policy State Report, 1999-2002.

Local Health Department Service Area

In 2002, the percent of Kentucky companies that provided cessation resources to employees ranged from 0% to 100%, with a total sample average of 47% (see Table 7).^a The following districts/counties were more likely in 2002 than the total state sample to have companies offering cessation resources: WEDCO (81.8%), Christian (83.3%), and Madison (85.7%). Over time, the percent of companies offering cessation services increased significantly in the following districts/counties: WEDCO, Fayette, and Madison.^b

In 2002, the following local health department service areas met the Healthy Kentuckians 2010 goal of increasing the percentage of manufacturing facilities that reimburse for smoking cessation services to 48%: FIVCO District, Allen, Bullitt, Franklin, Jessamine, Lincoln, Mercer, Whitley, and Woodford Counties (see Table 7).

Franklin County had a significantly higher percentage of manufacturers that reimbursed for cessation pharmacotherapy compared to the total state sample (58.3% vs. 33.4%). Lincoln Trail District showed a significant increase in the percentage of companies that offered reimbursement for smoking cessation from 2000 (11%) to 2002 (35.9%).^b

While there has been a steady decline in the percent of manufacturing facilities that sell cigarettes on company property, none of these declines are statistically significant. The following districts/counties reported no cigarettes sold on company property in 2002: Buffalo Trace, Gateway, Lake Cumberland, Little Sandy, Pennyrite, Three Rivers, WEDCO, Allen, Bourbon, Boyle, Bullitt, Fleming, Garrard, Hopkins, Jessamine, Knox, Lincoln, Mercer, Oldham, Todd, and Woodford.

^a *The first statewide sample of manufacturers with 50 or more employees was studied in 2002, representing 41 of 55 local health department service areas.*

^b *Trends over time were assessed only for the local health departments that received CDC funds for tobacco prevention and cessation and participated in the University of Kentucky Workplace Tobacco Policy Survey, 1999-2002.*

While less than half of manufacturers in Kentucky provided cessation services to employees, companies in some local health department services areas were more likely to help employees quit.

Table 7. Workplace Tobacco Cessation Services, 1999- 2002

Health Department	Does your company provide resources to employees who want to quit using tobacco products?			Does your company health plan reimburse for smoking cessation?			Are cigarettes sold on company property?		
	1999 % (n)	2000 % (n)	2002 ^a % (n)	1999 % (n)	2000 % (n)	2002 ^a % (n)	1999 % (n)	2000 % (n)	2002 ^a % (n)
Districts									
Barren River	*	*	44.7 (38)	*	*	26.3 (38)	*	*	7.9 (38)
Buffalo Trace	*	*	18.2 (11)	*	*	45.5 (11)	*	*	0.0 (11)
Cumberland Valley	*	19.0 (16)	8.3 (12)	*	21.0 (14)	25.0 (12)	*	24.0 (17)	25.0 (12)
FIVCO	*	*	12.5 (8)	*	*	50.0 (8)	*	*	25.0 (8)
Green River	36.0 (48)	*	51.6 (62)	33.0 (48)	*	32.3 (62)	13.0 (48)	*	3.3 (60)
Kentucky River	*	*	14.3 (7)	*	*	28.6 (7)	*	*	14.3 (7)
Lake Cumberland	*	*	24.3 (37)	*	*	18.9 (37)	8	*	0.0 (37)
Lincoln Trail	*	19.0 (62)	38.5 (52)	*	11.0 (54)	35.9 (53)	*	6.0 (65)	1.9 (53)
Little Sandy	*	*	0.0 (2)	*	*	0.0 (2)	*	*	0.0 (2)
North Central	22.0 (19)	27.0 (22)	43.5 (23)	26.0 (19)	17.0 (19)	39.1 (23)	16.0 (19)	4.0 (23)	26.1 (23)
Northern KY	41.0 (65)	30.0 (78)	42.6 (61)	42.0 (65)	28.0 (68)	37.5 (64)	6.0 (65)	6.0 (79)	4.8 (62)
Pennyrile	*	*	25.0 (8)	*	*	11.1 (9)	*	*	0.0 (8)
Purchase	*	16.0 (49)	41.2 (34)	*	28.0 (46)	29.4 (34)	*	4.0 (49)	2.9 (34)
Three Rivers	*	*	77.8 (9)	*	*	44.4 (9)	*	*	0.0 (9)
WEDCO	*	30.0 (23)	81.8 (11)	*	42.0 (19)	45.5 (11)	*	9.0 (23)	0.0 (11)
Independent Counties									
Allen			80.0 (5)			80.0 (5)			0.0 (5)
Anderson		25.0 (12)	40.0 (5)		33.0 (12)	40.0 (5)		8.0 (12)	20.0 (5)
Bourbon			75.0 (8)			37.5 (8)			0.0 (8)
Boyle			13.3 (15)			13.3 (15)			0.0 (15)

Does your company provide resources to employees who want to quit using tobacco products?

Does your company health plan reimburse for smoking cessation?

Are cigarettes sold on company property?

Health Department	Does your company provide resources to employees who want to quit using tobacco products?			Does your company health plan reimburse for smoking cessation?			Are cigarettes sold on company property?		
	1999 % (n)	2000 % (n)	2002 ^a % (n)	1999 % (n)	2000 % (n)	2002 ^a % (n)	1999 % (n)	2000 % (n)	2002 ^a % (n)
Bullitt			100.0 (2)			50.0 (2)			0.0 (2)
Christian			83.3 (12)			41.7 (12)			16.7 (12)
Fayette		10.0 (49)	62.5 (32)	*	31.0 (42)	37.5 (32)	*	6.0 (48)	9.4 (32)
Fleming			0.0 (3)			33.3 (3)			0.0 (3)
Franklin			75.0 (12)			58.3 (12)			8.3 (12)
Garrard			50.0 (2)			0.0 (2)			0.0 (2)
Greenup	*	*	*	*	*	*	*	*	*
Hopkins	*	*	28.6 (7)	*	*	0.0 (7)	*	*	0.0 (7)
Jefferson	*	27.0 (84)	37.5 (32)	*	27.0 (60)	33.3 (33)	*	19.0 (84)	12.5 (32)
Jessamine	*	*	57.1 (7)	*	*	57.1 (7)	*	*	0.0 (7)
Johnson	*	*	*	*	*	*	*	*	*
Knox	*	*	25.0 (4)	*	*	25.0 (4)	*	*	0.0 (3)
Laurel	*	*	50.0 (2)	*	*	0.0 (2)	*	*	50.0 (2)
Lewis	*	*	*	*	*	*	*	*	*
Lincoln	*	*	66.7 (3)	*	*	66.7 (3)	*	*	0.0 (3)
Madison	54.0 (28)	39.0 (26)	85.7 (21)	21.0 (28)	30.0 (27)	19.1 (21)	25.0 (28)	17.0 (29)	9.5 (21)
Magoffin	*	*	*	*	*	*	*	*	*
Marshall	*	*	57.1 (7)	*	*	0.0 (7)	*	*	14.3 (7)
Martin	*	*	*	*	*	*	*	*	*
Mercer	*	25.0 (12)	100.0 (5)	*	33.0 (12)	60.0 (5)	*	8.0 (12)	0.0 (5)
Monroe	*	*	*	*	*	*	*	*	*
Montgomery	*	*	73.3 (15)	*	*	40.0 (15)	*	*	0.0 (15)

Health Department	Does your company provide resources to employees who want to quit using tobacco products?			Does your company health plan reimburse for smoking cessation?			Are cigarettes sold on company property?		
	1999 % (n)	2000 % (n)	2002 ^a % (n)	1999 % (n)	2000 % (n)	2002 ^a % (n)	1999 % (n)	2000 % (n)	2002 ^a % (n)
Muhlenberg	*	*	50.0 (6)	*	*	33.3 (6)	*	*	33.3 (6)
Pike	*	*	*	*	*	*	*	*	*
Powell	*	*	*	*	*	*	*	*	*
Todd	*	*	0.0 (2)	*	*	0.0 (2)	*	*	0.0 (2)
Whitley	*	*	33.3 (6)	*	*	50.0 (6)	*	*	16.7 (6)
Woodford	*	*	80.0 (5)	*	*	60.0 (5)	*	*	0.0 (5)
Kentucky	40.0 (160)	24.0 (421)	46.7 (619)	32.0 (160)	26.0 (361)	33.4 (625)	13.0 (160)	10.0 (429)	7.0 (618)

Source. University of Kentucky Workplace Tobacco Policy Survey

* Data unavailable

^a Represents Manufacturing Facilities with 50 or more employees.

School Tobacco Cessation Programs, 1999-2001

Kentucky

In 2001, only 15% of middle and high schools in Kentucky provided direct smoking cessation services for students and employees (See Figure 9). Given that nearly 6 in 10 middle and high school smokers report trying to quit in the last 12 months¹⁰, schools can play a larger role in providing cessation assistance for both students and employees.

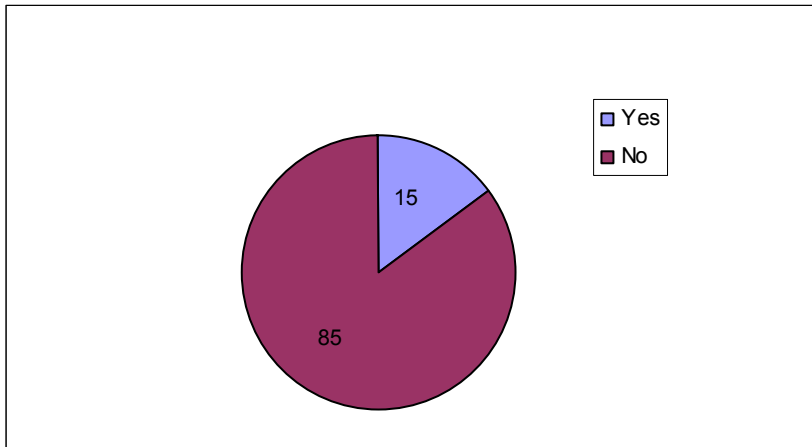


Figure 9. Direct Smoking Cessation Services in Middle and High Schools, 2001.
Source: University of Kentucky School Tobacco Policy Survey, 2001.

“The number of young people who are addicted, and the sizable proportion of them who genuinely want to quit, warrants serious investment of intellect and effort in this endeavor, its lack of success to date notwithstanding.”¹³

Local Health Department Service Area

The 1999 School Tobacco Policy Survey was conducted with eleven CDC-funded health department service areas. These health departments included Purchase, Cumberland Valley, Northern Kentucky, Green River, WEDCO, and Lincoln Trail Districts, and Madison, Fayette, Jefferson, Mercer, and Anderson Counties.

In 2001, the School Tobacco Policy Survey participation was extended not only to the eleven CDC funded health departments, but also to an additional 38 randomly selected counties. The total sample represented 22 local and district health departments. Figure 10 represents the sample distribution for the 2001 School Tobacco Policy Survey.

