



# **Kentucky Tobacco Use Prevention and Cessation Report Card**

**Prepared by**

**Ellen J. Hahn, DNS, RN**

**Mary Kay Rayens, PhD**

**Lisa Greathouse, BSN, RN**

**Erin King, BS**

**Chizimuzo T.C. Okoli, MSN, RN**

**Lou Ann Hartley, MSN, CNAA-BC, PAHM**

**Amy Yoder, MSN, RN**

**University of Kentucky  
College of Nursing**

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**Cabinet for Health Services  
Department for Public Health  
Division of Adult and Child Health  
Chronic Disease Prevention and Control Branch  
Tobacco Prevention and Cessation Program**

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*“Treating tobacco dependence is like treating malaria in a mosquito infested swamp or cocaine addiction in a crack infested neighborhood. Smokers and former smokers live in a world infested with professional promoters of smoking”*

*-Jack Henningfield  
Tobacco Control, 2000*

## **Acknowledgements**

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Curt Rowe, Manager  
Chronic Disease Prevention and Control Branch  
Kentucky Department for Public Health

Sam Burnette, Director  
Division of Public Health Protection and Safety  
Kentucky Department for Public Health

George Robertson, Manager  
Surveillance and Health Data Branch  
Kentucky Department for Public Health

Robert T. Rasnake  
Data Management Coordinator  
UK College of Nursing Tobacco Policy Research Program

Katie Matthews  
Matt Koger  
Christie Fann  
Allison Frederick  
Seongkum Keo  
Research Assistants  
UK College of Nursing Tobacco Policy Research Program

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Please direct requests for additional information to:

Ellen J. Hahn, DNS, RN  
Associate Professor  
University of Kentucky  
College of Nursing  
760 Rose Street  
Lexington, Kentucky 40536-0232  
(859) 257-2358  
(859) 323-1057 (FAX)  
ejhahn00@pop.uky.edu

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## Executive Summary

The purpose of the Kentucky Tobacco Use Prevention and Cessation Report Card is to describe tobacco use and policy patterns in the Commonwealth and selected local health department service areas from 1997 to 2001. 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. Public support for raising the tobacco tax and local option to pass laws related to tobacco prevention has remained the same over time, and very few manufacturing facilities ban smoking or offer resources to promote tobacco cessation for their employees. While almost all middle and high, public and private schools 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 Report Card illustrates the extent of progress toward meeting these goals at both the state and local level in selected health department service areas.

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. 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.

As a group, the 10 CDC funded health departments are significantly different than the non-CDC funded health departments in three areas: (1) the percent of smoking during pregnancy has remained significantly lower over time; (2) participation rates in tobacco cessation programs have steadily increased over time; and (3) the percent of smoke-free eating establishments has been significantly higher over time, compared to non-CDC funded health departments.

## Methodology

### Overview

Tobacco use is the leading cause of preventable death in Kentucky (Stapleton, 1998). The purpose of this report is to describe tobacco use and policy patterns in Kentucky and selected local health departments from 1997 to 2001. 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 (CDC Kentucky State Highlights, 2002). 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 premiums and taxpayers pay the price in increased public health spending. Kentucky's high rate of tobacco use among adults hurts 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 (CDC State Highlights, 2001). Smokers are absent from work 50% more often than non-smokers (CDC Fact Sheet, 2002). These economic realities place the state in a competitive disadvantage for attracting new employers and keeping existing ones.

The mission of the Kentucky Tobacco 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 in youth and helping those who wish to quit to do so. The Kentucky Department for Public Health Tobacco Use and Prevention and Cessation program supports local health departments that use existing infrastructure and 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. The MSA funding was added at the request of Governor Patton to 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 Centers for Disease Control and Prevention:

- 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 have a full or part-time tobacco coordinator who is responsible for forming a local partnership and preparing an annual plan that indicates 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 mobilizations, 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 with Healthy Kentuckians 2010 in terms of goals, objectives, and data sources (see Appendix). Figure 1 illustrates the connection between the Kentucky Annual Plan and Healthy Kentuckians 2010.

<u>Objectives</u>	<u>KY Tobacco Annual Plan 2004 Goal</u>	<u>Healthy Kentuckians 2010 Goal</u>
Reduce cigarette use among adults.	28%	25%
Reduce cigarette smoking among pregnant women.	22%	17%
Increase proportion of adult smokers who quit for a day or more.	60%	58%
Increase percent of food service establishments that prohibit smoking or limit it to separately ventilated areas.	40%	51%
Increase the number of workplaces that prohibit smoking.	43%	48%
Increase the proportion of schools with tobacco-free environments.	100%	100%
Reduce the proportion of young people who have smoked cigarettes in the past 30 days.	29% males 27% females	29% males 27% females
Increase compliance with youth access laws.	95%	95%

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

**Design**

The purpose of this section is to describe the design and data sources used for the development and analysis of the Report Card. The primary goal of the Report Card is to monitor change over time in tobacco prevention and cessation related outcomes in Kentucky.

A time series design was used to analyze and compare changes in adult cigarette use, smoking during pregnancy, adult quit attempts, participation in tobacco cessation programs, smoking policy in food service establishments, tobacco policy in manufacturing facilities, public opinion, youth tobacco use, school tobacco policies, and illegal sales to minors using county and state level data over a five year time frame (1997-2001).

**Data Sources**

Nine data sources were used to evaluate outcomes: The Behavioral Risk Factor Surveillance System (BRFSS), Kentucky Vital Statistics Birth File, Local Health Department (LHD) Tobacco Cessation Survey, Smoking Policy in Food Service Establishments, Workplace Tobacco Policy Survey, University of Kentucky Survey Public Opinion Poll, Kentucky Youth Tobacco Survey (KYTS), School Tobacco Policy Survey, and Illegal Tobacco Sales to Minors Data Base. Figure 2 displays the data sources in regard to the four CDC goals. 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 ( $\pm 3$ ) would be 95% of the time.

Level of Data	Prevent Youth Initiation	Promote Cessation	Eliminate ETS
County	Illegal Tobacco Sales	KY Birth Record	Food Service Establishment
Funded Service Areas	School Policy Survey	BRFSS LHD Tobacco Cessation	Workplace Policy Survey
State	KYTS	UK Public Opinion Poll	

**Figure 2. KDPH Tobacco Cessation and Prevention Program Surveillance and Evaluation Data Sources**



## **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 1997 to 2000. 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. The sampling method used assures comparability of data across the state and over time. 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. 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 takes 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 (1997-1999 and 1998-2000) 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 1997 to 2000. 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 2001.

The LHDTCS was created by Hahn et al. 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 2001 LHDTCS reflects services provided during fiscal year 2000-2001.

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 3 illustrates this calculation using data for Fayette County in 2000.

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

**Figure 3. Calculation Method Used to Determine Health Department Service Area Rate of Participation in Tobacco Cessation Programs**

## **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 station 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. For 2001, data were collected on 85% of the Health Department Service Areas resulting in 6,373 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.

## **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. Tobacco coordinators were trained to conduct telephone interviews with human resource managers to assess a variety of tobacco policy issues. The 42-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. Currently in 2002, the Workplace Tobacco Policy Survey is underway with all 55 health department service areas.

## **Public Opinion Poll**

Twice per year (spring and fall), public opinion about tobacco policy data are collected by the University of Kentucky Survey Research Center as part of the Kentucky Survey, a statewide telephone survey of randomly selected non-institutionalized Kentucky adults. The purpose of the survey is to learn about public views on social, political, health, and economic

issues affecting Kentucky residents. Households are selected using random-digit dialing, a procedure giving every residential telephone line in Kentucky an equal probability of being called. The Kentucky Survey is designed to produce accuracy at the 95% confidence level.

For this report, public opinion poll respondents were asked whether they would favor an increase in the cigarette tax as a deterrent to smoking (yes/no), and whether they would support giving communities the option of enacting local laws aimed at curbing teen tobacco use (yes/no). These issues were assessed biannually in 1999 and 2001. Because these data are available only at the state level, public opinion data are only reported in the Kentucky Report Card. The University of Kentucky Survey Research Center collects and compiles these data and makes the electronic file available to the authors.

### **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 Kentucky Department for Public Health, 1999-2001b. 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. In 2003, the School Tobacco Policy Survey will be conducted in 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, role 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.

### **Illegal Tobacco Sales to Minors Data Base**

The data on illegal tobacco sales to minors is obtained by open records request annually from Kentucky Alcoholic Beverage Control (ABC). Data are gathered from June 1 to May 31 of every year. The percent of illegal tobacco sales to minors was assessed from 1997 to 2000. Illegal sales rates were based on the % of attempts to purchase tobacco products by underage youth (17 and younger).

## Kentucky Report Card



### 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. The State highlights that follow provide charts describing the outcomes over time. The following provides a narrative summary of the data.



### Making Progress

The proportion of health departments providing tobacco cessation programs has increased from 1999 to 2001 by nearly 10%. Health departments are providing research-based cessation programs and have increased numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand.

The percent of smoke-free food establishments significantly increased by 20% from 1999 to 2001. The 20% increase in smoke-free food service establishments reflects voluntary policy change since there are no local or state laws restricting smoking in public places.

There was a decrease in youth smoking and an increase in the retail price of cigarettes from 1997 to 2000. Prevention of tobacco use among children and adolescents can lead to substantial reductions in death and disease from tobacco products among adults.

Tobacco sales to minors have decreased significantly from 1999 to 2000.



### No Progress

There was no significant change in the percent of adults who use cigarettes from 1997 to 2000. The age-adjusted death rate from heart disease and the age-adjusted incidence rate from lung cancer increased from 1997 to 1999. 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 smoke during pregnancy from 1997 to 2000. 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.

There was no significant change in the percent of adult smokers attempting to quit from 1997 to 2000. Although Kentucky smoking rates are higher than the U.S., adult smokers in Kentucky are just as likely to attempt to quit as smokers in the U.S.

There was no significant change in smoking policies in manufacturing facilities from 1999 to 2000. In 2000, about one in four manufacturing facilities offered resources for smoking cessation and reimbursed employees for cessation.

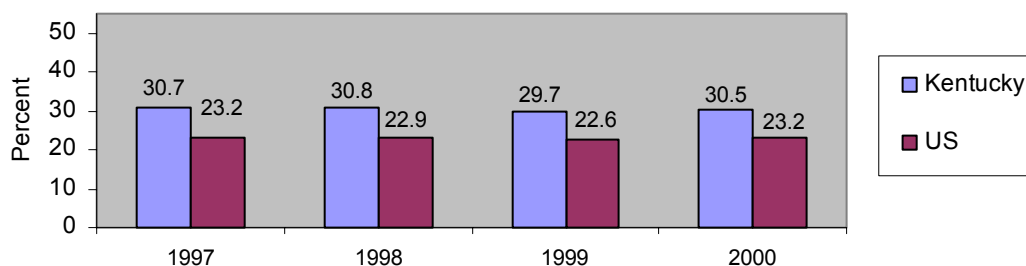
Support for raising the cigarette tax and local option remained fairly constant from 1999 to 2001. Nearly half of Kentuckians support raising the cigarette tax. Three-fourths of Kentuckians support local governments' ability to pass laws related to tobacco prevention. Raising the real price of tobacco products by increasing cigarette excise tax is the single most effective approach to reducing tobacco use, especially among youth.



### **Losing Ground**

Only 15% of middle and high schools provide smoking cessation services to students and employees. While almost all middle and high schools ban smoking on school grounds for students, only 44.7% ban smoking on school grounds for employees. To change pro-tobacco norms, CDC recommends that the entire school environment be tobacco-free including students, faculty, staff, and visitors.

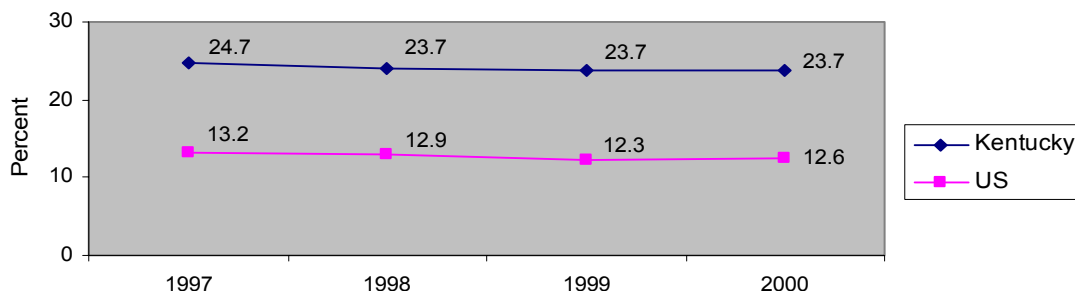
### Current Adult Cigarette Use, 1997-2000



- √ There was no significant change in the percent of adults who smoked cigarettes in Kentucky from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease increased from 159.5 in 1997 to 313.4 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer increased from 79.37 in 1997 to 81.57 in 1999.<sup>3</sup>
- <sup>a</sup> Age-adjusted rate per 100,000 total population

Kentucky leads the nation in adult smoking prevalence. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

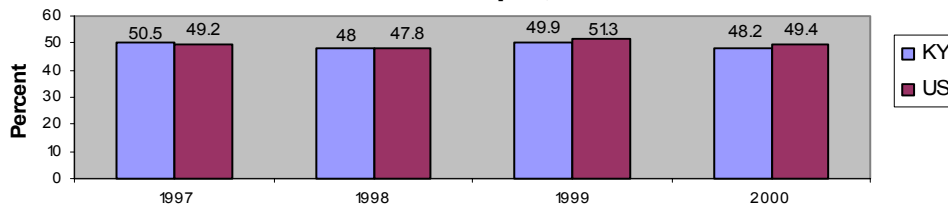
### Smoking During Pregnancy, 1997-2000



- √ While there was a statistically significant drop in the percent of women who smoked during pregnancy from 1997 to 1998, there was no significant change in the percent of women who smoked during pregnancy in Kentucky from 1998 to 2000.<sup>4</sup>
- √ Pregnant women in Kentucky are two times more likely to smoke during pregnancy than women in the US.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

### Adult Quit Attempts, 1997-2000

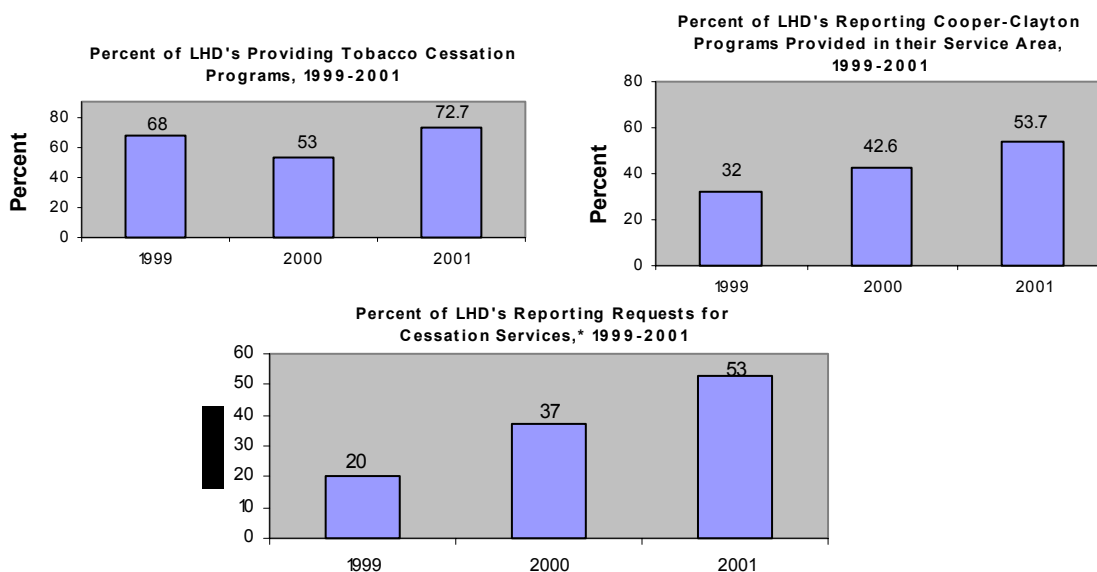


√ The percent of adult smokers attempting to quit in Kentucky was similar over time.<sup>1</sup>

√ The percent of adult smokers attempting to quit in Kentucky remained similar to national estimates from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

### Tobacco Cessation Services in Local Health Departments (LHD), 1999-2001



√ The proportion of health departments providing tobacco cessation programs increased from 1999 to 2001 by nearly 10%.<sup>6</sup>

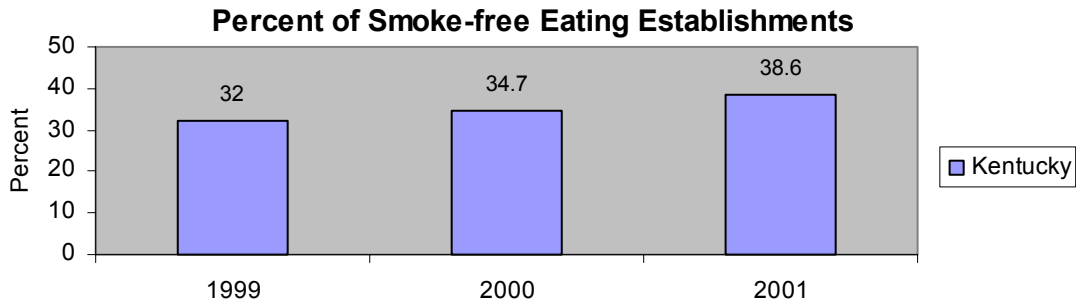
√ There was a nearly 70% increase in the number of health departments that provided Cooper Clayton group programs from 1999 to 2001.<sup>6</sup>

√ The percent of health departments reporting requests for tobacco cessation services increased by 160% from 1999 to 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.



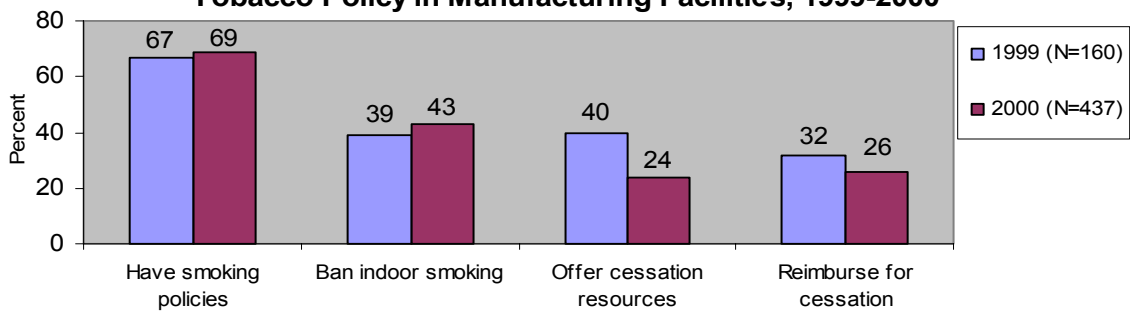
### Smoking Policy in Food Service Establishments, 1999-2001



√ The percent of smoke-free food establishments increased by 20% from 1999 to 2001.<sup>7</sup>

The 20% increase in smoke-free food service establishments reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

### Tobacco Policy in Manufacturing Facilities, 1999-2000\*



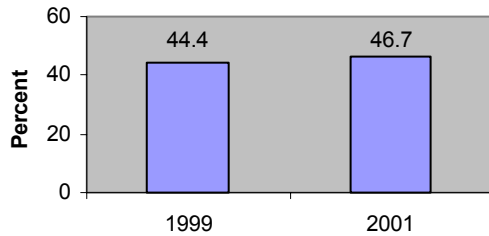
\* Data from CDC-funded areas only

- √ There was no significant change in the percent of manufacturing facilities that had smoking policies from 1999 to 2000.<sup>8</sup>
- √ The percent of manufactures that banned smoking remained similar from 1999 to 2000.<sup>8</sup>
- √ There was a decline in the percent of manufacturing facilities that offered resources for smoking cessation from 1999 to 2000.<sup>8</sup>
- √ There was a decline in the percent of manufacturing facilities that reimbursed employees for smoking cessation from 1999 to 2000.<sup>8</sup>

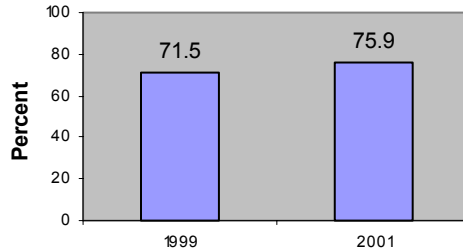
Four in ten manufacturing facilities in Kentucky banned indoor smoking in 1999 and 2000. Smoking at worksites presents an important source of environmental tobacco smoke that has been shown to have ill health effects on employees and contributes to lost productivity. In 2000, very few manufacturing facilities made smoking cessation resources available to their employees. Healthy Kentuckians 2010 recommends increasing the percentage of manufacturing facilities that reimburse for smoking cessation services to 48%.

### Public Opinion Survey, 1999-2001

**Adults who Support Cigarette Tax Increase 1999-2001**



**Adults Who Support Local Option, 1999-2001**

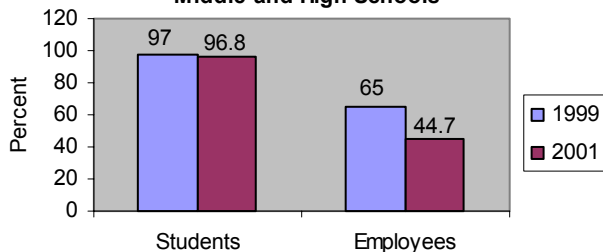


- √ Nearly half of Kentuckians supported raising the cigarette tax in 2001.<sup>9</sup>
- √ Three-fourths of Kentuckians support local governments' ability to pass laws related to tobacco prevention.<sup>9</sup>

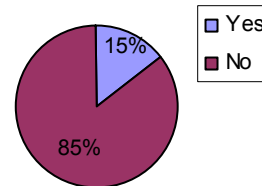
Raising the real price of tobacco products by increasing cigarette excise tax is the single most effective approach to reducing tobacco use, especially among youth. Of those who favor a tax hike, nearly two-thirds support a tax increase of 25 cents or more. Nearly 8 in 10 Kentuckians continue to support local government's ability to pass laws related to tobacco prevention. One goal of Healthy Kentuckians 2010 is to increase the proportion of localities that adopt ordinances and policies to restrict tobacco use.

