2021-2025

Kansas Tobacco Control Strategic Plan

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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

June 7, 2021

The Kansas Department of Health and Environment (KDHE) is pleased to introduce the 2021-2025 Kansas Tobacco Control Strategic Plan. The mission of this plan is to prevent and eliminate tobacco use among Kansans of all ages through advocacy, education and collaboration. This goal cannot be achieved without the continual efforts of our Kansas communities, schools, workplaces, health care systems, state and local government and additional partners.

The 2021-2025 plan outlines the strategies and activities to protect the public's health, create cost savings and save the lives of Kansans. KDHE supports policy, systems and environmental change to reduce tobacco use, by preventing initiation among youth, increasing cessation efforts, reducing exposure to secondhand smoke, and identifying and eliminating health disparities.

Thank you to the Tobacco Free Kansas Coalition and the many stakeholders in the development of this plan. Your efforts to create positive change and enrich the lives of those most effected by tobacco related disease is commendable. The perspective and experience from tobacco control partners in communities across the state brought to tobacco prevention and control is invaluable.

Sincerely,

Lee A. Norman MD

Lee A. Norman, M.D.
Secretary
Kansas Department of Health and Environment

TOBACCO FREE KANSAS
COALITION

Fellow Kansans,

As I write this letter as a preface to the Tobacco Control Strategic Plan 2021-2025, the world is in the grip of a global pandemic. Many countries are reporting fewer new coronavirus infections, but global data indicate that the COVID-19 pandemic is far from over. Even amid the pandemic, tobacco use remains a serious public health threat. In addition to tobacco-related death and disease, smoking increases the risk of the most severe impacts of COVID-19, making ending tobacco use more important than ever.

Tobacco use remains the nation's leading cause of preventable death and disease, taking an estimated 480,000 lives every year. In Kansas today, 16.2% of adults smoke – down from 18% in 2016, yet 4,400 adults continue to die from smoking annually. 900 children under the age of 18 become daily smokers each year in Kansas. Much like COVID-19, tobacco use and secondhand smoke exposure disproportionately impact certain Kansas communities, including communities of color, LGBTQ+ Americans, and persons of lower income. Addressing this critical public health threat is foundational to the 2021-2025 strategic plan.

Despite declines in youth tobacco initiation, a troubling reversal of that trend gained traction in the past five years – the rapid increase in e-cigarette use (vaping) among middle and high school students. The public health and tobacco control and prevention community launched full-scale counter measures, creating the Vape-Free Schools Toolkit, deploying target advertising to counter tobacco industry messages, engaging more youth in tobacco prevention programs such as RESIST, and more. It remains to be seen how the pandemic ultimately impacts efforts to prevent youth initiation and use of e-cigarette and vape products.

The mission of the Tobacco Free Kansas Coalition (TFKC) is to eliminate tobacco* use among Kansas through advocacy, education and collaboration to achieve health equity. Our organization has been actively engaged in policy change related to tobacco use and prevention for more than 20 years. Due in part to the efforts of our organization and its nearly 400 members across the state, we have been able to increase the tobacco tax by $.50 (2015), pass local T21 policy in 25 Kansas communities (as of Dec. 2019), and expand cessation benefits for Medicaid recipients (2018).

We continue to serve in a key advocacy role in Kansas as we continue to pursue Tobacco 21 legislation, eliminate youth purchase, use, and possession penalties, protect Kansans from e-cigarette emissions, increase the tobacco tax as a key strategy to prevent tobacco use initiation and increase cessation, as well as to fight for local control in tobacco policy so Kansas communities may continue to set policy consistent with local concerns.

TFKC will continue to utilize this plan to coordinate annual priorities and goals for education and advocacy of members, policy-makers, and citizens of Kansas. Having served on the Core Team and having been actively engaged in the development of this plan, I am pleased and honored to endorse it on behalf of our Board and members.

Sincerely,

Sara Prem

Sara Prem
President, Tobacco Free Kansas Coalition

*Tobacco refers to any product made or derived from tobacco that is intended for human consumption including novel and emerging nicotine products sold commercially for profit. TFKC excludes "traditional tobacco" used in sacred ways, in its definition.

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For more information about this plan, visit http://www.kdheks.gov/tobacco/ and https://www.tobaccofreekansas.org/, or contact the Kansas Tobacco Use Prevention Program at tupp@kdheks.gov.

This document was supported by the Cooperative Agreement 6 NU58DP006823-01-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Glossary of Key Terms

Terms Related to Tobacco Products

- **Tobacco or Tobacco Product**: Any item made of or derived from tobacco intended for human consumption, including cigarettes, cigars, pipe tobacco, smokeless tobacco, and e-cigarettes. The tobacco product definition refers to commercially produced tobacco only and does not include ceremonial tobacco.
- **E-Cigarette**: Any electronic smoking device or electronic nicotine delivery system (ENDS) containing or delivering nicotine or any other substance intended for human consumption that may be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. This includes electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, electronic hookahs, vape pens, or other similar products or devices. This does not include drugs, devices, or combination products authorized for sale as tobacco cessation products and marketed and sold solely for that purpose by the U.S. Food and Drug Administration.
- **Smokeless Tobacco:** Any tobacco product that is not burned or heated, including chewing tobacco, snuff, snus, and dissolvable products.

Terms Related to Tobacco Control

- **Tobacco Control**: A field dedicated to addressing tobacco use and thereby reducing the harms it causes.
- **Tobacco Use:** Use of any tobacco product.
- **Smoking**: Inhaling, exhaling, burning, operating, or carrying any lighted tobacco product.
- **Secondhand Smoke**: Substance produced from burning tobacco products (e.g. cigarettes, cigars, or pipes) and the substance exhaled by the person smoking.
- **Thirdhand Smoke**: Residual nicotine and other chemicals left on indoor surfaces by tobacco smoke.
- **E-cigarette Use:** Inhaling, exhaling, or operating, any type of electronic nicotine delivery system (ENDS). Also referred to as “vaping.”
- **E-cigarette Aerosol**: Substance produced from heating e-cigarette liquid and the substance exhaled by the person using the e-cigarette.
- **Tobacco Cessation**: The process of quitting use of tobacco products.
- **Tobacco Cessation Products**: Products that are approved by the U.S. Food and Drug Administration to help people quit using tobacco. These products include both nicotine replacement therapy (NRT) options like skin patches, lozenges, and gum, as well as prescription medicines including varenicline and bupropion.
- **Tobacco Use and Dependence Treatment**: The provision of services according to the clinical practice guidelines for treating tobacco use and dependence to support tobacco cessation. These include use of medication and counseling to address biological, psychological, and social factors associated with tobacco dependence.

Terms Related to Health Equity

- **Health Equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address structural inequities, historical and contemporary injustices, and the elimination of health and health care disparities.
- **Health Disparity:** A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on characteristics like their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; geographic location; or other characteristics historically linked to discrimination or exclusion.
- **Priority Population:** Population disproportionately affected by tobacco of particular focus for tobacco prevention and cessation because a tobacco-related health disparity exists and/or there is a potential for significant impact with this group. Kansas' priority populations for tobacco control are: American Indian populations, Black populations, people with lower incomes, people with disabilities, people with behavioral health conditions, and people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ+).
- **People with Behavioral Health Conditions:** Individuals with diagnosed mental health conditions, substance use disorders, or both. A mental health diagnosis is defined as any diagnosable mental, behavioral, or emotional disorder. Substance use disorder is defined as dependence or abuse of alcohol or illicit drugs.
- **People of Low Socioeconomic Status (SES):** Adults who have lower levels of educational attainment, who are unemployed, or who live at, near, or below the U.S. federal poverty level.

Introduction

About this Plan

The Kansas Tobacco Control Strategic Plan ("the plan") is the culmination of collaborative processes undertaken by the Kansas Department of Health and Environment (KDHE) Tobacco Use Prevention Program (TUPP) and its state and local tobacco control partners including the Tobacco Free Kansas Coalition (TFKC).

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

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

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

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

FIGURE 1: KIDS PLAYING IN A FIELD. SOURCE: TOBACCO FREE KANSAS COALITION.

Vision, Mission, and Core Values

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

Vision: A tobacco-free Kansas.

Mission: Eliminate tobacco use among Kansas through advocacy, education and collaboration to achieve health equity.

Core Values

- Leadership
- Integrity
- Strategic Action
- Inclusivity

Commitment to Health Equity

This plan was created with health equity at the forefront. It is important to recognize that social, economic, and environmental inequities created the foundation for the health disparities seen today. These structural inequities have greater influence on health outcomes than access to health care or an individual's choices. Improving health equity and reducing disparities through policies, processes, and systems can help improve the health and wellbeing of all Kansans.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address structural inequities, historical and contemporary injustices, and the elimination of health and health care disparities. This plan aims to address health inequities experienced by populations disproportionately impacted by tobacco through policy and systems change focused on prevention, cessation, and reduction of tobacco use exposure. The plan also includes strategies specific to building awareness about tobacco-related disparities and building relationships with communities experiencing these inequities. When health equity is achieved, everyone has a fair and just opportunity to reach their highest level of health.

Ceremonial vs. Commercial Tobacco

Some American Indian tribes use tobacco as a sacred medicine and in ceremony to promote physical, spiritual, emotional, and community well-being. This ceremonial, or traditional, tobacco is different from commercial tobacco, which is manufactured and sold by the commercial tobacco industry, and is linked to addiction, disease, and death.

Strategies in this plan aim to reduce youth access to and experimentation with commercial tobacco as well as to assist adults and youth in breaking their addiction to the nicotine in commercial tobacco products. Sacred, ceremonial, and traditional tobacco use by American Indians does not enter into this plan as such tobacco use does not involve abuse or addiction to nicotine.

The Problem of Tobacco Use

Tobacco Use in Kansas

Tobacco use is the leading underlying cause of death in the United States (U.S), with approximately 480,000 people dying from smoking-related illnesses each year, as shown in Figure 2. Tobacco use negatively affects every system in the human body. The health consequences of tobacco use include heart disease, multiple types of cancer, lung and respiratory disease, negative reproductive effects, and the worsening of chronic health conditions like asthma.

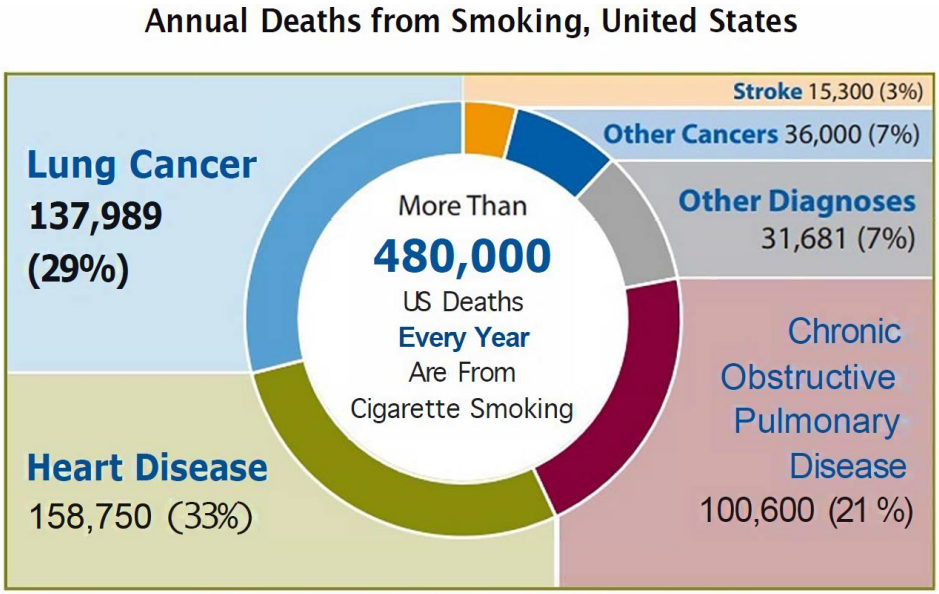


FIGURE 2: AVERAGE ANNUAL NUMBER OF DEATHS FOR ADULTS AGED 35 OR OLDER, 2005-2009. SOURCE: 2014 SURGEON GENERAL'S REPORT, TABLE 12.4, PAGE 660

Cigarette Smoking

Cigarette smoking is the primary driver of tobacco-related disease and death, and is associated with heart disease, stroke, cancer, chronic lung diseases and many other disabling and fatal conditions.[1] Smoking can cause diabetes, and smokers are 2 to 4 times more likely than nonsmokers to develop heart disease or suffer from a stroke.[1,2] About 4,400 Kansans die each year from cigarette smoking.[3] For each person who dies from tobacco use, another 30 suffer with at least one serious tobacco-related illness.[1]

Adult smoking prevalence in Kansas has significantly decreased since 2011. However, approximately 381,559 Kansas adults still smoke cigarettes. In 2019, adult smoking prevalence in Kansas was 16.2 percent, which is close to the national average of 16.0 percent.[4] In Kansas, 95 percent of adult smokers started smoking by age 26, and 54 percent started by age 18, emphasizing the need to prevent tobacco use among youth and young adults.[5]

The prevalence of cigarette smoking among Kansas high school students dropped from 10.2 percent in 2013 to 5.8 percent in 2019.[6,7] Despite this progress, it is estimated that 900 Kansas youth become daily

smokers each year and that 61,000 Kansas children alive today will ultimately die prematurely from smoking as adults.[5]

Cigarette smoking in Kansas costs $1.12 billion in health care expenditures and another $1.09 billion in lost productivity each year. The health care expenditure cost covered by the state Medicaid program is $237.4 million per year. Kansas residents' state and federal tax burden is $769 per household to pay annual health care costs for smoking-related expenditures. These costs do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, or use of other tobacco products like smokeless tobacco or cigars.[2]

Secondhand Smoke Exposure

Exposure to secondhand smoke is also a leading cause of preventable death in the U.S., killing more than 41,000 nonsmokers each year.[8] Primarily because of exposure to secondhand smoke, an estimated 7,330 nonsmoking Americans die of lung cancer and more than 33,900 die of heart disease each year. The 2014 Surgeon General's Report *The Health Consequences of Smoking—50 Years of Progress* states that there is no safe level of exposure to tobacco smoke. Breathing even a little secondhand smoke can be dangerous, as secondhand smoke causes lung cancer, heart disease, strokes, and other health problems in nonsmokers, as shown in Figure 3.[1]