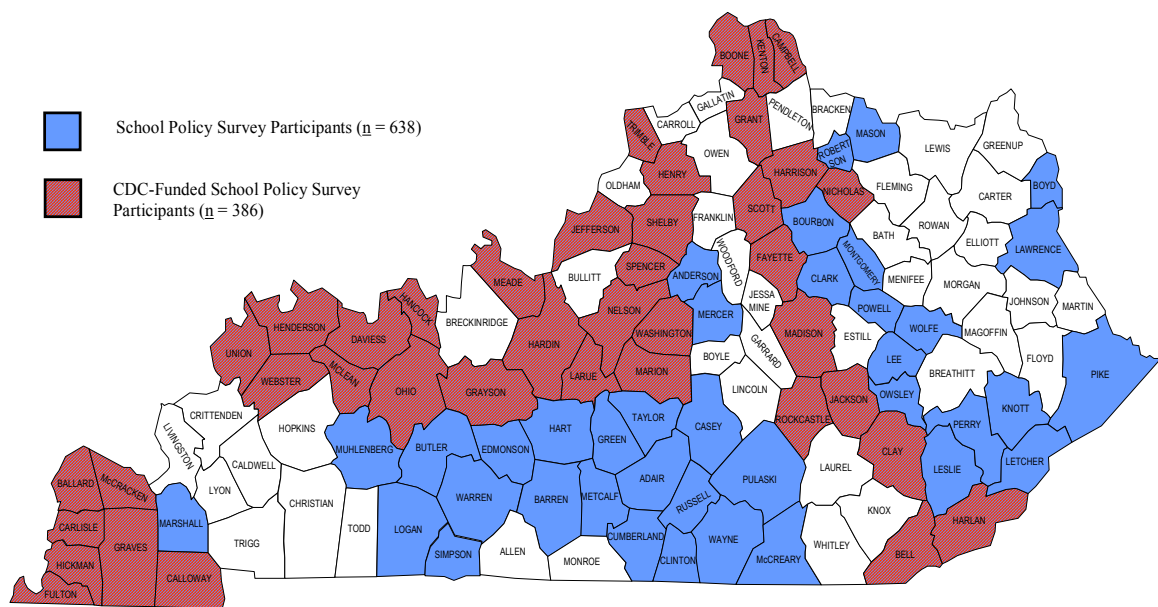


Figure 10. Sample Distribution for the 2001 School Tobacco Policy Survey

In 1999, 10.2% of Kentucky schools provided help for students who wanted to quit using tobacco products, significantly increasing to 47.9% in 2001. In 2001, the percentage of schools that offered cessation programs ranged from 100.0% in Marshall County to 0.0% in Johnson County (see Table 8). Only schools in Madison County were more likely to offer cessation programs for students than the total sample (90.9% vs. 47.9%). Schools in Muhlenberg were significantly less likely than the entire sample to provide cessation programs for students (13.3% vs. 47.9%). In the majority of counties/districts where comparison data were available, the percentage of schools offering cessation programs to students increased over time. However, only in Cumberland Valley (6.7% in 1999 to 32.1% in 2001) and Lincoln Trail Districts (16.7% in 1999 to 53.7% in 2001) were these changes statistically significant.

In 1999, 25.3% of Kentucky schools helped employees who wanted to quit, remaining statistically unchanged at 30.3% in 2001. No counties or districts had any significant gains or losses in the proportion of schools offering employee cessation services from 1999 to 2001. In 2001, the percent of schools that offered cessation programs to employees ranged from 100.0% in Marshall County to 0.0% in Johnson and Montgomery County schools. Three counties/districts were significantly less likely to help employees quit than the total state sample in 2001: Cumberland Valley (11.3% vs. 30.3%), Purchase (9.7% vs. 30.3%), and Muhlenberg (6.7% vs. 30.3%).

In 1999, 21.4% of schools were offered cessation programs at least once per semester, remaining unchanged at 25.3% in 2001. Only Montgomery County reported that 100.0% of their schools offered cessation programs to students and/or employees at least once per semester in 2001. Several counties/districts did not offer cessation programs at least once per semester in 2001: Buffalo Trace, Cumberland Valley, FIVCO, Kentucky River, Purchase, WEDCO, Bourbon, Clark, Fayette, Jefferson, Johnson, Marshall, Muhlenberg, Pike, Powell, and Woodford.

Though help for students who want to quit using tobacco products is becoming more available in middle and high schools, this is not the case for school employees.

Table 8. School Tobacco Cessation Programs, 1999-2001

Health Department	Does your school provide help to students who want to quit using tobacco products?		Does your school provide help to employees who want to quit using tobacco products?		What percent offer cessation classes at least once per semester?	
	1999	2001	1999	2001	1999	2001
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Barren River		54.8 (73)		38.9 (72)		40.0 (5)
Buffalo Trace	*	80.0 (5)	*	40.0 (5)	*	0.0 (0)
Cumberland Valley	6.7 (30)	32.1 (53)	20.0 (30)	11.3 (53)	50.0 (2)	0.0 (2)
FIVCO		68.2 (22)		54.6 (22)		0.0 (6)
Green River	60.7 (56)	54.1 (61)	39.3 (56)	34.4 (61)	28.6 (7)	36.4 (11)
Kentucky River	*	45.7 (35)	*	20.0 (35)	*	0.0 (4)
Lake Cumberland	*	65.8 (38)	*	36.8 (38)	*	7.1 (14)
Lincoln Trail	16.7 (30)	53.7 (54)	24.2 (33)	31.5 (54)	16.7 (6)	30.0 (10)
North Central	55.6 (9)	*	11.1 (9)	*	50.0 (2)	*
Northern KY	46.9 (64)	44.6 (65)	22.6 (62)	38.5 (65)	16.7 (6)	29.4 (17)
Purchase	0.0 (38)	29.0 (31)	20.5 (39)	9.7 (31)	0.0 (0)	0.0 (0)
WEDCO	0.0 (9)	54.6 (11)	0.0 (9)	18.2 (11)	0.0 (0)	0.0 (2)
Independent Counties						
Anderson	22.2 (9)	*	22.2 (9)	*	0.0 (1)	*
Bourbon	*	66.7 (3)	*	33.3 (3)	*	0.0 (2)
Clark	*	83.3 (6)	*	33.3 (6)	*	0.0 (1)
Fayette	19.4 (31)	42.5 (40)	46.7 (30)	41.0 (39)	20.0 (5)	0.0 (5)
Jefferson	*	48.0 (50)	*	24.5 (49)	*	0.0 (2)
Johnson	*	0.0 (10)	*	0.0 (10)	*	0.0 (0)
Madison	70.0 (10)	90.9 (11)	60.0 (10)	63.6 (11)	0.0 (1)	50.0 (4)
Marshall	*	100.0 (2)	*	100.0 (2)	*	0.0 (0)
Montgomery	*	50.0 (2)	*	0.0 (2)	*	100.0 (1)
Muhlenberg	*	13.3 (15)	*	6.7 (15)	*	0.0 (1)
Pike	*	40.0 (25)	*	24.0 (25)	*	0.0 (3)
Powell	*	33.3 (3)	*	50.0 (2)	*	0.0 (0)
Woodford	*	44.4 (9)	*	33.3 (9)	*	0.0 (0)
Kentucky	10.2 (147)	47.9 (624)	25.3 (150)	30.3 (620)	21.4 (14)	25.3 (91)

Source. University of Kentucky School Tobacco Policy Survey, 1999, 2001

*Data not available

A majority of each generation of youth experiments with smoking, and approximately half of those – up to a third of all young people – become regular smokers....tobacco control professionals committed to reducing youth smoking must focus much of their attention on figuring out how to abate the addiction that follows youthful experimentation with smoking.”³

Goal: Prevent Initiation

Youth Smoking Rates

In 2002, 34% of high school and 15% of middle school students smoked a cigarette at least once in the past 30 days (see Table 9). While not statistically different, these numbers are down from 2000 when 37% of high school and 22% of middle school students were current smokers. The latest national data show that 28% of high school and 11% of middle school students were current smokers in 2000. In 2000, current high school and middle school smoking rates in Kentucky were higher than the nation.

There was a significant drop in current smoking among 7th graders—from 28% in 2000 to 17% in 2002, and for white middle school students from 22% in 2000 to 14% in 2002. In 2002, 16% of African American high school students currently smoked cigarettes, compared to 36% of whites. The greatest increase in current smoking rates was seen between sixth and seventh grades, with almost one in four students smoking by the time they reach eighth grade. From grades nine to 12, current smoking increases from 27% to 42%.

In 2002, 15% of all high school students smoked their first cigarette before age 11. Males were more likely to have smoked before age 11 than females. Thirty-nine percent of high school students and 18% of middle school students had smoked 100 or more cigarettes in their lifetime. Nearly half of current high school smokers said they need a cigarette every day; one in three middle school smokers need a cigarette every day.

In 2002, 61% of high school smokers and 76% of middle school smokers lived with a person who smoked. Ninety-one percent of high school smokers had at least one friend who smoked, while 44% of nonsmokers had one or more friends who smoked. Eighty-six percent of middle school smokers had at least one friend who smoked, while only 22% of nonsmokers in middle school had one or more friends who smoked.

Youth Quit Rates

Despite the fact that three-fourths of current smokers believe that they could quit smoking if they wanted to, 49% of high school smokers and 53% of middle school smokers attempted to quit and were unsuccessful in 2002 (see Table 9). Significantly fewer high school students attempted to quit smoking in 2002 (49% of current smokers) compared to 2000 (60% of current smokers).

34% of high school and 15% of middle school students were current smokers in 2002, representing no significant change since 2000.

Table 9. Current Tobacco Use and Quit Attempts Among Middle and High School Students in Kentucky by Gender and Race/Ethnicity, 2000-2002

		Middle School Students							
		Tobacco Use*				Quit Attempts**			
		2000		2002		2000		2002	
		%	CI	%	CI	%	CI	%	CI
Gender	Male	21.9	5.6	16.0	4.0	49.6	10.4	45.3	9.3
	Female	21.1	3.4	15.0	4.0	61.5	12.8	61.2	10.5
Race/Ethnicity									
	White	21.6	3.8	14.0	3.0	54.9	8.4	55.6	7.6
	African American	17.5	10.4	15.0	7.0	74.7	27.8	14.1	25.4
	Hispanic	8.4	10.8	25.0	15.0	64.5	63.4	56.6	39.5
	Other	31.3	13.8	31.0	13.0	48.7	38.3	40.0	18.7
		High School Students							
		Tobacco Use*				Quit Attempts**			
		2000		2002		2000		2002	
		%	CI	%	CI	%	CI	%	CI
Gender	Male	35.6	4.2	33.0	4.0	55.5	5.1	45.0	6.9
	Female	39.0	5.7	36.0	4.0	63.9	6.9	52.2	5.0
Race/Ethnicity									
	White	37.8	4.4	36.0	4.0	58.6	3.6	49.1	4.8
	African American	21.4	9.2	16.0	5.0	63.7	31.3	44.5	20.6
	Hispanic	55.1	17.1	43.0	11.0	72.6	25.5	39.9	25.3
	Other	33.1	12.0	11.0	10.0	79.2	23.4	44.1	45.7

Source. Kentucky Youth Tobacco Survey, 2000, 2002.

* Tobacco use defined by the CDC as smoking cigarettes on one or more of the past 30 days.

** Quit attempts defined by the CDC as percent of current smokers who tried to quit smoking during the past 12 months.

School Tobacco-related Policy

Kentucky

While almost all middle and high schools banned smoking on school grounds for students in 2001, only 44.7% banned smoking on school grounds for employees (see Figure 11). In 2001, the percent of Kentucky schools posting no-smoking signs had not changed significantly from that reported in 1999 (67.9% vs. 58.1%).

One Healthy Kentuckians 2010 goal is to increase to 100% the proportion of schools with tobacco-free environments including all school property, vehicles, and at all school functions. To achieve this goal, a 3% increase in the percentage of middle and high schools in Kentucky banning smoking on school grounds for students is needed and more than a 100% increase in those banning smoking for employees is needed.

Smoke-free policies in schools are important to help smokers quit, reduce the move from occasional to regular smoking, and minimize the opportunities for social exchange of cigarettes. To change pro-tobacco norms, the CDC recommends that the entire school environment be tobacco-free including all students, faculty, staff, and visitors.¹¹ The posting of no-smoking signs communicates existing school policy, and as such, is another recommended component of school tobacco prevention programs.¹¹

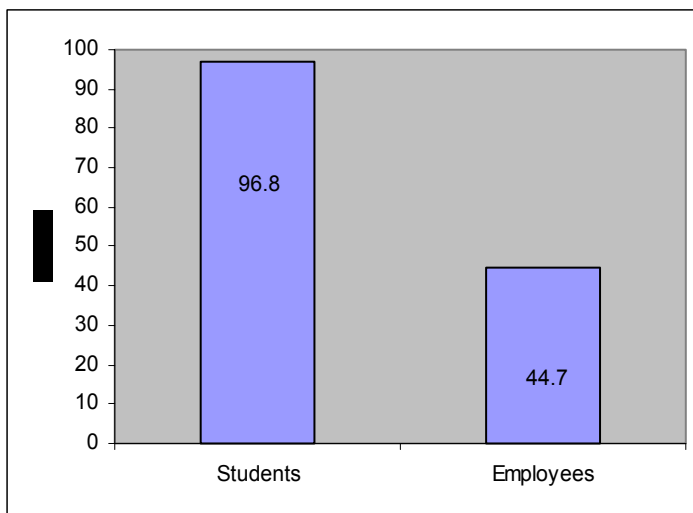


Figure 11. Smoking Banned on School Grounds, Middle and High Schools, 2001.