### School Smoking Policy, 1999-2001

**Smoking Banned on School Grounds, Middle and High Schools**



**Direct Smoking Cessation Services in Middle and High Schools, 2001**

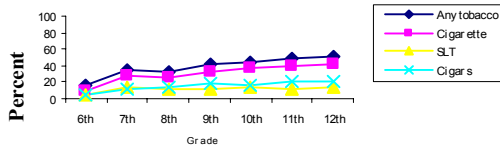


- √ While almost all middle and high schools ban smoking on schoolgrounds for students, only 44.7% banned smoking on school grounds for employees in 2001.<sup>10</sup>
- √ Only 15% of middle and high schools provided smoking cessation services to students and employees in 2001.<sup>10</sup>

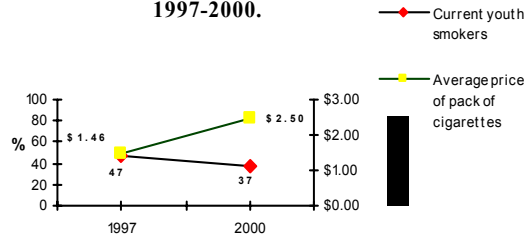
The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only 15% of schools in Kentucky provide directed smoking cessation services for students and employees. One Healthy Kentuckians 2010 goal is to increase to 100% the proportion of school with tobacco-free environments including all school property, vehicles, and at all school events.

### Current Youth Tobacco Use\*, 1997-2000

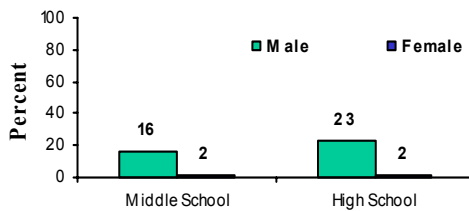
**Current Use of Tobacco Products by Grade, 2000**



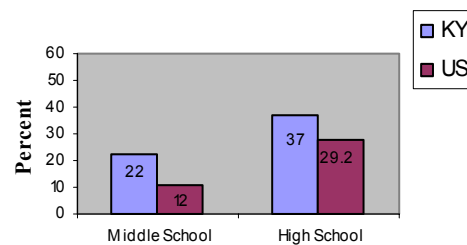
**Current Youth Smoking and the Average Retail Price of Cigarettes, 1997-2000.**



**Current Smokeless Tobacco use Among Middle and High School Students by Gender, 2000**



**Current Smoking among Middle and High School Students, 2000**



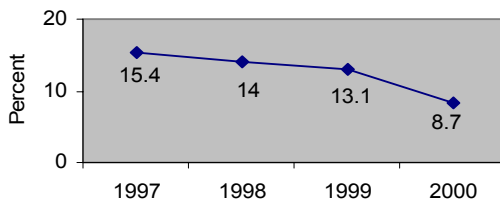
\* Note. Current use is defined by the CDC as smoking cigarettes on one or more of the past 30 days

- √ There was a steady increase in tobacco use from 6th to 12th grade.<sup>11</sup>
- √ Smokeless tobacco use among male middle and high school students is higher than for female students.<sup>11</sup>
- √ There was an increase in the retail price of cigarettes and a decrease in youth smoking from 1997 to 2000.<sup>11</sup>
- √ Kentucky middle school students were nearly two times more likely to be current smokers than those in the U.S.
- √ High school smoking in Kentucky is over 30% higher than the U.S.<sup>11</sup>

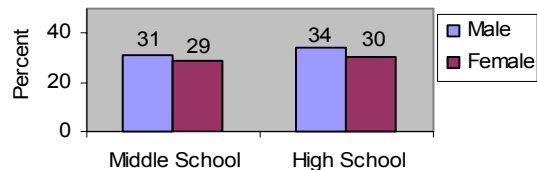
Smoking among high school students in Kentucky has decreased from 1997 to 2000. Prevention of tobacco use among children and adolescents can lead to substantial reductions in death and disease from tobacco products among adults. One goal of the Healthy Kentuckians 2010 is to reduce the proportion of young people who have smoked cigarettes in the past 30 days to 29% for males and 27% for females.

### Youth Access to Tobacco Products

**Illegal Tobacco Sales, 1997-2000**



**Current Youth Smokers Refused Purchase of Cigarettes due to age**



- √ The percent of tobacco sales to minors declined significantly from 1999 to 2000.<sup>12</sup>

Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

## Centers for Disease Control (CDC) funded Health Department Report Cards

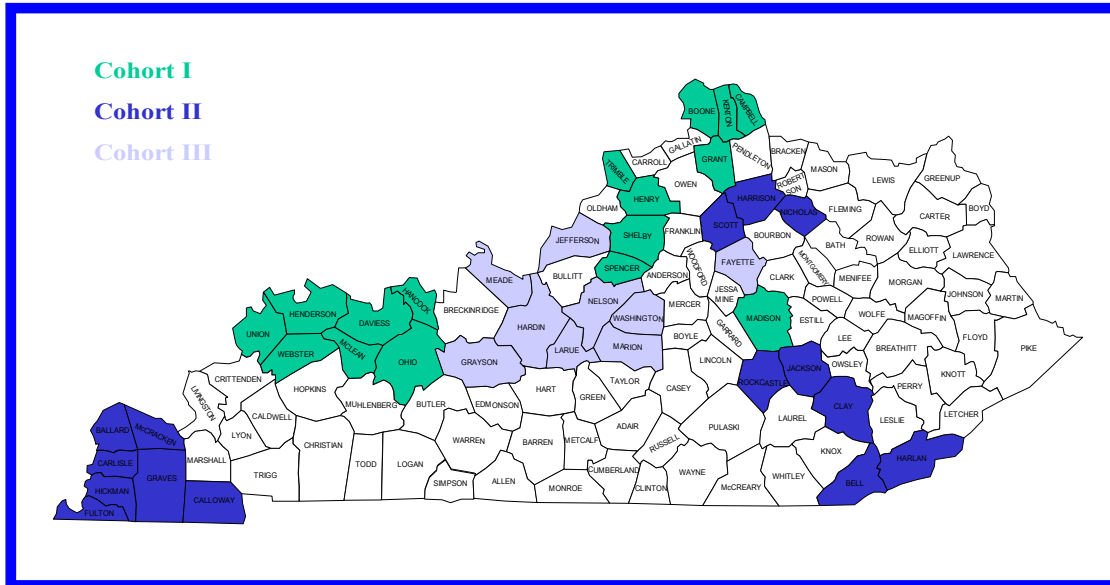
The purpose of this section is to summarize the status of the ten health departments in regard to the primary outcomes for tobacco prevention and cessation over time. These 10 health departments serve a total of over 2.1 million people.

Prior to the MSA funding for tobacco prevention and cessation, 10 local health departments in Kentucky received a small amount of funding (\$60,000 per health department) through a cooperative agreement between the CDC and the Kentucky Department for Public Health. Seven of the health departments (Cohorts I and II) have been funded by CDC for approximately five years (since FY 1997-1998). Three health departments (Cohort III) have had approximately four years of CDC funding (since FY 1998-1999). Although all of these health departments are relatively new to tobacco prevention and cessation, Cohort I has had the most experience with tobacco control, followed by Cohorts II and III. In FY 2000-2001, all health departments received MSA funds for tobacco prevention and cessation. These funds were added to the CDC monies to comprise their total tobacco prevention and cessation budget. The CDC funded health departments by Cohort are:

Cohort I: Green River District, Madison County, North Central District, Northern Kentucky District

Cohort II: Cumberland Valley, Purchase, WEDCO Districts

Cohort III: Jefferson County, Lexington-Fayette County, Lincoln Trail District



**Figure 4. CDC Funded Health Department Service Areas by Cohort**

## **CDC Funded Health Department Highlights**

### **Current Adult Cigarette Use**

There was no significant change in the percent of adults who smoked cigarettes in any of the CDC funded health departments from 1997 to 2000. However, the percent of adults who smoked cigarettes in the Purchase District decreased significantly from 1997 to 1999. In one CDC-funded health department, WEDCO District, the percent of adults who smoked cigarettes was significantly higher than the state rate in 1998-2000.

*Two CDC-funded health departments met the Healthy Kentuckian 2010 Objective to reduce cigarette use among adults to 25% in 2000: Lexington-Fayette County and Purchase District Health Departments.*

### **Smoking During Pregnancy**

Five of the CDC-funded health departments showed no significant change in the percent of women who smoked during pregnancy from 1997 to 2000. However, there was a significant decline in the percent of women who smoked during pregnancy in three CDC funded health departments over time: Jefferson County, Lexington-Fayette County, and Northern Kentucky Independent District Health Departments. Two health departments showed significant declines in the years preceding 2000, but the percent of women in these districts who smoked during pregnancy remained stable in more recent years (Lincoln Trail and WEDCO). The rates of smoking during pregnancy in seven of the health departments were similar to the state in 2000. The percent of women who smoked during pregnancy in two health departments remained significantly lower than the state rate from 1997 to 2000: Jefferson and Lexington-Fayette County. The Cumberland Valley District Health Department smoking during pregnancy rate remained significantly higher than the state from 1997 to 2000.

*One CDC funded health department met the Healthy Kentuckian 2010 Objective to reduce cigarette smoking among pregnant women to no more than 17%: Lexington-Fayette County Health Department.*

### **Adult Quit Attempts**

The percent of adult smokers attempting to quit remained similar over time in all 10 CDC-funded health departments. In all but one health department, the percent of adult smokers attempting to quit remained similar to the state rate from 1997 to 2000. The percent of adult smokers attempting to quit in Lexington-Fayette County was significantly higher than the state in 1998-2000.

*One CDC-funded health department met the Healthy Kentuckian 2010 Objective to increase the proportion of adult smokers who stop smoking for a day or more to 58%: Lexington-Fayette County Health Department.*

## **Participation in Tobacco Cessation Programs**

Although the rate of participation in tobacco cessation programs in six of the CDC funded health departments increased over time, very few adult smokers are being reached by current programs. The health departments with the highest cessation program participation rates in 2001 were (in order from highest to lowest): Green River District, Cumberland Valley District, North Central District, and Purchase District Health Departments. Three health departments showed declines in 2001 in the cessation program participation rate: Lexington- Fayette County, Lincoln Trail, and Madison County. The Jefferson County tobacco cessation program participation rate remained unchanged from 1999 to 2001. The cessation program participation rates in two health departments were markedly lower than the state rate in 2001: Jefferson County and Lexington-Fayette County Health Departments.

## **Smoking in Food Service Establishments**

In five health departments, the percent of smoke-free food establishments increased significantly over time: Green River District, Jefferson County, Lexington-Fayette County, Madison County, and WEDCO District Health Departments. The percent of smoke-free food establishments did not change significantly in the other five CDC funded health departments. Compared to the state rate, five health departments had similar smoke-free food establishment rates. The percent of smoke-free food establishments was significantly higher than the state rate in 2001 in three health departments: Jefferson County, Lexington-Fayette County, and WEDCO District Health Departments. Two health departments were significantly lower than the state rate on percent of smoke-free food establishments: Cumberland Valley District and Green River District Health Departments.

## **Tobacco Policy in Manufacturing Facilities**

Change over time could be assessed in three Cohort I health departments (Green River did not participate in 2000). There was no significant change from 1999 to 2000 in the percent of manufacturing facilities that had smoking policies, those that banned indoor smoking, or those that offered cessation resources or reimbursed for cessation in Madison County, North Central District, or Northern Kentucky District Health Departments.

The percent of manufacturing facilities that banned smoking in 2000 was similar to the total sample for all CDC funded health departments that participated in the 2000 surveys. Only 4 in 10 manufacturing facilities banned indoor smoking. While almost all health departments were similar to the total sample on offering cessation resources and reimbursing for cessation in 2000, two health departments were significantly lower than the total sample. Manufacturers in Lexington-Fayette County were significantly less likely to offer cessation resources in 2000 than the total sample. Manufacturers in the Lincoln Trail District were significantly less likely to reimburse for smoking cessation in 2000 than the total sample.

## **School Smoking Policy**

Eight of the 10 CDC-funded health departments participated in the School Tobacco Policy Survey in both 1999 and 2001. North Central participated only in 1999 and Jefferson County participated only in 2001. The percent of schools that banned smoking on school grounds for employees did not change significantly in any of the health department service areas that participated in 1999 and 2001. Similarly, the percent of schools offering smoking cessation services to students and/or employees did not change significantly from 1999 to 2001.

The percent of schools that banned smoking on school grounds for employees in 2001 was similar to the total sample in five health departments. Three health departments had a significantly higher proportion of schools reporting banning on school ground for employees than the total sample: Cumberland Valley District, Lexington-Fayette County, and Madison County Health Departments. The percent of schools banning smoking on school grounds for employees in 2001 was significantly lower in the Green River District compared with the total sample.

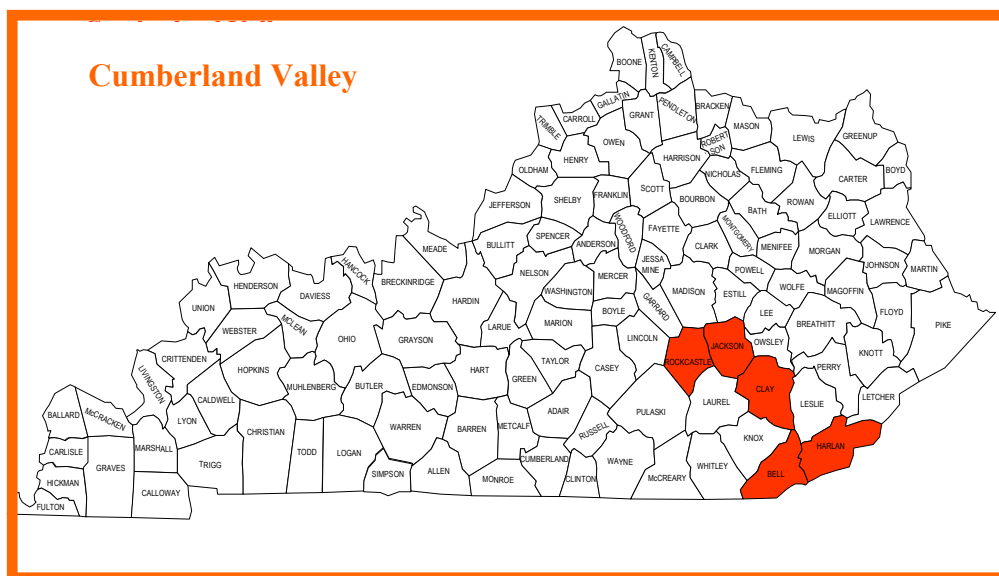
## **Illegal Tobacco Sales to Minors**

The percent of tobacco sales to minors did not change significantly over time in eight CDC funded health departments. Two health department service areas noted significant declines over time: Lexington-Fayette County and Lincoln Trail District Health Department. In six health departments, the percent of tobacco sales to minors was similar to the state rate from 1997 to 2000. The illegal tobacco sales rate remained significantly lower than the state rate in one health department service area: Lincoln Trail District Health Department. In one health department, the illegal tobacco sales rate was significantly higher than the state rate in 2000: Madison County.

## Cumberland Valley District Highlights



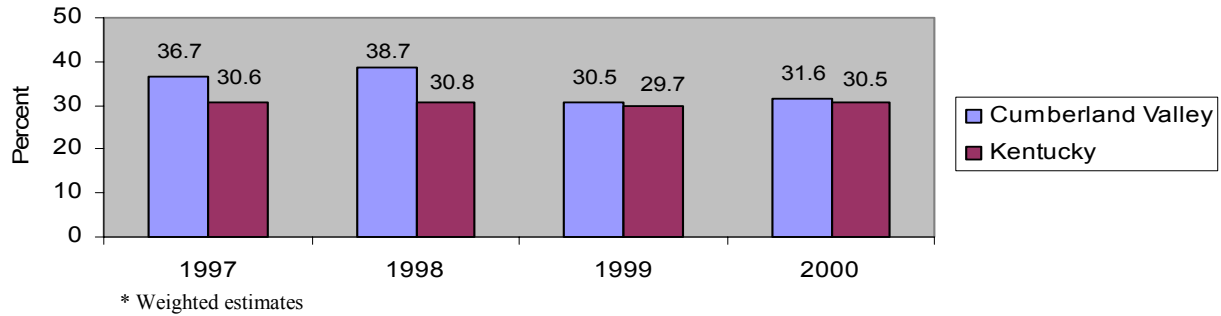
There was no significant change in the percent of adults who smoked cigarettes in the Cumberland Valley District from 1997 to 2000. Similarly, there was no significant change in the percent of women who smoked during pregnancy for this same time period. The percent of adult smokers attempting to quit was similar over time. The rate of participation in tobacco cessation programs increased from 1999 to 2001, and the rate was higher in the Cumberland Valley District than in the rest of the state for 2001. The percent of smoke-free food establishments did not change significantly over time. Nearly 5 in 10 manufacturing facilities banned smoking. The percent of schools banning smoking on school grounds in 2002 was significantly higher in the Cumberland Valley District than the total Kentucky sample. The percent of schools providing cessation services did not change significantly from 1999 to 2001. The percent of sales to minors in the Cumberland Valley District did not change significantly from 1997 to 2000.



**Figure 5. Cumberland Valley District Health Department Service Area**



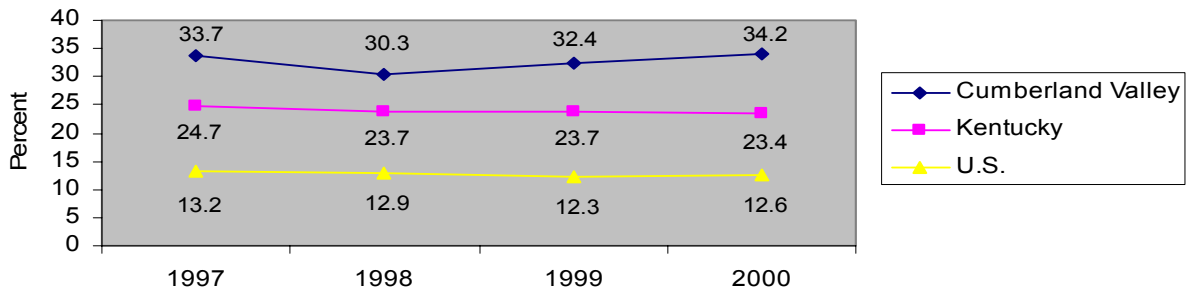
### Current Adult Cigarette Use, 1997-2000



- √ There was no significant change in the percent of adults who smoked cigarettes in the Cumberland Valley District from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease increased from 332.1 in 1997 to 361.2 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer increased slightly from 108.02 in 1997 to 108.93 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population.

The percent of adults who smoke cigarettes in the Cumberland Valley District remained similar to the state from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

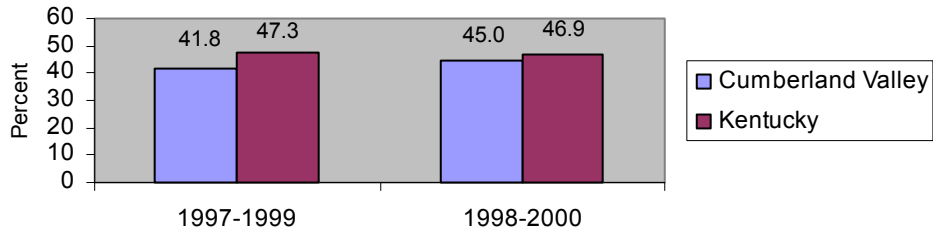
### Smoking During Pregnancy, 1997-2000



- √ There was no significant change in the percent of women who smoked during pregnancy in the Cumberland Valley District from 1997 to 2000.<sup>4</sup>
- √ The percent of women who smoke during pregnancy in the Cumberland Valley District was significantly higher than the state from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of Kentucky mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

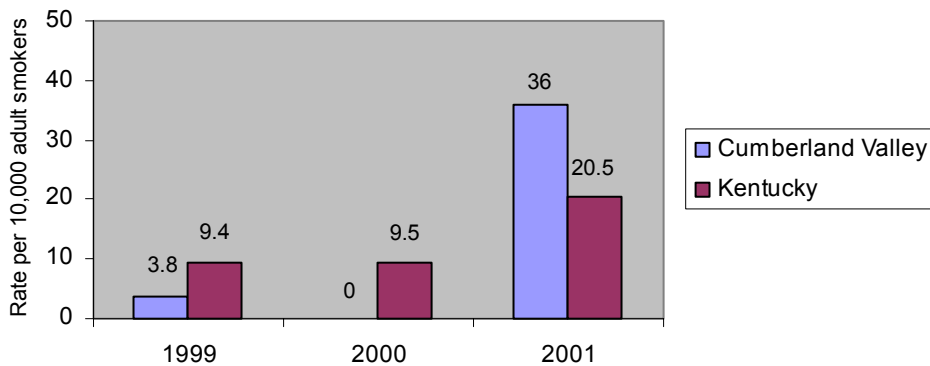
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in the Cumberland Valley District was similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in the Cumberland Valley District remained similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, a variety of research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

### Participation in Tobacco Cessation Programs, 1999-2001

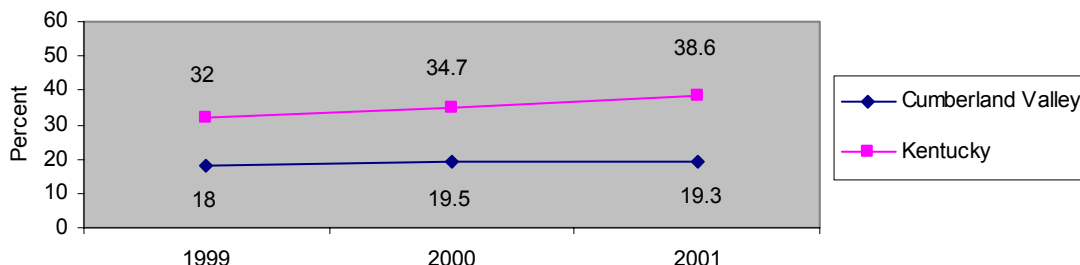


- √ The rate of participation in tobacco cessation programs in the Cumberland Valley District increased from 1999 to 2001.<sup>6</sup>
- √ The cessation program participation rate in the Cumberland Valley District was higher than the state in 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Although the rate of participation in tobacco cessation programs in the Cumberland Valley District increased in 2001, very few adult smokers are being reached by current programs. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

## Smoking Policy in Food Service Establishments, 1999-2001

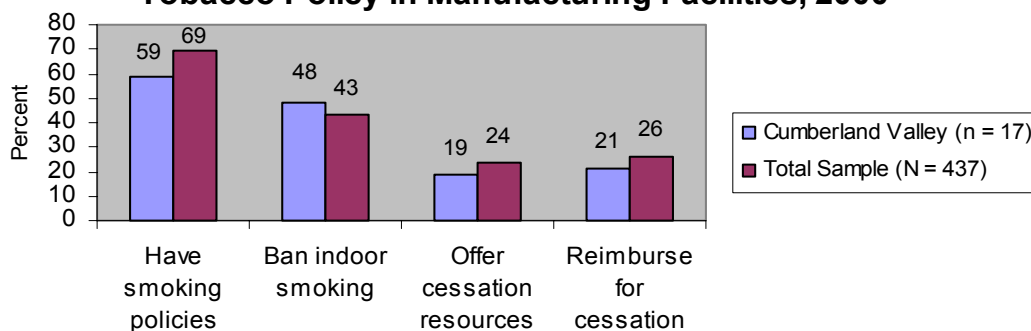
Percent of Smoke-free Eating Establishments