Many Kansas adults report having been exposed to secondhand smoke in the past week—16.9 percent at work and 6.7 percent at home.[9] Among high school students, 25.7 percent report that someone smoked inside their home and 32.6 percent report they rode in a vehicle with someone who was smoking.[10] In addition, 24.3 percent of adults living in multi-unit housing report having been exposed to secondhand smoke from outside their units.[9]

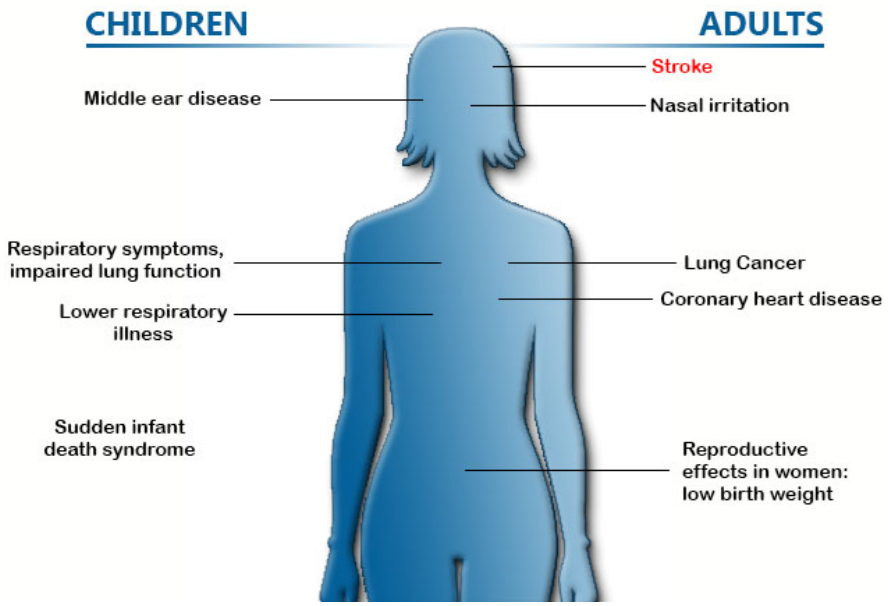


FIGURE 3: HEALTH CONSEQUENCES CAUSALLY LINKED TO EXPOSURE TO SECONDHAND SMOKE. *SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION*.

E-cigarette Use

E-cigarettes are still relatively new, and the health effects are still being discovered. Many of the flavorings used in e-liquids have not been approved for inhalation by the FDA, so health consequences are unknown.[11] The CDC has recommended that e-cigarettes unsafe for youth, young adults, pregnant women, and adults who do not currently use other tobacco products. While e-cigarette aerosol contains fewer toxic chemicals than smoke from regular cigarettes, it can contain potentially harmful substances like nicotine, lead, and cancer-causing agents.[12] In 2019, the CDC, FDA, state and local health departments, and other partners began investigating the national outbreak of e-cigarette, or vaping, product use associated lung injury (EVALI).[13] Research is still ongoing surrounding the reported cases of EVALI and associated deaths.

E-cigarette use among U.S. youth has increased significantly in the past few years. From 2014–2020, past-30-day e-cigarette use increased from 3.9 percent to 4.7 percent among middle school students and from 13.4 percent to 19.6 percent among high school students.[3] E-cigarettes have remained the most commonly used tobacco product among middle school and high school students since 2014.[3] As of 2019, 48.6 percent of high schoolers in Kansas have ever used e-cigarettes.[14] E-cigarette use is particularly high among young adults, with 52.6 percent of 18-24 year-olds in Kansas having ever tried an e-cigarette (21.6 percent nationwide).[9] Young adults aged 18-24 have increasingly been using e-cigarettes, with use increasing from 2.4 percent in 2012 to 19 percent in 2019.[11,4] 6.9 percent of Kansas adults are current e-cigarette users as of 2019.[9]

Nearly two-thirds of youth and young users who used the most popular e-cigarette pod, JUUL, in 2018 did not know that e-cigarettes contain nicotine.[11] When Kansas high school students were asked in 2020 why they use e-cigarettes, 40.2 percent stated that a friend or family member used them, 10.7 percent were attracted to the flavor variations of e-cigarettes, and 7.7 percent believed that e-cigarettes are less harmful than other forms of tobacco. 36.7 percent of Kansas high school students who currently use e-cigarettes never used conventional cigarettes.[14]

Smokeless Tobacco Use

Smokeless tobacco products like spit tobacco, snuff, snus and dissolvable tobacco products (e.g., orbs, strips) are also harmful. All of these products can cause oral health problems, including gum disease, tooth decay and tooth loss. Spit tobacco has been clearly linked to several types of cancer including oral cancer, esophageal cancer and pancreatic cancer.[12] In addition, all tobacco products contain nicotine, which is addictive. Nicotine use during adolescence and young adulthood has been associated with lasting cognitive and behavioral impairments, including effects on memory and attention.[1]

FIGURE 4: CONSEQUENCES OF SMOKELESS TOBACCO USE. SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION.

Rates of smokeless tobacco use are particularly high among males. In Kansas, 6.9 percent of high school males and 11.0 percent of adult males currently use smokeless tobacco, compared to 1.9 percent of high school females and 0.7 percent of adult females.[14,4]

Tobacco Industry Influences

The tobacco industry's practices influence tobacco use – here is how:

Spending on Marketing

In the U.S. alone, tobacco companies spend a total $8.2 billion a year on marketing – nearly $1 million every hour.[16] Kansas spends $1 million each year to prevent tobacco use, compared to the estimated $64.7 million spent each year by the tobacco industry to market their products in the state.[15] The vast majority of tobacco industry marketing funds are spent in the retail environment, including point-of-sale advertising and price discounts such as coupons, promotional allowances, and buy-one-get-one-free offers.[17]

Marketing to Specific Populations

The tobacco industry has targeted its marketing efforts to specific populations, including:

- **Youth:** Studies indicate youth smoking increases as a result of tobacco industry advertising that especially appeals to young people. When adolescents are exposed to cigarette advertising, they find the ads appealing and smoking looks attractive, so their desire to smoke increases.[18] In 2016, approximately 4 in 5 middle and high school students in the U.S. were exposed to e-cigarette advertisements from sources like retail stores, the Internet, social media influencers, television, movies, newspapers and magazines, a significant increase from 2015.[19]
- **Racial and Ethnic Minority Populations:** Advertising and promotion of certain tobacco products appear to be targeted to members of racial/minority communities.[18,19,20] Marketing to Hispanics and American Indians/Alaska Natives has included advertising and promotion of cigarette brands like Rio, Dorado, and American Spirit. The tobacco industry has also targeted African-American communities in its advertisements and promotional efforts for menthol cigarettes through campaigns that use urban culture and language, sponsorship of hip-hop bar nights with samples of menthol cigarettes and targeted direct-mail promotions.[20,21]
- **LGBTQ+ Populations:** The tobacco industry has the aggressively marketed its products to the LGBTQ+ community through sponsored events, bar promotions, giveaways, and advertisements. The industry has sponsored and distributed free tobacco products at Pride and other events specific to the LGBTQ+ community, and contributed to AIDS research and support programs. Advertisements in LGBTQ+ media show tobacco use as a normal and accepted part of LGBTQ+ lifestyles.[22,23,24]
- **Women:** Tobacco companies have branded and advertised products specifically for women with themes of social desirability and independence, conveyed by advertisements featuring slim, attractive and athletic models.[20,25]

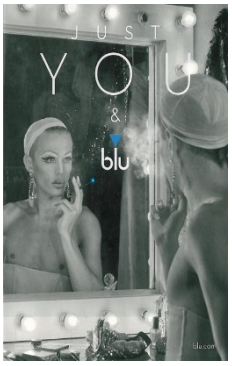


FIGURE 5: TOBACCO INDUSTRY ADVERTISEMENTS. SOURCE: TRINKETS AND TRASH.

FIGURE 6: TOBACCO INDUSTRY ADVERTISEMENTS. SOURCE: TRINKETS AND TRASH.

Enticing Use with Flavored Products

Until relatively recently, many tobacco products were available in mint, fruit, and candy flavors that appeal to youth. The 2009 Tobacco Control Act banned use of flavors other than menthol in cigarettes, and in January 2020 the federal government banned the manufacturing, distribution, and sale of flavored cartridge-based e-cigarettes, excluding menthol and tobacco.[26] In April 2021, the FDA committed to ending the exemption for menthol flavored cigarettes and prohibiting flavored cigars.[27]

Lobbying Against Tobacco Control Measures

In addition to marketing, the industry spends millions on lobbying and political contributions aimed at defeating tobacco control laws and regulations and passing measures that protect the industry.[16]

Health Equity and Health Disparities

Advancing health equity and reducing disparities through policies, processes, and systems can help improve the health and wellbeing of all Kansans. Tobacco-related disparities continue to exist because of a mix of factors, including social determinants of health, tobacco industry marketing, and inconsistent adoption and enforcement of tobacco control polices.[24] Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These SDOH can be grouped into five domains seen in Figure 7 and described below.[28]

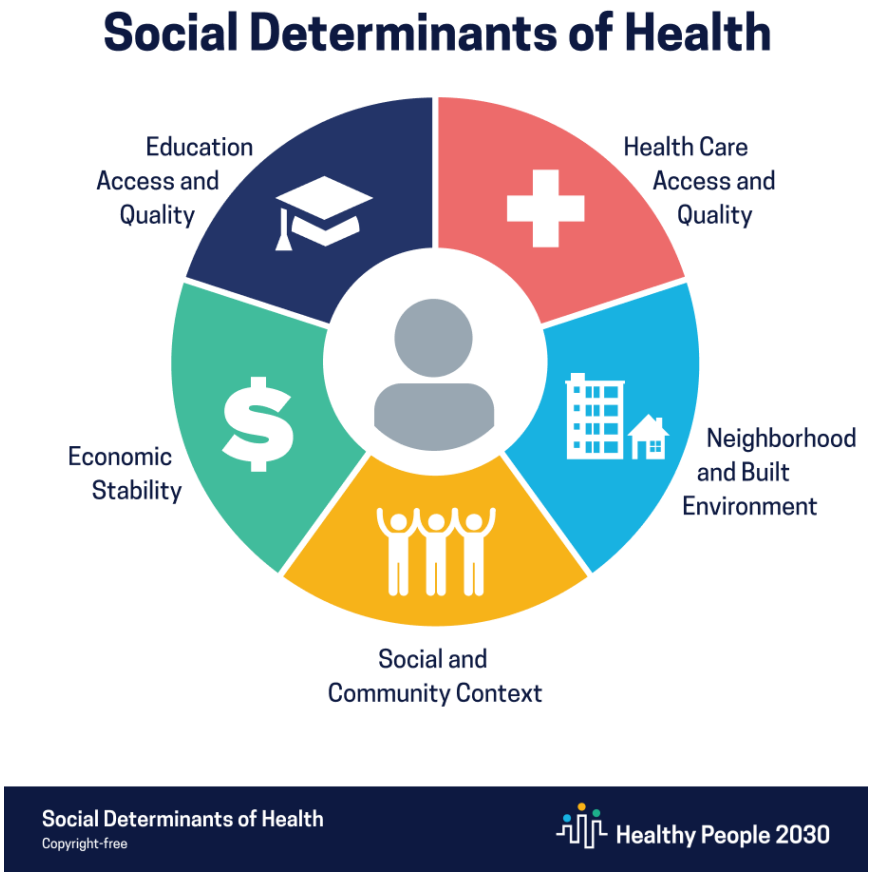


FIGURE 7: OVERVIEW OF THE SOCIAL DETERMINANTS OF HEALTH. SOURCE: HEALTHY PEOPLE 2030.

- **Economic Stability**: Many people in the U.S. have trouble finding and keeping jobs that pay well enough to afford things like healthy food, health care, and housing.
- **Education Access and Quality:** People who are able to attain higher levels of education are more likely to be healthier, but not all children have access to good educational opportunities.
- **Health Care Access and Quality:** Many people in the U.S. do not get the health care services that they need because they cannot afford or easily access it.
- **Neighborhood and Built Environment:** Where people live, work, learn, and play impacts their exposure to risks to health and safety, like violence or unsafe air or water.
- **Social and Community Context:** Social support and relationships can have a big impact on people's health and well-being.

Priority Populations for Tobacco Control

Kansas has notable adult tobacco use disparities across a variety of social and demographic constructs, including age, income, education, race, mental health status, sexual identity, and disability status. To reduce the overall toll of tobacco in Kansas, eliminating such disparities must be a priority.