There is an association between close monitoring of school smoking policy and lower likelihood of daily use of cigarettes in middle school.⁴⁰

Local Health Department Service Area

In 2001, the percentage of schools that banned employee smoking ranged from 0.0% in Powell County to 100.0% in Marshall County (see Table 10). Cumberland Valley District, Fayette, Madison, and Pike Counties were significantly more likely than the total state sample to ban smoking for employees. There has been no significant increase in the percent of schools banning smoking for employees over time. In Northern Kentucky, there was a significant decline from 1999 to 2001 in the percent of schools that banned employee smoking.

Overall, the percentage of Kentucky schools that posted no-smoking signs remained unchanged from 1999 to 2001. In 2001, the percent of school posting no-smoking signs ranged from 33.3% in Bourbon and Powell Counties to 100.0% in Marshall and Montgomery Counties. Fayette County schools were less likely than the total state sample in 2001 to post no-smoking signs (36.6% vs. 67.9%). Cumberland Valley District and Madison County were more likely than the total state sample to post no-smoking signs (88.7% and 90.9%, respectively, vs. 67.9%). Only Cumberland Valley showed a significant rise in the number of schools posting no-smoking signs from 1999 to 2001 (62.5% to 88.7%).

In 2001, 34.3% of Kentucky schools had at least one evidence-based prevention program, representing a significant decline from 44.9% in 1999. The percent of schools offering at least one research-based curriculum ranged from 0.0% in Johnson, Marshall, and Woodford Counties to 100.0% in Montgomery County. Jefferson and Muhlenberg Counties were more likely than the total state sample to offer at least one research-based prevention curriculum (56.0% and 73.3%, respectively, vs. 34.3%). Barren River, Kentucky River, and Fayette County were less likely than the total state sample to offer research-based curricula (18.7%, 11.4%, 11.9%, respectively, vs. 34.3%). Three counties/districts reported significant declines in the proportion of schools with at least one research-based curriculum from 1999 to 2001: Barren River (52.8% to 18.7%), Kentucky River (45.6% to 11.4%), and Fayette (42.4% to 11.9%). In contrast, Jefferson County reported a significant increase in the percentage of schools with at least one research-based curriculum (31.5% to 56.0%).

There has been no significant increase in the percent of schools banning smoking for employees over time.

Table 10. School Tobacco Related Policy, 1999-2001

Health Department	Does your school have a policy that bans smoking on school grounds for employees?		Are there signs posted at your school that say tobacco use is prohibited?		Percent of schools providing at least one research-based curriculum	
	1999 % (n)	2001 % (n)	1999 % (n)	2001 % (n)	1999 % (n)	2001 % (n)
Barren River	*	33.3 (72)	*	73.3 (75)	52.8 (53)	18.7 (75)
Buffalo Trace	*	40.0 (5)	*	40.0 (5)	50.0 (6)	60.0 (5)
Cumberland Valley	60.6 (33)	62.3 (53)	62.5 (32)	88.7 (53)	56.1 (41)	44.4 (54)
FIVCO	*	43.5 (23)	*	69.6 (23)	50.0 (12)	26.1 (23)
Green River	42.1 ^a (57)	29.0 (62)	78.2 (55)	77.4 (62)	53.6 (56)	38.1 (63)
Kentucky River	*	31.4 (35)	*	74.3 (35)	45.6 (57)	11.4 (35)
Lake Cumberland	*	63.2 (38)	*	56.8 (37)	54.8 (42)	46.2 (39)
Lincoln Trail	46.4 (28)	29.6 (54)	77.4 (31)	60.4 (53)	62.9 (35)	36.8 (57)
North Central	100.0 ^a (9)	*	50.0 (8)	*	72.7 (11)	*
Northern KY	87.7 ^a (65)	36.9 (65)	58.5 (65)	63.6 (66)	31.8 (63)	31.8 (66)
Purchase	69.2 (39)	58.1 (31)	54.1 (37)	58.1 (31)	27.5 (40)	35.5 (31)
WEDCO	44.4 (9)	63.6 (11)	55.6 (9)	72.7 (11)	33.3 (9)	18.2 (11)
Independent Counties						
Anderson/Mercer	66.7 (9)	*	11.1 (9)	*	0.0 (3)	*
Bourbon	*	33.3 (3)	*	33.3 (3)	50.0 (4)	66.7 (3)
Clark	*	14.3 (7)	*	42.9 (7)	30.0 (10)	28.6 (7)
Fayette	83.9 (31)	68.3 (41)	53.3 (30)	36.6 (41)	42.4 (33)	11.9 (42)
Jefferson	*	30.0 (50)	*	73.5 (49)	31.5 (92)	56.0 (50)
Johnson	*	60.0 (10)	*	70.0 (10)	20.0 (5)	0.0 (10)
Madison	100.0* (10)	90.0 (10)	80.0 (10)	90.9 (11)	40.0 (10)	54.6 (11)
Marshall	*	100.0 (2)	*	100.0 (2)	20.0 (5)	0.0 (2)
Montgomery	*	50.0 (2)	*	100.0 (2)	0.0 (1)	100.0 (2)
Muhlenberg	*	06.7 (15)	*	80.0 (15)	83.3 (6)	73.3 (15)
Pike	*	96.0 (25)	*	75.0 (24)	71.4 (21)	56.0 (25)
Powell	*	0.0 (3)	*	33.3 (3)	20.0 (5)	33.3 (3)
Woodford	*	55.6 (9)	*	55.6 (9)	40.0 (5)	0.0 (9)
Kentucky	64.4 (149)	44.7 (626)	58.1 (148)	67.9 (627)	44.9 (806)	34.3 (638)

Source: University of Kentucky School Tobacco Policy Survey 1999, 2001

^a Estimate includes students as well as employees

* Data unavailable

Illegal Tobacco Sales to Minors, 1997-2002

Kentucky

Tobacco sales to minors decreased by nearly 65% from 1997-98 to 2001-02. In 2001-02, 5.8% of the attempts to purchase were successful, a decline from 8.7% in 2000 (see Figure 12).

In 2001-02, there was 94.2% compliance with the youth access law. While there was a slight increase in the total number of compliance checks performed by ABC statewide in 2001-02, only one in three youth smokers report being refused purchase of tobacco products.¹⁰ Restricting access of tobacco products to youth is an important strategy to reduce the availability of tobacco to minors. The compliance with youth access laws in 2001-02 approached the Healthy Kentuckians 2010 goal to increase compliance to minors' access laws to 95% or higher.

One deterrent to purchasing cigarettes is increasing the cigarette excise tax.^{12, 13} Raising the real price of tobacco products by increasing cigarette excise tax is the single most effective approach to reducing tobacco use, especially among youth.

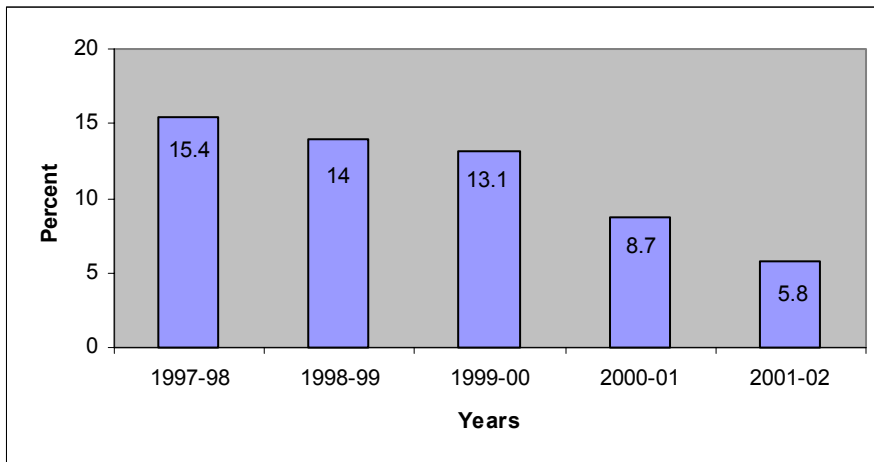
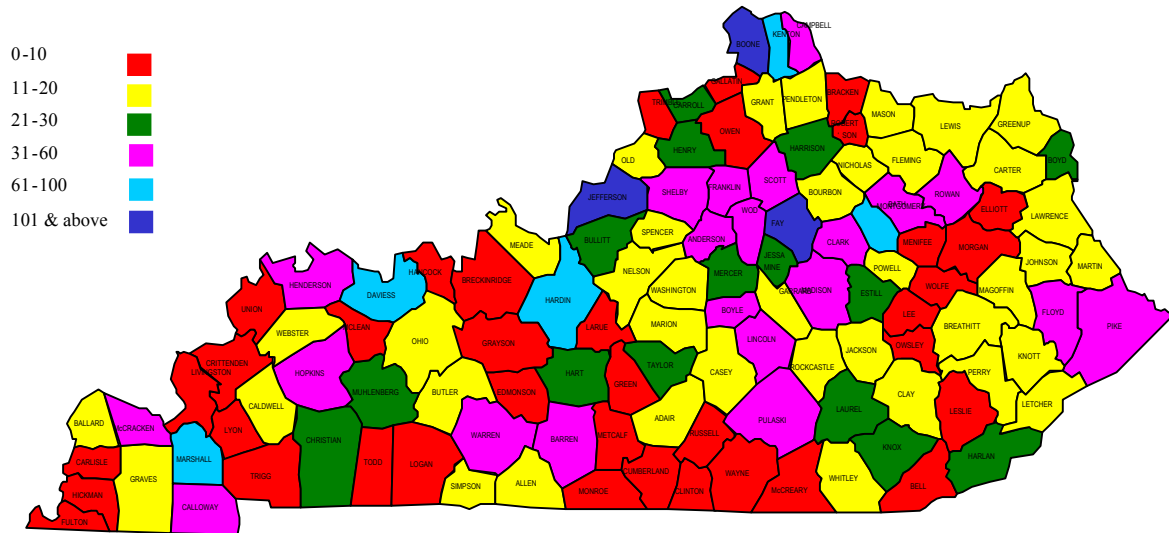


Figure 12. Illegal Tobacco Sales to Minors, 1997-2002
Source. Illegal Tobacco Sales to Minors Data Base, 1997-2002, Kentucky Alcoholic Beverage Control.

The synergistic effect of combined policies (increasing compliance checks, merchant awareness, and other community policies) is needed to affect retail compliance.¹³

Local Health Department Service Area

In 2001-02, the percent of illegal tobacco sales to minors varied by county, ranging from 0% to 33% (see Table 11). An overwhelming majority (75.8%) of Kentucky counties reported 30 or fewer tobacco compliance checks per 100,000 population per year (see Figure 13).



*Note. Reported Rates Reflect 5 -year Median

Figure 13. Number of Compliance Checks per 100,000 Population, 1997-2002*

In thirteen (13) counties, there were no attempts to purchase reported in 2001-02. In a total of 26 counties, there were fewer than 10 attempts (1-9) to purchase tobacco reported. In the Little Sandy District, there were no attempts to purchase for the entire year. In one of the larger district health departments, Kentucky River District (representing seven counties), there were only 49 total attempts to purchase tobacco (see Table 11).