- √ The percent of smoke-free food establishments in the Cumberland Valley District did not change significantly from 1999 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in the Cumberland Valley District did not was significantly lower than the state rate.<sup>7</sup>

The increase in smoke-free Kentucky food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

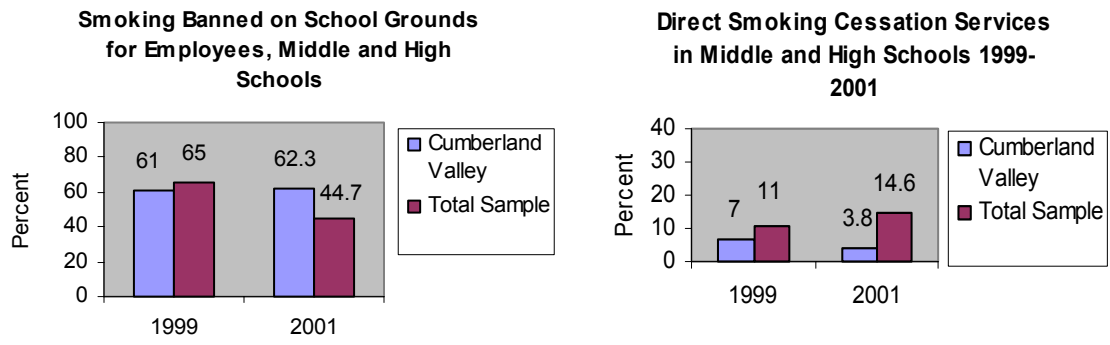
## Tobacco Policy in Manufacturing Facilities, 2000



- √ Nearly 6 in 10 manufacturing facilities in the Cumberland Valley District have smoking policies.<sup>8</sup>
- √ About 2 in 10 manufacturing facilities in the Cumberland Valley District offer resources for smoking cessation and reimburse employees for cessation.<sup>8</sup>

Similar to the total sample, nearly half of the manufacturing facilities in the Cumberland Valley District banned smoking in 2000.<sup>7</sup> Smoking in worksites presents an important source of environmental tobacco smoke that has have ill health effects on employees and contributes to lost productivity. Similar to the total sample in 2000, nearly 2 in 10 manufacturing facilities in the Cumberland Valley District made smoking cessation resources available to their employees. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

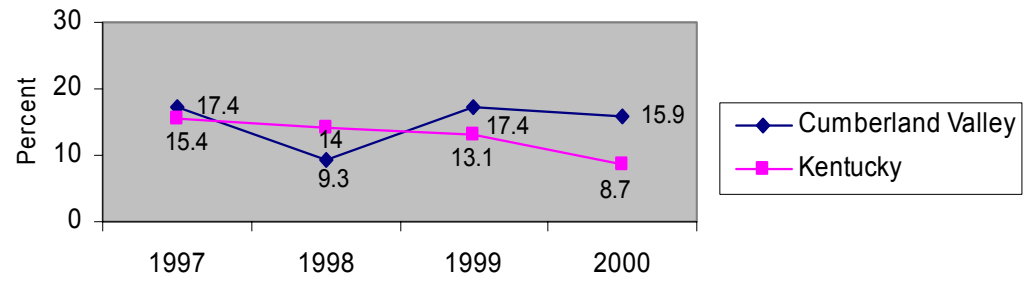
### School Smoking Policy, 1999-2001



- √ While all middle and high schools in Cumberland Valley District banned smoking on school grounds for students from 1999 to 2001, only 6 in 10 schools banned smoking on school grounds for employees.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in the Cumberland Valley District in 2001 was significantly higher than the total Kentucky sample.<sup>10</sup>
- √ The percent of schools providing cessation services in the Cumberland Valley District did not change significantly from 1999 to 2001.<sup>10</sup>

Smoking restrictions on school grounds in the Cumberland Valley District have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 Kentucky middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only over 4% of schools in the Cumberland Valley District provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000



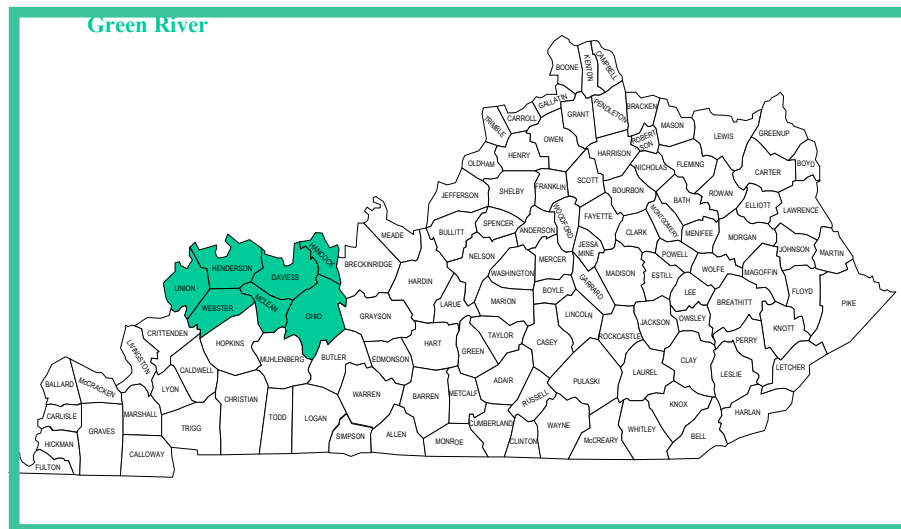
- √ The percent of sales to minors in the Cumberland Valley District did not change significantly from 1997 to 2000.<sup>12</sup>

The percent of tobacco sales to minors in the Cumberland Valley District was similar to the state from 1997 to 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

## Green River District Highlights

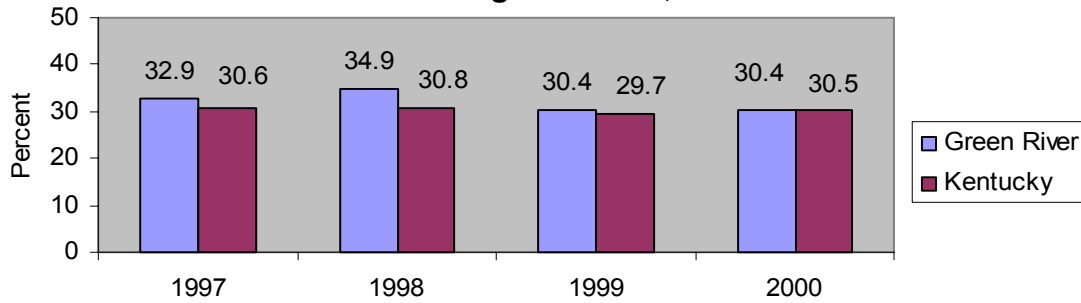


There was no significant change in the percent of adults who smoked cigarettes in the Green River District from 1997 to 2000. Similarly, there was no significant change in the percent of women who smoked during pregnancy for this same time period. The percent of adult smokers attempting to quit was similar over time. The rate of participation in tobacco cessation programs in the Green River District increased from 1999 to 2001, and the cessation program participation rate remained higher than the state rate. The percent of smoke-free establishments significantly increased from 2000 to 2001, but it remained significantly lower than the state. Only 3 in 10 manufacturing facilities banned smoking in 1999. While almost all middle and high schools banned smoking on school grounds for students in 2001, only 3 in 10 schools banned smoking on school grounds for employees, remaining significantly lower than the total Kentucky sample. The percent of illegal sales to minors in the Green River area did not change significantly from 1997 to 2000.



**Figure 6. Green River District Health Department Service Area**

### Current Adult Cigarette Use, 1997-2000

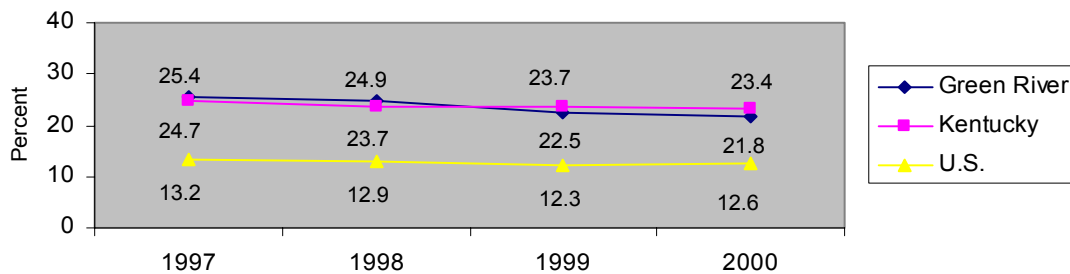


\*Weighted estimates

- √ There was no significant change in the percent of adults who smoked cigarettes in the Green River District from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease decreased from 325.8 in 1997 to 302.9 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer decreased from 103.9 in 1997 to 83.25 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in the Green River District remained similar to the state from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

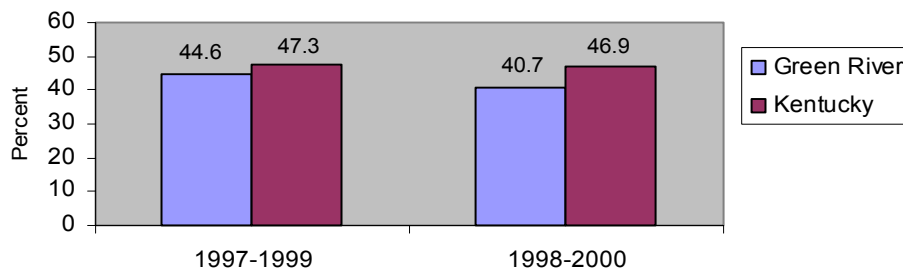
### Smoking During Pregnancy, 1997-2000



- √ There was no significant change in the percent of women who smoked during pregnancy in the Green River District from 1997 to 2000.<sup>4</sup>
- √ The percent of women who smoke during pregnancy in the Green River District was similar to the state from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of Kentucky mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

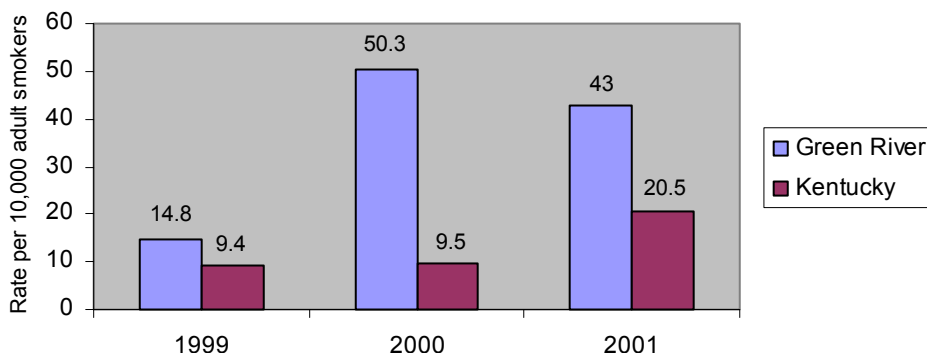
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in the Green River District was similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in the Green River District was similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, a variety of research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

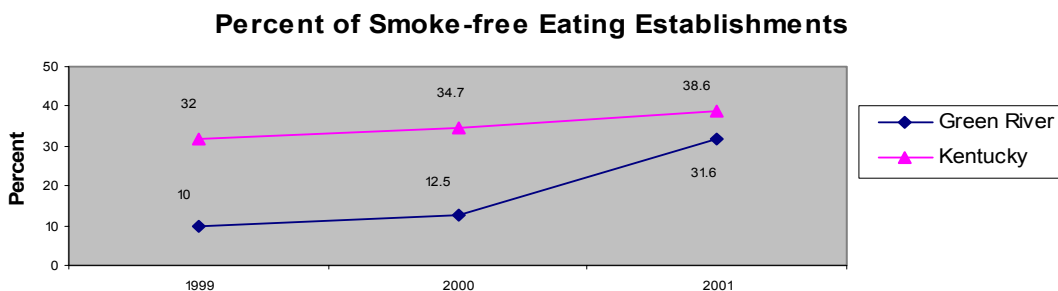
### Participation in Tobacco Cessation Programs, 1999-2001



- √ The rate of participation in tobacco cessation programs in the Green River District increased from 1999 to 2001.<sup>6</sup>
- √ The cessation program participation rate in the Green River District remained higher than the state from 1999 to 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Although the rate of participation in tobacco cessation programs in the Green River District increased in 2000, very few adult smokers are being reached by current programs. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

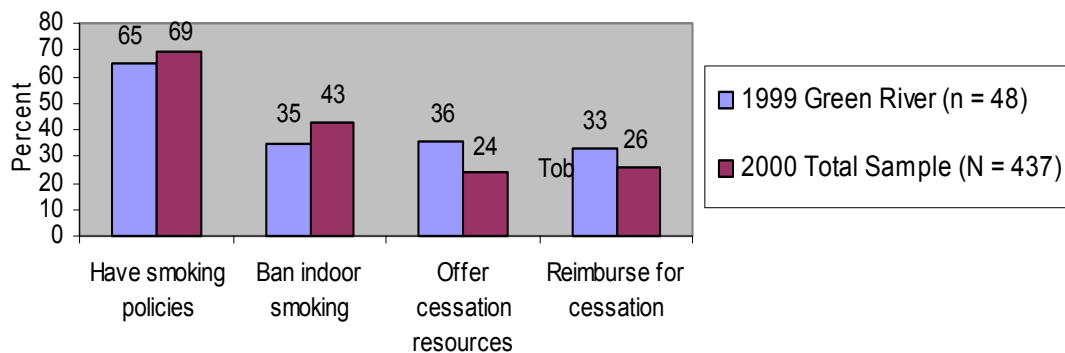
### Smoking Policy in Food Service Establishments, 1999-2001



- √ The percent of smoke-free food establishments in the Green River District significantly increased from 2000 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in the Green River District has remained significantly lower than the state.<sup>7</sup>

The increase in smoke-free Kentucky food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

### Tobacco Policy in Manufacturing Facilities, 1999-2000



\* Green River did not participate in the 2000 survey.

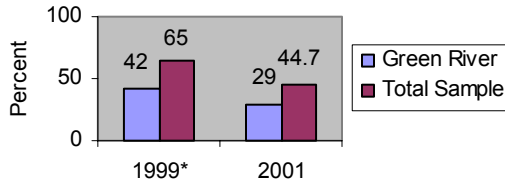
- √ Nearly 7 in 10 manufacturing facilities in the Green River District had smoking policies in 1999.<sup>8</sup>
- √ In 1999, about one-third of the manufacturing facilities in the Green River District offer resources for smoking cessation and reimburse employees for cessation.<sup>8</sup>

Similar to the total sample in 2000, over one-third of manufacturing facilities in the Green River District banned indoor smoking in 1999. Smoking in worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. Similar to the total sample in 2000, over one-third of the manufacturing facilities in the Green River District made smoking cessation resources available to their employees. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

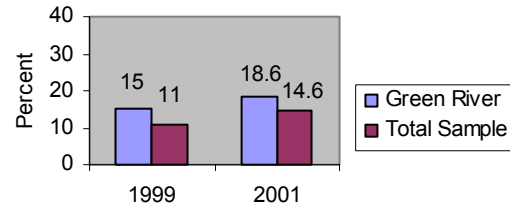


### School Smoking Policy, 1999-2001

**Smoking Banned on School Grounds for Employees, Middle and High Schools**



**Direct Smoking Cessation Services in Middle and High Schools**

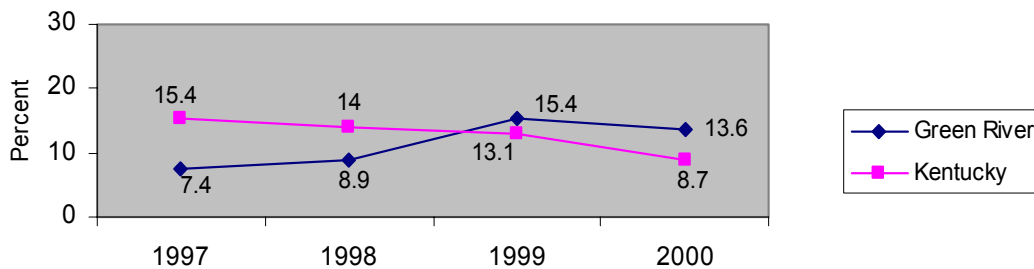


\*Includes students and employees.

- √ While almost all middle and high schools in the Green River District banned smoking on school grounds for students in 2001, only 3 in 10 schools banned smoking on school grounds for employees.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in the Green River District in both 1999 and 2001 was significantly lower than the total Kentucky sample.<sup>10</sup>
- √ The percent of middle and high schools providing cessation services in the Green River District did not change significantly from 1999 to 2001.<sup>10</sup>

Smoking restrictions on school grounds in the Green River District have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 Kentucky middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only 19% of schools in the Green River District provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000



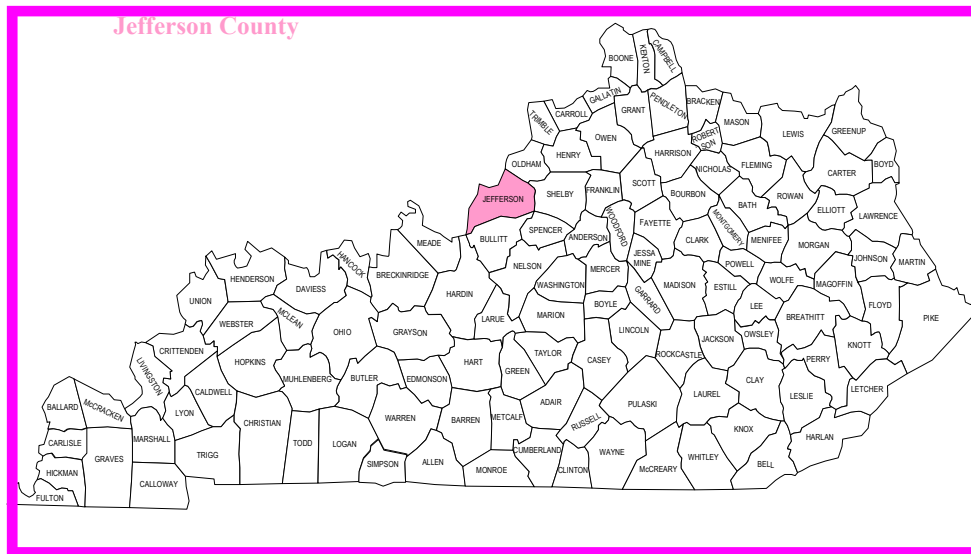
- √ The percent of tobacco sales to minors in the Green River District did not change significantly from 1997 to 2000.<sup>12</sup>

The percent of tobacco sales to minors in the Green River District was similar to the state from 1997 to 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

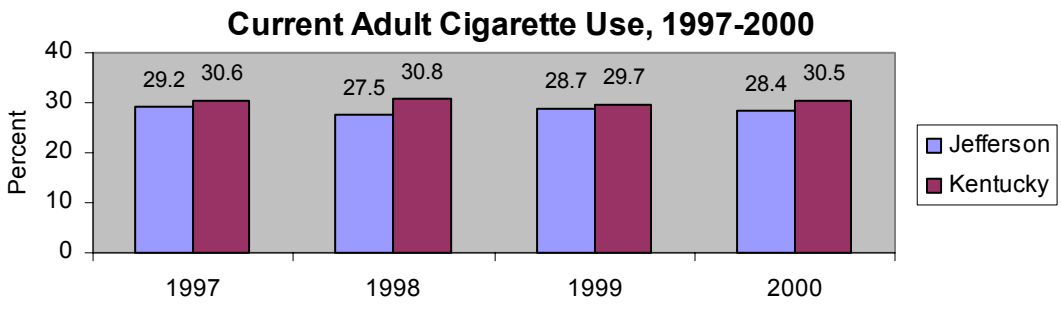
## Jefferson County Highlights



There was no change in the percent of adults who smoke cigarettes in Jefferson County from 1997 to 2000. While there was a significant decline in the percent of women who smoked during pregnancy from 1997 to 2000, the rate of smoking during pregnancy remains higher than the U.S. The percent of adult smokers attempting to quit was similar over time. The rate of participation in tobacco cessation programs in Jefferson County remained unchanged from 1999 to 2001. The percent of smoke-free food establishments in Jefferson County increased significantly from 2000 to 2001, remaining significantly higher than the state. Four in 10 manufacturing facilities ban smoking. While all middle and high school banned smoking on school grounds for students, only 30% banned smoking on school grounds for employees. The percent of schools providing cessation services for employees and students was significantly lower than the total Kentucky sample. The percent of illegal tobacco sales to minors in Jefferson County did not change significantly from 1997 to 2000.



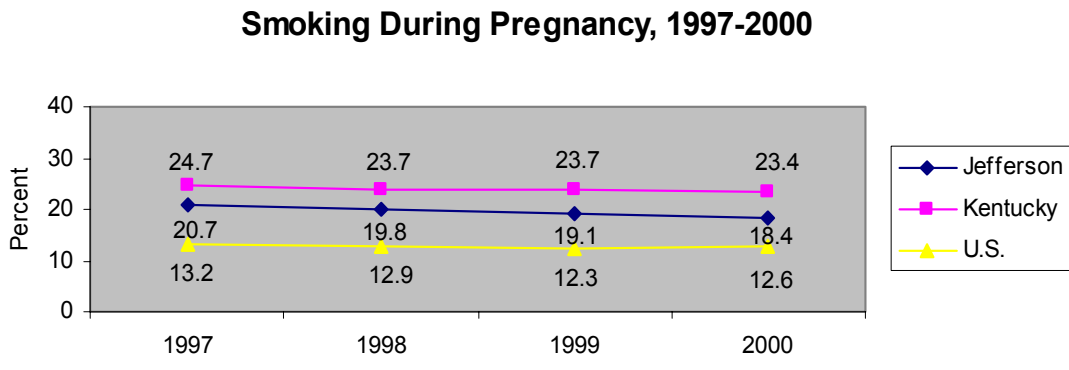
**Figure 7. Jefferson County Health Department Service Area**



\*Weighted estimates

- √ There was no change in the percent of adults who smoked cigarettes in Jefferson County from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease decreased from 333.7 in 1997 to 307.1 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer decreased from 106.52 in 1997 to 103.42 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

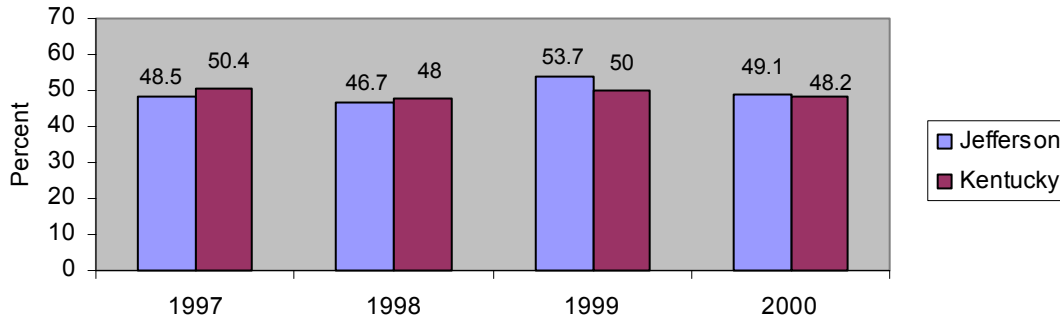
The percent of adults who smoke cigarettes in Jefferson County remained similar to the state from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.