The groups listed below have been selected as Priority Populations for prevention and cessation efforts in Kansas. Most of them have been specifically targeted by the tobacco industry. Many have experienced systemic social, economic, and environmental inequities that have resulted in higher rates of tobacco use. It is also important to note that health equity is intersectional. This means that individuals may belong to multiple groups that have experienced inequities, and therefore the effects may be compounded.[29]

American Indians

American Indian adults are more at risk for tobacco use than the general population. Tobacco companies target American Indian communities through extensive promotions, sponsorships, and advertising campaigns.[30] The ceremonial, religious, and medicinal roles of sacred tobacco in some tribes' cultures may affect attitudes, beliefs, and behaviors toward commercial tobacco use.[21] As of 2019, 40.8 percent of American Indian adults in Kansas smoked.[9]

Black Americans

The tobacco industry has aggressively marketed menthol products to Black Americans. These products are easier to smoke and harder to quit using. Research has shown that minority populations often do not have access to the cessation services that they need. Despite the fact that 72.8 percent of Black American smokers want to quit, they are generally less successful at quitting than white and Hispanic smokers because of lack of access to treatments such as counseling and medication.[21] As of 2019, 20.8 percent of Black adults in Kansas smoked compared to 15.2 percent of white adults.[9]

People with Lower Incomes

Tobacco companies target marketing efforts in low-income neighborhoods and communities, and lower-income populations have less access to health care.[1,32] In Kansas, adults with an annual household income of less than $25,000 smoke at nearly three times the rate of adults with an annual household income of $50,000 or more.[9] Adults who are uninsured or on Medicaid smoke at almost four times the rate of adults with private health insurance.[10,33]

People with Disabilities

Individuals with disabilities are more likely to smoke as compared to those without disabilities. In some cases, an individual's disability is the result of tobacco use. People with disabilities also experience higher stress from various aspects of living with a disability.[34] In 2019, 26.9 percent of Kansas adults living with a disability smoked as compared to 12.2 percent of Kansas adults without a disability.[9]

People with Behavioral Health Conditions

The tobacco industry has used multiple strategies to market cigarettes to populations with behavioral health conditions, including attempting to block smoke-free facility policies, providing free tobacco products and psychiatric facilities, and funding research to suggest cessation is too stressful for those with behavioral health conditions.[24] Individuals with behavioral health conditions also experience factors that make it more challenging to quit smoking, such as stressful living situations and limited access to health care.[35] One in three Kansas adults with poor mental health smoke, which is more than the double the rate of smoking in Kansas adults without poor mental health.[33] The prevalence of smoking is significantly higher among Kansas adults with Serious Psychological Distress, those who experience Frequent Mental Distress, and those with a lifetime diagnosis depression than those without these behavioral health conditions.[9]

People who Identify as LGBTQ+

The tobacco industry has aggressively marketed its products to the LGBTQ+ community, contributing to the higher use of tobacco products among this population than the general population. LGBTQ+ individuals may also experience daily stress related to discrimination and stigma that they can face.[36] LGBTQ+ individuals are less likely to have health insurance than the general population, which may affect access to cessation. As of 2019, 33.8 percent of LGBTQ+ adults in Kansas use tobacco products.

Pregnant and Postpartum Women

Smoking during pregnancy is a risk factor for complications from prematurity, low birth weight and other pregnancy problems. Infants exposed to parental smoking are at heightened risk for Sudden Infant Death Syndrome.[1] Despite this, smoking prevalence before, during, or after pregnancy has not changed in most states from 2000-2010. Smoking after delivery is most common among women who are American Indian, have less than 12 years of education, and had Medicaid coverage.[37] In 2018, 9.9 percent of adult pregnant women in Kansas smoked cigarettes.[38]

Youth and Young Adults

Preventing young people from using tobacco products is critical, since tobacco use is typically initiated during adolescence.[18] Approximately 900 kids in Kansas become regular smokers each year, and 61,000 kids currently under 18 and alive in Kansas will die early from premature smoking.[15] Approximately 54 percent of daily adult smokers in Kansas started smoking daily by age 18, and 94 percent started by age 25.[5]

Tobacco Prevention and Control in Kansas

Key State Tobacco Policies

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

Smoke-Free Environments

FIGURE 8: SMOKE FREE SIGN. SOURCE: KANSAS SMOKE-FREE.

Smoke-free policies have been proven to reduce secondhand smoke exposure and also reduce tobacco use.[39] The 2010 Kansas Clean Indoor Air Act prohibits smoking in most public indoor spaces, including worksites, restaurants and bars. There are exemptions for certain tobacco shops, casino floors, private clubs, adult long-term facilities, and up to 20 percent of hotel/motel sleeping rooms.[40] As of 2021, the bill only applies to combustible tobacco.[41] As of the date of this publication, legislative attempts to add use of e-cigarettes to the act have not been successful.

Youth Access to Tobacco

Because most people who smoke begin using tobacco in their teens, reducing youth access to tobacco is important.[32] A 2015 report from the Institute of Medicine concludes that raising the minimum legal age to purchase tobacco to 21 would reduce tobacco use initiation, particularly among youth 15 to 17 years old.[42] Since 2015, over twenty Kansas cities and counties increased the age of purchase from 18 to 21.[42] In 2019, the federal government raised the minimum age to purchase or possess cigarettes, electronic cigarettes or other tobacco products to 21.[44] As of the date of this publication, state law does not reflect this change in age.

Eliminating self-service displays and vending machines also eliminates easy access to tobacco products by young people. Self-service displays for tobacco products are permissible in designated tobacco specialty stores and vending machines permitted by law.[45] A 2019 bill that would have eliminated vending machine sales did not pass. There are currently over 200 tobacco vending machines in Kansas; their locations are not publicly available as per state statute.[46] Kansas requires cigarette and e-cigarette retailers pay $25 every two years for a license to sell tobacco products. This fee hasn't been increased since 1972. A license is not required to sell other tobacco products (cigars, chew, etc.).

Tobacco Pricing

Evidence from multiple studies shows that increasing the unit price of tobacco products reduces tobacco use, both increasing cessation and preventing initiation. Increasing the unit price for tobacco products by 20 percent reduces prevalence of adult tobacco use by 3.6 percent, initiation of tobacco use by young people by 8.6 percent, and overall consumption of tobacco products by 10.4 percent. This in turn results in reduced health care costs and productivity losses. Evidence also shows that increasing the price of tobacco reduces tobacco-related disparities among income groups and may reduce disparities by race and ethnicity.[39]

One approach to increasing the price of tobacco is through excise taxes. To effectively reduce cigarette consumption, tobacco taxes should be between $1 and $2 per pack.[47,48] Kansas last raised cigarette excise taxes in 2015, when it was raised to $1.29 per pack ($0.50 increase).[44] This is lower than the 2021 average nationwide tax of $1.91.[49]

Other tobacco products such as chewing tobacco, cigars, little cigars, roll your own, pipe tobacco, snuff and snus are taxed at 10 percent of the wholesale price. Kansas has the lowest nationwide tax on e-cigarettes with a tax of $.05 per milliliter.[50]

Cessation Coverage

The Kansas Tobacco Quitline provides one-on-one coaching to help Kansans who use tobacco take control of their attempt to quit. The Quitline is available 24 hours a day, 7 days a week, online and by phone. Experienced health coaches provide one-on-one support to form a quit plan. Nicotine replacement therapy (NRT) is also available for pregnant women and people with certain behavioral health conditions.[51]

FIGURE 9: KANSAS QUITLINE LOGO. SOURCE: KANQUIT.

KanCare, Kansas' Medicaid program, covers NRT and prescription medications as well as individual, phone, and group counseling. The State Employee Health Plan covers NRT and prescription medications but not counseling. All plans available through the Health Insurance Marketplace are required to cover tobacco cessation treatment, although coverage may vary by plan. There are no provisions mandating cessation coverage in private insurance plans.[52]

State Investment in Tobacco Control

In fiscal year 2020, Kansas received approximately $185.1 million in tobacco-related revenue, from a combination of Master Settlement Agreement payments from tobacco companies ($53.3 million) and state tobacco taxes.[53,54,55] Master Settlement Agreement payments are deposited in the Kansas Endowment for Youth Fund. Monies can be transferred to the Children's Initiative Fund and spent as directed by the legislature. All proceeds from state taxes on tobacco products go to the state general fund.[40]

In fiscal year 2021, total funding for tobacco control programs in Kansas was $2.5 million. The State of Kansas allocated $1.0 million and the federal government contributed $1.5 million to tobacco control programming. This is 8.8 percent of the CDC-recommended amount of $27.9 million.[53] In 2021, Kansas ranked 38th among states in terms of investment in tobacco control. See Figure 10 on the next page for a comparison of revenue, tobacco industry spending, and recommended and actual state spending.

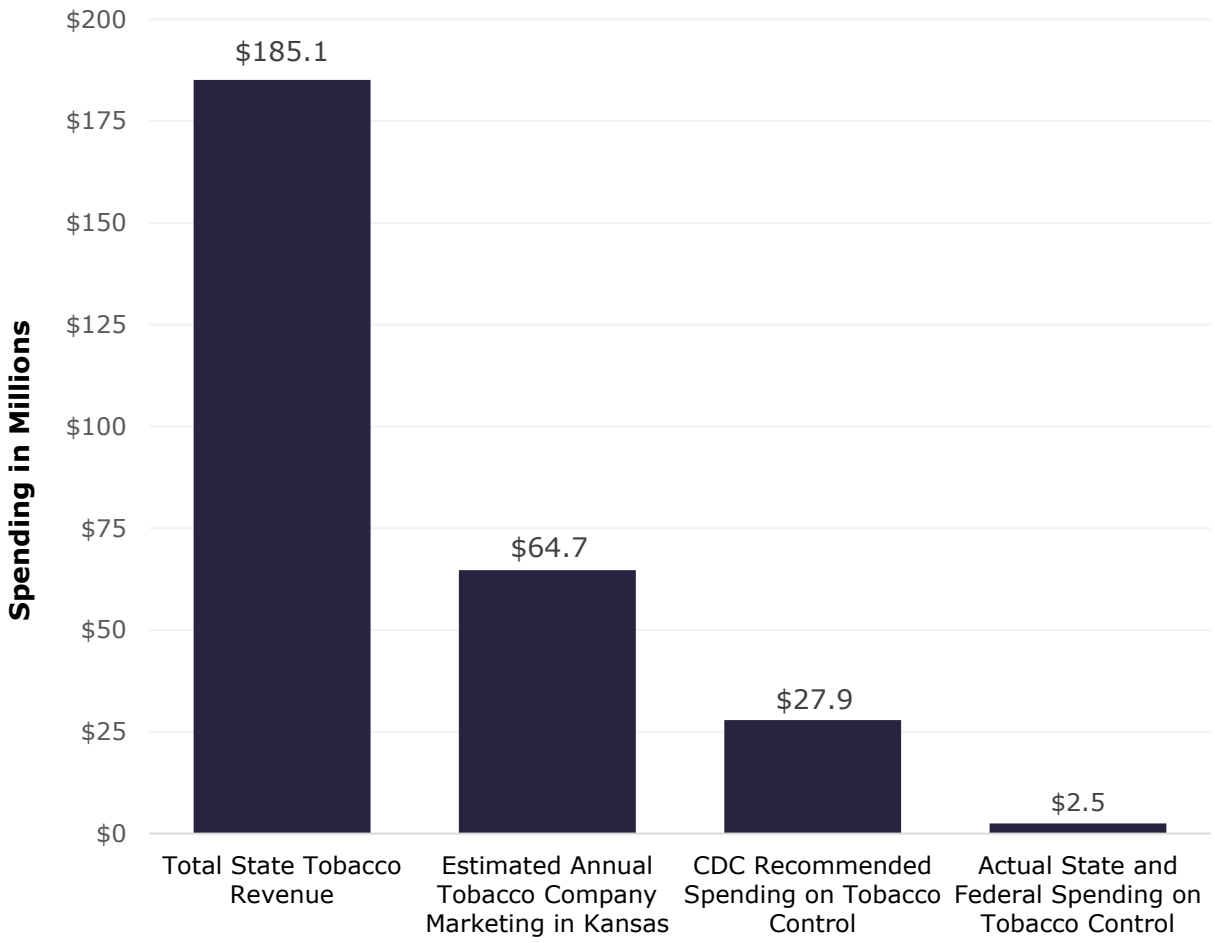


FIGURE 10: COMPARISON OF KANSAS'S TOBACCO REVENUE, TOBACCO INDUSTRY MARKETING, CDC RECOMMENDED SPENDING, AND STATE & FEDERAL SPENDING. DATA SOURCE: AMERICAN LUNG ASSOCIATION.

Statewide Initiatives

The burden of tobacco in Kansas can be reduced through implementation of evidence-based interventions, strategies and activities that prevent initiation, promote cessation, reduce exposure to secondhand smoke and eliminate tobacco-related disparities. The interventions currently in place in Kansas are specifically tailored to capitalize upon an engaged state-level partnership, relationships with state chronic disease programs and state organizations that represent disparate sub-populations, and an extensive network of local community programs. Many diverse statewide, regional and community stakeholders representing universities, health care, social service providers, advocacy organizations, foundations and local and state health department professionals work together by:

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

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

- Increasing tobacco retailer license fees, removing youth penalties for purchase, use and possession of tobacco products and revising licensing provisions to restrict tobacco products that target youth.
- Eliminating the sale of all flavored tobacco products, including e-cigarettes and menthol cigarettes.
- Implementing and enforcing tobacco-free school grounds and college campuses.
- Engaging youth to raise awareness and support for tobacco control policy change.
- Implementing smoke-free multi-unit housing policies.
- Implementing smoke-free air policies for outdoor areas such as such as parks, community events, dining areas, bus stops, farmers markets, and trails.
- Promoting an online provider training for smoking cessation.
- Advocating for the inclusion of e-cigarettes under the Kansas Indoor Clean Air Act

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

The Strategic Plan

Collaborative Planning Process

The strategic plan presented in this document is a roadmap for Kansas to enhance the quality of life for all Kansans through prevention and reduction of tobacco use and exposure. The plan is the result of the collaborative planning process described below and shown in Figure 11.

Landscape Analysis

Key background documents, including past plans and assessments and other pertinent data were reviewed. Thirteen key informant interviews were held with opinion leaders to discuss what they would like to see accomplished short-term and long-term, assets and opportunities, and challenges and barriers. These results were synthesized to summarize key findings.

Virtual Strategic Planning Sessions

Forty-six individuals, including Tobacco Use Prevention Program staff and representatives of key partner organizations, attended virtual strategic planning sessions in December 2020. Participants were provided with an orientation that reviewed: state data and indicators; current state, local, and institutional tobacco control policies; program priorities and community initiatives; and key informant interview results. Following the orientation, the group reviewed and discussed slightly revising the vision and mission statements and guiding principles from the *2016-2020 Kansas Tobacco Control State Plan*. Participants then discussed, identified, and prioritized goal-specific objectives and strategies, using the 2016-2020 Plan and strategies recommended by the Centers for Disease Control and Prevention as guidance. The result of this meeting was a plan outline that provided a clear direction toward achieving program goals leveraging available resources and opportunities.

Iterative Revisions

Using the plan outline developed during the strategic planning meetings, a small Core Team of Tobacco Use Prevention Program staff and partners further refined the plan outline and narrative. For each strategy, the group identified key partners and actions needed to implement the strategy. The plan was iteratively reviewed by the Core Team to create the final strategic plan.

FIGURE 11: THE COLLABORATIVE PLANNING PROCESS.

Strategic Plan Content

The collaborative strategic planning process resulted in the creation of a strong, comprehensive roadmap to guide tobacco prevention and control efforts for the next five years.

