PREVENTION

Goal 1: Reduce incidence and mortality from tobacco-related cancers (lung, throat, mouth, pancreas, kidney, bladder and cervix) in all populations.

Category: Initiation of Tobacco Use

OBJECTIVE 1.1: By 2013, decrease the percentage of middle school students (grades 6 to 8) who report smoking cigarettes on one or more of the previous 30 days to 10% or less. [2006 baseline is 12.1%]

OBJECTIVE 1.2: By 2013, decrease the percentage of high school students (grades 9 to 12) who report smoking cigarettes on one or more of the previous 30 days to 20% or less. [2006 baseline is 24.5%]

OBJECTIVE 1.3: By 2013, decrease the percentage of middle school students who have used smokeless tobacco on one or more of the past 30 days from 8.1% to 7.3%. [10% reduction from 2006 baseline]

OBJECTIVE 1.4: By 2013, decrease the percentage of high school students who have used smokeless tobacco on one or more of the past 30 days from 13.5% to 12.2%. [10% reduction from 2006 baseline]

Strategies to Reduce tobacco use initiation

- Promote the use of evidence-based strategies and best practices for youth tobacco prevention.
- Integrate evidence and research based tobacco use prevention into the school curriculum at all grade levels.
- Support the increase or establishment of an excise tax for all tobacco products.
- Increase the unit price for tobacco products.*
- Eliminate promotion of tobacco products.
- Promote youth engagement in tobacco prevention education and advocacy.
- Engage the education community to support a comprehensive tobacco-free environment policy, promoting school/community forums (could be facilitated by Regional Prevention Centers, KY ASAP Boards, Champions, etc).
- Raise youth awareness through the media.

- Distribute prevention messages through existing youth-oriented community-based channels, such as youth sports, Scouts, 4-H Clubs, youth recreational organizations, YMCA/YWCA, and church groups.
- Conduct mass media education campaigns along with other interventions.*
- Establish community-level youth advocacy groups statewide that engage youth in developing and implementing tobacco control interventions and include teacher training and parental involvement.

Strategies to restrict minors' access to tobacco products

- Promote governmental and voluntary policies to restrict youth access to tobacco products, and strengthen enforcement of laws prohibiting the sale of tobacco products to minors.
- Mobilize the community through community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products, and mobilize community support for efforts to reduce that access while conducting additional interventions.
- Conduct community education about youth access to tobacco products.*
- Pass sales laws directed at retailers.*
- Actively enforce sales laws directed at retailers when used alone.*
- Educate retailers with and/or without reinforcement and information on health consequences.*
- Pass laws directed at minors' purchase, possession, or use of tobacco products.*

Category: Tobacco Cessation

OBJECTIVE 1.5: Reduce the proportion of adults age 18 and older who smoke from 28.2% to 25%, and the proportion of those who use smokeless tobacco from 5% to 4.5%. [2007 baseline]

OBJECTIVE 1.6: By 2013, decrease the percentage of current smoking among low income adults (defined as 2008 federal poverty guidelines) to 32%. [2006 baseline is 39.79%]

OBJECTIVE 1.7: By 2013, decrease the percentage of current smoking among African-American adults to 24%. [2007 baseline is 31.5%]

OBJECTIVE 1.8: By 2013, decrease the percentage of current smoking among Hispanic/Latino adults to 10%. [2004 baseline is 11.8%]

OBJECTIVE 1.9: Reduce smoking among pregnant women to 20% by 2013. [2005 baseline is 26.1%]

Strategies to increase smoking cessation

- Increase the unit price for tobacco products.*
- Conduct mass media campaigns combined with additional interventions.*
- Conduct a series of mass media segments to recruit, inform, and motivate tobacco users to quit.*
- Conduct tobacco cessation contests that use mass media to promote the event, recruit participants, and motivate them to commit to quitting on a target date or during a specific period.*
- Reduce client out-of-pocket costs for cessation therapies.*
- Conduct multicomponent interventions that include telephone support.*
- Increase availability and access to cessation resources for adults and youth,

including components targeting diverse/special populations.*

- Provide culturally competent evidence-based smoking prevention and cessation interventions for the African-American and Hispanic/Latino communities, the low SES population, women of child-bearing age, and pregnant women.
- Increase public awareness of evidence-based smoking cessation services available in the community — e.g., pharmacotherapy, Kentucky's Tobacco Quit Line (1-800-QUIT-NOW), the Cooper/Clayton Method to Stop Smoking, 5 A's, and the Baby and Me program.

Strategies utilizing businesses to increase smoking cessation

- Utilize incentives and competitions to increase smoking cessation when combined with additional interventions.*
- Increase number of businesses which prohibit use of tobacco on premises.
- Increase the number of employers and businesses that offer no-cost cessation and support programs.
- Encourage businesses to train facilitators and conduct Cooper/Clayton Method to Stop Smoking classes.

Strategies utilizing insurers to increase smoking cessation

- Increase private insurance coverage (including Medicaid) for smoking cessation counseling and pharmacotherapy.
- Reduce the cost of insurance premiums for people who do not use tobacco.