- √ While there was a significant decline in the percent of women who smoked during pregnancy in Jefferson County from 1997 to 2000, the rate of smoking during pregnancy is still higher than in the U. S. <sup>4</sup>
- √ The percent of women who smoke during pregnancy in Jefferson County was significantly lower than the state from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of Kentucky mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

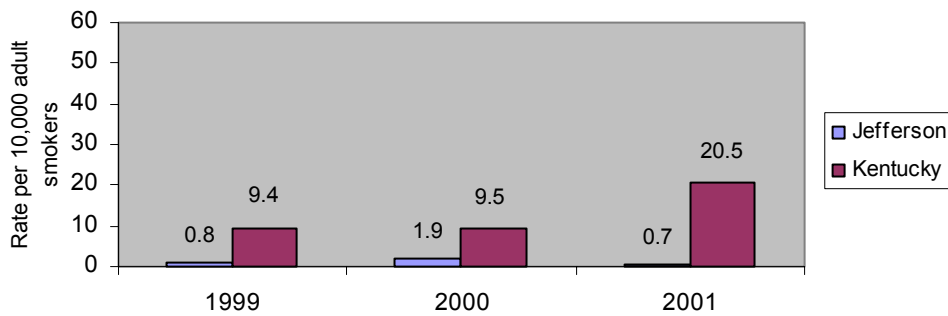
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in Jefferson County was similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in Jefferson County was similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, a variety of research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

### Participation in Tobacco Cessation Programs, 1999-2001

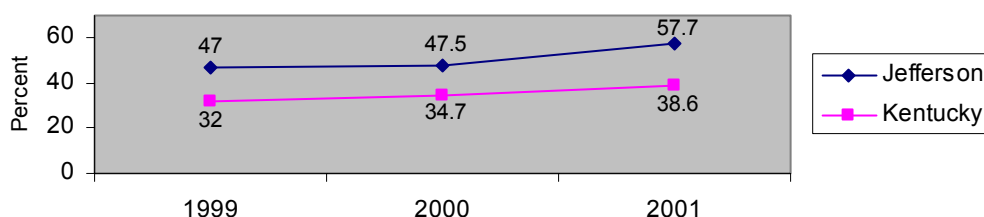


- √ The rate of participation in tobacco cessation programs in Jefferson County remained unchanged from 1999 to 2001.<sup>6</sup>
- √ The cessation program participation rate in Jefferson County remained markedly lower than the state from 1999 to 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Very few adult smokers are being reached by current Programs in Jefferson County. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

## Smoking Policy in Food Service Establishments, 1999-2001

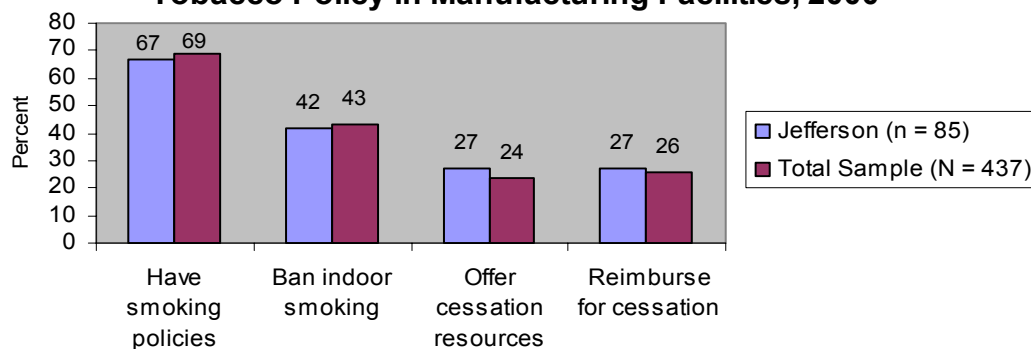
### Percent of Smoke-free Eating Establishments



- √ The percent of smoke-free food establishments in Jefferson County increased significantly from 2000 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in Jefferson County in 2001 was significantly higher than the state rate.<sup>7</sup>

The increase in smoke-free Kentucky food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percentage of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

## Tobacco Policy in Manufacturing Facilities, 2000

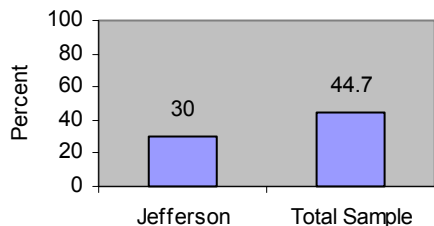


- √ Nearly 7 in 10 manufacturing facilities in Jefferson County have smoking policies.<sup>8</sup>
- √ Nearly 3 in 10 manufacturing facilities offer resources for smoking cessation and reimburse employees for cessation.<sup>8</sup>

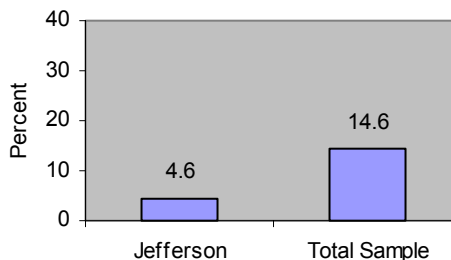
Similar to the total sample, 4 in 10 manufacturing facilities in Jefferson County banned indoor smoking in 2000. Smoking at worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. Similar to the total sample, nearly 3 in 10 manufacturing facilities made smoking cessation resources available to their employees. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

### School Smoking Policy, 2001

**Smoking Banned on School Grounds for Employees, Middle and High Schools, 2001\***



**Direct Smoking Cessation Services in Middle and High Schools, 2001\***

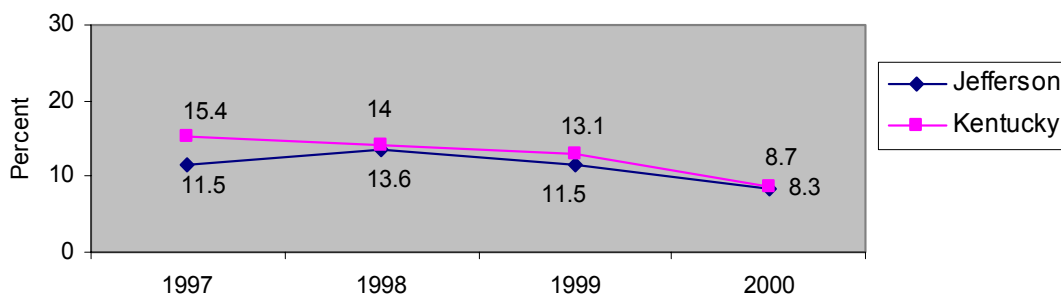


\* Represents a random sample in Jefferson County.

- ✓ While all middle and high schools banned smoking on school grounds for students in Jefferson County, only 30% banned smoking on school grounds for employees.<sup>10</sup>
- ✓ The percent of schools in Jefferson County that banned smoking on school grounds was similar to the total Kentucky sample.<sup>10</sup>
- ✓ The percent of schools in Jefferson County providing cessation services was significantly lower than the total Kentucky sample.<sup>10</sup>

The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 Kentucky middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only 5% of schools in Jefferson County provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000

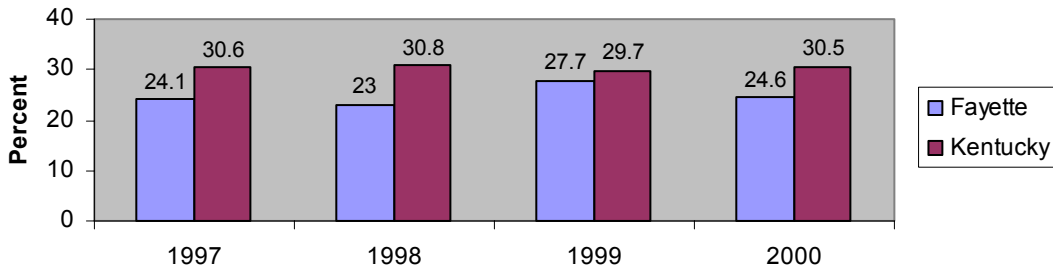


- ✓ The percent of tobacco sales to minors in Jefferson County did not change significantly from 1997 to 2000.<sup>12</sup>

The percent of tobacco sales to minors in Jefferson County was similar to the state from 1997 to 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>



### Current Adult Cigarette Use, 1997-2000

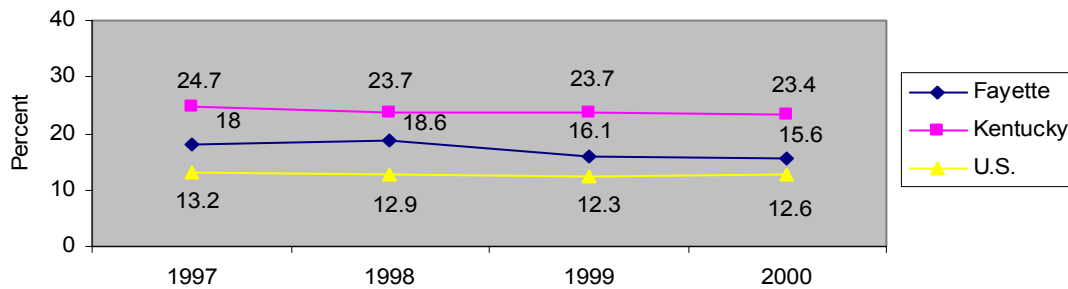


\* Weighted estimates

- √ There was no significant change in the percent of adults who smoked cigarettes in Lexington-Fayette County from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease decreased slightly from 293.8 in 1997 to 289.7 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer increased slightly from 88.84 in 1997 to 89.08 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in Lexington-Fayette County remained similar to the state in 1997, 1999, and 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%. Lexington-Fayette County met the 2010 objective in 2000.

### Smoking During Pregnancy, 1997-2000

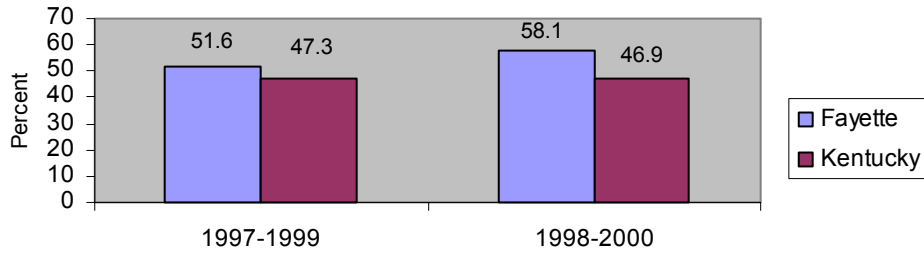


- √ While there was a significant decline in the percent of women who smoked during pregnancy in Lexington-Fayette County from 1998 to 1999, the rate of smoking during pregnancy is still higher than in the U. S.<sup>4</sup>
- √ The percent of women who smoke during pregnancy in Lexington-Fayette County was significantly lower than the state from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of Kentucky mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%. Lexington-Fayette County met the 2010 objective in 1999.



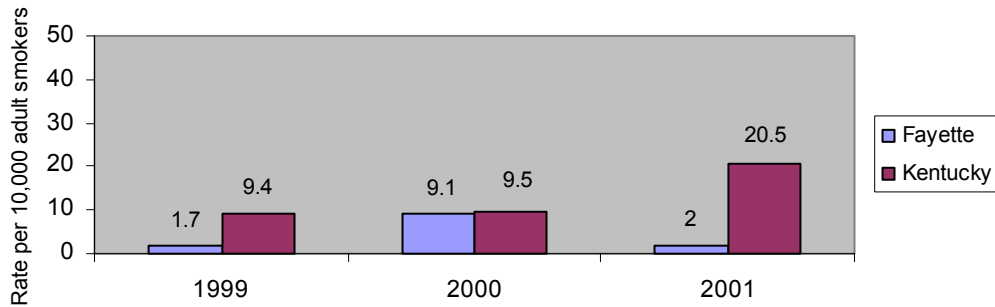
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in Lexington-Fayette County was similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in Lexington-Fayette County was significantly higher than the state in 1998-2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, a variety of research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%. Lexington-Fayette County met the 2010 objective in 1998-2000.

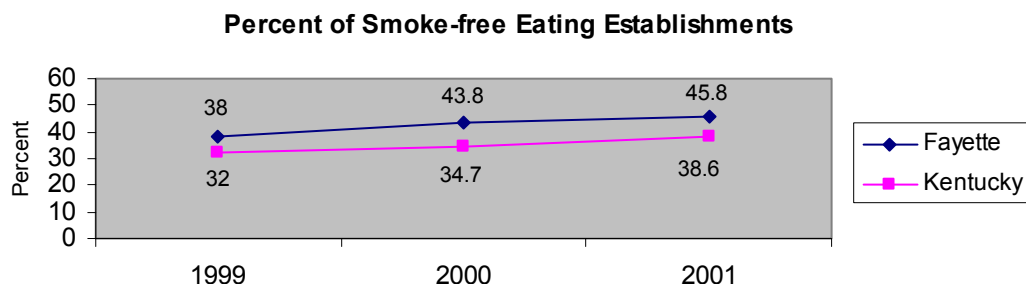
### Participation in Tobacco Cessation Programs, 1999-2001



- √ The rate of participation in tobacco cessation programs in Lexington-Fayette County increased in 2000 but dropped again in 2001.<sup>6</sup>
- √ The cessation program participation rate in Lexington-Fayette County was similar to the state in 2000 but lower in 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Although the rate of participation in tobacco cessation programs in Lexington-Fayette County increased in 2000, very few adult smokers are being reached by current programs. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

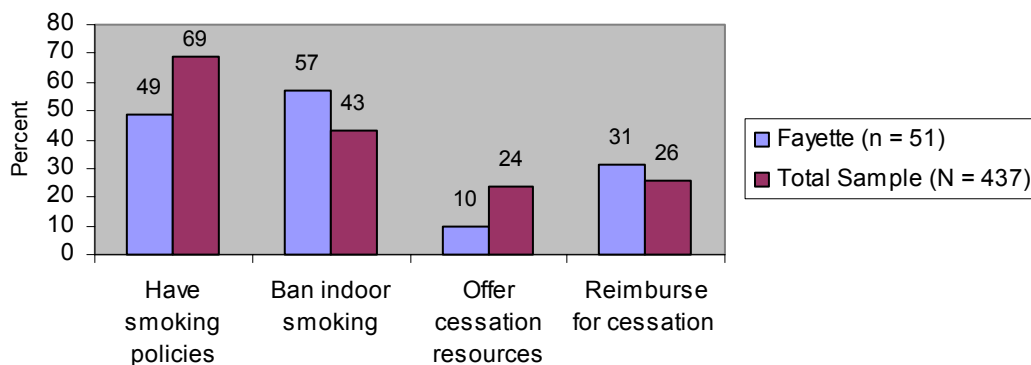
### Smoking Policy in Food Service Establishments, 1999-2001



- √ The percent of smoke-free food establishments in Lexington-Fayette County significantly increased from 1999 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in Lexington-Fayette County in 2001 was significantly higher than the state rate.<sup>7</sup>

The increase in smoke-free Kentucky food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

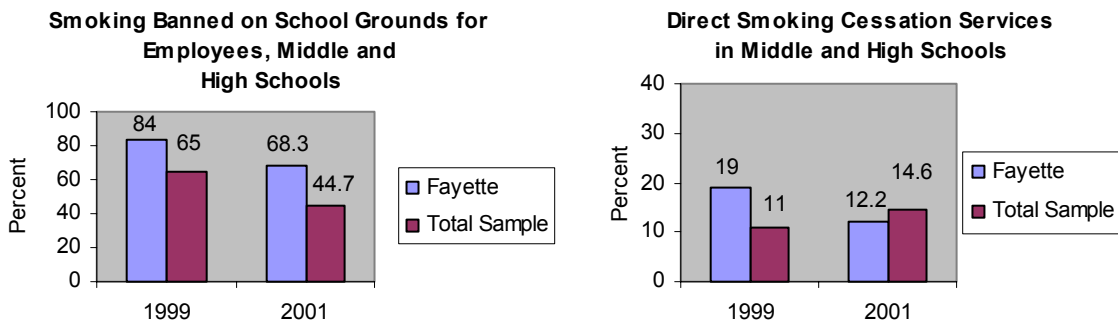
### Tobacco Policy in Manufacturing Facilities, 2000



- √ Nearly half of the manufacturing facilities in Lexington-Fayette County have smoking policies.<sup>8</sup>
- √ Only 1 in 10 manufacturing facilities offer resources for smoking cessation and 3 in 10 reimburse employees for cessation.<sup>8</sup>

Similar to the total sample, nearly 6 in 10 manufacturing facilities in Lexington-Fayette County banned indoor smoking in 2000. Smoking in worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. The percent of manufacturing facilities in Lexington-Fayette County that had smoking policies and made smoking cessation resources available to their employees was significantly lower than the total sample. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

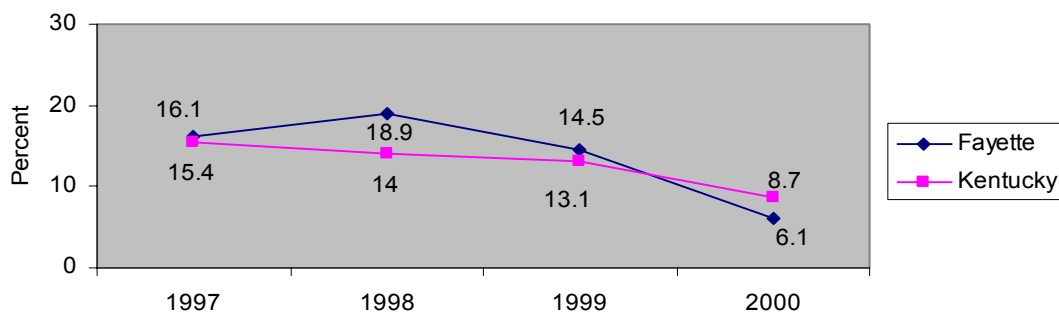
### School Smoking Policy, 1999-2001



- √ While almost all middle and high schools in Lexington-Fayette County banned smoking on school grounds for students from 1999 to 2001, two-thirds banned smoking on school grounds for employees in 2001.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in Lexington-Fayette County in 2001 was significantly higher than the total Kentucky sample.<sup>10</sup>
- √ The percent of schools providing cessation services in Lexington-Fayette County did not change significantly from 1999 to 2001.<sup>10</sup>

Smoking restrictions on school grounds in Lexington-Fayette County have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 Kentucky middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only 12% of schools in Lexington-Fayette County provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000



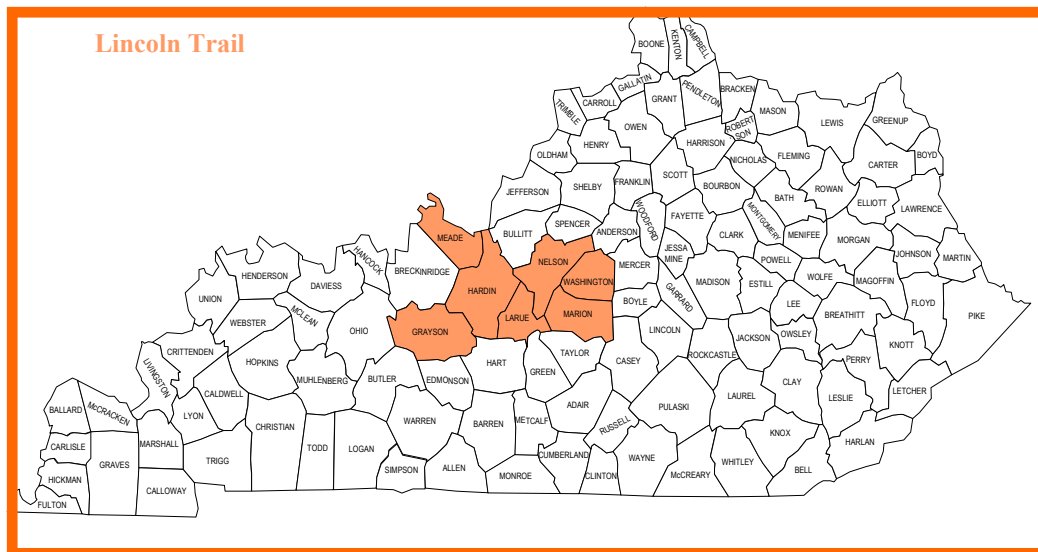
- √ The percent of tobacco sales to minors in Lexington-Fayette County dropped significantly in 2000.<sup>12</sup>

The percent of tobacco sales to minors in Lexington-Fayette County was similar to the state from 1997 to 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

## Lincoln Trail District Highlights

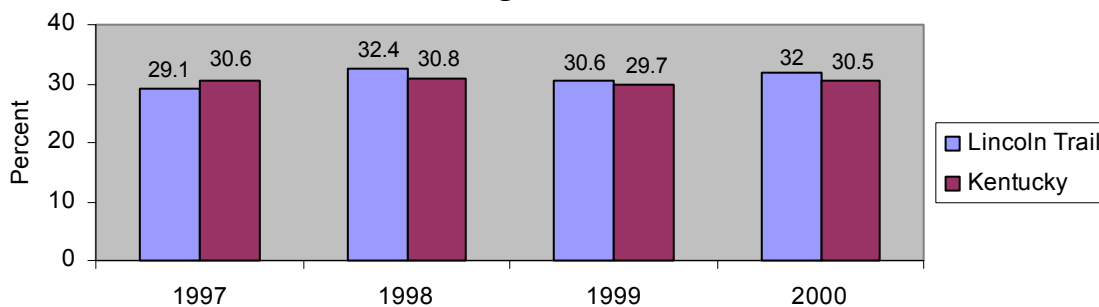


There was no significant change in the percent of adults who smoked cigarettes in the Lincoln Trail District from 1997 to 2000. While there was a significant decline in the percent of women who smoked during pregnancy from 1997 to 1998, the percent remained stable from 1998 to 2000. The percent of adult smokers attempting to quit was similar over time. The rate of participation in tobacco cessation programs in the Lincoln Trail District decreased from 1999 to 2001. The percent of smoke-free establishments did not increase significantly from 1999 to 2001. Only 3 in 10 manufacturing facilities ban smoking. While all middle and high schools in the area banned smoking on school grounds for students, only 3 in 10 banned smoking on school ground for employees. The percent of sales to minors in this area dropped significantly from 1999 to 2000.