Plan Components

- **Goals to focus on** that will contribute to realizing the mission and vision. The four high-level goals align with those for comprehensive state tobacco control programs as identified by the Centers for Disease Control and Prevention:
    1. Prevent initiation of tobacco use among youth and young adults.
    2. Eliminate exposure to environmental tobacco smoke and e-cigarette aerosol
    3. Support equitable tobacco use and dependence treatment
    4. Address tobacco-related health inequities
- **Objectives to be achieved** by 2025 that represent progress toward accomplishing each goal.
- **Strategies to work on** to achieve the objectives.
- **Activities necessary to implement** the priority strategies.
- **Partners that will collaboratively work to implement** the activities. This list is not exhaustive.

How to Use the Plan

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

The plan outlines the types of strategies and activities that need to occur to achieve the objectives and goals. To implement these strategies, key partners will reconvene each year to agree on a work plan that establishes a timeline and defines roles. In doing so, additional activities may be identified and planned. The annual review will also present many collaborating partners with an additional opportunity to share resources, problem solve, coordinate and collaborate to have the greatest statewide impact.

FIGURE 12: PEOPLE ATTENDING TOBACCO FREE KANSAS COALITION EVENT. SOURCE: TOBACCO FREE KANSAS COALITION.

Similarly, the list of key partners included under each strategy is not meant to be exhaustive and may be augmented as implementation and planning proceeds. A broad range of partners across the state will continue to engage in the plan's strategies and activities.

Local Use of the Plan

To achieve the goals outlined in the Kansas Tobacco Control State Plan, key partners from across the state must collaborate to plan and execute the strategies and activities outlined in the plan. Community-level organizations and coalitions are also key partners that play an important role in bringing the plan to life. Community-based organizations and coalitions can alter knowledge, attitudes and practices of community members by changing the way tobacco is promoted, sold and used. These organizations play a critical role in mobilizing their communities to develop and implement policies and programs that shape tobacco-free norms, making tobacco less desirable, acceptable and accessible.[31]

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

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

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

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

Alignment with Other KDHE Plans

The KDHE Bureau of Health Promotion will integrate the recommended strategies into chronic disease programs, initiatives, and planning processes, such as those for prevention and control of cancer, heart disease, stroke, and diabetes. Environmental, policy, and systems change strategies designed to impact social norms, increase cessation, and mobilize public support and action for tobacco control will be the adopted priorities of the Community Health Promotion Section. The Oral Health and Maternal and Child Health programs (co-located within the Division of Public Health) will be actively engaged in joint planning and execution of tobacco use prevention strategies.

Partners Acronyms List

- **BCBS**: Blue Cross Blue Shield
- **CCNK:** Community Care Network of Kansas
- **CDRR grantees**: Chronic Disease Risk Reduction grantees
- **FCCLA:** Family, Career and Community Leaders of America
- **HOSA:** Future Health Professionals (formerly known as Health Occupation Students of America)
- **HUD:** Housing and Urban Development

- **KAAP**: Kansas chapter of the American Academy of Pediatrics
- **KDADS**: Kansas Department for Aging and Disability Services
- **KDCF:** Kansas Department for Children and Families
- **KHF:** Kansas Health Foundation
- **KSDE**: Kansas Department of Education
- **KU Medical Center**: University of Kansas Medical Center
- **NAMI Kansas**: National Alliance on Mental Illness Kansas
- **SADD**: Students Against Destructive Decisions
- **TFKC membership and founding members:** Tobacco Free Kansas Coalition; founding members are:
    - American Cancer Society (ACS)
    - American Heart Association (AHA)
    - American Lung Association (ALA)
    - Kansas Department of Health and Environment (KDHE)
- **WIC**: Women, Infants, Children program

Goal 1: Prevent initiation of tobacco use among youth and young adults

Preventing tobacco initiation among youth and young adults is critical since approximately 54 percent of daily adult smokers in Kansas started smoking by age 18, and 94 percent started by age 25.[5] To measure progress toward this goal, the percentage of youth and young adults who use tobacco products will be monitored over time. The selected strategies focus on changing environments to make tobacco less accessible and acceptable to youth.

Objectives

1. Decrease the prevalence of youth grades 9-12 who ever use cigarettes from 24.8% to 20.0%.[a]
2. Decrease the prevalence of youth grades 9-12 who ever use e-cigarettes from 48.6% to 45.0%.[a]
3. Decrease the prevalence of young adults aged 18-24 who ever use cigarettes from 13.2% to 11.0%.[b]
4. Decrease the prevalence of young adults aged 18-24 who ever use e-cigarettes from 19.0% to 15.0%.[b]

Strategies

A. Implement media campaigns tailored to youth and young adults
B. Adopt comprehensive tobacco-free policies on all educational campuses
C. Implement policies that make tobacco products less accessible and appealing to youth and young adults

Supporting Evidence

- Research has shown a causal relationship between advertising of tobacco products and the initiation of tobacco use among young people. Approximately one-third of underage experimentation with smoking can be attributed to tobacco industry advertising and promotion. Hard-hitting counter marketing campaigns that use commercial marketing tactics can be a valuable tool to reduce tobacco use, particularly when combined with other interventions.[32]
- The CDC recommends that school and college policies and interventions be implemented in conjunction with efforts to create tobacco-free social norms, including making environments smoke-free.
- Evidence from multiple studies shows that increasing the price of tobacco products reduces tobacco use. This strategy is particularly effective in preventing initiation among youth.[39]
- Restricting minors' access to tobacco products is recommended to prevent initiation. Research indicates that raising the minimum legal age to purchase tobacco to 21 will reduce tobacco use initiation, particularly among youth 15 to 17 years old.[42]
- The majority of tobacco industry marketing funds are spent in the retail environment, including point-of-sale advertising and price discounts such as coupons and buy-one-get-one-free offers.[17]
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including increasing the unit price of tobacco and creating smoke-free public and private environments.[32]
- Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. [32]

a) YRBS, 2019
b) BRFSS, 2019

Activities and Partners

Strategy 1A. Implement media campaigns tailored to youth and young adults

Activities

a. Develop campaign(s) tailored to diverse audiences to address specific trends such as flavored tobacco use
b. Run ads available through the CDC's Media Campaign Resource Center
c. Share customized messages via social media and text messaging when a campaign airs
d. Direct youth to tobacco prevention websites and social media channels
e. Share resources and campaign materials with organizations that work with youth

Partners

- TFKC membership and founding members
- Resist chapters
- CDRR grantees and other health and prevention-focused grantees and coalitions
- Insurers
- Youth health advocacy organizations, such as KAAP
- Children's mental health providers and related organizations, such as NAMI Kansas

Strategy 1B. Adopt comprehensive tobacco-free policies on all educational campuses

Activities

a. Educate partners, decision-makers, and the public on the effectiveness of tobacco-free school policies
b. Engage youth in strategies and activities that raise awareness of and support for these policies
c. Promote use of the Kansas State Department of Education Comprehensive Tobacco-Free School Grounds Policy to support policy adoption, implementation, and enforcement

Partners

- TFKC membership and founding members
- KSDE
- School districts
- Kansas Board of Regents and private college organizations and associations
- College administrators
- CDRR grantees and other health and prevention-focused grantees and coalitions
- Resist chapters
- Student organizations at secondary schools (e.g. FCCLA, SADD, HOSA, SAFE)
- Student organizations at universities, colleges and technical schools (e.g., student government, Greek life)

Strategy 1C. Implement policies that make tobacco products less accessible and appealing to youth and young adults

Activities

a. Educate partners, policy makers, and the public on the effectiveness of policies that increase the age of purchase for tobacco products, restrict sale of flavored tobacco products, and increase retail license fees at state and local levels
b. Educate partners, policy makers, and the public on the effectiveness of policies that increase the price of tobacco products, such as prohibiting discounts and coupons, setting minimum prices, and increasing excise taxes
c. Advocate for allocation of funding from tobacco excise tax for tobacco use prevention and cessation programs
d. Provide training and technical assistance on these policies to CDRR grantees and other health and prevention focused grantees and coalitions
e. Engage youth in strategies and activities that raise awareness of and support for these policies
f. Provide resources on these policies for town hall meetings in interested communities, to include tips for talking to decision-makers, information about joining partner organizations' grassroots networks, and a speakers bureau list

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- Kansas Department of Revenue
- Local chambers of commerce and businesses
- Local governments / policy makers
- Kansas Attorney General
- CDRR grantees and other health and prevention-focused grantees and coalitions
- Resist chapters
- Youth focused organizations (e.g. 4-H clubs, Boys & Girls Clubs, Big Brothers Big Sisters, Boy and Girl Scouts, religious groups)

Goal 2: Eliminate exposure to environmental tobacco smoke and e-cigarette aerosol

While the Kansas Indoor Clean Air Act protects the public from secondhand smoke in many places, it does not cover outdoor areas, exempts some worksites, and does not include e-cigarette use. Many Kansans are also exposed to tobacco smoke and e-cigarette aerosol in their homes. Smoke-free air policies that eliminate all secondhand smoke exposure are proven to protect the public from secondhand smoke and save lives. To measure progress toward this goal, secondhand smoke exposure in worksites and homes will be monitored. The selected strategies focus on creating tobacco-free indoor and outdoor environments.

Objectives

1. Decrease the prevalence of adults living in multi-unit housing who are exposed to secondhand smoke at home from 24.3% to 20.0%.[a]
2. Decrease the prevalence of adults living in multi-unit housing who are exposed to secondhand aerosol at home by 4.0%.[b]
3. Reduce the prevalence of employees who are exposed to secondhand smoke at their place of work from 16.9% to 15.0%.[a]
4. Reduce the prevalence of employees who are exposed to secondhand aerosol at their place of work by 2.0%.[b]

Strategies

A. Update existing indoor clean air laws to include all types of tobacco use and eliminate exemptions
B. Advocate for comprehensive tobacco-free housing policies
C. Advocate for comprehensive tobacco-free worksite policies
D. Adopt comprehensive tobacco-free outdoor public spaces policies

Supporting Evidence

- Research has documented the effectiveness of laws and policies in a comprehensive tobacco control effort to protect the public from secondhand smoke exposure. This includes implementing comprehensive smoke-free laws that prohibit smoking in all indoor and outdoor areas, including worksites, parks, recreational areas and campuses. Incorporating provisions for smoke-free work vehicles and areas around building entrances provide additional protection. Prohibiting the use of e-cigarettes as part of smoke-free regulations can help ensure the public is not exposed to e-cigarette aerosol and enforcement of smoke-free laws is not compromised.[32]
- Research shows that secondhand smoke can infiltrate nonsmoking homes in multi-unit housing complexes through routes like air ducts, stairwells and open windows, exposing nonsmoking residents to secondhand smoke and potentially endangering their health. Smoke-free policies in multi-unit housing facilities can play an important role in protecting residents from secondhand smoke.[56]

a) BRFSS, 2019
b) Baseline to be collected via BRFSS, 2021

- E-cigarettes can currently be used in many places that cigarettes cannot, normalizing their use.[32]
- Research has shown that 40 percent of U.S. adults believe that e-cigarette aerosol smoke causes only little or some harm to children and that 5 percent of U.S. adults believe that e-cigarette aerosol smoke causes no harm to children. Raising awareness the dangers of e-cigarette aerosol exposure and implementing e-cigarette free policies can help decrease the prevalence and danger of e-cigarette aerosol exposure.[57]
- Research demonstrates the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, including creating smoke-free public and private environments, such as parks and multi-unit housing. Statewide programs can educate policy makers and organizational decision makers about tobacco to build support for tobacco control policy change.

Activities and Partners

Strategy 2A. Update existing indoor clean air laws to include all types of tobacco use and eliminate exemptions

Activities

a. Educate partners, policy makers, and the public about existing loopholes in the Kansas Indoor Clean Air Act regarding exemptions for casinos, cigar bars, fraternal organizations, etc.
b. Educate partners, policy makers, and the public about secondhand smoke and e-cigarette aerosol exposure
c. Engage communities affected by existing loopholes in strategies and activities that raise awareness of and support for policy updates

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- CDRR grantees and other health and prevention-focused grantees and coalitions
- Local health departments
- Local chambers of commerce and businesses
- School districts
- Resist chapters
- Local governments / policy makers

Strategy 2B. Advocate for comprehensive tobacco-free housing policies

Activities

a. Work with housing authorities to perform environmental assessments and create smoke-free policies
b. Provide educational resources, technical assistance, and strategy sharing opportunities to interested communities about tobacco-free housing policies
c. Promote use of comprehensive model smoke-free multi-unit housing policies to support policy adoption, implementation, and enforcement

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- CDRR grantees and other health and prevention-focused grantees and coalitions
- Local health departments
- Local governments / policy makers
- Housing authorities, including HUD
- Transitional or supportive housing and homeless shelters
- Multi-unit housing property owners, managers and residents, and residential associations

Strategy 2C. Advocate for comprehensive tobacco-free worksite policies

Activities

a. Educate partners, employers, and the public about secondhand smoke and e-cigarette aerosol exposure and benefits of tobacco-free worksite policies
b. Provide resources to facilitate adoption of tobacco intervention guidelines for workplaces, including provision of information on tobacco treatment services
c. Partner with workplaces and childcare providers to implement tobacco-free worksites and vehicles

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- CDRR grantees and other health and prevention-focused grantees and coalitions
- Local health departments
- Workwell Kansas
- Kansas Parents as Teachers Association
- Kansas Childcare Training Opportunities, Inc.
- Poverty and health advocates
- Local chambers of commerce and businesses
- Local governments / policy makers
- Employers and small business owners (including transportation authorities and daycare facilities)

Strategy 2D. Adopt comprehensive tobacco-free outdoor public spaces policies

Activities

a. Educate partners, employers, and the public about secondhand smoke and e-cigarette aerosol exposure in outdoor spaces like parks, recreational areas, sports facilities, and transportation drop-off zones
b. Provide resources, technical assistance and strategy sharing opportunities to communities
c. Promote use of comprehensive model policies to support policy adoption, implementation, and enforcement
d. Engage youth in process and in raising community awareness

Partners

- TFKC membership and founding members
- KSDE
- State and local parks & recreation departments and associations
- Local health departments
- Local governments / policy makers
- School districts
- County Extension Programs
- CDRR grantees and other health and prevention-focused grantees and coalitions
- Kansas Parents as Teachers Association
- Resist chapters
- Student organizations at secondary schools (e.g. FCCLA, SADD, HOSA, SAFE)
- Youth-focused organizations (e.g., 4-H, Boys & Girls Clubs, Big Brothers Big Sisters, Boy and Girl Scouts, religious groups)
- Local community and civic organizations with outdoor focus
- Local environmental groups and clubs

Goal 3: Support equitable tobacco use and dependence treatment

Promoting cessation is a key component of a comprehensive state tobacco control program.[32] Nearly two-thirds of adult smokers in Kansas attempted to quit in 2017.[59] Providing tobacco users who want to quit with resources and treatment to assist them in succeeding reduces tobacco-related disease and health care costs.[32] To measure progress toward this goal, the percentage of current smokers, current smokeless tobacco users, and current e-cigarette users who make a quit attempt and the proportion of pregnant women who smoke will be monitored over time. The selected strategies focus on providing comprehensive, evidence-based tobacco use and dependence treatment and reducing barriers to accessing these services.