Over time, there were seven counties and three districts that remained below the state illegal sales rate for all five (5) years. Only one county, Pike, remained above the state rate for all 5 years. Of the 120 counties, two counties, Franklin and Madison,^c reported a significant drop in illegal tobacco sale rates between 1997 and 2001. By contrast, youth report that only one in three youth smokers are refused purchase statewide, revealing a discrepancy between compliance check data and self-report information.¹⁰

^c Received funding from the Centers for Disease Control and Prevention (CDC)

The Healthy Kentuckians 2010 goal is to strengthen minors' access laws by increasing compliance to 95% or higher. Computer simulation analysis by Levy¹⁴ shows that compliance levels in retail outlets must reach a threshold of 90% to affect the ability of youth to purchase cigarettes. While the statewide illegal sales rate is declining and nearing the Healthy People 2010 Objective, there was wide variation by county in both the illegal sales rates and the number of attempts to purchase in 2001-02. Self-report data indicate much higher levels of youth access to tobacco products.

While there was 94.2% compliance with the youth access purchase law in 2001-02, the majority of Kentucky counties reported 30 or fewer tobacco compliance checks per 100,000 population per year.

Table 11. Illegal Tobacco Sales to Minors, 1997-2002^a

Health Department	<u>1997-98</u>			<u>1998-99</u>			<u>1999-00</u>			<u>2000-01</u>			<u>2001-02</u>		
	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%
Barren River	108	8	7.4	108	1	0.9	279	17	6.1	184	9	4.9	181	5	2.8
Barren	9	0	0.0	11	0	0.0	74	1	1.4	44	0	0.0	42	2	4.8
Butler	7	0	0.0	11	0	0.0	32	6	18.8	6	2	33.3	11	3	27.3
Edmonson	0	*	*	10	0	0.0	10	0	0.0	2	0	0.0	7	0	0.0
Hart	9	0	0.0	11	0	0.0	42	1	2.4	22	1	4.6	40	0	0.0
Logan	10	3	30.0	15	1	6.7	33	8	24.2	8	4	50.0	0	*	*
Metcalfe	0	*	*	0	*	*	9	0	0.0	22	0	0.0	11	0	0.0
Simpson	10	2	20.0	20	0	0.0	20	0	0.0	9	1	11.1	27	0	0.0
Warren	63	3	4.8	30	0	0.0	59	1	1.7	71	1	1.4	43	0	0.0
Buffalo															
Trace	12	1	8.3	3	0	0.0	15	1	6.7	54	0	0.0	20	0	0.0
Mason	11	1	9.1	3	0	0.0	11	0	0	50	0	0.0	20	0	0.0
Robertson	1	0	0.0	0	*	*	4	1	25.0	4	0	0.0	0	*	*
Cumberland															
Valley	23	4	17.4	43	4	9.3	132	23	17.4	63	10	15.9	79	6	7.6
Bell	0	*	*	1	0	0.0	7	2	28.6	6	1	16.7	5	1	20.0
Clay	0	*	*	5	1	20.0	27	6	22.2	15	5	33.3	38	3	7.9
Harlan	0	*	*	8	0	0.0	38	8	21.1	21	3	14.3	29	2	6.9
Jackson	8	*	*	13	3	23.1	15	4	26.7	12	1	8.3	1	0	0.0
Rockcastle	15	4	26.7	16	0	0.0	45	3	6.7	9	0	0.0	6	0	0.0
FIVCO	29	0	0.0	30	9	30.0	41	11	26.8	35	5	14.3	11	3	27.3
Boyd	18	0	0.0	24	5	20.8	28	6	21.4	25	4	16.0	0	*	*
Lawrence	11	0	0.0	6	4	66.7	13	5	38.5	10	1	10.0	11	3	27.3

* = Missing Data

Health Department	<u>1997-98</u>			<u>1998-99</u>			<u>1999-00</u>			<u>2000-01</u>			<u>2001-02</u>		
	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%
Gateway	29	9	31.0	58	14	24.1	133	19	14.3	114	4	3.5	112	2	1.8
Bath	0	*	*	9	3	33.3	31	3	9.7	45	3	6.7	46	2	4.3
Menifee	7	3	42.9	4	0	0.0	9	1	11.1	7	1	14.3	6	0	0.0
Morgan	0	*	*	5	1	20.0	24	3	12.5	1	0	0.0	11	0	0.0
Rowan	22	6	27.3	40	10	25.0	69	12	17.4	61	0	0.0	49	0	0.0
Green River	54	4	7.4	157	14	8.9	306	47	15.4	140	19	13.6	156	16	10.3
Daviess	30	3	10.0	65	5	7.7	101	10	9.9	58	5	8.6	69	8	11.6
Hancock	1	0	0.0	6	2	33.3	6	3	50.0	7	0	0.0	5	0	0.0
Henderson	10	0	0.0	46	2	4.3	94	15	16.0	31	3	9.7	30	2	6.7
McLean	6	0	0.0	8	1	12.5	25	1	4.0	11	3	27.3	10	1	10.0
Ohio	0	*	*	11	0	0.0	15	3	20.0	13	7	53.9	0	*	*
Union	0	*	*	3	1	33.3	25	9	36.0	9	0	0.0	19	4	21.1
Webster	7	1	14.3	18	3	16.7	40	6	15.0	11	1	9.1	23	1	4.3
Kentucky River	68	27	39.7	54	14	25.9	161	31	19.3	112	9	8.0	49	5	10.2
Knott	12	6	50.0	4	0	0.0	27	7	25.9	27	5	18.5	9	2	22.2
Lee	10	0	0.0	10	5	50.0	18	6	33.3	10	0	0.0	0	*	*
Leslie	2	1	50.0	2	0	0.0	8	1	12.5	10	2	20.0	5	0	0.0
Letcher	12	7	58.3	2	0	0.0	12	1	8.3	34	2	5.9	9	3	33.3
Owsley	6	4	66.7	6	2	33.3	10	2	20.0	10	0	0.0	2	0	0.0
Perry	20	9	45.0	30	7	23.3	72	14	19.4	20	0	0.0	16	0	0.0
Wolfe	6	0	0.0	0	*	*	14	0	0.0	1	0	0.0	8	0	0.0

* = Missing Data

Health Department	<u>1997-98</u>			<u>1998-99</u>			<u>1999-00</u>			<u>2000-01</u>			<u>2001-02</u>		
	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%
Lake															
Cumberland	90	17	18.9	65	7	10.8	170	27	15.9	152	10	6.6	139	4	2.9
Adair	1	1	100.0	23	3	13.0	33	5	15.2	18	1	5.6	13	0	0.0
Casey	10	3	30.0	10	1	10.0	20	2	10.0	14	1	7.1	22	0	0.0
Clinton	4	0	0.0	0	*	*	4	2	50.0	5	0	0.0	10	2	20.0
Cumberland	0	*	*	0	*	*	7	2	28.6	11	1	9.1	0	*	*
Green	3	0	0.0	4	0	0.0	14	2	14.3	7	0	0.0	6	0	0.0
McCreary	0	*	*	8	0	0.0	13	2	15.4	19	2	10.5	8	1	12.5
Pulaski	31	7	22.6	15	2	13.3	35	5	14.3	30	4	13.3	32	0	0.0
Russell	0	*	*	5	1	20.0	5	2	40.0	9	0	0.0	10	0	0.0
Taylor	21	0	0.0	0	*	*	30	3	10.0	9	0	0.0	28	0	0.0
Wayne	20	6	30.0	0	*	*	9	2	22.2	30	1	3.3	10	1	10.0
Lincoln															
Trail	71	2	2.8	153	8	5.2	306	22	7.2	185	2	1.1	154	2	1.3
Grayson	0	*	*	0	*	*	20	3	15.0	0	*	*	0	*	*
Hardin	30	0	0.0	82	1	1.2	124	6	4.8	111	1	0.9	68	2	2.9
Larue	0	*	*	12	2	16.7	12	3	25.0	10	0	0.0	10	0	0.0
Marion	11	1	9.1	11	1	9.1	28	4	14.3	18	1	5.6	23	0	0.0
Meade	19	1	5.3	0	*	*	26	0	0.0	33	0	0.0	18	0	0.0
Nelson	10	0	0.0	20	0	0.0	58	0	0.0	10	0	0.0	17	0	0.0
Washington	1	0	0.0	28	4	14.3	38	6	15.8	3	0	0.0	18	0	0.0
Little Sandy	20	6	30.0	19	8	42.1	66	12	18.2	35	3	8.6	0	*	*
Carter	20	6	30.0	11	3	27.3	48	6	12.5	30	2	6.7	0	*	*
Elliott	0	*	*	8	5	62.5	18	6	33.3	5	1	20.0	0	*	*
North															
Central	51	7	13.7	36	5	13.9	71	13	18.3	88	7	8.0	104	3	2.9
Henry	6	0	0.0	22	3	13.6	22	5	22.7	19	1	5.3	30	0	0.0
Shelby	21	4	19.0	12	2	16.7	37	3	8.1	46	2	4.4	39	0	0.0
Spencer	15	3	20.0	2	0	0.0	6	2	33.3	13	4	30.8	15	0	0.0
Trimble	9	0	0.0	0	*	*	6	3	50.0	10	0	0.0	20	3	15.0

* = Missing Data

Health Department	<u>1997-98</u>			<u>1998-99</u>			<u>1999-00</u>			<u>2000-01</u>			<u>2001-02</u>		
	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%
Northern KY	141	21	22.8	282	37	12.2	565	92	18.9	254	34	13.4	291	23	7.8
Boone	41	4	9.8	106	13	12.3	224	27	12.1	141	17	12.1	158	11	6.9
Campbell	42	5	11.9	47	4	8.5	110	21	19.1	51	6	11.8	40	1	2.4
Grant	2	1	50.0	17	2	11.8	37	10	27.0	1	0	0.0	26	3	11.5
Kenton	56	11	19.6	112	18	16.1	194	34	17.5	61	11	18.0	67	8	11.9
Pennyryle	31	1	3.2	34	3	8.8	132	19	14.4	33	4	12.1	62	2	3.2
Caldwell	11	0	0.0	7	0	0.0	48	3	6.3	13	0	0.0	23	0	0.0
Crittenden	0	*	*	4	2	50.0	13	9	69.2	4	1	25.0	7	1	14.3
Livingston	0	*	*	16	1	6.3	25	1	4.0	8	3	37.5	7	0	0.0
Lyon	9	0	0.0	7	0	0.0	20	3	15.0	8	0	0.0	16	0	0.0
Trigg	11	1	9.1	0	*	*	26	3	11.5	0	*	*	9	1	11.1
Purchase	72	25	34.7	144	15	10.4	248	16	6.5	136	18	13.2	126	7	5.5
Ballard	9	1	11.1	27	4	14.8	31	4	12.9	0	*	*	15	1	6.7
Calloway	19	4	21.1	29	3	10.3	39	3	7.7	31	11	35.5	34	0	0.0
Carlisle	5	0	0.0	6	1	16.7	10	1	10.0	0	*	*	12	1	8.3
Fulton	4	1	25.0	0	*	*	4	0	0.0	10	0	0.0	7	0	0.0
Graves	0	*	*	11	2	18.2	53	3	5.7	35	1	2.9	12	0	0.0
Hickman	4	2	50.0	0	*	*	4	0	0.0	0	*	*	4	0	0.0
McCracken	31	17	54.8	71	5	7.0	107	5	4.7	60	6	10.0	42	5	11.6
Three Rivers	61	8	13.1	14	2	14.3	46	7	15.2	24	1	4.2	53	0	0.0
Carroll	25	3	12.0	7	2	28.6	26	5	19.2	8	1	12.5	38	0	0.0
Gallatin	13	1	7.7	0	*	*	2	0	0.0	3	0	0.0	6	0	0.0
Owen	4	2	50.0	0	*	*	4	2	50.0	2	0	0.0	3	0	0.0
Pendleton	19	2	10.5	7	0	0.0	14	0	0.0	11	0	0.0	6	0	0.0