**Figure 9. Lincoln Trail District Health Department Service Area**

### Current Adult Cigarette Use, 1997-2000

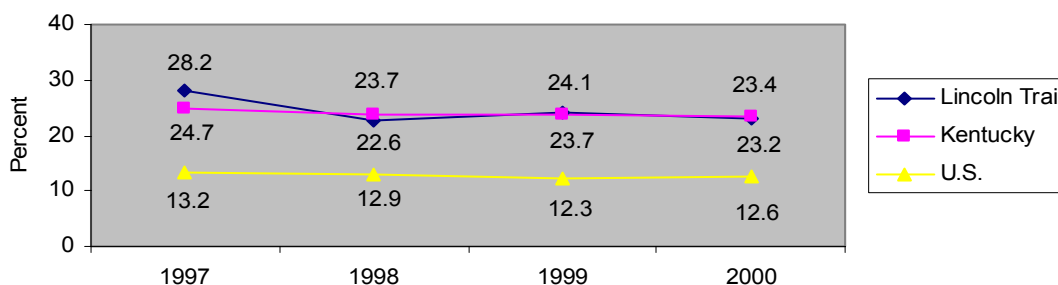


\*Weighted Estimates

- √ There was no significant change in the percent of adults who smoked cigarettes in the Lincoln Trail District from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease decreased from 318.5 in 1997 to 277.1 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer increased slightly from 109.72 in 1997 to 110.16 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in the Lincoln Trail District remained similar to the state from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

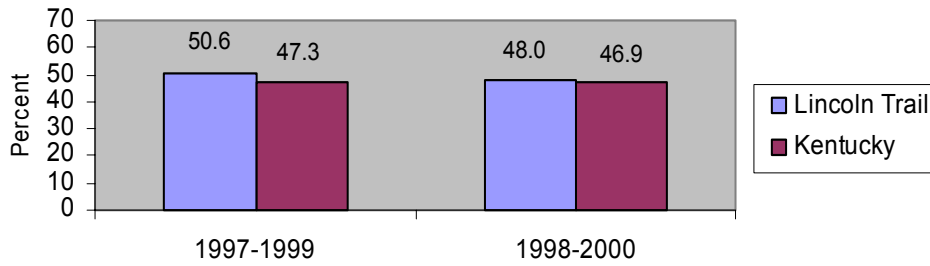
### Smoking During Pregnancy, 1997-2000



- √ While there was a significant decline in the percent of women who smoked during pregnancy in the Lincoln Trail District from 1997 to 1998, the percent remained stable from 1998 to 2000.<sup>4</sup>
- √ While the percent of women who smoke during pregnancy in the Lincoln Trail District was significantly higher than the state in 1997, the percent has been similar to the state since 1998.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of Kentucky mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

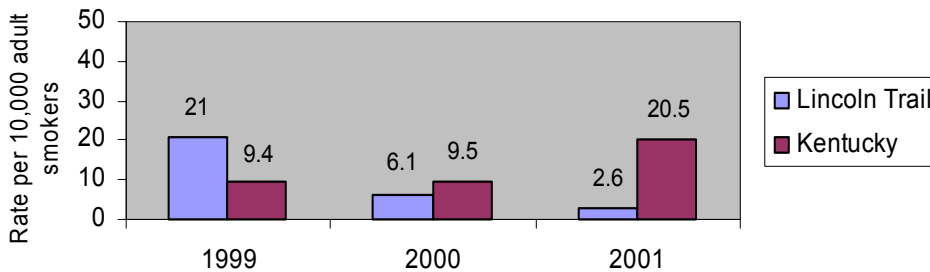
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in the Lincoln Trail District was similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in the Lincoln Trail District was similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, a variety of research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

### Participation in Tobacco Cessation Programs, 1999-2001

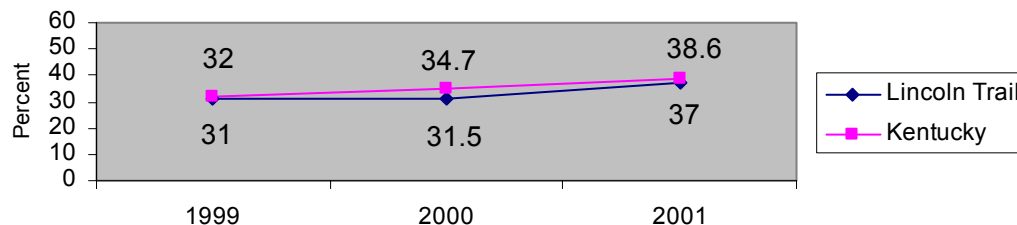


- √ The rate of participation in tobacco cessation programs in the Lincoln Trail District decreased from 1999 to 2001.<sup>6</sup>
- √ The cessation program participation rate in the Lincoln Trail District was higher than the state in 1999 but lower in 2000 and 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Very few adult smokers are being reached by current Programs in the Lincoln Trail District. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

### Smoking Policy in Food Service Establishments, 1999-2001

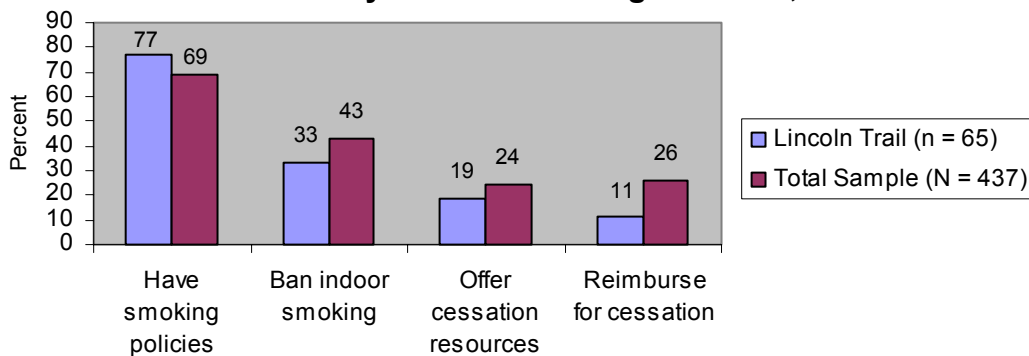
Percent of Smoke-free Eating Establishments



- √ The percent of smoke-free food establishments in the Lincoln Trail District did not increase significantly from 1999 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in the Lincoln Trail District in 2001 was similar to the state rate.<sup>7</sup>

The increase in smoke-free Kentucky food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

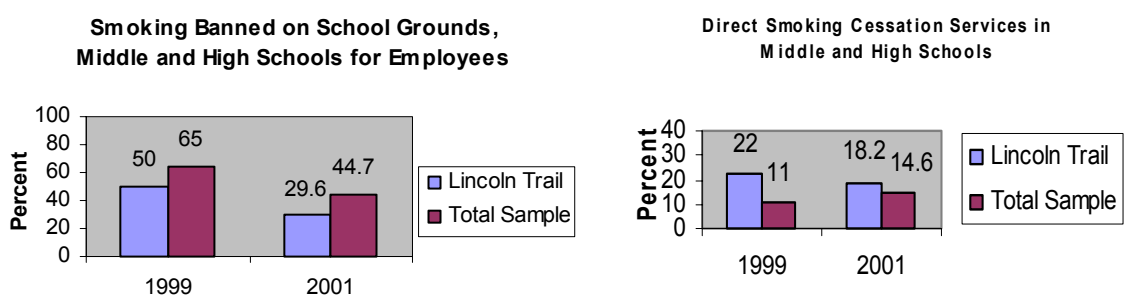
### Tobacco Policy in Manufacturing Facilities, 2000



- √ Nearly 8 in 10 manufacturing facilities in the Lincoln Trail District have smoking policies.<sup>8</sup>
- √ Nearly 2 in 10 manufacturing facilities offer resources for smoking cessation and about 1 in 10 reimburse employees for cessation.<sup>8</sup>

Similar to the total sample, one-third of manufacturing facilities in the Lincoln Trail District banned indoor smoking in 2000. Smoking in worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. The percent of manufacturing facilities in the Lincoln Trail District that reimbursed for smoking cessation was significantly lower than the total sample. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

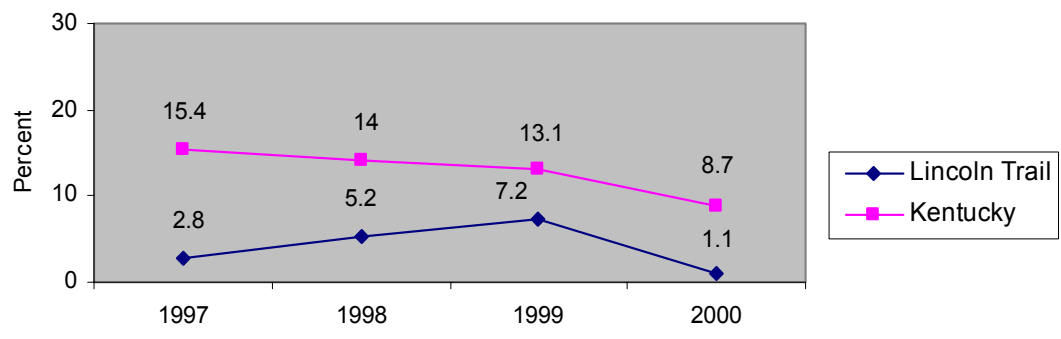
### School Smoking Policy, 1999-2001



- √ While all middle and high schools in the Lincoln Trail District banned smoking on school grounds for students, only 3 in 10 banned smoking on school grounds for employees in 2001.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in the Lincoln Trail District in 2001 was similar to the total Kentucky sample.<sup>10</sup>
- √ The percent of schools in the Lincoln Trail District providing cessation services did not change significantly from 1999 to 2001.<sup>10</sup>

Smoking restrictions on school grounds in the Lincoln Trail District have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free including all students, faculty, staff, and visitors. Nearly 6 in 10 middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only 18% of schools in the Lincoln Trail District provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000



- √ The percent of sales to minors in the Lincoln Trail District dropped significantly from 1999 to 2000.<sup>12</sup>

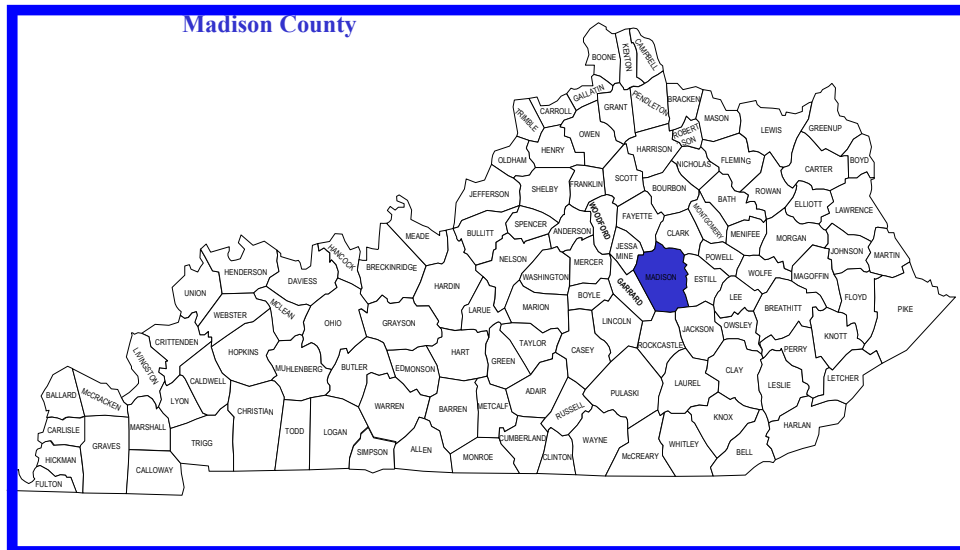
The percent of tobacco sales to minors in the Lincoln Trail District was significantly lower than the state from 1997 to 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>



## Madison County Highlights

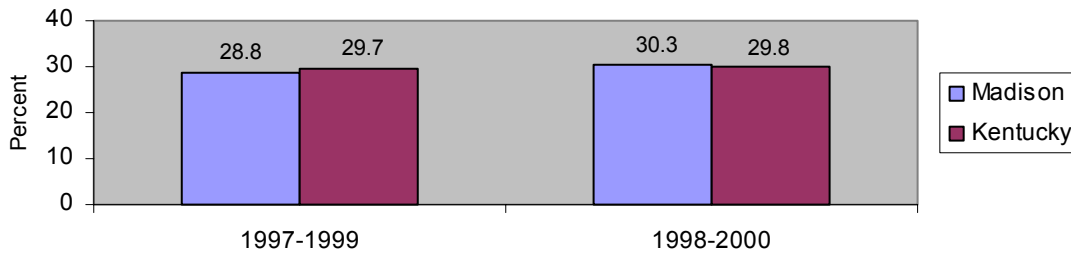


There was no significant change in the percent of adults who smoked cigarettes in Madison County from 1997 to 2000. Similarly, there was no significant change in the percent of women who smoked during pregnancy for the same time period. The percent of adult smokers attempting to quit remained the same over time. The rate of participation in tobacco cessation program increased from 2000 but declined in 2001. The percent of smoke-free food establishments in Madison County increased significantly from 1999 to 2001. There was no significant increase in the percent of manufacturing facilities that banned smoking from 1999 to 2000. All middle and high schools banned smoking on school grounds for students in Madison County in 2001, while almost all banned smoking on school grounds for employees, representing a significantly higher proportion compared to the total Kentucky sample. The percent of illegal tobacco sales to minors in Madison county did not decline significantly from 1997 to 2000, and was higher than the state in 2000.



**Figure 10. Madison County Health Department Service Area**

### Current Adult Cigarette Use,\* 1997-2000

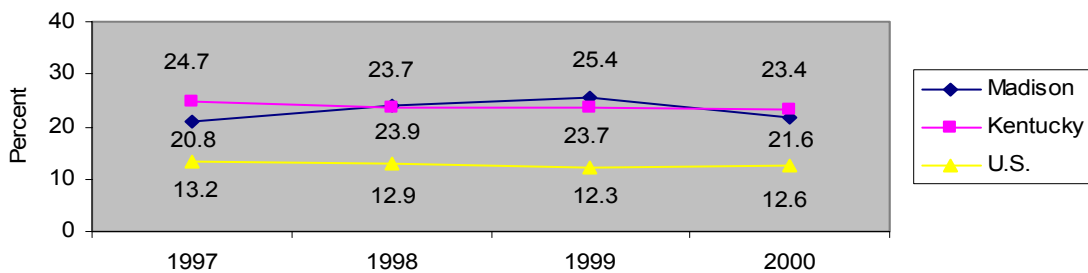


\*Unweighted Data

- √ There was no significant change in the percent of adults who smoked cigarettes in Madison County from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease increased from 260.9 in 1997 to 325.6 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer increased from 93.77 in 1997 to 98.49 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in Madison County remained similar to the state from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

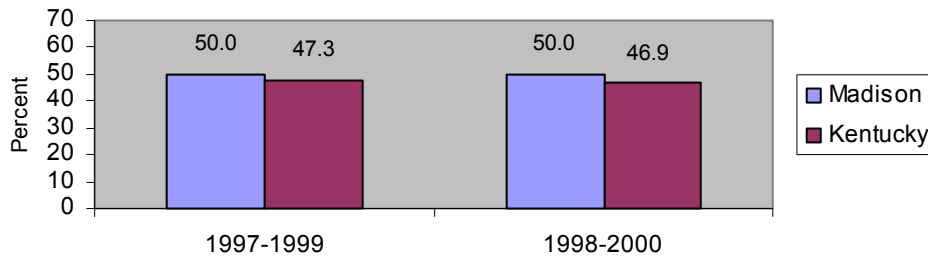
### Smoking During Pregnancy, 1997-2000



- √ There was no significant change in the percent of women who smoked during pregnancy in Madison County from 1997 to 2000.<sup>4</sup>
- √ While the percent of women who smoked during pregnancy in Madison County was significantly lower than the state in 1997, the percent has been similar to the state since 1998.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of Kentucky mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

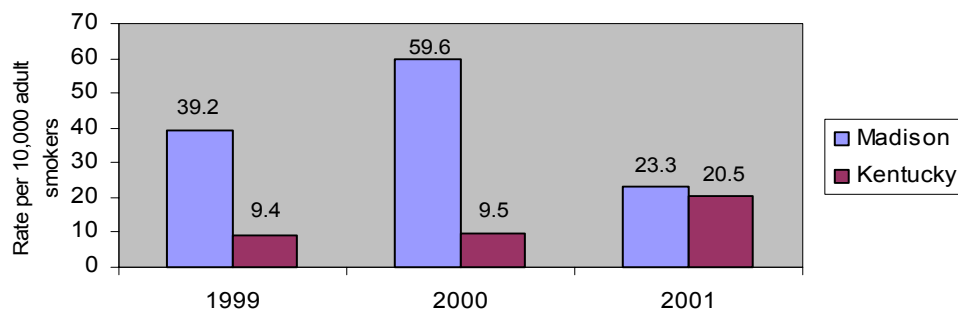
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in Madison County remained the same over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in Madison County remained similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, a variety of research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

### Participation in Tobacco Cessation Programs, 1999-2001

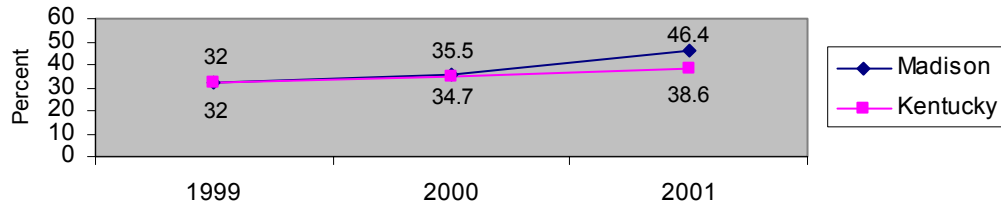


- √ The rate of participation in tobacco cessation programs in Madison County increased in 2000 but declined in 2001.<sup>6</sup>
- √ The cessation program participation rate in Madison County was higher than the state in 1999 and 2000 but was similar to the state rate in 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Very few adult smokers are being reached by current programs in Madison County. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

### Smoking Policy in Food Service Establishments, 1999-2001

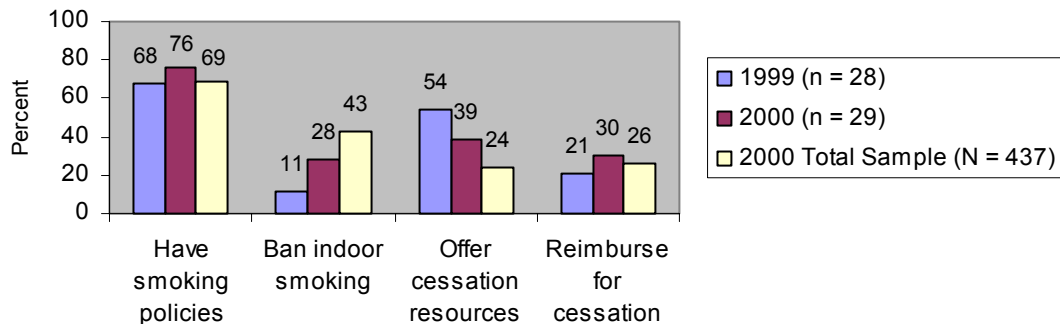
Percent of Smoke-free Eating Establishments



- √ The percent of smoke-free food establishments in Madison County increased significantly from 1999 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in Madison County in 2001 was similar to the state rate.<sup>7</sup>

The increase in smoke-free Kentucky food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

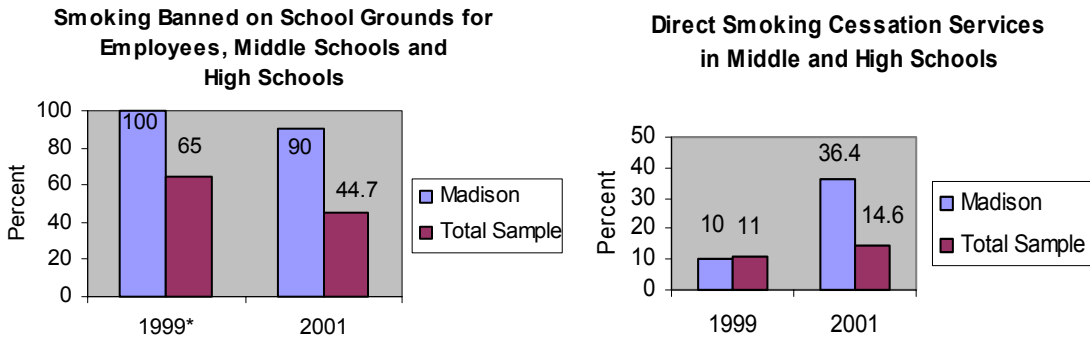
### Tobacco Policy in Manufacturing Facilities, 1999-2000



- √ There was no significant increase in the percent of manufacturing facilities that had smoking policies in Madison County from 1999 to 2000.<sup>8</sup>
- √ There was no significant increase in the percent of manufacturing facilities that banned indoor smoking in Madison County from 1999 to 2000.<sup>8</sup>
- √ There was no significant change in the percent of manufacturing facilities that offered resources for smoking cessation and reimbursed employees for cessation in Madison County from 1999 to 2000.<sup>8</sup>

Similar to the total sample, nearly 3 in 10 manufacturing facilities in Madison County banned indoor smoking in 2000. Smoking in worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. Similar to the total sample, only 4 in 10 manufacturing facilities in Madison County made smoking cessation resources available to their employees in 2000. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