Objectives

1. Decrease the prevalence of young adults aged 18-24 years who use any tobacco products from 27.4% to 25.0%.[a]
2. Decrease the prevalence of adults who use any tobacco products from 23.9% to 21.0%.[a]
3. Decrease the prevalence of pregnant women who use tobacco products from 10.3% to 7%.[b]
4. Increase the prevalence of current smokers who make a quit attempt from 57.1% to 59.0%.[a]
5. Increase the prevalence of current smokeless tobacco users who make a quit attempt by 2.0% [c]
6. Increase the prevalence of current e-cigarette users who make a quit attempt by 2.0%.[c]

Strategies

A. Expand availability of comprehensive insurance coverage for evidenced-based tobacco use treatment
B. Adopt comprehensive tobacco-free policies at behavioral health facilities
C. Integrate referral and tobacco use treatment into routine clinical practice
D. Expand access to tobacco use treatment via institutional and community settings

Supporting Evidence

- State programs should focus on population-level, strategic efforts to reconfigure policies and systems to normalize quitting and institutionalize tobacco use screening, referrals and treatment through quitlines and pharmaceutical aides.[32]
- Expanding insurance coverage facilitates cessation by removing cost and administrative barriers that prevent smokers from accessing treatment like counseling and medications. Removing cost and administrative barriers makes tobacco use and dependence treatment more accessible, increasing the number of tobacco users who successfully quit. Since low-income adults smoke at a much higher rate than the general population, removing these barriers is particularly effective for this population.[32]

a) BRFSS, 2019; Tobacco products are defined as cigarettes, e-cigarettes, and/or smokeless tobacco
b) PRAMS, 2019
c) Baseline to be collected via BRFSS, 2021

- More than 80 percent of smokers see a health care provider every year, and most smokers want their health care providers to talk to them about quitting. Smokers successfully quit more often when they are referred to evidence-based treatments through the health care system, state quitlines and other community-based resources.[32]
- Population-wide interventions that change societal environments and norms related to tobacco use, like comprehensive smoke-free policies, increased tobacco product pricing and hard-hitting media campaigns, increase tobacco cessation by motivating tobacco users to quit and making it easier for them to do so.[32]
- Parental smoking is a risk factor for several pregnancy complications and infant health problems, making pregnant and postpartum women who smoke an important population for targeted cessation efforts.[1] During pregnancy (the prenatal period) and immediately before and after birth (the perinatal period), women engage with health care systems frequently, providing opportunities for tobacco cessation referral and treatment.

Activities and Partners

Strategy 3A. Expand availability of comprehensive insurance coverage for evidenced-based tobacco use treatment

Activities

a. Educate partners, policy makers, and the public about tobacco dependence and benefits of tobacco use treatment, particularly among disparately affected populations
b. Support policies that expand barrier-free tobacco use treatment insurance benefits, such as Medicaid expansion and postpartum Medicaid extension
c. Advocate for providing counseling reimbursement to individuals working for a licensed health care provider who have completed accredited training for Tobacco Treatment Specialists
d. Advocate for increasing reimbursement rates for tobacco dependence counseling

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- Insurance providers (e.g., KanCare)
- NAMI Kansas
- CCNK
- CDRR grantees and other health and prevention focused grantees and coalitions
- Employers and small business owners
- Healthcare and pharmacy providers and organizations

Strategy 3B. Adopt comprehensive tobacco-free policies at behavioral health facilities

Activities

a. Educate partners, behavioral health providers, and the public about tobacco use among people with behavioral health conditions and the benefits of tobacco-free behavioral health facilities
b. Provide resources that facilitate adoption of tobacco-free policies at behavioral health facilities
c. Work with elected and appointed officials to require or incentivize tobacco-free buildings and grounds policies at behavioral health facilities via administrative controls (e.g. state contracts) and/or local policies
d. Partner with behavioral health providers to implement tobacco-free buildings and grounds policies

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- KDHE Bureau of Family Health
- CDRR grantees and other health and prevention focused grantees and coalitions
- CCNK
- NAMI Kansas and behavioral health provider associations
- Health care providers/facilities (e.g., pediatricians, hospitals, community health centers, family practitioners)
- KU Medical Center
- Community Mental Health Centers
- Behavioral health/substance abuse treatment centers and peer support groups

Strategy 3C. Integrate referral and tobacco use treatment into routine clinical practice

Activities

a. Train safety net providers serving low-income and uninsured populations to screen, refer, and follow-up for tobacco use at every visit
b. Train behavioral health and substance abuse treatment providers to integrate tobacco use treatment as part of patient treatment plans
c. Train Women, Infants and Children (WIC) staff and family planning nurses at health departments to screen, refer, and follow-up for tobacco use at every visit, and on brief tobacco intervention counseling techniques
d. Train pediatricians to screen, refer and follow-up for tobacco use during perinatal period
e. Develop performance standards that incentivize providers to screen for tobacco use and to offer tobacco treatment
f. Update state contracts with healthcare facilities to require or incentivize offering tobacco use treatment
g. Support integration of eReferrals and web-referrals to allow two-way communication between a healthcare provider and the Quitline

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- KDHE Bureau of Family Health
- KDCF
- Insurance providers (e.g., KanCare)
- Local health departments
- American Academy of Pediatrics
- CDRR grantees and other health and prevention- focused grantees and coalitions
- NAMI Kansas
- Maternal and child health programs (e.g., WIC, Family Planning)
- Health care providers/facilities (e.g., pediatricians, hospitals, community health centers, family practitioners)
- UK Medical Center
- Community Mental Health Centers
- CCNK
- One Care Kansas

Strategy 3D. Expand access to tobacco use treatment via institutional and community settings

Activities

a. Expand resources for the Kansas Quitline Behavioral Health program
b. Sponsor educational media campaigns designed for specific audiences to promote cessation and provide information on how to access free and low-cost tobacco use treatment
c. Promote the Kansas Tobacco Quitline and other free and low-cost tobacco use treatment options in institutional and community settings like pharmacies, social services offices (e.g. WIC), housing authorities, schools, places of worship, community centers, etc., focusing on the Quitline services that are available in multiple languages when appropriate
d. Make educational information about tobacco use treatment available in multiple languages to reflect those spoken in local communities

Partners

- TFKC membership and founding members
- KDCF
- KDHE Bureau of Family Health
- KDADS Substance Abuse Prevention
- Local health departments
- Insurance providers (e.g., KanCare, BCBS)
- American Academy of Pediatrics
- CDRR grantees and other health and prevention focused grantees and coalitions
- NAMI Kansas
- Health care providers/facilities (e.g., pediatricians, hospitals, community health centers, community health workers family practitioners)
- Maternal and child health programs (e.g., WIC, Family Planning)
- KU Medical Center
- County Extension programs
- Kansas Action for Children
- CCNK

Goal 4: Address tobacco-related health inequities

Certain populations in Kansas suffer disproportionately from tobacco use and exposure to secondhand smoke. In particular, disparities are seen among Kansans who are American Indian, are Black, have lower incomes, live with disabilities, live with behavioral health conditions, and/or who identify as LGBTQ+. These disparities persist due to systemic, historic inequities and tobacco industry targeting. Strategies in the other three goal areas focus on changing social norms, creating tobacco-free environments, and providing tobacco use and dependence treatment. These policies, processes, and systems changes can help reduce disparities and improve the health and wellbeing of all Kansans. To ensure these interventions are appropriate and effective for populations experiencing disparities, strategies in this goal area focus on increasing awareness about tobacco-related health inequities and building meaningful relationships with affected populations.

Objectives

1. Decrease prevalence of American Indian adults who use any tobacco products from 40.8% to 35%.[a]
2. Decrease prevalence of Black adults who use any tobacco products from 29.1% to 24%.[a]
3. Decrease the prevalence of adults with an annual household income of <$25,000 who use any tobacco products from 36.4% to 34.0%.[a]
4. Decrease prevalence of adults with living with disabilities who use any tobacco products from 34.2% to 32.0%.[a]
5. Decrease the prevalence of adults with poor mental health status who use any tobacco products from 40.0% to 38.0%.[a]
6. Decrease the prevalence of adults who identify as LGTBQ+ who use any tobacco products from 33.8% to 26.0%.[a]

Strategies

A. Educate partners, disparately affected populations, and the public about historic inequities
B. Provide technical assistance to guide partners in engaging with disparately affected populations
C. Meaningfully engage with people disproportionately affected by tobacco and organizations and institutions that serve or involve them
D. Implement culturally sensitive initiatives and services that resonate with people disproportionately affected by tobacco

Supporting Evidence

- Monitoring attitudes, behaviors, and health outcomes over time is critical to understanding tobacco-related disparities, and being able to address them. See pages 11 and 12 of this document for information about how each population described in Goal 4 is affected by tobacco.
- Interventions that change systems and environments support tobacco use prevention and cessation. These include changing policies to create smoke-free environments and integrating tobacco screening, referral, and cessation treatment into clinical care.[32] These types of interventions affect whole populations, thereby addressing social determinants of health that contribute to health disparities.

- To reduce tobacco-related disparities, it is important to understand the people being served – their values, histories, cultures, and environments. Partnering with and listening to disparately affected populations and those that serve them ensures that interventions take the needs and values of these populations into account.[24]
- Collaborating with disparately affected populations and those that serve them on tobacco control interventions creates a sense of ownership, builds credibility, and mobilizes and empowers the community. Connecting tobacco use and secondhand smoke exposure to other high priority health issues a population is experiencing can help bring additional partners to the table and mobilize support.

Activities and Partners

Strategy 4A. Educate partners, disparately affected populations, and the public about historic inequities

Activities

a. Provide training and resources about how historic and systemic inequities and tobacco industry marketing have caused tobacco-related disparities, the harms of tobacco, and evidence-based tobacco control strategies
b. Engage members of disparately affected populations in statewide and community-based programs to raise awareness of tobacco industry practices
c. Share data to help partners understand the relationships between social determinants of health and tobacco use and secondhand smoke exposure
d. Maintain and expand use of the surveillance instruments supported by KDHE that assess statewide population tobacco use behavior among disparately affected populations and determine intersectionality among populations (including age, race/ethnicity, income, education, mental health, sexual identity, and disability status)

Partners

- TFKC membership and founding members
- CDRR grantees and other health and prevention focused grantees and coalitions
- Poverty and health advocates
- KDADS Substance Abuse Prevention
- Minority healthcare groups
- Community Mental Health Centers
- Behavioral health/substance abuse treatment centers and peer support groups
- Organizations serving and involving populations disproportionately affected by tobacco

a) *BRFSS, 2019; Tobacco products are defined as cigarettes, e-cigarettes, and/or smokeless tobacco*

Strategy 4B. Provide technical assistance to guide partners in engaging with disparately affected populations

Activities

a. Support healthcare providers in building cultural competence to provide safe, friendly, and comprehensive services to populations who have faced historic injustices
b. Offer education and facilitation support to local health coalitions to enable them to meaningfully include impacted populations, especially as community volunteers
c. Support local level advocacy to promote evidence-based tobacco control strategies in affected communities
d. Develop skills and resources to help ensure materials, policies, procedures, and training and professional development reflect an understanding of the people being served
e. Educate community leaders about how tobacco policies affect other public health issues like chronic disease prevention

Partners

- TFKC membership and founding members
- KDADS
- CDRR grantees and other health and prevention focused grantees and coalitions
- Poverty and health advocates
- Minority healthcare groups
- Community Mental Health Centers
- Behavioral health/substance abuse treatment centers and peer support groups
- Organizations serving and involving populations disproportionately affected by tobacco

Strategy 4C. Prioritize meaningful engagement with people disproportionately affected by tobacco and organizations that serve or involve them

Activities

a. Connect with community organizations that serve populations disproportionately affected by tobacco to gauge interest in partnering on tobacco control issues (e.g., Urban League, National Association for the Advancement of Colored People [NAACP], GLSEN)
b. Build relationships with Kansas' American Indian tribes, tribal partners, and tribal health clinics
c. Work with community members to craft and select tobacco control policies and messages that will resonate with their communities
d. Conduct community-based participatory research that engages affected populations in assessing needs, perspectives on evidence-based strategies, and effective prevention and cessation messaging
e. Convene partners interested in eliminating health inequities (both allies and constituents) to discuss priorities and potential roles
f. Assess needs and explore ways to provide appropriate resources to build capacity of these organizations

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- CDRR grantees and other health and prevention focused grantees and coalitions
- Community Care Network of Kansas
- Poverty and health advocates
- Community Mental Health Centers
- Organizations serving and involving populations disproportionately affected by tobacco
- NAMI Kansas

Strategy 4D. Implement culturally sensitive initiatives and services that resonate with people disproportionately affected by tobacco

Activities

a. Regularly convene partners interested in eliminating health inequities (both allies and constituents) to develop and implement action plans
b. Develop prevention and cessation marketing campaigns that are tailored to the needs and interests of populations disproportionately affected by tobacco and use relevant channels to reach them
c. Adjust tobacco prevention, treatment and policy approaches for populations disproportionately affected by tobacco based on feedback from these communities