* = Missing Data

Health Department	<u>1997-98</u>			<u>1998-99</u>			<u>1999-00</u>			<u>2000-01</u>			<u>2001-02</u>		
	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%
WEDCO	30	7	23.3	75	9	12.0	148	9	6.1	82	8	9.8	84	6	7.1
Harrison	12	3	25.0	21	0	0.0	40	0	0.0	9	1	11.1	22	2	9.1
Nicholas	5	0	0.0	16	1	6.3	27	1	3.7	13	0	0.0	0	*	*
Scott	13	4	30.8	38	8	21.1	81	8	9.9	60	7	11.7	62	4	6.5
Independent Counties															
Allen	0	*	*	11	0	0.0	11	0	0.0	18	0	0.0	9	0	0.0
Anderson	11	0	0.0	26	2	7.7	31	4	12.9	48	3	6.3	38	2	5.3
Bourbon	17	1	5.9	38	1	2.6	79	4	5.1	14	0	0.0	19	0	0.0
Boyle	40	0	0.0	31	8	25.8	44	11	25.0	22	3	13.6	30	2	6.7
Bracken	0	*	*	4	2	50.0	4	2	50.0	8	0	0.0	10	0	0.0
Breathitt	12	4	33.3	10	3	30.0	35	5	14.3	21	3	14.3	18	0	0.0
Breckinridge	9	0	0.0	0	*	*	25	2	8.0	1	0	0.0	32	0	0.0
Bullitt	19	0	0.0	20	0	0.0	44	3	6.8	22	8	36.4	41	4	9.8
Christian	0	*	*	20	4	20.0	68	12	17.6	34	3	8.8	27	1	3.7
Clark	42	7	16.7	3	1	33.3	61	1	1.6	37	2	5.4	47	1	2.1
Estill	23	6	26.1	33	8	24.2	53	9	17.0	18	1	5.6	0	*	*
Fayette	168	27	16.1	228	43	18.9	516	75	14.5	376	23	6.1	303	12	4.0
Fleming	8	1	12.5	11	4	36.4	33	7	21.2	32	0	0.0	19	0	0.0
Floyd	23	1	4.3	50	18	36.0	68	19	27.9	56	3	5.4	26	1	3.8
Franklin	54	8	14.8	27	9	33.3	37	9	24.3	62	13	21.0	157	1	0.6
Garrard	18	6	33.3	36	4	11.1	43	5	11.6	4	0	0.0	8	0	0.0
Greenup	1	0	0.0	20	6	30.0	23	6	26.1	30	0	0.0	19	2	10.5
Hopkins	32	7	21.9	47	4	8.5	115	23	20.0	26	0	0.0	30	4	13.3
Jefferson	295	34	11.5	317	43	13.6	716	82	11.5	384	32	8.3	486	59	12.1
Jessamine	21	4	19.0	0	*	*	54	5	9.3	20	1	5.0	40	1	2.5

* = Missing Data

Health Department	<u>1997-98</u>			<u>1998-99</u>			<u>1999-00</u>			<u>2000-01</u>			<u>2001-02</u>		
	Attempts To Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%	Attempts to Purchase	Illegal Sales	%
Johnson	17	2	11.8	29	4	13.8	54	6	11.1	12	1	8.3	12	2	16.7
Knox	27	6	22.2	13	1	7.7	26	6	23.1	15	1	6.7	25	2	8.0
Laurel	30	3	10.0	21	3	14.3	67	3	4.5	33	5	15.2	20	0	0.0
Lewis	11	0	0.0	20	4	20.0	20	4	20.0	0	*	*	9	3	33.3
Lincoln	31	1	3.2	38	5	13.2	84	7	8.3	10	1	10.0	11	0	0.0
Madison	36	11	30.6	73	18	24.7	188	38	20.2	58	14	24.1	53	2	3.8
Magoffin	22	4	18.2	10	1	10.0	20	1	5.0	8	2	25.0	22	0	0.0
Marshall	20	4	20.0	65	8	12.3	94	9	9.6	74	2	2.7	27	3	11.1
Martin	15	3	20.0	8	0	0.0	21	4	19.0	0	*	*	12	0	0.0
Mercer	14	2	14.3	22	0	0.0	54	5	9.3	20	6	30.0	42	3	7.1
Monroe	0	*	*	0	*	*	0	*	*	8	0	0.0	19	0	0.0
Montgomery	19	1	5.3	42	4	9.5	66	7	10.6	63	3	4.8	107	6	5.6
Muhlenberg	30	2	6.7	10	2	20.0	28	6	21.4	29	5	17.2	8	0	0.0
Oldham	14	4	28.6	0	*	*	0	*	*	20	1	5.0	29	2	6.9
Pike	48	10	20.8	52	8	15.4	106	14	13.2	31	8	25.8	27	2	7.4
Powell	7	4	57.1	18	0	0.0	53	3	5.7	11	1	9.1	0	*	*
Todd	7	1	14.3	5	1	20.0	8	1	12.5	5	4	80.0	4	0	0.0
Whitley	11	6	54.5	0	*	*	19	2	10.5	8	1	12.5	19	0	0.0
Woodford	33	2	6.1	1	0	0.0	37	0	0.0	32	0	0.0	12	0	0.0
Kentucky	2061	318	15.4	2633	369	14.0	5853	768	13.1	3361	293	8.7	3446	199	5.8

Source: Alcoholic Beverage Control, Teen Tobacco Enforcement Program, 1997-2000

* = Missing Data

^a Represents data collected from June 1 of each year through May 31 of the following year.

Secondhand smoke is the third leading cause of preventable death, causing an estimated 53,000 deaths per year in the United States from heart disease, lung cancer, and Sudden Infant Death Syndrome.¹⁵

**Goal: Eliminate Exposure to
Secondhand Smoke**

Goal: Eliminate Exposure to Secondhand Smoke

Smoking Policies in Manufacturing Facilities, 1999-2002

Kentucky

In 2002, two of every five manufacturing facilities in Kentucky banned indoor smoking (see Figure 14). From 1999 to 2002, there was no significant increase in the percentage of facilities that had smoking policies, banned indoor smoking, or had separately enclosed and ventilated areas. The percent of facilities with smoking policies and that banned indoor smoking increased by 10% and 19%, respectively; although these increases were not significant. However, the percent of manufacturers that banned smoking in company vehicles increased by 40% from 1999 to 2002; with an increase of nearly 25% from 2000 to 2002.

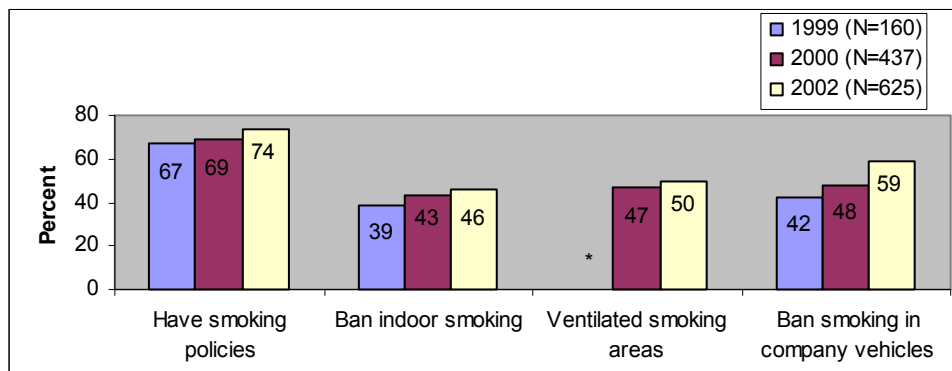


Figure 14. Smoking Policies in Manufacturing Facilities, Kentucky, 1999-2002.

Source: Kentucky Workplace Tobacco Policy State Report, 1999-2002.

*Data not available

Smoking at worksites presents an important source of secondhand smoke that has been shown to have ill health effects on employees and contributes to lost productivity and increased health care costs for employees. Healthy Kentuckians 2010 recommends increasing to 100% the proportion of worksites that prohibit smoking or limit it to separately ventilated areas. In 2002, 46% of Kentucky manufacturing facilities banned indoor smoking; but of the manufacturing facilities that permitted indoor smoking, 50% restricted smoking to separately enclosed areas. To meet the Healthy Kentuckians 2010 recommendation, a more than 100% increase is needed to achieve a total indoor smoking ban in Kentucky manufacturing facilities.

Local Health Department Service Area

In 2002, the percent of workplaces that permitted indoor smoking ranged from 20% in Boyle County to 100% in Little Sandy District, Fleming, Garrard, Laurel and Todd Counties (see Table 12).^a Boyle County manufacturers were less likely than the state to allow indoor smoking in 2002. Over time, there was no significant decline in the percent of workplaces that allowed indoor smoking.^b While the percent of manufacturing facilities in Madison County that allowed indoor smoking was significantly greater than the total sample in both 1999 and 2002, there was no significant increase over time.

Of those companies that allowed indoor smoking in 2002, the percent of workplaces that provided separately ventilated, enclosed smoking areas ranged from 0% to 100%. The percent of workplaces that provided separately ventilated, enclosed smoking areas remained relatively constant over time. While the percent of companies with separately ventilated, enclosed smoking areas in Mercer and Anderson Counties was significantly greater than the total sample in 2000 (88% vs 45%), companies in these counties were similar to the total state sample in 2002. Fayette County had a significantly lower percent of manufacturing facilities with separately ventilated, enclosed smoking areas when compared to the total state sample in both 2000 and 2002.

In 2002, the percent of manufacturers that banned smoking in company vehicles ranged from 0% to 100%. Although the percent of manufacturers that banned smoking in company vehicles significantly increased from 1999 to 2002 in the total state sample, no district or county showed a significant change over time.

^a *The first statewide sample of manufacturers with 50 or more employees was collected in 2002, representing 41 of 55 local health department service areas.*

^b *Trends over time were assessed only for the local health departments that received CDC funds for tobacco prevention and cessation and participated in the University of Kentucky Workplace Tobacco Policy Survey, 1999-2002.*

*Over time,
there was no
significant
decline in
the percent
of
workplaces
that allowed
indoor
smoking.^b*

Table 12. Smoking Policies in Manufacturing Facilities by Local Health Department Service Area, 1999-2002

Health Department	Percent that permit employees to smoke inside company			Of those that allow indoor smoking, percent w/ separately enclosed or ventilated areas			Percent that ban smoking in company vehicles.		
	1999 % (n)	2000 % (n)	2002 % (n)	1999 % (n)	2000 % (n)	2002 % (n)	1999 % (n)	2000 % (n)	2002 % (n)
Districts									
Barren River	*	*	60.5 (38)	*	*	54.6 (22)	*	*	65.8 (38)
Buffalo Trace	*	*	36.4 (11)	*	*	50.0 (4)	*	*	63.6 (11)
Cumberland Valley	*	52.0 (17)	75.0 (12)	*	44.0 (9)	55.6 (9)	*	42.0 (12)	58.3 (12)
FIVCO	*	*	75.0 (8)	*	*	33.3 (6)	*	*	37.5 (8)
Gateway	*	*	41.7 (12)	*	*	40.0 (5)	*	*	45.4 (11)
Green River	65.0 (48)	*	62.9 (62)	*	*	42.9 (35)	45.0 (48)	*	48.3 (60)
Kentucky River	*	*	28.6 (7)	*	*	100.0 (2)	*	*	85.7 (7)
Lake Cumberland	*	*	48.7 (37)	*	*	72.2 (18)	*	*	54.3 (35)
Lincoln Trail	*	67 (65)	53.9 (52)	*	67 (42)	48.2 (27)	*	51 (57)	66.0 (50)
Little Sandy	*	*	100.0 (2)	*	*	0.0 (2)	*	*	0.0 (2)
North Central	53.0 (19)	61.0 (23)	69.6 (23)	*	50.0 (14)	56.3 (16)	33.0 (19)	55.0 (20)	57.1 (21)
Northern KY	48.0 (65)	51.0 (78)	55.6 (63)	*	47.0 (38)	59.4 (32)	48.0 (65)	48.0 (56)	66.7 (21)
Pennyrile	*	*	55.6 (9)	*	*	66.7 (3)	*	*	44.4 (9)
Purchase	*	57.0 (49)	38.2 (34)	*	22.0 (27)	53.9 (13)	*	35.0 (40)	54.5 (33)
Three Rivers	*	*	66.7 (9)	*	*	66.7 (6)	*	*	22.2 (9)
WEDCO	*	61.0 (23)	45.5 (11)	*	57.0 (14)	80.0 (5)	*	37.0 (16)	63.6 (11)
Independent Counties									
Allen	*	*	40.0 (5)	*	*	0.0 (2)	*	*	80.0 (5)
Anderson	*	67.0 (12)	60.0 (5)	*	88.0 (8)	50.0 (2)	*	82.0 (11)	60.0 (5)
Bourbon	*	*	37.5 (8)	*	*	66.7 (3)	*	*	62.5 (8)
Boyle	*	*	20.0 (15)	*	*	33.3 (3)	*	*	53.3 (15)
Bullitt	*	*	50.0 (2)	*	*	0.0 (1)	*	*	0.0 (2)
Christian	*	*	58.3 (12)	*	*	57.1 (7)	*	*	41.7 (12)
Fayette	*	43.0 (51)	53.1 (32)	*	18.0 (22)	18.8 (16)	*	55.0 (42)	73.3 (30)
Fleming	*	*	100.0 (3)	*	*	0.0 (3)	*	*	0.0 (3)
Franklin	*	*	75.0 (12)	*	*	33.3 (9)	*	*	91.7 (12)
Garrard	*	*	100.0 (2)	*	*	0.0 (2)	*	*	0.0 (2)
Hopkins	*	*	28.6 (7)	*	*	50.0 (2)	*	*	71.4 (7)