### School Smoking Policy, 1999-2001

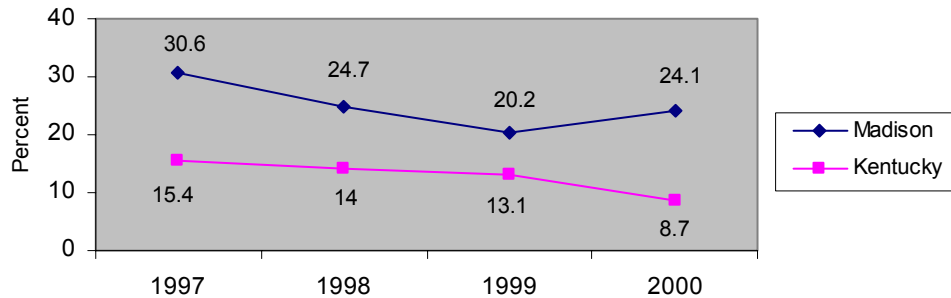


\*Includes students and employees

- √ All middle and high schools banned smoking on school grounds for students in Madison County in 2001, while almost all banned smoking on school grounds for employees.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in Madison County in 2001 was significantly higher than the total Kentucky sample.<sup>10</sup>
- √ While the percent of middle and high schools providing cessation services in Madison County increased from 1999 to 2001, the change was not statistically significant.<sup>10</sup>

Smoking restrictions on school grounds in Madison County have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 Kentucky middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only over one-third of schools in Madison County provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000



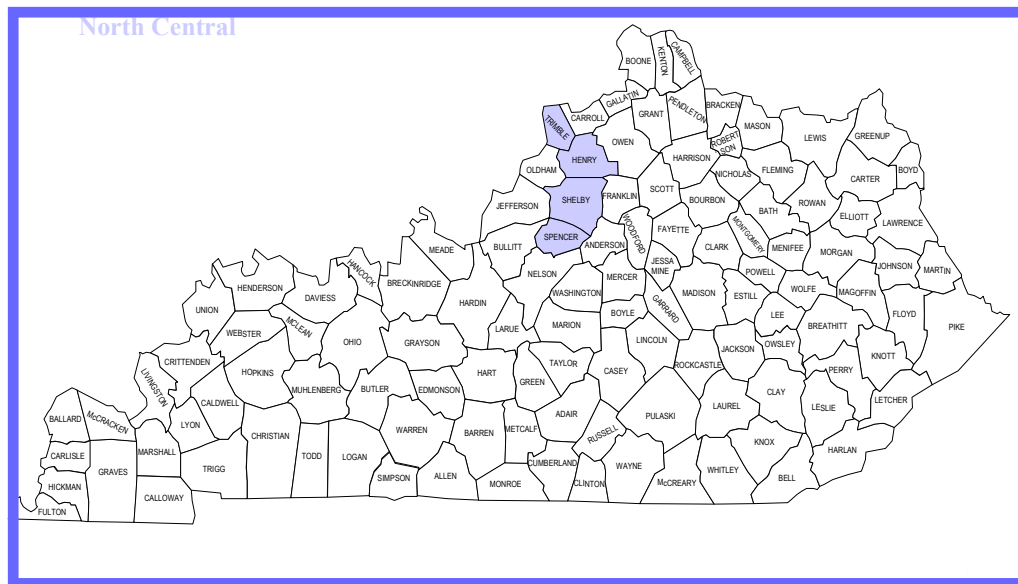
- √ The percent of tobacco sales to minors in Madison County did not decline significantly from 1997 to 2000.<sup>12</sup>

The percent of tobacco sales to minors in Madison County was significantly higher than the state in 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

## North Central District Highlights

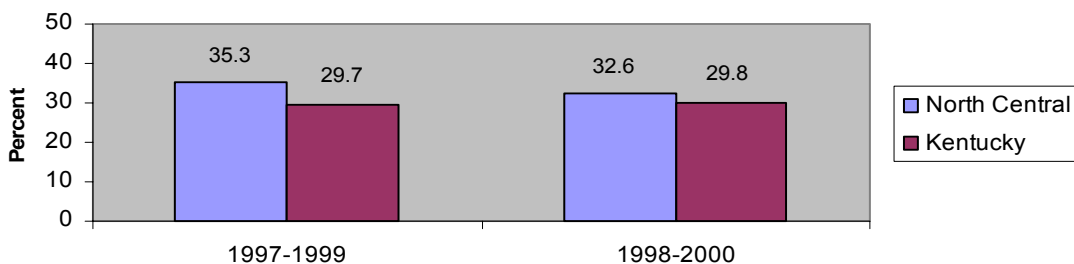


There was no significant change in the percent of adults who smoked cigarettes in the North Central District from 1997 to 2000. Similarly, there was no significant change in the percent of women who smoked during pregnancy for the same time period. The percent of adult smokers attempting to quit in this area was similar over time. The rate of participation in tobacco cessation programs dropped in 2000 but increased in 2001. The percent of smoke-free food establishments did not increase significantly from 1999 to 2001. There was no significant change in the percent of manufacturing facilities that banned smoking in the North Central service area from 1999 to 2000. All middle and high schools banned smoking on school grounds and for employees, representing a significantly higher percent compared to the total Kentucky sample. The percent of illegal tobacco sales to minors did not decline significantly from 1997 to 2000.



**Figure 11.** North Central District Health Department Service Area

### Current Adult Cigarette Use,\* 1997-1999

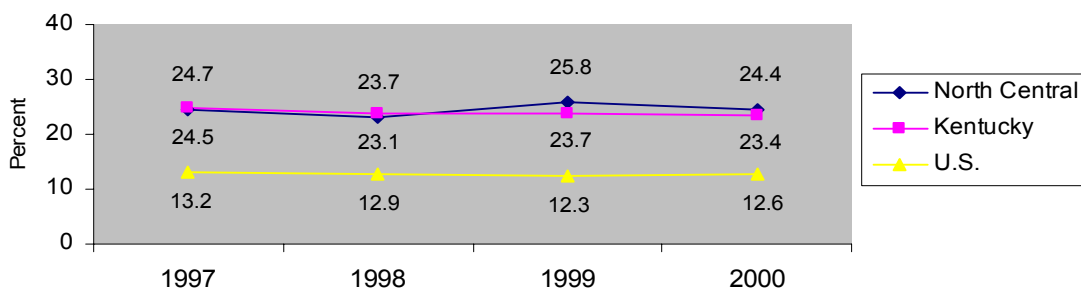


\*Unweighted Data

- √ There was no significant change in the percent of adults who smoked cigarettes in the North Central District from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease increased from 287.2 in 1997 to 341.9 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer increased from 88.11 in 1997 to 99.92 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in the North Central District remained similar to the state from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

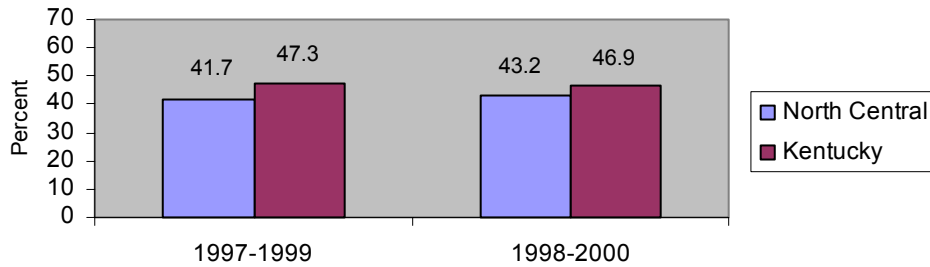
### Smoking During Pregnancy, 1997-2000



- √ There was no significant change in the percent of women who smoked during pregnancy in the North Central District from 1997 to 2000.<sup>4</sup>
- √ The percent of women who smoke during pregnancy in the North Central District was similar to the state from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of Kentucky mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

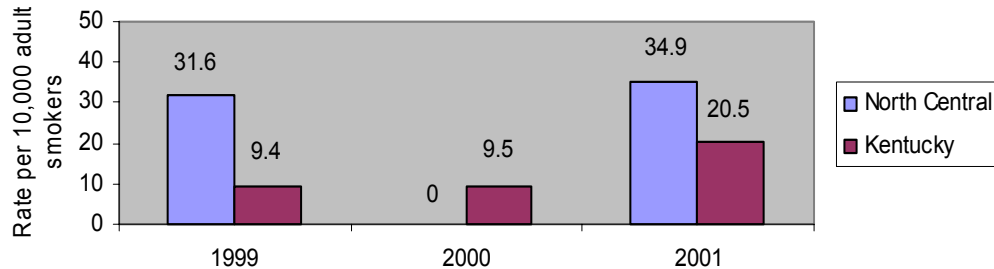
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in the North Central District was similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in the North Central District remained similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, a variety of research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

### Participation in Tobacco Cessation Programs, 1999- 2001



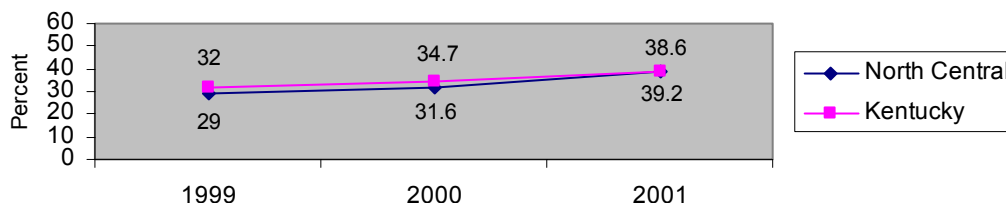
- √ The rate of participation in tobacco cessation programs in the North Central District dropped in 2000 but increased in 2001.<sup>6</sup>
- √ The cessation program participation rate in the North Central District was higher than the state in 1999 and 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Although the rate of participation in tobacco cessation programs in the North Central District increased in 2001, very few adult smokers are being reached by current programs. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.



### Smoking Policy in Food Service Establishments, 1999-2001

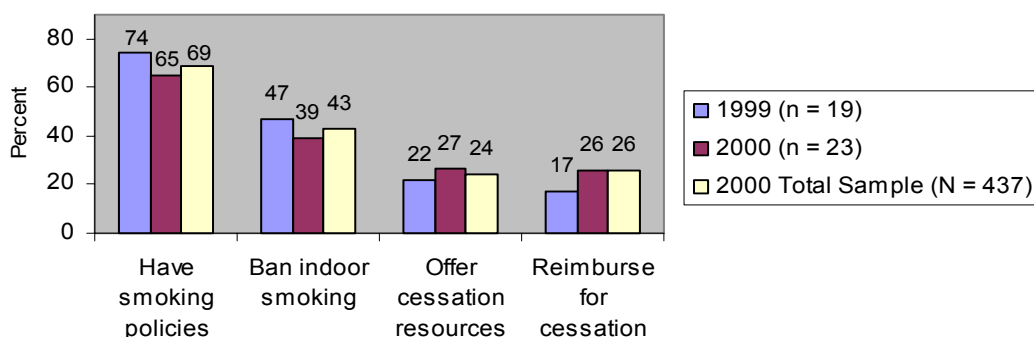
Percent of Smoke-free Eating Establishments



- √ The percent of smoke-free food establishments in the North Central District did not increase significantly from 1999 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in the North Central District in 2001 was similar to the state rate.<sup>7</sup>

The increase in smoke-free Kentucky food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

### Tobacco Policy in Manufacturing Facilities, 1999-2000

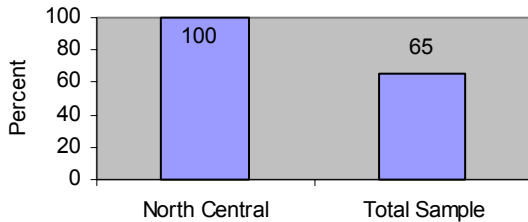


- √ There was no significant change in the percent of manufacturing facilities that had smoking policies in the North Central District from 1999 to 2000.<sup>8</sup>
- √ There was no significant change in the percent of manufacturing facilities that banned indoor smoking in the North Central District from 1999 to 2000.<sup>8</sup>
- √ There was no significant change in the percent of manufacturing facilities that offered resources for smoking cessation and reimbursed employees for cessation in the North Central District from 1999 to 2000.<sup>8</sup>

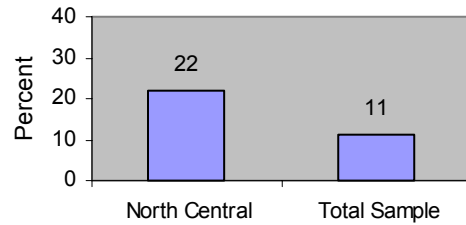
Similar to the total sample, nearly 4 in 10 manufacturing facilities in the North Central District banned indoor smoking in 2000. Smoking in worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. Similar to the total sample, nearly 3 in 10 manufacturing facilities in the North Central District made smoking cessation resources available to their employees in 2000. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

### School Smoking Policy, 1999

**Smoking Banned on School Grounds for Students and Employees, Middle and High Schools, 1999**



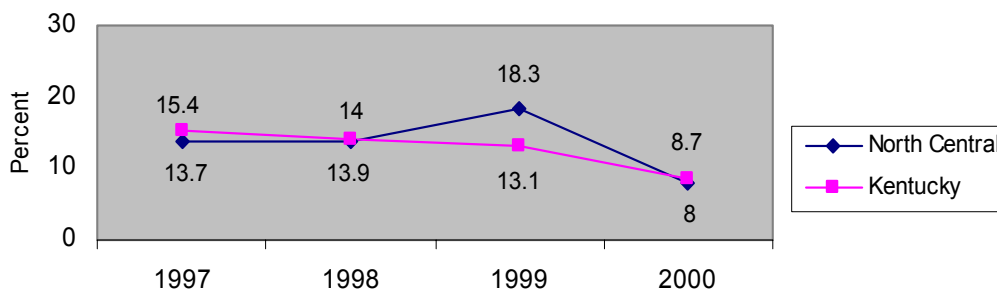
**Direct Smoking Cessation Services in Middle and High Schools, 1999**



- √ All middle and high schools in the North Central District banned smoking on school grounds for students and employees.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in the North Central District was significantly higher than the total Kentucky sample.<sup>10</sup>
- √ The percent of schools in the North Central District providing cessation services was similar to the total Kentucky sample.<sup>10</sup>

The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only 2 in 10 schools in the North Central District provided direct smoking cessation services for students and employees in 1999.

### Illegal Tobacco Sales to Minors, 1997-2000



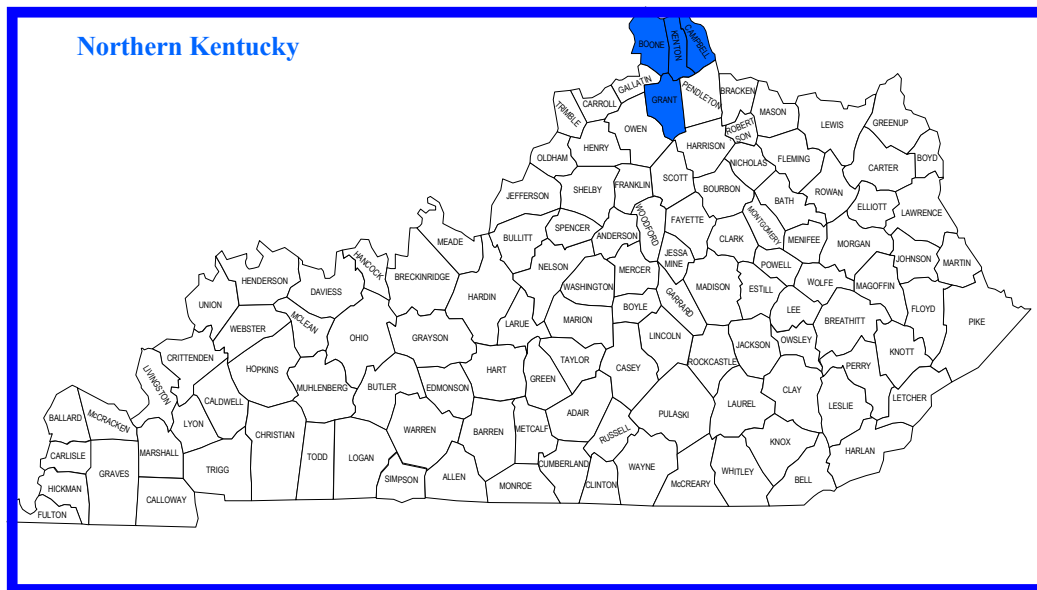
- √ The percent of tobacco sales to minors in the North Central District did not decline significantly from 1997 to 2000.<sup>12</sup>

The percent of tobacco sales to minors in the North Central District was similar to the state from 1997 to 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

## Northern Kentucky District Highlights

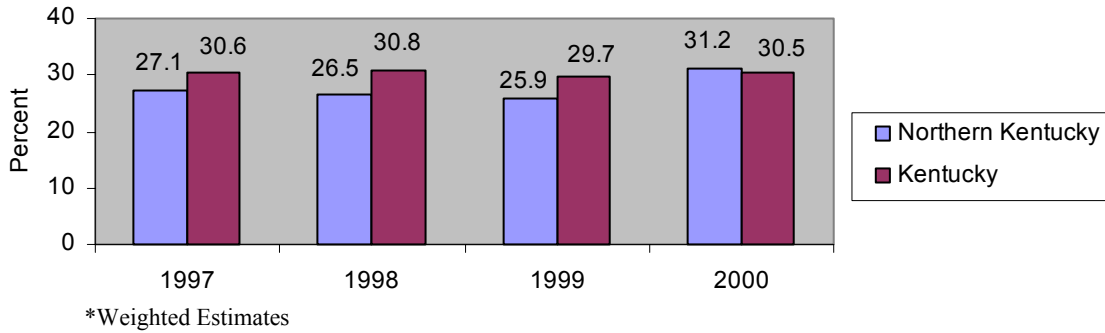


There was no significant change in the percent of adults who smoked cigarettes in the Northern Kentucky District from 1997 to 2000. However, there was a significant decline in the percent of women who smoked during pregnancy from 1999 to 2000. The percent of adults smokers attempting to quite in this area remained similar over time. The rate of participants in tobacco cessation programs increased from 2000 to 2001. The percent of smoke-free food establishments in the Northern Kentucky District did not change significantly from 1999 to 2001. There was no significant change in the percent of manufacturing facilities that banned smoking in the Northern Kentucky District from 1999 to 2000. While almost all middle and high schools banned smoking on school grounds for students in 2001, only one-third banned smoking on school grounds for employees. The present of illegal tobacco sales to minors did not decline significantly from 1997 to 2000.



**Figure 12.** Northern Kentucky District Health Department Service Area

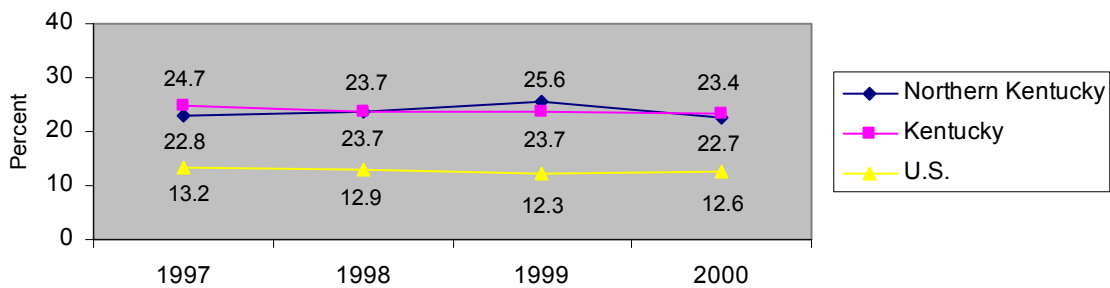
### Current Adult Cigarette Use, 1997-2000



- √ There was no significant change in the percent of adults who smoked cigarettes in the Northern Kentucky District from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease decreased from 280.1 in 1997 to 277.2 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer increased from 86.65 in 1997 to 94.52 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in the Northern Kentucky District remained similar to the state from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

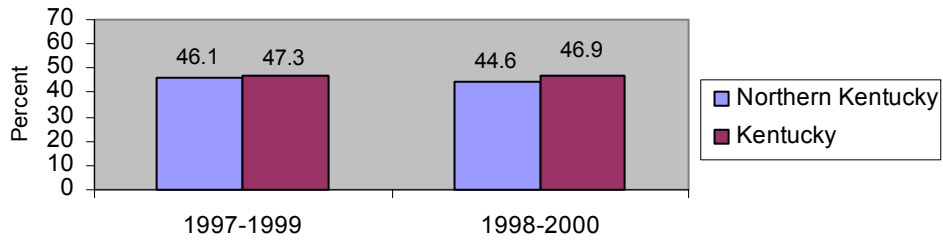
### Smoking During Pregnancy, 1997-2000



- √ There was a significant decline in the percent of women who smoked during pregnancy in the Northern Kentucky District from 1999 to 2000.<sup>4</sup>
- √ The percent of women who smoke during pregnancy in the Northern Kentucky District was similar to the state from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

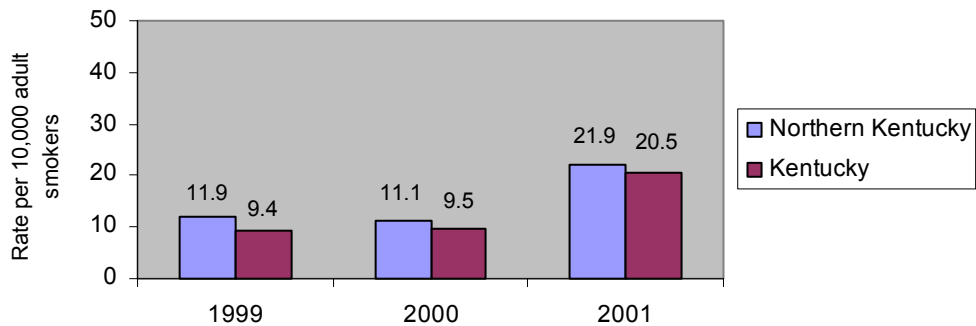
**Adult Quit Attempts, 1997-2000**



- √ The percent of adult smokers attempting to quit in the Northern Kentucky District remained similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in the Northern Kentucky District remained similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

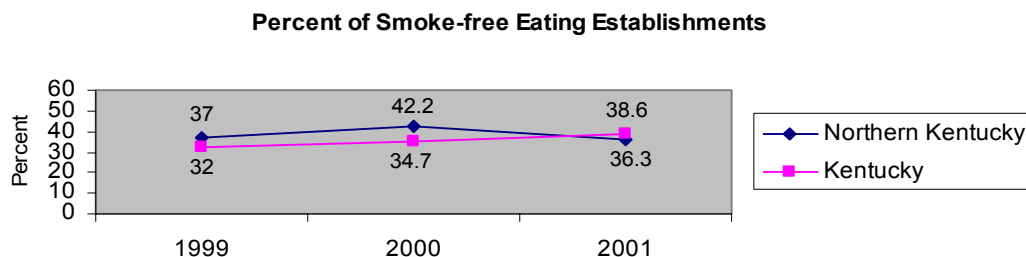
**Participation in Tobacco Cessation Programs, 1999-2001**