Partners

- TFKC membership and founding members
- KDADS Substance Abuse Prevention
- CDRR grantees and other health and prevention focused grantees and coalitions
- Insurance providers (e.g., KanCare)
- CCNK
- KHF
- Kansas Prevention Collaborative
- Poverty and health advocates
- Community Mental Health Centers
- Organizations serving and involving populations disproportionately affected by tobacco

Appendices

Appendix A: Acknowledgements

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

- Kathy Albert, Kansas Department of Health and Environment
- Virginia Barnes, Blue Cross and Blue Shield of Kansas
- Mende Barnett, Kansas Department of Health and Environment
- Dayna Brinkman, Kansas Department of Health and Environment
- Nicole Brown, Johnson County Health & Environment
- Rick Cagan, NAMI Kansas
- Lisa Chaney, Learning Tree Institute
- Steve Corbett, Kansas Department of Health and Environment
- Daniel Craig, Tammy Walker Cancer Center
- Carol Cramer, Kansas Department of Health and Environment
- Karin Denes-Collar, Masonic Cancer Alliance
- Tanya Dorf Brunner, Oral Health Kansas Inc.
- Ed Ellerbeck, University of Kansas Medical Center
- Kay Emerson, Kansas Department of Health and Environment
- Babalola Faseru, University of Kansas Medical Center
- Lisa Frey Blume, Kansas Department of Health and Environment
- David Fulton, Partners for Wichita
- Bianca Garcia, Unified Government Public Health Department
- Donna Gertsner, Livewell Finney County
- Alix Guerrero, Kansas Department of Health and Environment
- Adrienne Hearrell, Kanas Department of Health and Environment
- Kynedee Hodges, Kansas Department of Health and Environment
- Kim Jordan, Aetna
- Lorrie Kessler, Healthy Harvey Coalition Harvey County Health Department
- Courtney Koenig, Kansas Department of Health and Environment
- Beth Koksal, Live Well Finney County
- Ryan Lester, Kansas Department of Health and Environment
- Shannon Lines, Kanas Department of Health and Environment
- Jennifer Marsh, Kansas Department of Health and Environment
- Chrissy Mayer, DCCCA
- Brooke Miller-Schroer, Kansas Department of Health and Environment
- Suzanne Moore, Kansas Department of Health and Environment
- Kim Neufeld, Kansas Academy of Family Physicians
- Tara Nolen, Tobacco Free Kansas Coalition
- Nikki Nollen, University of Kansas School of Medicine
- Thuylinh Pham, Children's Mercy
- Sara Prem, American Lung Association

- Lynette Redington, Healthy Harvey Coalition / Harvey County Health Department
- Stephanie Rhinehart, Kansas Department for Aging and Disability Services
- Kimber Richter, University of Kansas School of Medicine
- Kari Rinker, American Heart Association
- Jordan Roberts, Kansas Department of Health and Environment
- Marci Rosencutter, Kansas Department of Revenue
- Matthew Schrock, Kansas Department of Health and Environment
- Julie Sergeant, Kansas Department of Health and Environment
- Hina Shah, Kansas Health Institute
- Paula Smith, Kansas State Department of Education
- Erica Terry, Susan G. Komen Kansas + Western Missouri
- Mark Thompson, Kansas State Department of Education
- Christi Wells, Oral Health Kansas
- Carolyn Williams, Kansas Health Foundation
- Lavonta Williams, Community Advocate

The Emory Centers for Public Health Training and Technical Assistance provided facilitation and writing support to develop this plan.

Appendix B: Sustainability Plan

Introduction

The Centers for Disease Control and Prevention (CDC) defines program sustainability as "the ability to maintain programming and its benefits over time." To maintain the proven benefits of a comprehensive tobacco control program, multiple factors contributing to sustainability must be addressed. The Kansas Tobacco Control Sustainability Plan augments the 2021-2025 Kansas State Tobacco Control Strategic Plan, describing how partners can collaborate to sustain tobacco control efforts.

Process for Sustainability Plan Development

On behalf of the Kansas Department of Health and Environment (KDHE) and the Tobacco Free Kansas Coalition (TFKC), the Emory Centers for Public Health Training and Technical Assistance coordinated an interactive, facilitated virtual sustainability planning session in April 2021. The goal of the meeting was for a small group of key partners to come to consensus on the strategies necessary to sustain tobacco control efforts in Kansas. These partners represented organizations that have invested significant financial resources in tobacco control and consider tobacco control a high priority among their constituents.

During the meeting, background information was shared with the planning team to provide context for building the plan. This included the results of partners' assessment of collective capacity to sustain statewide tobacco control efforts using the Program Sustainability Assessment Tool (PSAT). Developed by Washington University in St. Louis, the PSAT is designed to assess factors related to eight key domains that are necessary for a strong, sustainable statewide initiative. See Figure 5 for the PSAT results. Because partner participation in the PSAT was low (4 of 10 completed it), the results were cross-referenced with themes identified from key informant interviews held previously. Themes from these interviews closely aligned with the PSAT results.

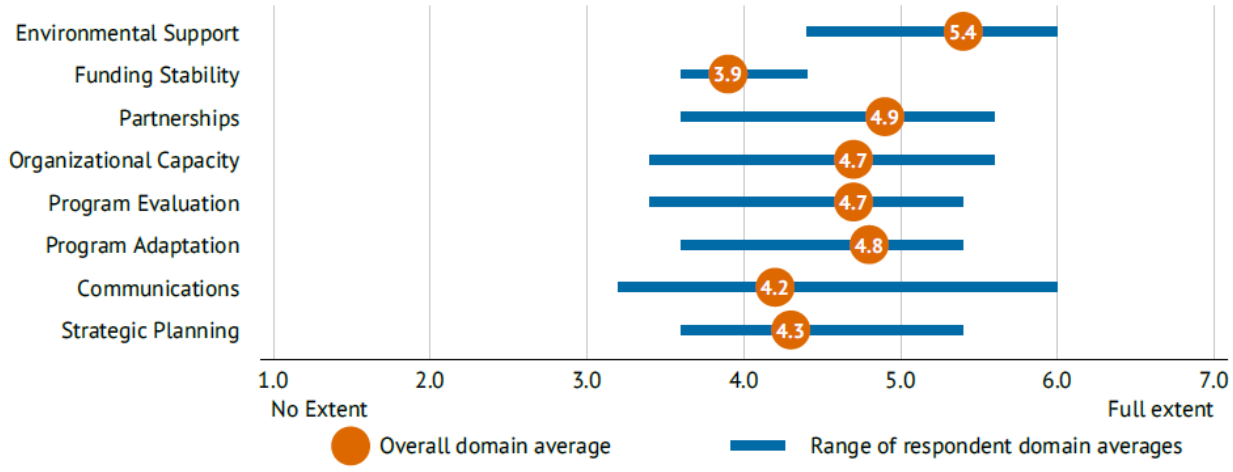


FIGURE 13: AVERAGE SUSTAINABILITY CAPACITY BY DOMAIN. SOURCE: PSAT RESULTS

After reflecting on the background information presented, the sustainability planning team selected a few areas to focus sustainability efforts:

- ***Partnerships:*** Most factors within this domain on the PSAT scored highly, and key informants consistently described partnerships as an asset to Kansas' tobacco control efforts. Leveraging and enhancing existing partnerships while also thoughtfully developing new partnerships are critical to sustainability, as doing so increases collective resources and expands reach. Building new partnerships with organizations that include and/or serve priority populations will further advance efforts to address health inequities in Kansas.
- ***Communications:*** Most factors within this domain on the PSAT were ranked low, indicating tobacco control efforts have room to improve related to increasing community awareness, demonstrating value to the public, and securing and maintaining public support. Key informant comments echoed these findings, indicating a need to reconsider what messages are being conveyed and the messengers that are relaying them, particularly when communicating with decision-makers.
- ***Funding Stability:*** This domain scored lowest of all on the PSAT, demonstrating the need to proactively protect current funding and seek additional funding sources. Key informants also described insufficient funding/resources as a barrier to effective comprehensive tobacco control. Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. The longer states invest in such programs, the greater and quicker the impact.[34] As of 2021, Kansas' state tobacco control program is funded at 8.8 percent of the CDC-recommended level.[55] Communication and partnership building efforts can be leveraged to improve funding stability.

Using the Sustainability Plan

The following at-a-glance sustainability plan represents the essential elements of the partners' recommendations. The plan contains four core strategies:

1. Engage new partners in tobacco control efforts to diversify partnerships and increase collective tobacco control capacity
2. Enhance alignment of current partnerships to increase collective tobacco control capacity
3. Use communications to raise awareness of successes and increase public support for tobacco control efforts
4. Create opportunities to increase funding available for tobacco control efforts

Actionable steps to implement the strategies and measures of success that are evidence of progress are included. As the sustainability plan is implemented, new needs will emerge. As these new needs are addressed, progress toward sustainable tobacco control funding will continue to build and ultimately be achieved.

Definitions of Plan Components

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

Partners Acronyms List

- **ACS CAN**: American Cancer Society Cancer Action Network
- **AHA:** American Heart Association
- **ALA**: American Lung Association
- **CDRR grantees**: Chronic Disease Risk Reduction grantees
- **KDADS**: Kansas Department for Aging and Disability Services
- **KDHE**: Kansas Department of Health and Environment
- **KHF:** Kansas Health Foundation
- **KU Med**: University of Kansas Medical Center
- **NAMI Kansas**: National Alliance on Mental Illness Kansas
- **TFKC:** Tobacco Free Kansas Coalition

Sustainability Strategy 1: Engage new partners in tobacco control efforts to diversify partnerships and increase collective tobacco control capacity

Steps to Achieve Strategy	Responsible Parties	Measurements of Progress	Resources Needed	Timeframe
1. Identify potential partners • Determine what is needed from future partners (skills, access, resources, etc.) • Research potential partners, considering organizations or individuals that: represent and/or serve priority populations; have interest in health and wellness issues; have been awarded COVID-19 funds • Ask existing partner organizations about potential partner connections they may have • Hold brainstorming and discussion meetings	KDHE, TFKC	List of potential partners developed	• Staff time • Information on potential partners (websites, contact info, etc.) • Meeting space (virtual or in person)	Start 2021, revisit every other year
2. Prioritize list of potential partners • Create profiles of potential partners including: contact information; areas of focus, mission, activities; benefits of partnering for them; equity; potential contributions; any existing connections to them • Use this information to determine priority levels and select which potential partners to reach out to	KDHE, TFKC	Profiles created for each potential partner At least 5 partners prioritized for outreach	• Staff time • Information on potential partners (websites, contact info, etc.)	Start 2021, revisit every other year
3. Conduct initial outreach • Use partner profiles to develop initial introduction and "ask" and talking points • Assign a point person to conduct outreach to each partner, leveraging existing connections when possible • Provide assistance, guidance, tools to point person(s) • Initiate contact with potential partners • Invite potential partners to meetings (group and/or 1:1) to learn more and gauge interest	KDHE, TFKC, other partners as appropriate	Initial outreach conducted with at least 5 potential partners	• Staff time • Partner profiles • Communications expertise to develop "ask" / talking points • Meeting space (virtual or in person)	Start 2022, revisit every other year

Steps to Achieve Strategy	Responsible Parties	Measurements of Progress	Resources Needed	Timeframe
4. Establish partnerships • Discuss specifics of involvement and mutual expectations and needs • Develop MOUs or contracts as appropriate to formalize relationships, roles and responsibilities, and what each will contribute (staff time, funding, meeting space, etc.)	KDHE, TFKC	MOUs/contracts with established with at least 5 new partners	• Partner profiles • Contracting / MOU expertise • Meeting space (virtual or in person)	Start 2022, revisit every other year

Sustainability Strategy 2: Enhance alignment of current partnerships to increase collective tobacco control capacity

Steps to Achieve Strategy	Responsible Parties	Measurements of Progress	Resources Needed	Timeframe
1. Gather feedback from existing partners to determine ways to strengthen relationships and better align work • Determine a few areas of focus for targeted feedback. For example, extent to which there is clarity of roles and responsibilities, alignment with organizational mission, effective communication, etc. • Determine how to gather feedback (e.g. survey, verbally at a meeting, over email, etc.) and list of partners to gather information from • Gather feedback from partners and summarize findings	KDHE, TFKC	Summary report of key findings developed	• Staff time • Meeting space (virtual or in person) • Sample partnership evaluation questions and assessment tools • Evaluation expertise	Start 2021, revisit every other year
2. Develop maintenance plans to strengthen relationships with partners • Develop maintenance plan that addresses overall feedback on how to strengthen relationships and align priorities among partners	KDHE, TFKC	Maintenance plan developed	• Staff time • Meeting space (virtual or in person)	Start 2021, revisit every other year

Steps to Achieve Strategy	Responsible Parties	Measurements of Progress	Resources Needed	Timeframe
• Have follow up conversations with individual partners to address specific needs identified				
3. Expand partnership with Department of Revenue • Include Department of Revenue staff in meetings with KDHE and KDADS • Discuss benefits related to working more closely on issues of tobacco retail and compliance • Discuss opportunities to increase funding for tobacco control programs • Create an action plan for working together that delineates roles and responsibilities	KDHE, Department of Revenue	Regular meetings held between KDHE, KDADS, and Department of Revenue Action plan created	• Staff time • Meeting space (virtual or in person)	Start 2021
4. Develop core standard messages and communications tools about tobacco control for partner use • Come to consensus on what core messages are, along with any specific calls for action • Tailor core messages as needed for the type of partner that will be delivering it (e.g. government agencies, statewide advocacy organizations, community-based organizations) • Develop communication tools like brief slide decks and talking points for each type of partner • Ensure core messages and communications tools are used (e.g. adding slides to conference presentations; having talking points available when having conversations with partners and decision-makers).	*Development*: KDHE, TFKC *Utilization:* KDHE, TFKC, Department of Regents, KDADS, NAMI Kansas, KHF, Community Mental Health Centers, CDRR grantees, etc.	Communications tools developed for each type of partner	• Staff time • Communications expertise • Brief slide deck • Talking points	Start 2021, revise annually

Sustainability Strategy 3: Use communications to raise awareness of successes and increase public support for tobacco control efforts

