

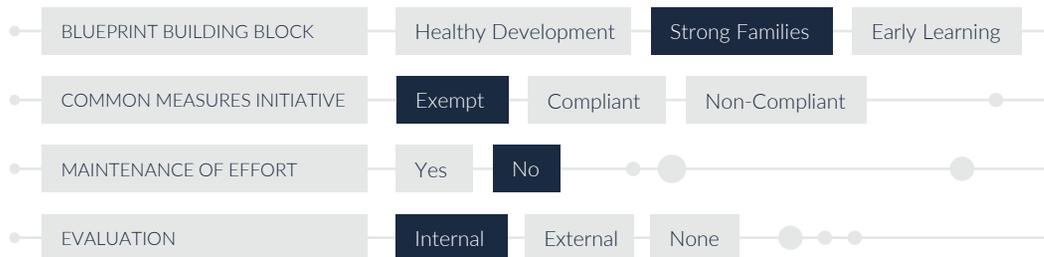
Tobacco Use Prevention Program

Kansas Department of Health and Environment (KDHE)

Working toward tobacco-free environments for children and families

According to the Campaign for Tobacco-Free Kids, each year another 1,500 Kansas children become daily smokers, while statewide health care expenditures related to smoking already top \$1.1 billion. To reduce the physical and fiscal toll of tobacco use, the Kansas Tobacco Use Prevention Program supports community efforts to employ evidence-based strategies designed to keep young people from using tobacco, help tobacco users quit, and reduce non-smokers' exposure to tobacco.

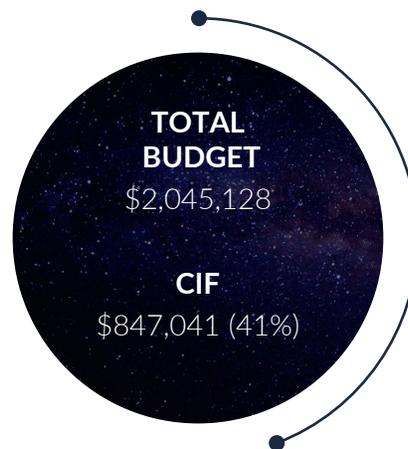
Campaign for Tobacco-Free Kids (2018). The Toll of Tobacco in Kansas.
<https://www.tobaccofreekids.org/problem/toll-us/kansas>



Tobacco Use Prevention Program

THE NEED

Every year, 4,400 adult Kansans die from tobacco-related illnesses, and tobacco-related issues cost the state more than \$2 billion annually. More than 375,000 Kansas adults – 17% of the population age 18 years and older – currently use cigarettes. The Kansas Tobacco Use Prevention Program strives to save lives and money by keeping those numbers from getting any higher. Community-based cessation and prevention programs place a particular emphasis on young people and pregnant women.



OUR SOLUTIONS



EDUCATION AND AWARENESS

Engagement with communities across the state raises awareness about tobacco use, youth prevention, and smoking cessation.



TRAINING

Healthcare Providers, Women, Infants, and Children (WIC) counselors, and other providers receive tools and training to prevent youth tobacco use, help current users quit, and help eliminate exposure among non-smokers.



POLICY CHANGE

Initiatives support limiting sales and marketing of tobacco to youth and to establish tobacco-free environments.

“Over the years we’ve really built up [the capacity of communities] ...their knowledge and skills, and they apply what they’ve learned”

~Carol Cramer, Kansas Tobacco Use Prevention Program

Tobacco Use Prevention Program

OUTCOMES

Tobacco use is the leading cause of preventable death and disease in Kansas

FY 2017

89%

Children in Kansas born to mothers who did not smoke during pregnancy*

FY 2018

90%



55%

Kansas adults who currently smoke conventional cigarettes and tried to quit within the past 12 months**

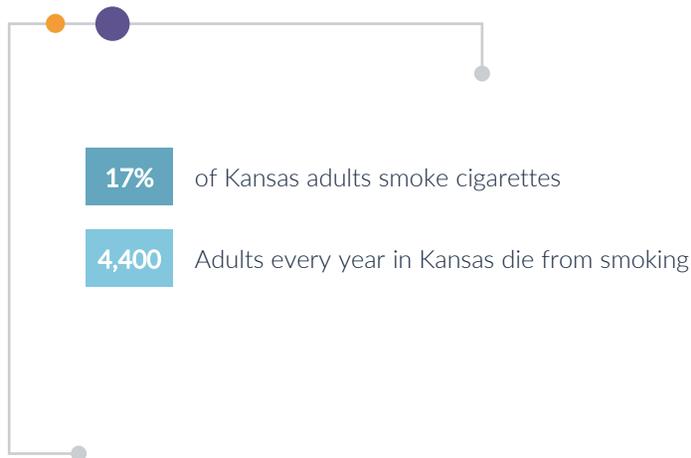
55%

*Pregnancy outcomes are from the 2015 and 2016 Kansas Annual Summary of Vital Statistics from the Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment.

**Smoking cessation outcomes are from the 2015 and 2016 Kansas Behavioral Risk Factor Surveillance System survey.

FY 2018 POPULATION SERVED

Total Children	524,510
Prenatal to Age 2	56,216
Ages 2-5	86,017
Ages 5-12	206,883
Ages 12-18	175,394
Adults	1,587,779
Professional Development	1,361



Tobacco Use Prevention Program



LOOKING BACK

WHAT WE'VE ACCOMPLISHED

Promoted an online training for youth called "Taking Down Tobacco"

Incorporated a behavioral health component into the Tobacco Quitline to expand services to individuals with qualified illnesses

Partnered with Child Care Aware of Kansas to publish articles in the Child Care Aware magazine, including one written by a member of the youth-based *Resist* program

Continued targeting multi-unit housing across the state to encourage implementation of tobacco-free policies

LOOKING FORWARD

WHERE WE'RE HEADED

Continuing to develop innovative strategies to target and decrease use of the tobacco industry's leading products

Establishing more local *Resist* chapters to increase youth activity, awareness, and involvement

Increasing collaboration with child care centers and community resources

Participating in the planning of the Kansas Prevention Conference, a behavioral health and prevention conference

Evaluation Practices: The Tobacco Use Prevention Program conducts an annual internal evaluation. The purpose of the evaluation is to support program improvement, improve sustainability, and demonstrate results for accountability. Funded communities report progress in the Catalyst Database. The annual evaluation takes into account both short-term and long-term outcomes by looking at individual grantee performance measures and data from state-level surveillance systems. Evaluation findings are reported annually to the Centers for Disease Control and Prevention. Information is disseminated through reports, fact sheets, and presentations over the course of the year.

Evidence Base: Strong Evidence. Nine studies using comparison methodologies have found quitlines effective, and at least one study has demonstrated an effect at least one year post-treatment. The Tobacco Use Prevention Program also funds a variety of evidence-based practices to prevent tobacco use at the community level.