Health Department	Percent that permit employees to smoke inside company			Of those that allow indoor smoking, percent w/ separately enclosed or ventilated areas			Percent that ban smoking in company vehicles.		
	1999	2000	2002	1999	2000	2002	1999	2000	2002
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Jefferson	*	58.0 (85)	41.9 (31)	*	54.0 (48)	53.9 (13)	*	50.0 (66)	63.6 (33)
Jessamine	*	*	57.1 (7)	*	*	100.0 (4)	*	*	71.4 (7)
Knox	*	*	50.0 (4)	*	*	50.0 (2)	*	*	50.0 (4)
Laurel	*	*	100.0 (2)	*	*	100.0 (2)	*	*	100.0 (2)
Lincoln	*	*	33.3 (3)	*	*	100.0 (1)	*	*	50.0 (2)
Madison	89.0 (28)	72.0 (29)	81.0 (21)	*	30.0 (20)	47.1 (17)	36.0 (28)	30.0 (27)	57.1 (21)
Marshall	*	*	28.6 (7)	*	*	0.0 (2)	*	*	57.1 (7)
Mercer	*	67.0 (12)	60.0 (5)	*	88.0 (8)	66.7 (3)	*	82.0 (11)	80.0 (5)
Montgomery	*	*	40.0 (15)	*	*	16.7 (6)	*	*	71.4 (14)
Muhlenberg	*	*	66.7 (6)	*	*	100.0 (4)	*	*	33.3 (6)
Oldham	*	*	40.0 (5)	*	*	0.0 (2)	*	*	60.0 (5)
Todd	*	*	100.0 (2)	*	*	0.0 (2)	*	*	0.0 (2)
Whitley	*	*	50.0 (6)	*	*	0.0 (3)	*	*	50.0 (6)
Woodford	*	*	60.0 (3)	*	*	33.3 (3)	*	*	80.0 (5)
Kentucky	61.0 (160)	57.0 (432)	54.1 (621)	*	47.0 (242)	49.9 (323)	42.0 (160)	48.0 (347)	59.1 (609)

Source. University of Kentucky Workplace Tobacco Policy Survey

*Data unavailable

Enforcement of Smoke-free Manufacturing Policies

Kentucky

There were no significant changes in the percent of companies that posted 'No-Smoking' signs, used verbal reprimand on first violation, or used written reprimands on second violations from 1999 to 2002 (see Figure 15). In 2002, more than 4 of 5 manufacturing facilities posted 'No-Smoking' signs in their facilities and nearly 3 of 5 facilities verbally reprimanded violators of the smoking policies on first offense. Nearly one in two facilities gave a written reprimand for second offense violations in 2002.

Workplace smoking restrictions reinforce nonsmoking as a normative behavior in society and increase public awareness about the dangers of cigarette smoking.¹⁶ They also are associated with lower smoking prevalence, lower daily cigarette consumption, and higher lifetime quit rates among smokers.¹⁷ Although the Occupational Safety and Health Administration (OSHA) proposed regulations that would require employers to provide either a smoke-free workplace or separately ventilated rooms for smoking, there is no indication that the regulations will be implemented in the near future.¹⁸

Workplace smoking restrictions reinforce nonsmoking as normative behavior and increase public awareness about the dangers of smoking.¹⁶

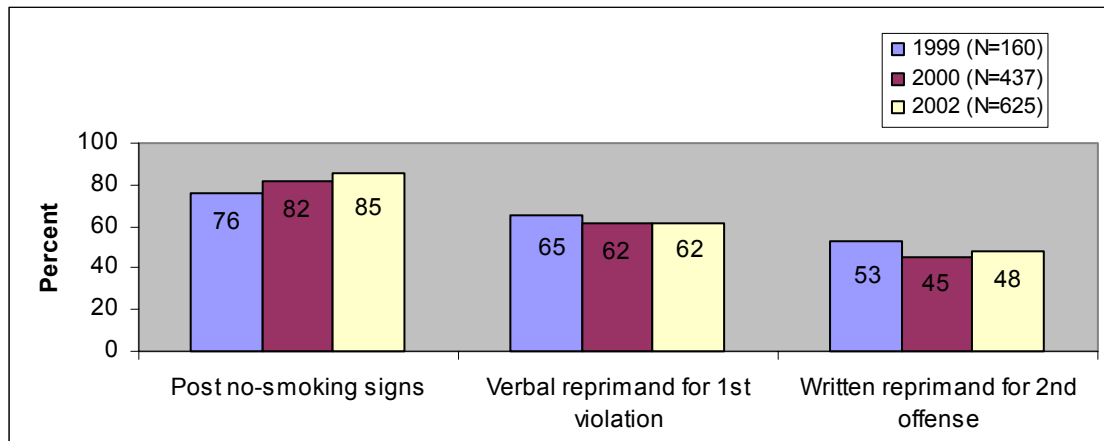


Figure 15. Enforcement of Smoke-free Manufacturing Policies, Kentucky, 1999-2002
Source: Kentucky Workplace Tobacco Policy State Report, 1999-2002.

Local Health Department Service Area

In 2002, the percent of manufacturers that posted No Smoking signs ranged from 50.0% to 100.0%, with a total state sample average of 85.1% (see Table 13).^a Districts/counties did not differ significantly from the total state sample. The percent of manufacturing facilities posting no smoking signs has remained unchanged since 1999 at both local health department and state levels.^b

In 2002, the percent of companies that used verbal reprimand for first violation of their smoking policy ranged from 13.3% in Boyle County to 100% in the Kentucky River District and Laurel, Todd, and Woodford Counties.^a Manufacturers in Cumberland Valley and WEDCO were more likely than the total state sample to use verbal reprimand for first violation (91.7% vs. 61.9%). Cumberland Valley also reported a significant increase in this enforcement strategy from 57.0% in 2000 to 91.7% in 2002.^b

In 2002, the percent of companies that used written reprimand for second violation of their smoking policy ranged from 6.7% in Boyle County to 100% in Laurel County. In 2002, companies in the Three Rivers District were significantly more likely than the total state sample to use written reprimand for second violation (88.9% vs 47.8%).

^a *The first statewide sample of manufacturers with 50 or more employees was collected in 2002, representing 41 of 55 local health department service areas.*

^b *Trends over time were assessed only for the local health departments that received CDC funds for tobacco prevention and cessation and participated in the University of Kentucky Workplace Tobacco Policy Survey, 1999-2002.*

While most companies post No Smoking signs, nearly two-thirds use verbal reprimand on first offense and half use written reprimand on second offense.

Table 13. Enforcement of Smoke-free Manufacturing Policies, 1999-2002

Health Department	Percent that post no-smoking signs			Percent of tobacco policy that use verbal reprimand on 1st offense			Percent of tobacco policy that use written reprimand on 2nd offense		
	1999 % (n)	2000 % (n)	2002 % (n)	1999 % (n)	2000 % (n)	2002 % (n)	1999 % (n)	2000 % (n)	2002 % (n)
Districts									
Barren River	*	*	89.5 (38)	*	*	60.5 (38)	*	*	50.0 (38)
Buffalo Trace	*	*	72.7 (11)	*	*	63.6 (11)	*	*	36.4 (11)
Cumberland Valley	*	94.0 (16)	83.3 (12)	*	57.0 (21)	91.7 (12)	*	43.0 (21)	50.0 (12)
FIVCO	*	*	87.5 (8)	*	*	62.5 (8)	*	*	37.5 (8)
Gateway	*	*	75.0 (12)	*	*	66.7 (12)	*	*	41.7 (12)
Green River	81.0 (48)	*	87.1 (62)	51.0 (48)	*	45.2 (62)	58.0 (48)	*	32.3 (62)
Kentucky River	*	*	85.7 (7)	*	*	100.0 (7)	*	*	71.4 (7)
Lake Cumberland	*	*	94.4 (36)	*	*	64.9 (37)	*	*	48.7 (37)
Lincoln Trail	*	86.0 (65)	86.8 (53)	*	66.0 (65)	58.5 (53)	*	40.0 (65)	50.9 (53)
Little Sandy	*	*	50.0 (2)	*	*	50.0 (2)	*	*	50.0 (2)
North Central	74.0 (19)	83.0 (23)	95.7 (23)	58.0 (19)	61.0 (23)	60.9 (23)	58.0 (19)	39.0 (23)	56.5 (23)
Northern KY	77.0 (65)	78.0 (77)	84.1 (63)	71.0 (65)	58.0 (79)	57.8 (64)	50.0 (65)	44.0 (79)	40.6 (64)
Pennyrile	*	*	66.7 (9)	*	*	44.4 (9)	*	*	11.1 (9)
Purchase	*	76.0 (49)	70.6 (34)	*	65.0 (49)	61.8 (34)	*	53.0 (49)	58.8 (34)
Three Rivers	*	*	77.8 (9)	*	*	88.9 (9)	*	*	88.9 (9)
WEDCO	*	87.0 (23)	90.9 (11)	*	70.0 (23)	90.9 (11)	*	57.0 (23)	72.7 (11)
Independent Counties									
Allen	*	*	100.0 (5)	*	*	80.0 (5)	*	*	60.0 (5)
Anderson	*	100.0 (12)	100.0 (5)	*	58.0 (12)	80.0 (5)	*	75.0 (12)	40.0 (5)
Bourbon	*	*	87.5 (8)	*	*	37.5 (8)	*	*	62.5 (8)
Boyle	*	*	80.0 (15)	*	*	13.3 (15)	*	*	6.7 (15)
Bullitt	*	*	100.0 (2)	*	*	50.0 (2)	*	*	50.0 (2)
Christian	*	*	66.7 (12)	*	*	75.0 (12)	*	*	66.7 (12)
Fayette	*	71.0 (48)	86.7 (30)	*	61.0 (51)	68.8 (32)	*	39.0 (51)	43.8 (32)
Fleming	*	*	100.0 (3)	*	*	66.7 (3)	*	*	33.3 (3)
Franklin	*	*	100.0 (12)	*	*	75.0 (12)	*	*	66.7 (12)
Garrard	*	*	100.0 (2)	*	*	50.0 (2)	*	*	50.0 (2)
Hopkins	*	*	85.7 (7)	*	*	71.4 (7)	*	*	28.6 (7)
Jefferson	*	83.0 (83)	83.9 (31)	*	58.0 (85)	69.7 (33)	*	38.0 (85)	60.6 (33)
Jessamine	*	*	85.7 (7)	*	*	71.4 (7)	*	*	28.6 (7)
Knox	*	*	100.0 (4)	*	*	50.0 (4)	*	*	50.0 (4)
Laurel	*	*	100.0 (2)	*	*	100.0 (2)	*	*	100.0 (2)
Lincoln	*	*	66.7 (3)	*	*	66.7 (3)	*	*	66.7 (3)
Madison	75.0 (28)	89.0 (28)	76.2 (21)	79.0 (28)	66.0 (29)	57.1 (21)	65.0 (28)	66.0 (29)	52.4 (21)
Marshall	*	*	85.7 (7)	*	*	71.4 (7)	*	*	57.1 (7)
Mercer	*	100.0 (12)	100.0 (5)	*	58.0 (12)	20.0 (5)	*	75.0 (12)	60.0 (5)
Montgomery	*	*	85.7 (14)	*	*	80.0 (15)	*	*	60.0 (15)