- √ The rate of participation in tobacco cessation programs in the Northern Kentucky District increased from 2000 to 2001.<sup>6</sup>
- √ The cessation program participation rate in the Northern Kentucky District remained similar to the state from 1999 to 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Although the rate of participation in tobacco cessation programs in the Northern Kentucky District increased in 2001, very few adult smokers are being reached by current programs. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

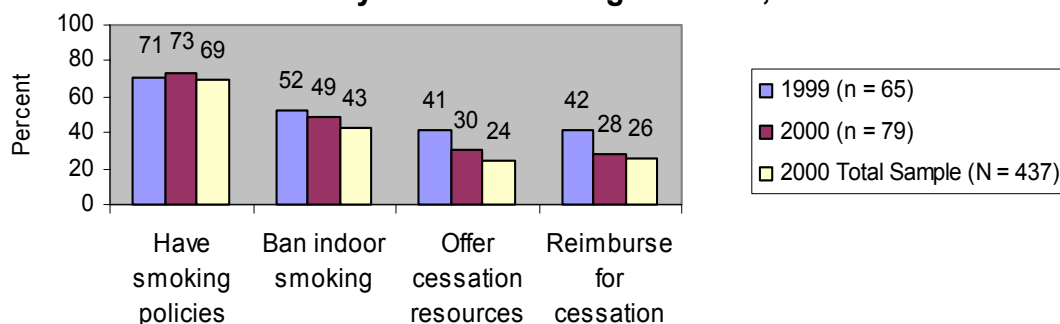
### Smoking Policy in Food Service Establishment , 1999-2001



- √ The percent of smoke-free food establishments in the Northern Kentucky District did not change significantly from 1999 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in the Northern Kentucky District in 2001 was similar to the state rate.<sup>7</sup>

The increase in smoke-free food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

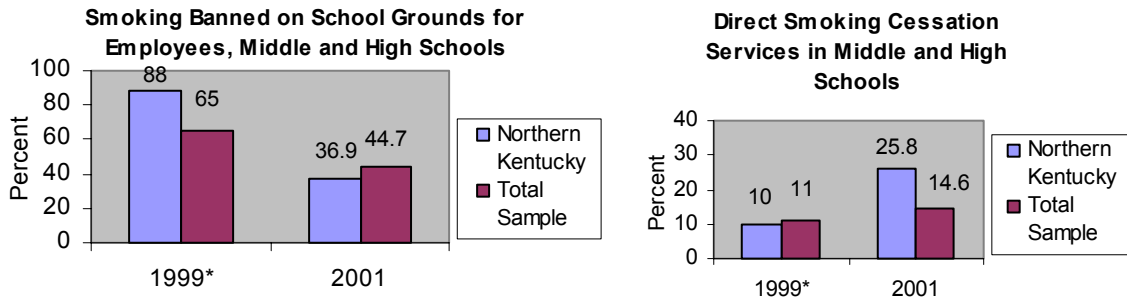
### Tobacco Policy in Manufacturing Facilities, 1999-2000



- √ There was no significant change in the percent of manufacturing facilities that had smoking policies in the Northern Kentucky District from 1999 to 2000.<sup>8</sup>
- √ There was no significant change in the percent of manufacturing facilities that banned indoor smoking in the Northern Kentucky District from 1999 to 2000.<sup>8</sup>
- √ There was no significant change in the percent of manufacturing facilities that offered resources for smoking cessation and reimbursed employees for cessation in the Northern Kentucky District from 1999 to 2000.<sup>8</sup>

Similar to the total sample, nearly half of the manufacturing facilities in the Northern Kentucky District banned indoor smoking in 2000. Smoking at worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. Similar to the total sample, only 3 in 10 manufacturing facilities in the Northern Kentucky District made smoking cessation resources available to their employees in 2000. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

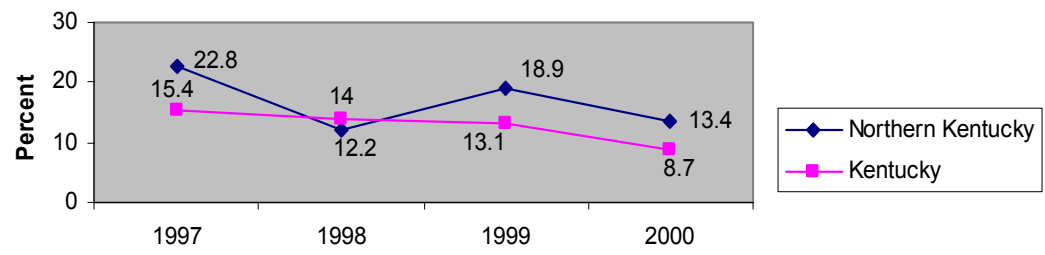
### School Smoking Policy, 1999-2000



- \*Includes students and employees
- √ While almost all middle and high schools in the Northern Kentucky District banned smoking on school grounds for students in 2001, only about one-third banned smoking on school grounds for employees.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in the Northern Kentucky District in 2001 was similar to the total Kentucky sample.<sup>10</sup>
- √ While the percent of middle and high schools providing cessation services in the Northern Kentucky District increased from 1999 to 2001, the change was not statistically significant.<sup>10</sup>

Smoking restrictions on school grounds in the Northern Kentucky District have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free for all students, faculty, staff, and visitors. Nearly 6 in 10 Kentucky middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only about one-fourth of schools in the Northern Kentucky District provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000



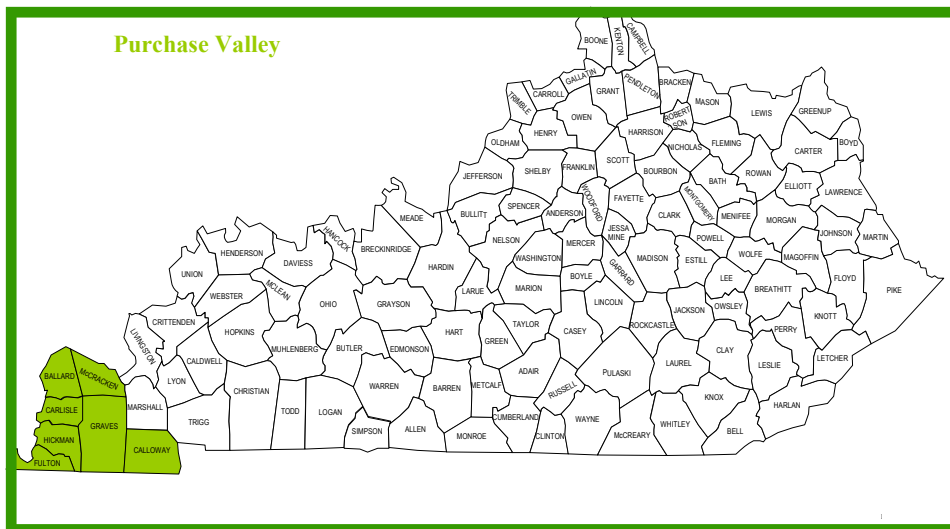
- √ The percent of tobacco sales to minors in the Northern Kentucky District did not decline significantly from 1997 to 2000.<sup>12</sup>

The percent of tobacco sales to minors in the Northern Kentucky District was similar to the state from 1997 to 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products.<sup>11</sup>

## Purchase District Highlights



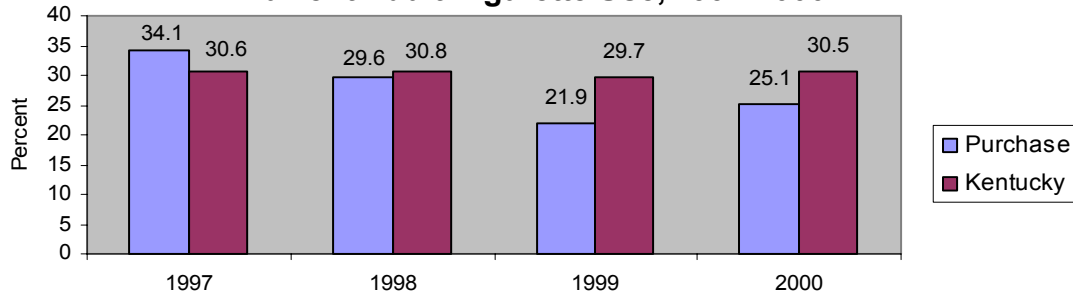
There was no significant change in the percent of adults who smoked cigarettes in the Purchase District from 1997 to 2000. Similarly, there was no significant change in the percent of women who smoked during pregnancy over the same time period. The percent of adults smokers attempting to quit remained similar over time. The rate of participation in tobacco cessation programs increased from 1999 to 2001. The percent of smoke-free food establishments in the Purchase District did not change significantly from 1999 to 2001. Nearly four in 10 manufacturing facilities banned smoking. While almost all middle and high schools banned smoking on school grounds for students from 1999 to 2000, about 6 in 10 schools banned smoking on school grounds for employees. Schools in the Purchase District did not provide direct cessation services for employees or students in 1999 or 2001. Although the percent of illegal tobacco sales to minors dropped significantly from 1997 to 1998, the percent has not changed since 1998.



**Figure 13.** Purchase District Health Department Service Area



### Current Adult Cigarette Use, 1997-2000

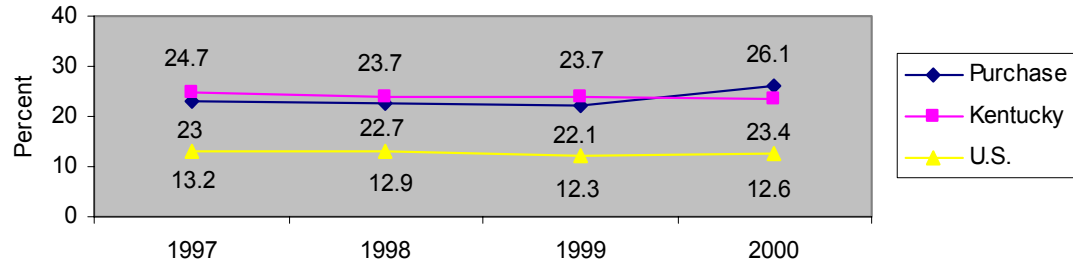


\*Weighted Estimates

- √ The percent of adults who smoked cigarettes in the Purchase District significantly decreased from 1997 to 1999.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease increased from 320.0 in 1997 to 334.8 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer decreased from 95.49 in 1997 to 87.48 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in the Purchase District remained similar to the state in 1997, 1998, and 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%. The Purchase District Health Department met the 2010 objective in 2000.

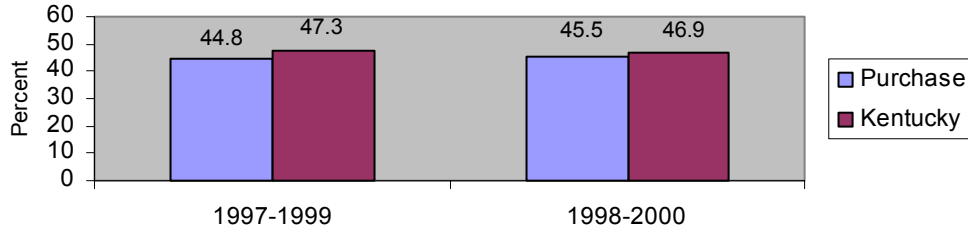
### Smoking During Pregnancy, 1997-2000



- √ There was no significant change in the percent of women who smoked during pregnancy in the Purchase District from 1997 to 2000.<sup>4</sup>
- √ The percent of women who smoked during pregnancy in the Purchase District was similar to the state from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

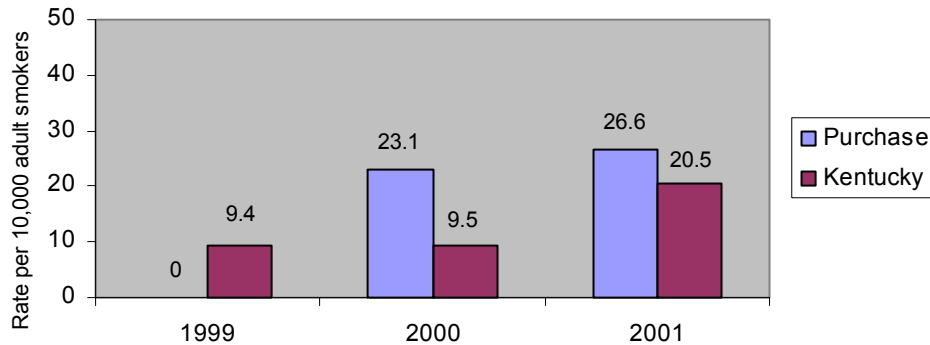
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in the Purchase District remained similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in the Purchase District remained similar to the state from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

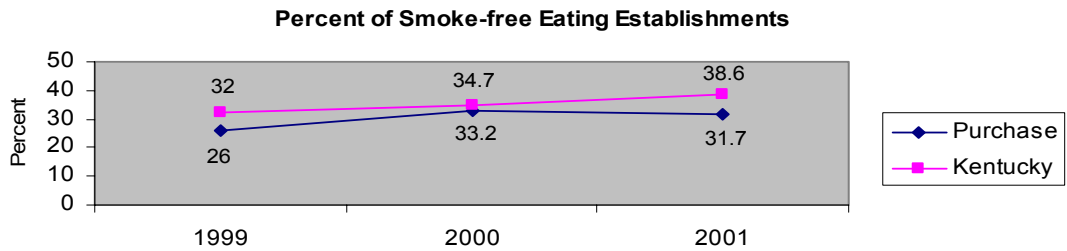
### Participation in Tobacco Cessation Programs, 1999-2001



- √ The rate of participation in tobacco cessation programs in the Purchase District increased from 1999 to 2001.<sup>6</sup>
- √ The cessation program participation rate in the Purchase District was higher than the state in 2000 and 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Although the rate of participation in tobacco cessation programs in the Purchase District increased in 2001, very few adult smokers are being reached by current programs. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

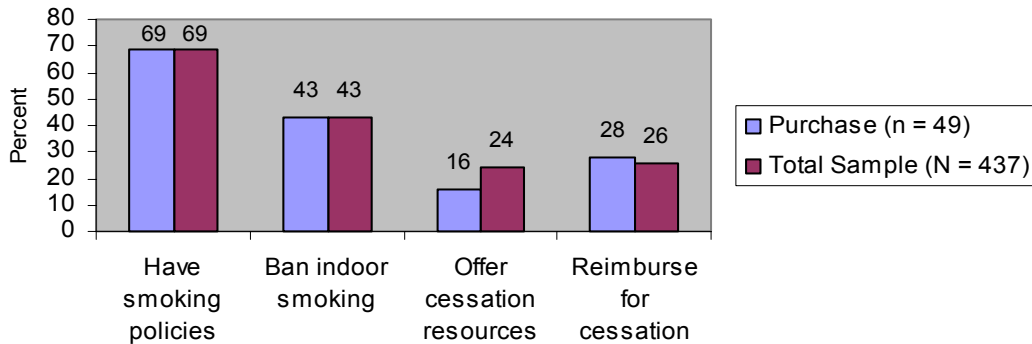
### Smoking Policy in Food Service Establishments, 1999-2001



- √ The percent of smoke-free food establishments in the Purchase District did not change significantly from 1999 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in the Purchase District in 2001 was similar to the state rate.<sup>7</sup>

The increase in smoke-free food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

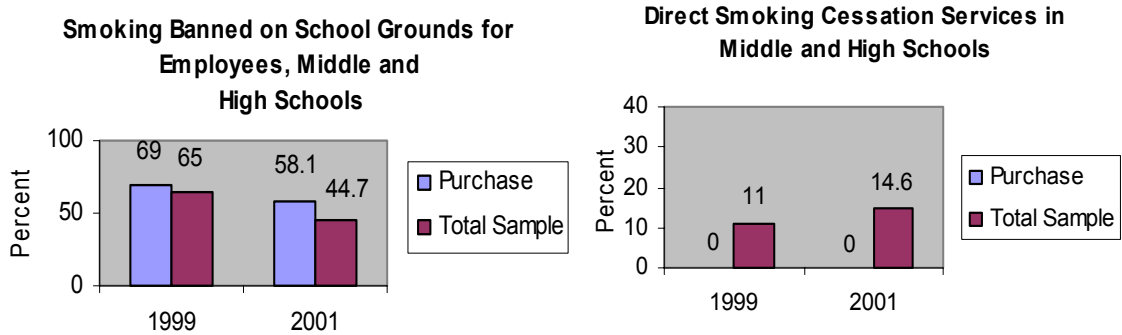
### Tobacco Policy in Manufacturing Facilities, 2000



- √ Nearly 7 in 10 manufacturing facilities in the Purchase District have smoking policies.<sup>8</sup>
- √ Nearly 2 in 10 manufacturing facilities offer resources for smoking cessation and nearly 3 in 10 reimburse employees for cessation.<sup>8</sup>

Similar to the total sample, 4 in 10 manufacturing facilities in the Purchase District banned indoor smoking in 2000. Smoking at worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. Similar to the total sample, nearly 2 in 10 manufacturing facilities in the Purchase District made smoking cessation resources available to their employees. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.

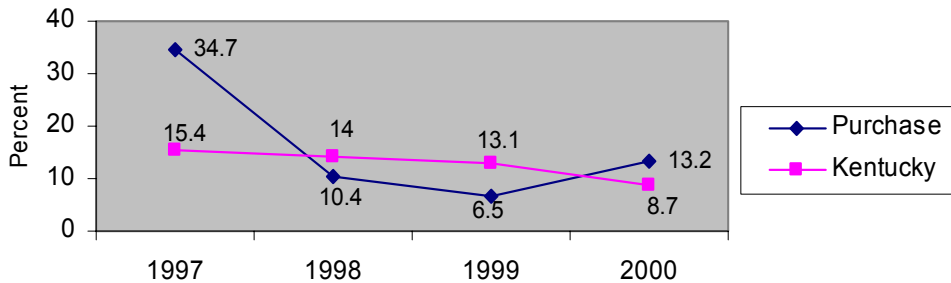
### School Smoking Policy, 1999-2001



- √ While almost all middle and high schools in the Purchase District banned smoking on school grounds for students from 1999 to 2001, about 6 in 10 schools banned smoking on school grounds for employees.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in the Purchase District in 2001 was similar to the total Kentucky sample.<sup>10</sup>
- √ Schools did not provide cessation services in the Purchase District in 1999 or 2001.<sup>10</sup>

Smoking restrictions on school grounds in the Purchase District have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free including all students, faculty, staff, and visitors. Nearly 6 in 10 middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet none of schools in the Purchase District provided direct smoking cessation services for students and employees in 1999 or 2001.

### Illegal Tobacco Sales to Minors, 1997-2000



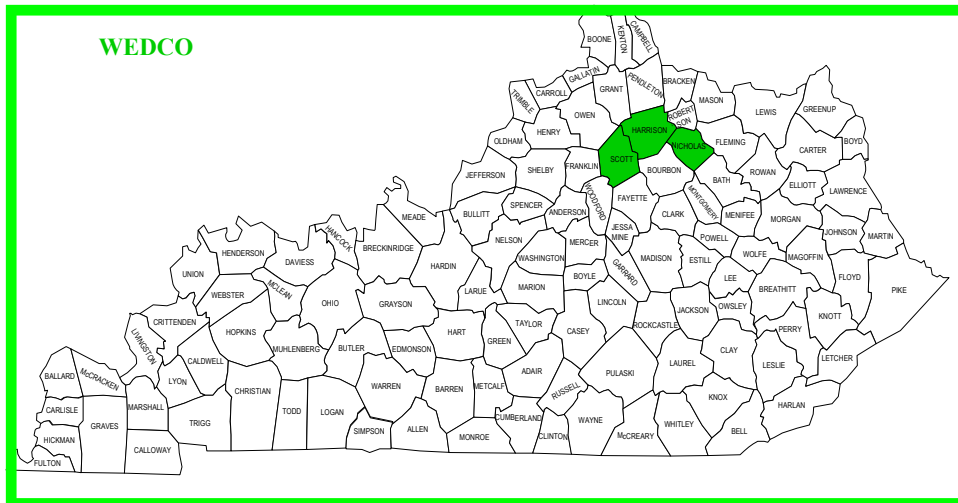
- √ Although the percent of tobacco sales to minors in the Purchase District dropped significantly from 1997 to 1998, the percent has not changed significantly since 1998.<sup>12</sup>

The percent of tobacco sales to minors in the Purchase District was significantly higher than the state in 1997 and significantly lower than the state in 1999. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

## WEDCO District Highlights

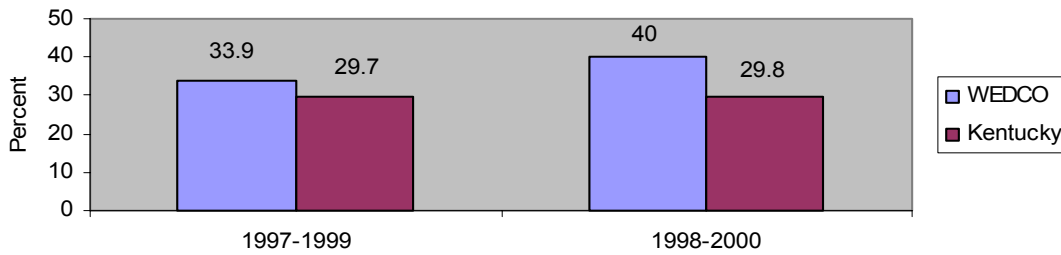


There was no significant change in the percent of adults who smoked cigarettes in the WEDCO District from 1997 to 2000. While there was a significant decline in the percent of women who smoked during pregnancy from 1998 to 2000, the percent in 2000 was similar to 1997 and 1998. The percent of adult smokers attempting to quit remained the same over time. The rate of participation in tobacco cessation programs increased from 1999 to 2001. The percent of smoke-free food establishments in the WEDCO District increased significantly from 2000 to 2001. Four in 10 manufacturing facilities banned smoking. While all middle and high school in this area banned smoking on school grounds for students from 1999 to 2000, nearly two-thirds banned smoking on school grounds for employees in 2001. The percent of illegal tobacco sales to minors did not decline significantly from 1997 to 2000.