Steps to Achieve Strategy	Responsible Parties	Measurements of Progress	Resources Needed	Timeframe
1. Determine what messages appeal best to the general public and decision-makers • Review existing research, white papers, guidance, etc. about framing tobacco control messaging • Conduct additional research as needed on public beliefs about how they receive and perceive messages • Summarize research to crystalize key findings	KHF, KDHE	Data are gathered and summarized	• Staff time • Existing research • Research expertise • Communication expertise	Start 2021, reassess every other year
2. Update Communications Plan according to research findings • Develop new messages and strategies for specific audiences (priority populations, general public, decision-makers, etc.) • Deploy communications strategies as per Communications Plan	TFKC Communications Work Group, NAMI Kansas, KU Med	Communications Plan and specific communications are revised according to findings	• Staff time • Communication expertise • TBD resources to develop and deploy communication strategies	Start 2021, reassess every other year
3. Develop success stories that illustrate the value of tobacco control efforts • Use research to determine what types of successes will resonate most with the public and decision makers • Brainstorm specific examples of successes that fit into determined definition of success • Determine modalities for sharing success stories (document, video, social media post; short or long format) • Create process for gathering success stories • Gather success stories and produce in desired modalities	TFKC Communications Work Group, KDHE	At least one success story developed each year	• Staff time • Communication expertise • TBD resources to produce success stories (e.g. software, recording equipment, travel funds)	Start 2022, continuous

Steps to Achieve Strategy	Responsible Parties	Measurements of Progress	Resources Needed	Timeframe
4. Perform outreach to build local support • Share messages to increase public awareness at local level, e.g. at town hall meetings or on social media • Educate local decision makers about impact of tobacco control programs in their districts/towns	KDHE, TFKC, CDRR grantees, local health departments, advocacy grassroots volunteers	Increased number of local lawmakers supporting tobacco control efforts	• Staff time • Communication tools such as talking points, presentations, social media posts • Success stories	Start 2021, continuous

Sustainability Strategy 4: Create opportunities to increase funding available for tobacco control efforts

Steps to Achieve Strategy	Responsible Parties	Measurements of Progress	Resources Needed	Timeframe
1. Leverage opportunities to sustain and increase funding through policy • Advocate to protect Master Settlement Agreement (MSA) payments • Advocate for allocating a proportion of future excise tax increases to tobacco control efforts • Explore other options as they become available	TFKC, AHA, ALA, ACS-CAN, new partners	At least one increase in funding or new source of funds established	• Staff time • Economic case for funds allocation (in particular if new funds help supplant deficit/other taxes)	Start 2021, continuous
2. Explore additional funding options • Research grant opportunities available through government agencies, foundations, non-profit organizations, etc. • Seek out private-public partnerships (foundations, individual and business donors) for donations or in-kind resources	TFKC	At least two new sources of funding / resources established	• Staff time • Grant writing expertise	Start 2021, continuous

Appendix C: Communications Plan

Introduction

According to guidelines from the CDC, the purpose of a state tobacco control program communications plan is to educate state leaders, decision-makers and the public about the burden of tobacco use and evidence-based strategies to reduce this burden. The Kansas Tobacco Control Communications Plan augments the 2021-2025 Kansas State Tobacco Control Strategic Plan by specifically addressing the potential roles of strategic audiences and how best to educate and engage them in coordinated, collaborative strategies to achieve each of the four statewide tobacco control goals. The resulting Communications Plan is dynamic and positioned to evolve in response to contextual influences, such as changes in scientific evidence, priorities, funding levels and external support.

Process for Partner Engagement

To engage partners in the creation of a communications plan, the Emory Centers for Public Health Training and Technical Assistance facilitated a 3-hour communications planning session on behalf of the Kansas Department of Health and Environment (KDHE) and the Tobacco Free Kansas Coalition (TFKC). Eleven stakeholders met in April 2021 to come to consensus on the components of the communications plan through an interactive, facilitated planning process. Following an initial refinement phase, the same group was invited to review the draft plan, share questions and concerns, and provide edits to the plan.

Plan Components

- **Audience**: These are the people and institutions who we are trying to reach with this Communications Plan to help achieve the outcomes of the Strategic Plan. This includes those who have the formal authority to deliver the outcomes, as well as those who have the capacity to influence those with formal authority. In both cases, an effective communications plan requires a clear sense of who these audiences are and how to influence them.
- **Message**: Reaching these different audiences requires crafting and framing a set of messages that will be persuasive. Although these messages must always be rooted in the same basic truth, they also need to be tailored differently to different audiences depending on what they are ready to hear. In most cases, there are two basic components to the message: an appeal to what is right and an appeal to the audience's self-interest.
- **Channel**: The most effective way to communicate varies from situation to situation. The key is to evaluate the situation carefully and apply the delivery appropriately to establish common ground and mutual benefit with the intended audience. The messenger is also important as they must be the most credible person or organization to deliver the messages for each audience.
- **Responsible Party**: Person or organization responsible for implementing the communications strategy and/or providing the needed resources, materials, and expertise. In some cases, the messenger and the resource provider are the same parties. Regardless of situation, the messenger and resource provider parties need to coordinate and collaborate to be successful.
- **Needed Assets**: The resources needed to equip the messengers, both in terms of the information to deliver and comfort level in delivering it. This includes resources available already that can be repurposed for this audience and resources that need to be developed.

- **Timeline**: Overview of when each component of the communications strategy will be implemented.

Using the Communications Plan

The following at-a-glance communications plan represents a composite of the partners' recommendations for statewide and local engagement in tobacco control. The plan represents many collaborative, strategic approaches to educating and engaging essential audiences in tobacco control. Each of the leading partners will be responsible for creating their own action plan that breaks down their organizations' communication tasks required to fulfill their portion of the statewide strategic plan. These partners will need to maintain strong internal communication to ensure alignment (e.g., definitions of terms) for the most impact.

This communications plan is only the beginning of a multi-year effort to raise awareness of the problems of tobacco use and to address these problems with evidence-based interventions. To further engage partners in communications strategies, each of the lead players may develop their own action plans and timelines that include their entire arsenal of communications tools ready to be applied to the strategic plan. This plan will need to be updated regularly as research reveals better ways to reach audiences and what messages resonate best with them.

Partners Acronyms List

- **ACS CAN**: American Cancer Society Cancer Action Network
- **AHA:** American Heart Association
- **ALA**: American Lung Association
- **BFH**: Bureau of Family Health BFH (within KDHE)
- **BHP**: Bureau of Health Promotion (within KDHE)
- **CDC MCRC**: Centers for Disease Control and Prevention Media Campaign Resource Center
- **CDRR grantees**: Chronic Disease Risk Reduction grantees
- **CTFK**: Campaign for Tobacco Free Kids
- **DCF**: Kansas Department for Children and Families
- **FDA**: Food and Drug Administration
- **KAFP**: Kansas Academy of Family Physicians
- **KDADS**: Kansas Department for Aging and Disability Services
- **KDCF**: Kansas Department for Children and Families
- **KDHE**: Kansas Department of Health and Environment
- **KHI:** Kansas Health Institute
- **KMS:** Kansas Medical Society
- **KU Med Center**: University of Kansas Medical Center
- **KSDE**: Kansas Department of Education
- **KSHAA:** Kansas State High School Activities Association
- **SAMHSA**: Substance Abuse and Mental Health Services Administration
- **TFKC**: Tobacco Free Kansas Coalition

Communications Plan for Goal 1: Eliminate exposure to environmental tobacco smoke and e-cigarette aerosol

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
Audience: Middle School and High School Students				
• Negative health effects of tobacco use, emphasis on e-cigarettes • Other negative effects of tobacco use, e.g. impact on athleticism • Be an individual, do not give in to peer pressure • Tobacco industry manipulation	• Social media • Text messaging • Peer-to-peer education • Peer personal testimony	KDHE, TFKC, KSDE, KDADS, KSHSAA, Resist	• Resist expansion • Toolkit of resources (to be developed and/or from existing campaigns like FDA's The Real Cost or CDC MCRC) • Messages specific to youth priority populations such as LGBTQ+ and behavioral health (see Goal 4) • Messaging and images that include diverse populations	Develop new messages and images in 2021 Deliver messages 2021-2025 (ongoing)
Audience: Young Adults (age 18 to 24)				
• Negative health effects of tobacco use, emphasis on e-cigarettes • Tobacco use costs money • Tobacco industry manipulation • Counter industry messaging about safety of e-cigarette use and harm reduction	• Social media • Text messaging • Peer personal testimony	KDHE, TFKC, KDADS	• Messages specific to youth priority populations such as LGBTQ+ and behavioral health (see Goal 4) • Messaging and images that include diverse populations	Develop new messages and images in 2021 Deliver messages 2021-2025 (ongoing)
Audience: Parents and Caregivers				
• Negative health effects of tobacco use, including effects on chronic disease • Negative effects of secondhand smoke / aerosol • Help is available to support parent / caregiver and child cessation	• Website • Social media • Print resources • Direct outreach to schools and caregiver organizations to	KDHE, TFKC, KSDE KDADS, DCF	• Resources on how to talk to your child about effects of e-cigarette use • Resources for caregivers on e-cigarettes and secondhand smoke / aerosol	Deliver messages 2021-2025 (ongoing) Focused during school year, August-May

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
	provide resources to pass to parents / caregivers			
Audience: Middle School & High School Administrators, School Nurses, Resource Officers & Social Workers				
• Benefits of having e-cigarettes included in tobacco-free policies at schools • Rationale for tobacco-free policies to focus on support and education vs. penalties • Help is available to support cessation (e.g. My Life, My Quit) • Negative health effects of tobacco use, emphasis on e-cigarettes	• Website • Conference presentations with calls to action • Direct outreach to schools • Provision of resources to use on campus (e.g. posters) • Provision of resources to use with students	KDHE, TFKC, KSDE, KDADS, Resist	• Model policy language • Guidance tools and training • Toolkit of resources like posters, brochures, etc. (to be developed and/or from existing campaigns like FDA's The Real Cost or CDC MCRC) • Partnership opportunities with other districts who have policies in place	Develop new messages and images in 2021 Deliver messages 2021-2025 (ongoing)
Audience: Colleges & University Administrators				
• Benefits of smoke-free/tobacco-free campuses • Benefits of having e-cigarettes included in tobacco-free policies	• Website • Direct outreach to administrators • Provision of resources to use on campus • Provision of resources to use with students	KDHE, TFKC	• Toolkit of resources like posters, brochures, etc. (to be developed and/or from CDC MCRC, etc.), • Resources for student organizations (fraternities, sororities, etc.) • Resources about providing cessation support in counseling centers	Deliver messages 2021-2025 (ongoing) Focused during school year, August-May

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
Audience: Pediatricians				
• Negative health effects of tobacco use, emphasis on e-cigarettes • Help is available to support cessation • Include tobacco use treatment in behavioral health treatment plans	• Presentations at medical conferences • Presentations at partner meetings	KDHE, TFKC, KAFP, KMS, CCNK	• Resources on how to talk to your child about effects of e-cigs • Resources about providing cessation support to youth	2021-2025 (ongoing) Align with conference dates
Audience: Community Organizations and Partners				
• Kids are targeted by the tobacco industry (e.g., in the retail environment) • Facts surrounding relevant policy issues (e.g. about retail environment, tobacco pricing, flavored products) • How tobacco control priorities align with organizational priorities	• Community conversation (forum)	KDHE (*provides educational resources*), TFKC, CDRR grantees, Resist, local partners	• Supporting educational materials and data • Experience sharing	2021-2025 (ongoing) Align with legislative priorities
Audience: Decision-makers				
• Facts surrounding relevant policy issues (e.g. retail environment, tobacco pricing, flavored products) • Value of investment in tobacco control • Call to action developed by youth on state policy • Maintain local control of tobacco sales and use policies	• Provision of fact sheets and policy briefs to legislators • Capitol forum with possible legislative visits if media component	KDHE *(provides educational resources)* TFKC, ALA, AHA, ACS CAN, lobbyists, CDRR grantees, Resist, local partners	• Relevant data and evidence about policy effectiveness • Example policy success stories • Tips for talking to decision-makers	2021-2025 (ongoing) Align with legislative priorities
Audience: General Public				
• Facts surrounding relevant policy issues (e.g. retail environment, tobacco pricing, flavored products) • Value of investment in tobacco control, with emphasis on e-cigarettes	• Media event with youth, designed by youth	KDHE *(provides educational resources)*, TFKC, Resist, local leaders	• Relevant data and evidence about policy effectiveness • Policy language • Guidance tools	2021-2025 (ongoing)

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
• Call to action developed by youth on state policy				Align with legislative priorities

Communications Plan for Goal 2: Eliminate exposure to environmental tobacco smoke and e-cigarette aerosol

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
Audience: Employers				
• Everybody deserves clean, healthy air • Importance of enforcement of smoke-free policies at worksites; • Value of tobacco-free worksite policies	• Meet to discuss what is needed to improve enforcement • Offer assistance	CDRR grantees, KDHE	• Access to worksite decision makers and influencers • Assistance from local law enforcement	2021-2025 (ongoing)
Audience: Landlords, Property Managers, Transitional Housing Managers				
• Everybody deserves clean, healthy air • Benefits of smoke-free multiunit housing policies (e.g. fire prevention, cost savings)	• Presentations at monthly lunches • Presentations at relevant statewide conferences • Direct outreach	CDRR grantees, ALA	• Presentations already exist that can be used	2021-2025 (ongoing)
Audience: Local Parks and Recreation Departments, State Wildlife and Parks Agency, and Local Health Departments				
• Everybody deserves clean, healthy air • Benefits of tobacco-free outdoor areas (e.g. modeling healthy social norms for youth, litter prevention)	• Presentations at monthly lunches • Presentations at relevant statewide conferences	KDHE, TFKC, CDRR grantees	• Infographics • Presentations • Access to decision makers	2021-2025 (ongoing)