Health Department	Percent that post no-smoking signs			Percent of tobacco policy that use verbal reprimand on 1st offense			Percent of tobacco policy that use written reprimand on 2nd offense		
	1999 % (n)	2000 % (n)	2002 % (n)	1999 % (n)	2000 % (n)	2002 % (n)	1999 % (n)	2000 % (n)	2002 % (n)
Muhlenberg	*	*	83.3 (6)	*	*	50.0 (6)	*	*	50.0 (6)
Oldham	*	*	80.0 (5)	*	*	40.0 (5)	*	*	20.0 (5)
Todd	*	*	50.0 (2)	*	*	100.0 (2)	*	*	50.0 (2)
Whitley	*	*	100.0 (6)	*	*	66.7 (6)	*	*	66.7 (6)
Woodford	*	*	80.0 (5)	*	*	100.0 (5)	*	*	60.0 (5)
Kentucky	76.0 (160)	82.0 (424)	85.1 (618)	65.0 (160)	62.0 (437)	61.9 (625)	53.0 (160)	45.0 (437)	47.8 (625)

Source. University of Kentucky Workplace Tobacco Policy Survey, 1999, 2002

*Data unavailable

Smoke-free Food Service Establishments, 1999-2002

Kentucky

There was a 22% increase in the percent of smoke-free food establishments in Kentucky from 1999 to 2002; however, in 2002 only 4 of 10 food establishments were smoke free (see Figure 16). The increase in smoke-free food service establishments in Kentucky reflects voluntary policy change since there were no local or state laws restricting smoking in public places from 1999 to 2002. To meet the Healthy Kentuckians 2010 recommendations, regulatory and/or voluntary action is needed to achieve the goal of 51% of Kentucky's food service establishments that prohibit smoking or limit it to separately ventilated areas.

Passive smoking is related to a number of illnesses including asthma,¹⁹ heart disease,^{20, 21} and lung cancer²². Levels of secondhand tobacco smoke in restaurants and bars are 1.6 to 6 times higher than in office workplaces.²³⁻²⁹ The health benefits of smoke-free policies include: (a) more smokers successfully quit; (b) smokers consume fewer cigarettes; (c) fewer children start to smoke; and (d) nonsmokers are protected from the dangers of secondhand smoke.^{7, 16, 30-37}

Food service workers have the greatest risk of developing heart disease and cancer compared to other occupations.²⁸

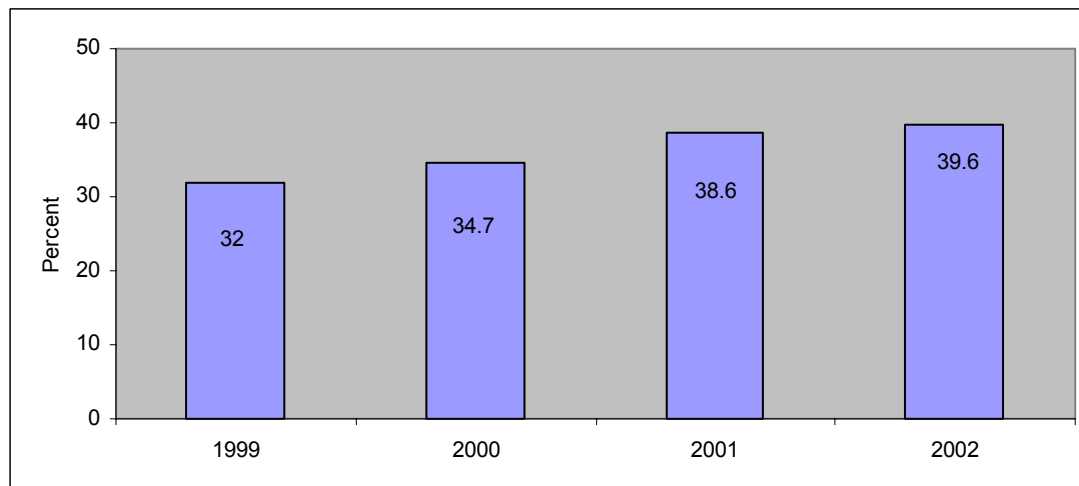


Figure 16. Smoke-Free Policies in Food Service Establishments, Kentucky, 1999-2002.
Source. Smoke-free Food Service Establishment Survey, 1999-2002

Local Health Department Service Area

From 1999 to 2002, Oldham, Jefferson, Hopkins, and Fayette Counties were consistently higher than the state in the percent of smoke-free food establishments (see Table 14). The following local health department service areas showed significant improvement in the percent of smoke-free food establishments from 1999 to 2002: Gateway (17% to 40.9%), Green River (10% to 43.2%), Lake Cumberland (9% to 26.2%), Lincoln Trail (31% to 44.8%), WEDCO (25% to 46.7%), and Madison County (32% to 45.7%).

In 2002, the following 19 local health department service areas were significantly below the Kentucky (39.6%) percent of smoke-free food establishments: Barren River (29.6%), Buffalo Trace (20.0%), Cumberland Valley (20.2%), Kentucky River (16.1%), Lake Cumberland (26.2%), Pennyryle (3.7%), Purchase (30.7%), Three Rivers (2.1%), Breathitt (17.7%), Franklin (18.9%), Greenup (12.1%), Laurel (9.1%), Lewis (6.3%), Lincoln (10.0%), Marshall (11.5%), Montgomery (4.4%), Muhlenberg (11.8%), Powell (16.7%), and Whitley (5.7%).

The following LHD service areas showed a decline in the percentage of smoke-free food establishments over time: Mercer and Montgomery Counties. Montgomery County was significantly below the Kentucky average during the past two years.

Since 2001, the following counties met or exceeded the Healthy Kentuckian 2010 goal of 51% of establishments that prohibit smoking: Hopkins, Jefferson, and Oldham. Oldham County led the state, with 58 (67.2%) smoke-free food service establishments in 2002. There remained areas that did not have a single smoke-free food service establishment (i.e., Bracken, Pike), representing an opportunity for future progress.

While there was a 22% increase in the percent of smoke-free food establishments in Kentucky from 1999 to 2002, only 4 of 10 were smoke-free in 2002.

Table 14. Percent of Smoke-free Food Service Establishments by Local Health Department Service Area, 1999-2002

Health Department	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
	% (n*)	% (n*)	% (n*)	% (n*)
Barren River	24 (473)	25 (488)	30.3 (347)	29.6 (351)
Buffalo Trace	0 (0)	0 (0)	31.8 (22)	20 (35)
Cumberland Valley	18 (201)	19.5 (185)	19.3 (109)	20.2 (99)
FIVCO	41 (220)	42 (212)	42.2 (154)	41.2 (153)
Gateway	17 (41)	17.1 (41)	36.9 (122)	40.9 (132)
Green River	10 (108)	12.5 (128)	31.6 (348)	43.2 (414)
Kentucky River	11 (189)	11.1 (180)	15 (127)	16.1 (124)
Lake Cumberland	9 (214)	9.3 (204)	9.8 (193)	26.2 (294)
Lincoln Trail	31 (498)	31.5 (498)	37 (386)	44.8 (462)
Little Sandy	0 (0)	0 (0)	33.3 (12)	33.3 (12)
North Central	29 (76)	31.6 (79)	39.2 (51)	36 (50)
Northern Kentucky	37 (816)	42.2 (944)	36.3 (769)	37.7 (765)
Pennyrile	6 (80)	5.2 (97)	2.5 (81)	3.7 (81)
Purchase	26 (121)	33.2 (461)	31.7 (306)	30.7 (296)
Three Rivers	13 (53)	11.4 (79)	2.1 (47)	2.1(47)
WEDCO	25 (36)	25.9 (54)	51.1 (92)	46.7 (107)
Independent Counties				
Allen	0 (13)	0 (12)	36.4 (11)	29.4 (17)
Anderson	5 (19)	5 (20)	30.6 (36)	27.5 (40)
Bourbon	0 (0)	0 (0)	0 (0)	0 (0)
Boyle	0 (0)	0 (0)	0 (0)	0 (0)
Bracken	0 (20)	0 (20)	0 (9)	0 (9)
Breathitt	0 (0)	0 (0)	0 (0)	17.7 (17)
Breckinridge	52 (58)	43.6 (55)	30.8 (26)	33.3 (24)
Bullitt	0 (0)	0 (0)	53.5 (99)	49.5 (93)
Christian	37 (216)	35.4 (212)	49.7 (153)	33.3 (147)
Clark	18 (85)	31.5 (79)	30 (70)	32.3 (65)
Estill	0 (0)	0 (0)	16.7 (12)	46.2 (26)
Fayette	38 (630)	43.8 (752)	45.8 (705)	45.7 (685)
Fleming	0 (24)	0 (24)	0 (8)	0 (8)
Floyd	0 (0)	0 (0)	53.6 (56)	45.8 (72)
Franklin	0 (0)	0 (0)	0 (57)	18.9 (90)
Garrard	0 (0)	0 (0)	0 (0)	0 (0)
Greenup	0 (5)	0 (5)	14.3 (35)	12.1 (33)
Hopkins	47 (178)	46.5 (172)	51.2 (123)	52.8 (125)
Jefferson	47 (813)	47.5 (773)	57.7 (1226)	57.4 (1234)
Jessamine	0 (4)	0 (4)	0 (13)	26.9 (26)
Johnson	29 (7)	28.6 (7)	20 (5)	22.2 (9)

Health Department	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
	% (n*)	% (n*)	% (n*)	% (n*)
Knox	0 (0)	0 (0)	0 (0)	0 (0)
Lincoln	0 (7)	0 (4)	11.1 (9)	10 (10)
Laurel	17 (23)	18.2 (22)	10 (20)	9.1 (22)
Lewis	0 (0)	0 (0)	6.3 (16)	6.3 (16)
Madison	32 (243)	35.5 (273)	46.4 (183)	45.7 (173)
Mercer	0 (0)	84.2 (57)	26.7 (45)	29.1 (55)
Magoffin	0 (0)	0 (0)	0 (0)	0 (1)
Marshall	0 (3)	0 (3)	9.6 (52)	11.5 (52)
Martin	0 (0)	0 (0)	14.3 (21)	28.0 (25)
Monroe	0 (0)	0 (0)	0 (0)	0 (0)
Montgomery	30 (20)	36.4 (22)	10 (20)	4.4 (23)
Muhlenberg	15 (55)	23.3 (60)	6 (50)	11.8 (51)
Oldham	58 (60)	0 (0)	61.4 (57)	67.2 (58)
Pike	0 (0)	0 (0)	0 (20)	0 (20)
Powell	0 (0)	0 (0)	17.6 (17)	16.7 (18)
Todd	0 (0)	0 (0)	0 (0)	0 (0)
Whitley	0 (0)	0 (0)	50 (2)	5.7 (35)
Woodford	0 (5)	0 (5)	38.0 (50)	35.5 (31)
Kentucky	32 (5614)	34.7 (6309)	38.6 (6373)	39.6 (6732)

School Tobacco Policy

Kentucky

In 1999, 44.8% of Kentucky students were reported to always comply with school tobacco policy, rising slightly to 54.7% in 2001. Overall, the percent of employees who always comply with school smoking policy was 79.8% in 2001, similar to 1999. The majority of Kentucky schools ban smoking at indoor school-related events that occur after school hours, increasing significantly from 84.7% in 1999 to 95.5% in 2001.