**Figure 14. WEDCO District Health Department Service Area**

### Current Adult Cigarette Use,\* 1997-2000

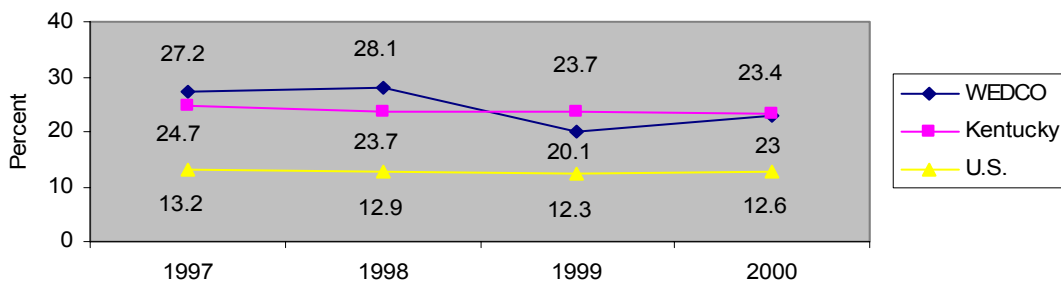


\*Unweighted estimates

- √ There was no significant change in the percent of adults who smoked cigarettes in the WEDCO District from 1997 to 2000.<sup>1</sup>
  - √ The age-adjusted death rate<sup>a</sup> from heart disease increased from 264.2 in 1997 to 355 in 1999.<sup>2</sup>
  - √ The age-adjusted incidence rate<sup>a</sup> from lung cancer decreased from 92.44 in 1997 to 84.12 in 1999.<sup>3</sup>
- <sup>a</sup>Age-adjusted rate per 100,000 total population

The percent of adults who smoke cigarettes in the WEDCO District was significantly higher than the state in 1998 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

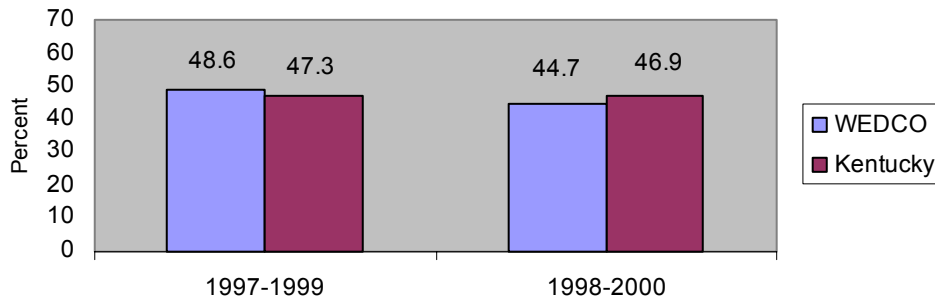
### Smoking During Pregnancy, 1997-2000



- √ While there was a significant decline in the percent of women who smoked during pregnancy in the WEDCO District from 1998 to 2000, the percent in 2000 was similar to 1997 and 1998.<sup>4</sup>
- √ While the percent of women who smoked during pregnancy in the WEDCO District was significantly different than the state in 1998 and 1999, the percent was similar to the state rate in 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of mothers who stop smoking during pregnancy start again after the baby is born.<sup>5</sup> One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.

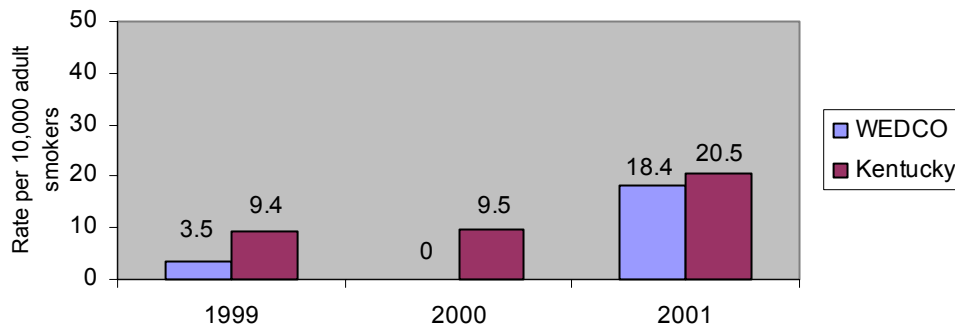
### Adult Quit Attempts, 1997-2000



- √ The percent of adult smokers attempting to quit in the WEDCO District remained similar over time.<sup>1</sup>
- √ The percent of adult smokers attempting to quit in the WEDCO District was similar to the state rate from 1997 to 2000.<sup>1</sup>

Given that nearly half of Kentucky smokers report at least one quit attempt, research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.

### Participation in Tobacco Cessation Programs, 1999-2001

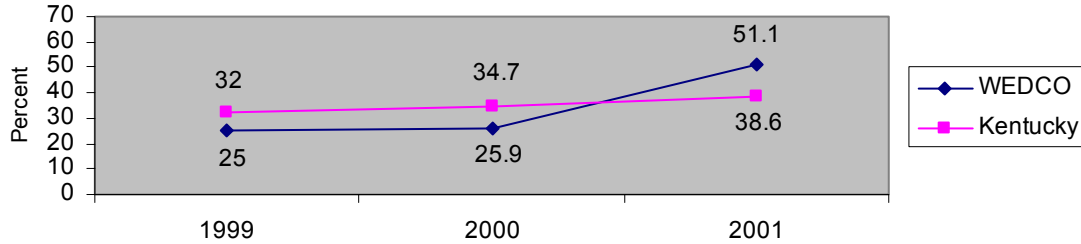


- √ The rate of participation in tobacco cessation programs in the WEDCO District increased from 1999 to 2001.<sup>6</sup>
- √ The cessation program participation rate in the WEDCO District was similar to the state in 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Although the rate of participation in tobacco cessation programs in the WEDCO District increased in 2001, very few adult smokers are being reached by current programs. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

### Smoking Policy in Food Service Establishments, 1999-2001

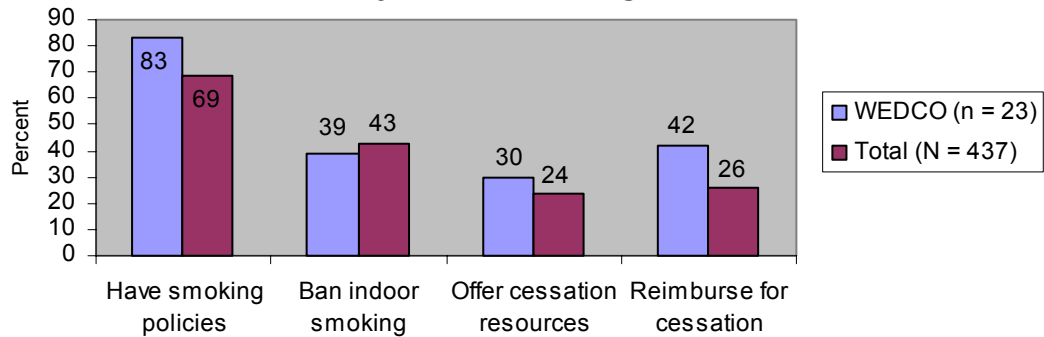
Percent of Smoke-free Eating Establishments



- √ The percent of smoke-free food establishments in the WEDCO District increased significantly from 2000 to 2001.<sup>7</sup>
- √ The percent of smoke-free food establishments in the WEDCO District in 2001 was significantly higher than the state rate.<sup>7</sup>

The increase in smoke-free food service establishments over time reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percent of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

### Tobacco Policy in Manufacturing Facilities, 2000

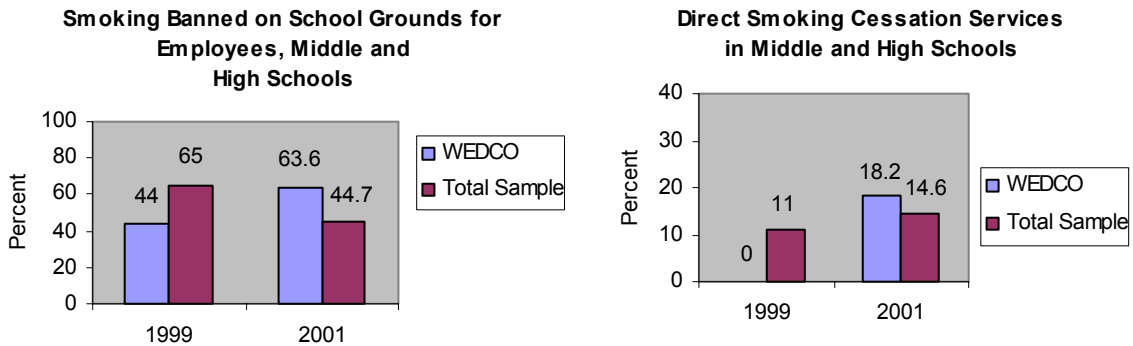


- √ Eight in 10 manufacturing facilities in the WEDCO District have smoking policies.<sup>8</sup>
- √ Three in 10 manufacturing facilities offer resources for smoking cessation and 4 in 10 reimburse employees for cessation.<sup>8</sup>

Similar to the total sample, nearly 4 in 10 manufacturing facilities in the WEDCO District banned indoor smoking in 2000. Smoking at worksites presents an important source of environmental tobacco smoke that has ill health effects on employees and contributes to lost productivity. Similar to the total sample, 3 in 10 manufacturing facilities in the WEDCO District made smoking cessation resources available to their employees. Healthy Kentuckians 2010 recommends increasing the percent of manufacturing facilities that reimburse for smoking cessation services to 48%.



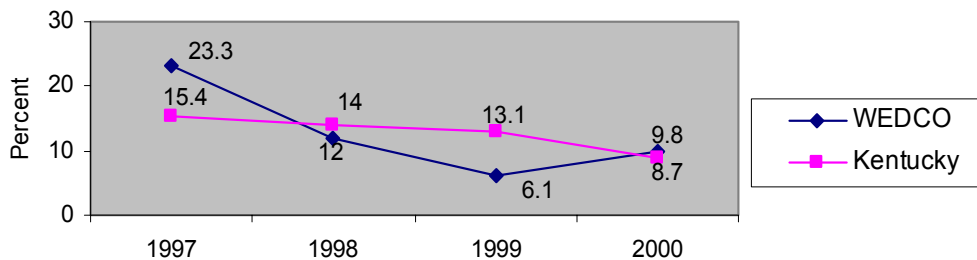
### School Smoking Policy, 1999-2001



- √ While all middle and high schools in the WEDCO District banned smoking on school grounds for students from 1999 to 2000, nearly two-thirds banned smoking on school grounds for employees in 2001.<sup>10</sup>
- √ The percent of schools banning smoking on school grounds in the WEDCO District in 2001 was similar to the total Kentucky sample.<sup>10</sup>
- √ The percent of schools in the WEDCO District providing cessation services increased from 1999 to 2001, although the change was not statistically significant.<sup>10</sup>

Smoking restrictions on school grounds in the WEDCO District have not changed significantly since 1999. The CDC recommends that the entire school environment be tobacco-free including all students, faculty, staff, and visitors. Nearly 6 in 10 middle and high school smokers report trying to quit in the last 12 months,<sup>11</sup> yet only 18% of schools in the WEDCO District provided direct smoking cessation services for students and employees in 2001.

### Illegal Tobacco Sales to Minors, 1997-2000

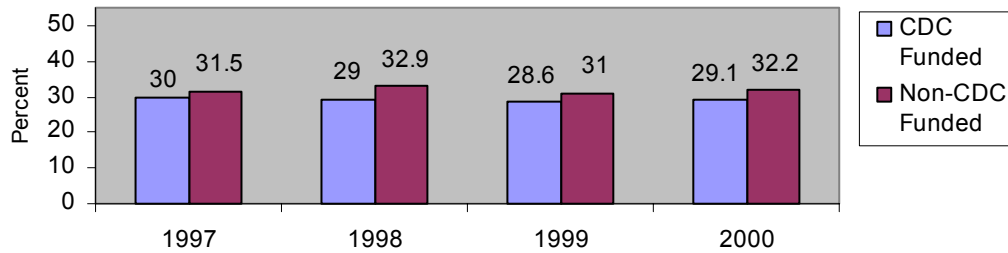


- √ The percent of tobacco sales to minors in the WEDCO District did not decline significantly from 1997 to 2000.<sup>12</sup>

The percent of tobacco sales to minors in the WEDCO District was significantly lower than the state in 1999, but similar to the state in 2000. Healthy Kentuckians 2010 aims to strengthen minors' access laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>



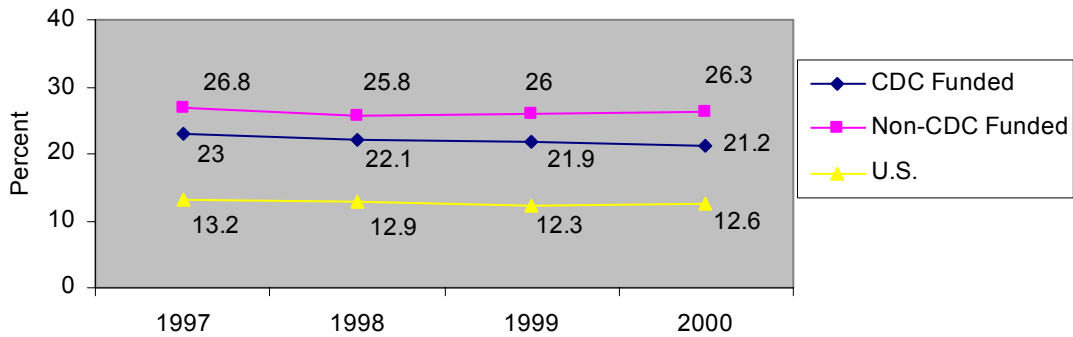
### Current Adult Cigarette Use, 1997-2000



√ The percent of adults who smoke cigarettes in CDC funded service areas remained similar to non-CDC areas from 1997 to 2000.<sup>1</sup>

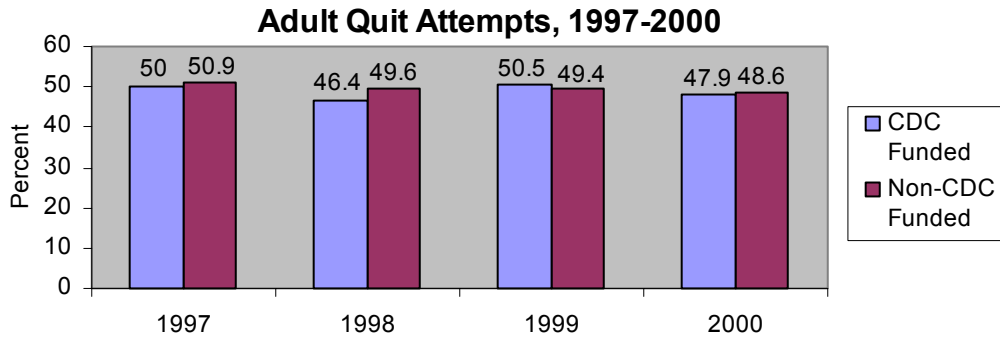
The percent of adults who smoke in the CDC funded service areas remained the same from 1997 to 2000. Tobacco use is directly linked to heart disease, lung and other cancers, and emphysema. One goal of Healthy Kentuckians 2010 is to reduce cigarette use among adults to 25%.

### Smoking During Pregnancy, 1997-2000



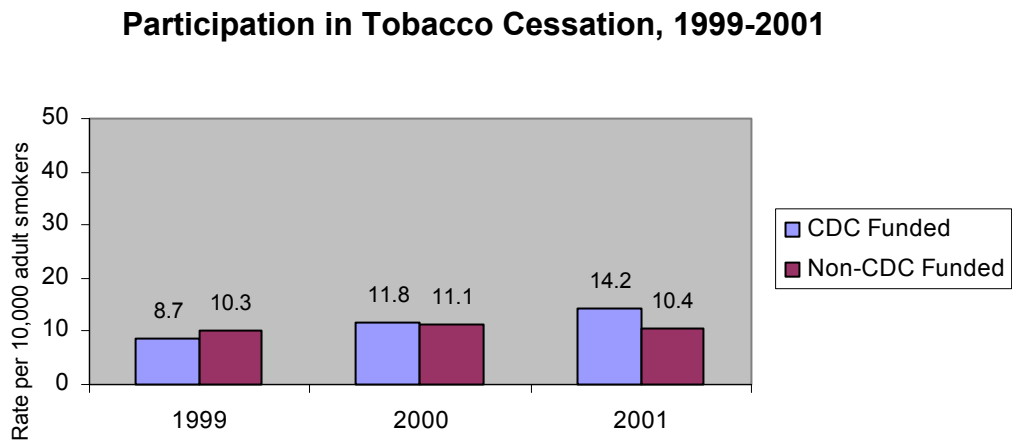
√ The percent of women who smoked during pregnancy was significantly lower in CDC funded service areas than non-CDC funded areas from 1997 to 2000.<sup>4</sup>

Women who smoke have increased risks for miscarriage, preterm birth, and low birth weight. About 70% of mothers who stop smoking during pregnancy start again after the baby is born. One objective of Healthy Kentuckians 2010 is to reduce cigarette smoking among pregnant women to no more than 17%.



- √ The percent of adult smokers attempting to quit in the CDC funded service areas was similar over time.<sup>1</sup>
- √ The percent of adult smokers in CDC funded service areas attempting to quit remained similar to non-CDC funded service areas from 1997 to 2000.<sup>1</sup>

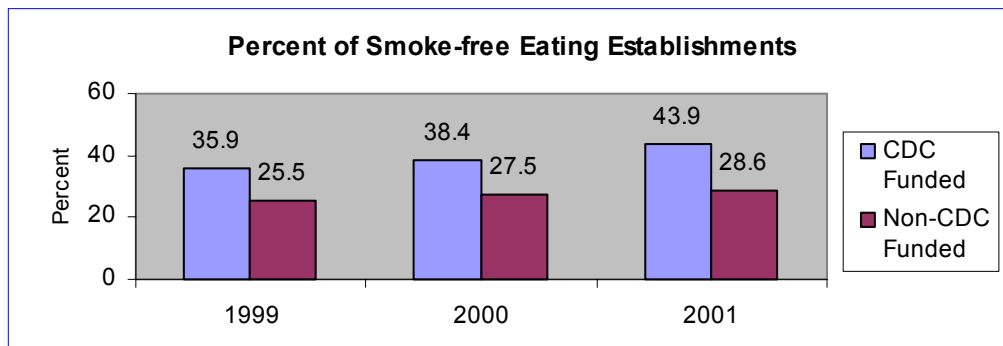
Given that nearly half of Kentucky smokers report at least one quit attempt, research-based tobacco dependence treatment and cessation services are needed. Healthy Kentuckians 2010 recommends increasing the proportion of adult smokers who stop smoking for a day or more to 58%.



- √ The rate of participation in tobacco cessation programs in CDC funded service areas steadily increased from 1999 to 2001.<sup>6</sup>
- √ The cessation program participation rate in CDC funded service areas was similar to non-CDC funded areas in 1999 and 2000, and slightly higher in 2001.<sup>6</sup>

Health departments are providing research-based cessation programs and have increasing numbers of requests for tobacco use cessation programs, reflecting better marketing of services and an increase in consumer demand. Very few adult smokers are being reached by current programs in both CDC funded and non-CDC funded service areas. Healthy Kentuckians 2010 recommends that all health departments provide research-based smoking cessation services.

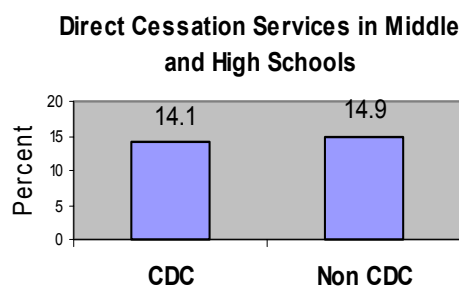
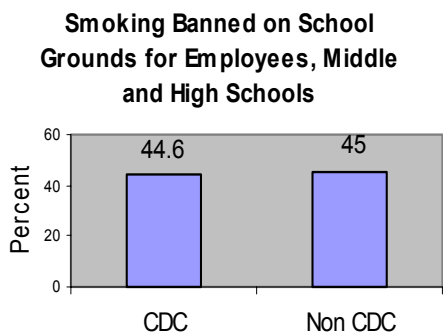
### Smoking Policy in Food Service Establishments, 1999-2001



√ The percent of smoke-free food establishments in CDC funded service areas was significantly higher than non-CDC funded areas from 1999 to 2001.<sup>7</sup>

The 20% increase in smoke-free food service establishments in CDC funded service areas reflects voluntary policy change since there are no local or state laws restricting smoking in public places. Healthy Kentuckians 2010 recommends increasing the percentage of food service establishments that prohibit smoking or limit it to separately ventilated areas to 51%.

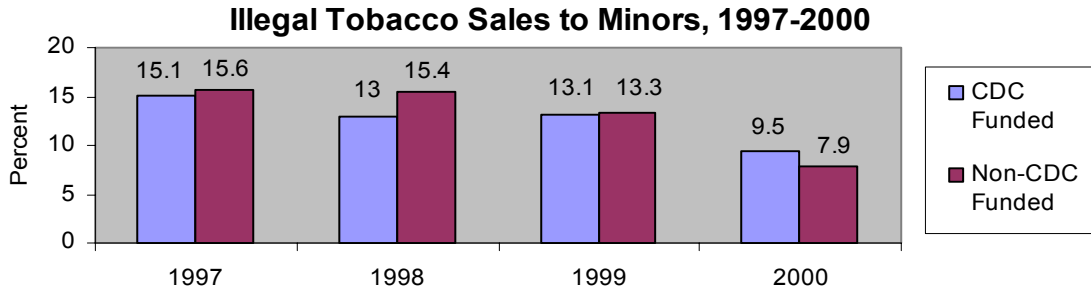
### School Smoking Policy, 2001



√ The percent of schools banning smoking on school grounds for employees in CDC funded service areas was similar to non-CDC funded areas in 2001.<sup>9</sup>

√ The percent of schools providing smoking cessation services to students and employees in CDC funded service areas was similar to non-CDC funded areas in 2001.<sup>9</sup>

The CDC recommends that the entire school environment be tobacco-free including all students, faculty, staff, and visitors. Nearly 6 in 10 middle and high school smokers report trying to quit in the last 12 months,<sup>10</sup> yet only 14% of schools in the CDC funded service areas provided direct smoking cessation services for students and employees in 2001. 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 events.



- √ The percent of tobacco sales to minors significantly decreased in both CDC funded service areas and non-CDC funded areas from 1999 to 2000.<sup>12</sup>
- √ The percent of tobacco sales to minors in CDC funded service areas was similar to non-CDC funded areas from 1997 to 2000.<sup>12</sup>

Healthy Kentukians 2010 aims to strengthen minors' access to laws by increasing compliance to 95% or higher. Although the illegal sale rate has declined over time, only one in three youth smokers report being refused purchase of tobacco products statewide.<sup>11</sup>

## References

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## 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%).