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
	• Direct outreach			
Audience: Decision-makers				
• Everybody deserves clean, healthy air • Benefits of having e-cigarettes included in tobacco-free policies • Maintain local control of tobacco sales and use policies	• Provision of fact sheets and policy briefs to legislators • Capitol forum with possible legislative visits if media component	AHA, ALA, ACS CAN	• Consensus among partners on legislative goals and terminology • Refinement of messages as needed	2021-2025 (ongoing) Align with legislative priorities
Audience: Community Organizations and Partners				
• Everybody deserves clean, healthy air • How tobacco control priorities align with organizational priorities	• Community conversation (forum)	KDHE (*provides educational resources*), TFKC, CDRR grantees, youth, local partners	• Supporting educational materials and data • Experience sharing	2021-2025 (ongoing) Align with legislative priorities as appropriate
Audience: General public				
• Everybody deserves clean, healthy air	• Earned media opportunities with spokespeople impacted by secondhand smoke • Infographics • YouTube videos • Social media	KDHE (*provides educational resources*), CDRR grantees	• Spokespeople • Spokesperson training • Development of videos and infographics	2021-2025 (ongoing) Align with legislative priorities as appropriate

Communications Plan for Goal 3: Support equitable tobacco use and dependence treatment

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
Audience: Adults Who Use Tobacco Products				
• Benefits of cessation • Help is available to support cessation	• Social media • Paid media • Partnerships with people of influence within communities • Direct outreach	KDHE	• Time and staff to form partnerships • New research (see Goal 4) • New materials • TIPS campaign resources from CDC	Research and develop new messages in 2021 Rollout in 2022 Report results 2023 - 2024 Adjust in 2025
Audience: Young Adults (age 18 to 24) Who Use e-cigarettes				
• Counter industry messaging about safety of e-cigarette use and harm reduction • Help is available through the quitline	• Social media • Paid media • Partnerships with people of influence within communities • Direct outreach	KDHE	• Time and staff to form partnerships, targeting places where audience frequents (e.g., gyms, bars) • New research (see Goal 4) • New materials • TIPS campaign resources (CDC)	Research and develop new messages in 2021 Rollout in 2022 Report results 2023 - 2024 Adjust in 2025
Audience: Middle and High School Students				

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
• Counter industry messaging about safety of e-cigarette use and harm reduction • Help is available through My Life My Quit	• Social media • Text messaging • Peer-to-peer education • Peer personal testimony	KDHE, TFKC, KSDE, KDADS, KSHSAA, Resist	• Toolkit of resources (to be developed and/or from existing campaigns like FDA's The Real Cost or CDC MCRC) • Messages specific to youth priority populations such as LGBTQ+ and behavioral health (see Goal 4)	Research and develop new messages in 2021 Rollout in 2022 Report results 2023 - 2024 Adjust in 2025
Audience: Pregnant Women				
• Negative impacts of tobacco use on maternal and child health	• Direct outreach to existing community maternal health partners to provide resources to pass to parents • Channels for new partners are TBD	KDHE (BFH and BHP), CDRR grantees	• SCRIPT® – Smoking Cessation and Reduction in Pregnancy Treatment Program	2021-2025 (ongoing)
Audience: Healthcare and Behavioral Healthcare Providers, Clinics, and Medical Membership Organizations				
• Patients are asking for help with quitting and healthcare providers are the trusted resource • Increase your efforts to help more patients quit	• Direct outreach to create robust partnership with provider membership organizations (KAFP, KMS, etc.)	KDHE, Community Care Network of Kansas, NAMI	• Cooperative arrangement – liaison with KDHE • Plan for engagement • Data, evaluation information, and education from KHI • Buy in from leadership of membership organizations (buy-in)	Develop partnerships in 2021 Ongoing maintenance 2022-2025
Audience: Decision-makers (including Kansas Legislature, Governor's Office, Insurance Commissioner)				

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
• Value of providing comprehensive cessation support through insurance coverage	• Provision of fact sheets and policy briefs to legislators • Capitol forum with possible legislative visits if media component	KDHE, TFKC, ALA, AHA, ACS CAN	• Data on costs/benefit (KHI)	2021-2025 (ongoing) Align with legislative priorities as appropriate
Audience: Community organizations and partners				
• Benefits of cessation • How tobacco control priorities align with organizational priorities • Resources are available to share in community	• Social media • Existing cessation resources • Direct outreach to existing and new partners	KDHE, TFKC, CDRR grantees	• Time and staff to form partnerships • Data	2021-2025 (ongoing) Align with legislative priorities as appropriate

Communications Plan for Goal 4: Eliminate tobacco-related health inequities

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
Audience: Priority populations				
• TBD – more research must be done about how these populations receive and perceive messages about prevention and cessation • One area of focus is the impact of trauma on tobacco users • *See also Sustainability Plan*	• TBD – more research must be done about best channels	KDHE, TFKC, KDADS, KHF, NAMI, KU Med Center, TBD partners working with each priority population	• Research into messages that resonate with each priority population (e.g. survey Aetna Medicaid clients, review existing data from SAMHSA, National Council on Behavioral Health, others) • Development of new messages • Evaluation of new messages • Expertise in communications, analysis, epidemiology	Research and develop new messages in 2021 Rollout in 2022-2023 Evaluate in 2024-2025
Audience: Decision-makers				
• Everyone deserves opportunity to be healthy • Some Kansans are more affected by tobacco because of systemic inequities and industry targeting • Policies, processes, and systems can help improve the health and wellbeing of all Kansans	• Provision of fact sheets and policy briefs to legislators about each priority population and evidence-based strategies to improve health equity • Capitol forum with possible legislative visits if media component	KDHE *(provides educational resources)*, TFKC, ALA, AHA, ACS CAN, CDRR grantees, local partners	• Time and staff to form partnerships • Data specific to each population • Talking points	2021-2025 (ongoing) Align with legislative priorities as appropriate

Key Messages	Channels	Responsible Parties	Needed Resources	Timeline
Audience: New potential partners				
• Everyone deserves opportunity to be healthy • Some Kansans are more affected by tobacco because of systemic inequities and industry targeting • Policies, processes, and systems can help improve the health and wellbeing of all Kansans • Mutual benefit of partnership and alignment of missions • *See also Sustainability Plan*	• Direct outreach via existing partners and state agencies	KDHE, TFKC, other TBD partners	• Time and staff to form partnerships • Data specific to each population • Talking points	Identify new partners in 2021 Conduct outreach and establish partnerships in 2022 Revisit process in 2023 and 2025
Audience: General public				
• Everyone deserves opportunity to be healthy • Some Kansans are more affected by tobacco because of systemic inequities and industry targeting • Policies, processes, and systems can help improve the health and wellbeing of all Kansans	• Fact sheets about each priority population and evidence-based strategies to improve tobacco-related health equity	KDHE, TFKC, Partners working with each priority population	• Time and staff to form partnerships • Data specific to each population • Talking points	Research and develop new messages in 2021 Rollout in 2022-2023 Evaluate in 2024-2025

Infrastructure and Systems to Support the Communications Plan

Communications with internal audiences

Leadership

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

Other Health Department Programs

TUPP works in collaboration and communicates regularly with the chronic disease programs housed at KDHE. These programs include the staff of injury, cancer, community clinical linkages, arthritis, and health systems programs. Additionally, TUPPS staff collaborates on projects with KDHE Health Care Finance (Kansas Medicaid), KDHE Bureau of Family Health, and the Bureau of Community Health Systems through efforts that target similar audiences – local health departments, pregnant women, low income adults, Medicaid beneficiaries, and the KDHE grantees.

Local Health Departments and Grantees

Communications with Chronic Disease Risk Reduction (CDRR) grantees, made up of local health departments and community organizations, is primarily through Community Health Specialists (TUPP outreach staff located in four offices around Kansas) who provide tobacco control updates, technical assistance on tobacco interventions and information about training opportunities through phone, email, bimonthly check-in/progress calls, quarterly in-person meetings/webinars simultaneously broadcast in five locations, annual site visit and an annual summit. The quarterly meetings/webinars provide tobacco related updates from the state and the opportunity for grantees to share lessons learned and successes in tobacco control and prevention with their counterparts across Kansas. Additionally, the TUPP communications coordinator maintains a listserv of CDRR grantees that is used to directly distribute tobacco-related earned media materials such as news releases, talking points, message maps, social media content and Tips from Former Smokers campaign materials and updates. TUPP regularly communicates with local health departments in Kansas through KDHE Bureau of Community Health Systems' (CHS) listserv and monthly e-newsletter.

Communications with external audiences

Decision-makers

To be successful in their tobacco control activities at the local level, grantees engage and maintain ongoing relationships with their local decision-makers in both public and private sectors. The capacity of CDRR grantees to educate and inform local decision-makers is enhanced by the training, technical assistance, data and evidence-based interventions in tobacco prevention and control that TUPP staff members provide. On the state level, TUPP provides bill reviews and testimony to KDHE leadership to present to the Kansas Legislature during the legislative session.

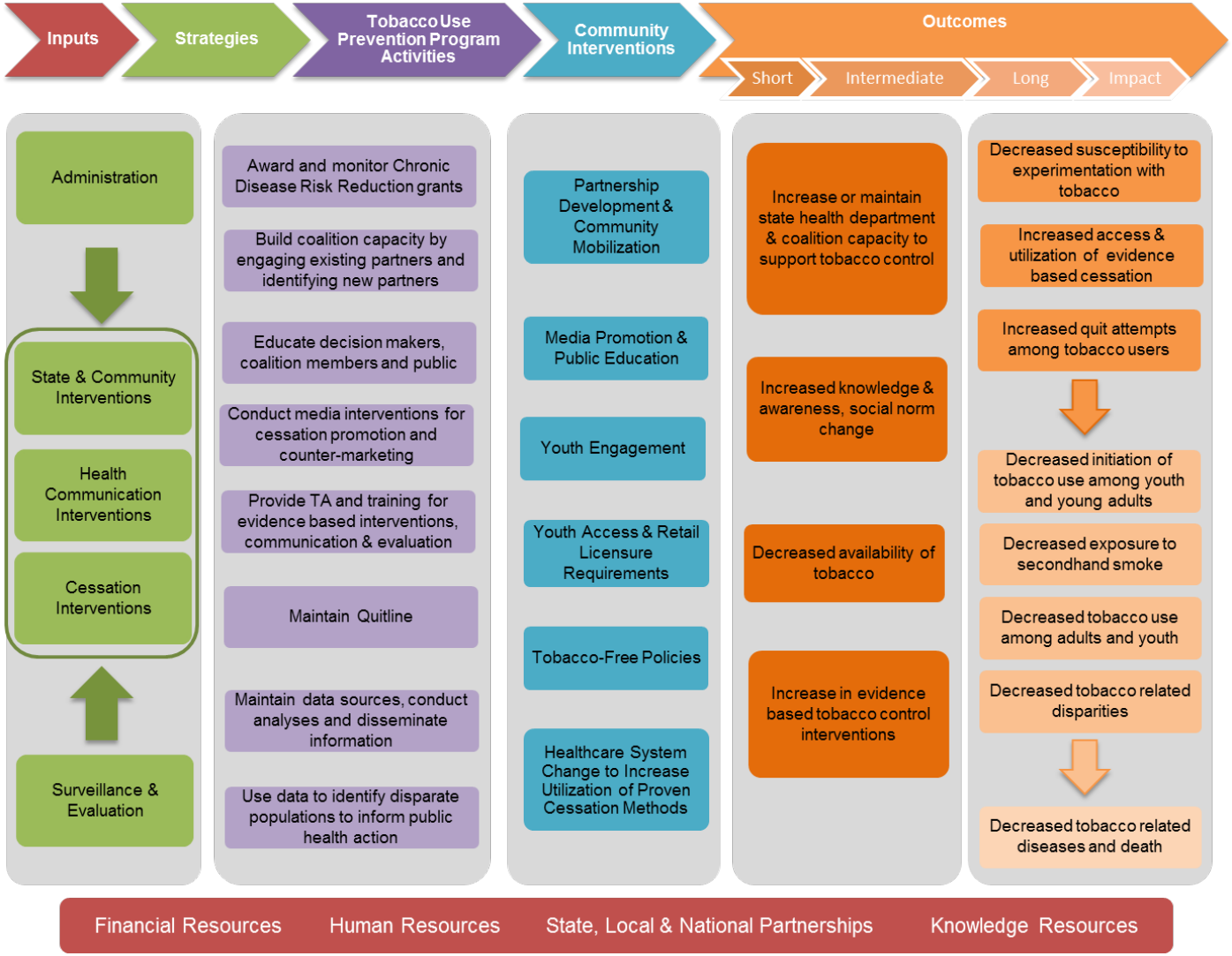
State Coalition

TUPP has a 25-plus year relationship with the Tobacco Free Kansas Coalition, the statewide tobacco control coalition in Kansas. Members of TFKC include the staff from TUPP, American Heart Association, American Lung Association and American Cancer Society. The TUPP director sits on the TFKC board that meets monthly to discuss current tobacco control issues. Community Health Specialists provide the most up-to-date information on tobacco prevention and control activities occurring statewide to the TFKC board.

Other Key Partners

Over the years, collaborative and productive relationships have developed between TUPP and its key partners such as – American Lung Association, American Cancer Society, American Heart Association, Kansas Chapter of National Alliance on Mental Illness, Kansas Health Foundation, Blue Cross Blue Shield of Kansas and University of Kansas Hospital. Representatives stay in regular contact and participate in various organizations whose goals overlap with the work of TUPP. Reciprocity is well-established and highly valued among the key partners and the frequent information-sharing among the group facilitates action that is responsive to the changing tobacco landscape in Kansas.

Appendix D: Kansas Tobacco Control Logic Model



Appendix E: Resources

Kansas-Specific Resources

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

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

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

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

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

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

Federal Agency Resources

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

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

Smokefree.gov
www.smokefree.gov

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

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

- Know the Risks: E-cigarettes and Young People
  https://e-cigarettes.surgeongeneral.gov/
- Smoking Cessation (2020)
  https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf
- Surgeon General releases advisory on E-cigarette epidemic among youth (2018)
- https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf
- E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General (2016)
  https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf
- The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General (2014)
  http://www.surgeongeneral.gov/library/reports/50-years-of-progress/

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

Data Sources from the Centers for Disease Control and Prevention

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

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

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

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

National Resources

American Cancer Society
www.cancer.org

American Heart Association
www.heart.org

American Lung Association
www.lung.org

Campaign for Tobacco-Free Kids
www.tobaccofreekids.org

Truth Initiative
https://truthinitiative.org/

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