Environmental tobacco smoke (ETS) is a serious health risk, particularly for children (EPA IAQ Tools for Schools, Appendix F). Schools must be entirely smoke-free in order to maintain indoor air quality. Federal law mandates that all schools receiving federal, state or local government funds must prohibit indoor smoking (Pro Children Act of 1994, public law 103-227, section 1042-1043). Compliance with school tobacco policy is one indicator of a school's success in reducing potential exposure to secondhand tobacco smoke.

School smoking bans, when enforced with both employees and youth, have been shown to reduce youth smoking.³³ CDC recommends that school policies prohibit tobacco use by students, all school staff, parents, and visitors, as well as at all school events.¹⁰

Local Health Department Service Area

In 2001, the percent of students who fully complied with school smoking policy ranged from 0.0% in Montgomery County to 100.0% in the Buffalo Trace District. Schools in the Cumberland Valley District were significantly less likely than the state to report full student compliance with school smoking policy. The Green River District reported a statistically significant increase in student compliance with smoking policy from 1999 to 2001 (35.7% to 68.9%).

The percent of employees who always comply with the school smoking policy ranged from 50% in Marshall and Montgomery Counties to 100.0% in Buffalo Trace District, Powell and Woodford Counties in 2001. Schools in the Barren River and Green River Districts were more likely than the state to report full employee compliance with school smoking policy. Schools in Cumberland Valley and Lake Cumberland Districts were less likely than the state to report employee compliance with the school smoking policy. There was no significant change in reported employee compliance from 1999 to 2001.

Nearly all schools reported banning indoor smoking at after-school events in 2001, ranging from 88.9% to 100%. The following Districts/counties had policies banning smoking at indoor after-school events in 100.0% of their schools: Buffalo Trace, FIVCO, Green River, WEDCO, Mercer-Anderson, Clark, Johnson, Madison, Marshall, Montgomery, Muhlenberg, and Powell. The Purchase District made significant gains over time in banning smoking at indoor school-related events that occur after school hours (53.9% in 1999 to 93.6% in 2001).

The majority of Kentucky schools ban smoking at indoor after-school events, increasing significantly from 84.7% in 1999 to 95.5% in 2001.

Table 15. Environmental Tobacco Smoke Exposure in Schools by Local Health Department Service Area, 1999-2001

Health Department	Percent of students that always comply with existing smoking policy		Percent of employees that always comply with existing smoking policy		Percent that ban smoking at indoor school-related events that occur after school	
	1999	2001	1999	2001	1999	2001
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Barren River	*	56.0 (75)	*	90.7 (75)	*	90.3 (72)
Buffalo Trace	*	100.0 (5)	*	100.0 (5)	*	100.0 (5)
Cumberland Valley	33.3 (33)	26.4 (53)	60.6 (33)	54.7 (53)	93.9 (33)	96.2 (53)
FIVCO	*	60.9 (23)	*	87.0 (23)	*	100.0 (23)
Green River	35.7 (56)	68.9 (61)	90.9 (55)	93.6 (62)	*	100.0 (61)
Kentucky River	*	60.0 (35)	*	80.0 (35)	*	97.1 (35)
Lake Cumberland	*	37.8 (37)	*	59.5 (37)	*	94.7 (38)
Lincoln Trail	60.6 (33)	58.9 (56)	93.9 (33)	76.8 (56)	96.8 (31)	98.2 (56)
North Central	11.1 (9)	*	66.7 (9)	*	*	*
Northern KY	52.3 (65)	47.0 (66)	79.4 (63)	83.3 (66)	*	90.9 (66)
Purchase	43.6 (39)	48.4 (31)	84.6 (39)	80.7 (31)	53.9 (39)	93.6 (31)
WEDCO	0.0 (9)	27.3 (11)	55.6 (9)	63.6 (11)	100.0 (9)	100.0 (11)
Independent Counties						
Anderson	22.2 (9)	0.0 (3)	66.7 (9)	66.7 (3)	100.0 (9)	100.0 (3)
Clark	*	42.9 (7)	*	57.1 (7)	*	100.0 (7)
Fayette	61.3 (31)	64.3 (42)	83.9 (31)	85.7 (42)	93.3 (30)	95.2 (42)
Jefferson	*	68.0 (50)	*	80.0 (50)	*	96.0 (50)
Johnson	*	60.0 (10)	*	60.0 (10)	*	100.0 (10)
Madison	20.0 (10)	54.6 (11)	80.0 (10)	72.7 (11)	*	100.0 (11)
Marshall	*	50.0 (2)	*	50.0 (2)	*	100.0 (2)
Mercer	22.2 (9)	*	66.7 (9)	*	100.0 (9)	*
Montgomery	*	0.0 (2)	*	50.0 (2)	*	100.0 (2)
Muhlenberg	*	73.3 (15)	*	93.3 (15)	*	100.0 (15)
Pike	*	56.0 (25)	*	84.0 (25)	*	91.3 (23)
Powell	*	33.3 (3)	*	100.0 (3)	*	100.0 (3)
Woodford	*	77.8 (9)	*	100.0 (9)	*	88.9 (9)
Kentucky	44.8 (154)	54.7 (632)	78.6 (154)	79.8 (633)	84.7 (151)	95.5 (628)

Source: University of Kentucky School Tobacco Policy Survey

* Data unavailable

Kentucky Progress Report Summary

State Highlights

Kentucky has made progress in four of the ten areas over the past five years, made no progress in five areas, and is losing ground in one tobacco prevention and cessation area. Table 16 illustrates the current status of Healthy Kentucky 2010 Objectives.

Making Progress

The proportion of health departments providing tobacco cessation programs increased to 100% in 2002. There was more than a 150% increase in health departments providing the Cooper Clayton Method to Stop Smoking from 1999 to 2002. While participation in cessation programs jumped dramatically since 1999, the average participation rate was only 38.4 per 10,000 adult smokers.

The percent of smoke-free food establishments increased significantly by 22% from 1999 to 2002. This increase in smoke-free food service establishments reflects voluntary policy change since there were no local or state laws restricting smoking in public places during that time.

While there was a slight decrease in youth smoking from 2000 to 2002, the decline was not significant. However, there was a significant decline in 7th grade smoking in 2002. Prevention of tobacco use among children and adolescents can lead to substantial reductions in death and disease from tobacco products among adults.

While tobacco sales to minors decreased significantly from 1997 to 2002, there was wide variation by county in the number of compliance checks measuring enforcement of the youth purchase law. On average, three-fourths of the counties had 30 or fewer compliance checks per year from 1997 to 2002.

No Progress

There was no significant change in the percent of adults who smoked cigarettes from 1996 to 2001. In addition, quit attempts among high school smokers declined significantly from 2000 to 2002. The age-adjusted death rate from heart disease and lung cancer increased from 1996 to 2000. Kentucky leads the nation in adult smoking prevalence. Tobacco use is directly linked to heart disease and lung cancer.

There was no significant change in the percent of women who smoked during pregnancy from 1997 to 2001.

While the proportion of health departments providing tobacco cessation programs increased to 100% in 2002, there is a need for population-based cessation efforts to engage more tobacco users in quitting.

Pregnant women in Kentucky are two times more likely to smoke during pregnancy than women in the U.S. Women who smoke have increased risks for miscarriage, preterm labor, and low birth weight.

Recommendations

Given that tobacco use is the single most preventable cause of premature death and disease representing an enormous cost burden to Kentucky, it is important that limited resources are devoted to effective community-based interventions. The *Guide to Community Preventive Services* recommends that communities adopt interventions based on scientific evidence of effectiveness.³⁸ To promote tobacco cessation, there is strong or sufficient evidence that the following community-based interventions are effective in Promoting Cessation^{a,b}:

- Increase the unit price for tobacco products (strong evidence)
- Mass media education when combined with other interventions (strong evidence)
- Provider education with provider reminders (strong evidence)
- Quit lines when combined with other interventions (strong evidence)
- Provider reminder systems alone (sufficient evidence)
- Reducing out-of-pocket costs for effective tobacco dependence treatment (sufficient evidence)

Preventing Initiation^b:

- Increase the unit price of tobacco products (strong evidence)
- Mass media education when combined with other interventions (strong evidence)

Eliminating Exposure to Secondhand Smoke:

- Smoke-free laws and restrictions (strong evidence)

^a Although the *Guide to Community Preventive Services* lists smoking cessation contests as having insufficient evidence to determine effectiveness, Hahn et al. (under review) recently completed a controlled trial of the Bluegrass Quit and Win Contest and found self-reported quit rates over time (25%) that were better or similar to more intensive interventions.

^b Although the *Guide to Community Preventive Services* does not list smoke-free laws as an evidence-based approach to promoting cessation and preventing initiation, there is growing evidence that these laws not only protect nonsmokers from secondhand smoke but they also reduce consumption, help smokers quit, and change the societal norm so that youth are less likely to start smoking.³⁹

Table 16. Kentucky Progress According to Goal Area

<u>Objectives</u>	<u>Goal Not Met</u>	<u>Progress Toward Goal</u>	<u>Goal Met</u>
Goal: Promote Cessation			
Reduce cigarette use among adults.	✓		
Increase proportion of adult smokers who quit for a day or more.	✓		
Reduce cigarette smoking among pregnant women	✓		
Increase the proportion of health plans that reimburse for nicotine addiction treatment.		✓	
Increase the proportion of health departments that provide a variety of research-based smoking cessation treatment interventions.			✓
Goal: Prevent Initiation			
Reduce the proportion of young people who have smoked cigarettes in the past 30 days.		✓	
Increase the proportion of schools with tobacco-free environments.	✓		
Increase compliance with youth access laws.		✓	
Goal: Eliminate Exposure to Secondhand Smoke			
Increase the number of workplaces that prohibit smoking.	✓		
Increase the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas.		✓	

Appendix

Healthy Kentuckians 2010 Selected Tobacco Use Objectives

Healthy Kentuckians 2010 is our state's commitment to the national prevention initiative, Healthy People 2010. The Healthy Kentuckians 2010 Prevention Objectives fall into four major categories: (1) promoting healthy behaviors; (2) promoting healthy and safe communities; (3) improving systems for personal and public health; and (4) preventing and reducing disease and disorders. The outcomes assessed in this report are consistent with the following selected Healthy Kentuckians 2010 Tobacco Use Objectives

Current Adult Cigarette Use

Objective 3.1 Reduce the proportion of adults (18 and older) who use tobacco products (1998 Baseline: 30.8%).

Smoking During Pregnancy

Objective 3.4 Reduce cigarette smoking among pregnant women to a prevalence of no more than 17 percent (1997 Baseline: 25%).

Adult Quit Attempts

Objective 3.2 Increase to 58 percent the proportion of cigarette smokers aged 18 and older who stop smoking cigarettes for a day or more.

Tobacco Cessation Services in Local Health Departments

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

Smoking Policy in Food Service Establishments

Objective 3.17 Increase to 51 percent the proportion of food service establishments that prohibit smoking or limit it to separately ventilated areas (1999 Baseline: 32%).

Tobacco Policy in Manufacturing Facilities

Objective 3.16 Increase to 100 percent the proportion of worksites that prohibit smoking or limit it to separately ventilated areas.

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

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

Public Opinion

Objective 3.22 Increase the proportion of localities that adopt ordinances and/or policies to restrict tobacco use.

School Tobacco Policy

Objective 3.15 Increase to 100 percent the proportion of schools with tobacco-free environments including all school property, vehicles, and at all school events.

Youth Tobacco Use

Objective 3.6 Reduce the proportion of young people who have smoked cigarettes within the past 30 days (1997 Baseline: 47.0%, males 48.4% and females 45.3%).

Objective 3.6a Reduce the proportion of young people who have used smokeless tobacco in the past 30 days (1997 Baseline: males 28.6% and females 2.3%).

Illegal Tobacco Sales to Minors

Objective 3.13 Enforce minors' access laws to increase compliance to 95 percent or higher (1998 Baseline: 86%).

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