Strategies utilizing providers to increase smoking cessation

- Utilize provider reminder systems used either alone or with provider education.*
- Educate providers.*
- Organize opportunities for provider assessment and feedback.*
- Identify health care professionals, organizations and agencies that represent the interest of pregnant women and encourage them to participate in tobacco prevention and cessation efforts.
- Encourage health care providers to expand the definition of tobacco use to include smokeless and spit tobacco in patient health assessments.
- Encourage pediatric health care providers to assess exposure to secondhand smoke and encourage parents/family members to quit and/or "take it outside."
- Educate health care providers on evidence-based strategies for treating tobacco use dependence.
- Establish partnership between providers and the tobacco quit line that includes enhancement of services, such as free or low cost NRT and other pharmaceuticals for tobacco cessation.

Category: Secondhand Smoke

OBJECTIVE 1.10: By 2013, Kentucky will have enacted a comprehensive statewide smoke-free law according to Fundamentals of Smoke-Free Workplace Law recommendations.

OBJECTIVE 1.11: By 2013, all state buildings will be smoke-free.

Strategies to reduce exposure to environmental tobacco smoke (ETS)

- Enact smoking bans and restrictions.*
- Conduct community education to reduce

exposure to ETS in the home.*

- Educate the public on overall dangers of secondhand smoke.
- Encourage, educate and assist in implementation of tobacco-free policies in work places, day care facilities, schools and other public locations.
- Enforce existing laws related to smoke-free environments.
- Mandate that schools and all school-sponsored events be tobacco free campus-wide for faculty, staff and students.
- Mobilize agencies and organizations to adopt or strengthen secondhand smoke policies.
- Promote state and local policies, including voluntary ones, that restrict smoking in all public places.
- Engage advocacy groups and communities to support passage of Kentucky smoke-free law and eliminate exemptions (comprehensive statewide Clean Indoor Air Act).
- Encourage health care providers to assess and educate patients/clients on health effects of exposure to secondhand smoke and interventions to establish smoke-free homes.
- Implement a social marketing campaign designed to decrease percentage of children exposed to tobacco smoke.
- Promote adoption of smoke-free policies to reduce tobacco use among workers.*

Category: Funding

Objective 1.12: By 2013, increase direct funding for statewide comprehensive tobacco prevention and control services to $13.59 (the lower CDC-recommended level for Kentucky). [2007 baseline is $0.85 per capita]

Strategies to increase funding

- Disseminate tobacco use data to Kentucky legislators including but not limited to: cost benefit analysis examining smoking; attributable cost; health care cost; tobacco prevention and control cost.
- Launch a legislative and public advocacy campaign to mobilize support for increasing funding to expand and enhance the state quit line (1-800-QUIT-NOW).

Category: Infrastructure

OBJECTIVE 1.13: By 2013, create a sustainable infrastructure to increase coordination and collaboration of tobacco control efforts on local, regional and state levels.

Strategies to sustain infrastructure

- Increase the number of partner organizations that endorse and/or support the state strategic plan for tobacco control.
- Support local health departments with technical assistance for promulgating and enforcing local, comprehensive clean indoor air act.
- Participate in individual one-on-one meetings with key "grass-tops" (influential stakeholders) to discuss current tobacco prevention and control issues.
- Develop an external communication system to disseminate information, share resources, and recruit other organizations within the state tobacco control program as partners.

Goal 2: Reduce incidence from cancers related to nutrition, physical activity and obesity.

Category: Nutrition[1]

OBJECTIVE 2.1: By 2013, increase the percentage of Kentucky adults who eat five or more servings of fruits and vegetables daily from 18.4% (2007 BRFSS) to 25%.

OBJECTIVE 2.2: By 2013, increase the percentage of Kentucky youth (grades 9-12) who eat five or more servings of fruits and vegetables daily from 13.2% (2007 YRBS) to 20%.

Strategies to promote the availability of affordable healthy food and beverages

- Increase availability of healthier food and beverage choices in public service venues.[2]
- Improve availability of affordable healthier food and beverage choices in public service venues.
- Improve geographic availability of supermarkets in underserved areas.
- Provide incentives to food retailers to locate in, and/or offer healthier food and beverage choices in, underserved areas.
- Improve availability of mechanisms for purchasing foods from farms.
- Provide incentives for the production, distribution, and procurement of foods from local farms.
- Require menu labeling at fast food and chain restaurants.

Strategies to support healthy food and beverage choices

- Restrict availability of less healthy foods and beverages in public service venues. [2]
- Institute smaller portion size options in public service venues. [2]
- Limit advertisements of less healthy foods and beverages.
- Discourage consumption of sugar-sweetened beverages.
- Utilize multi-component counseling or coaching to effect weight loss, using computer or web applications.*
- Require state-funded agencies to serve healthy foods.
- Require standards for nutrition and physical activity in licensed child care centers.

Strategies to increase breastfeeding[3]

- Provide breastfeeding CME/CEU opportunities to health professionals.
- Increase the number of International Board Certified Lactation Consultants in Kentucky.
- Increase the number of statewide trained breastfeeding peer counselors.
- Encourage businesses to provide space and flexible scheduling for breastfeeding or expressing milk in the workplace.

Category: Physical Activity[1]

OBJECTIVE 2.5: By 2013, increase the percentage of Kentucky adults who participated in any physical activity in the past month from 69.5% (BRFSS 2008) to 72%.

OBJECTIVE 2.6: By 2013, require daily physical activity for all Kentucky public school students from K-8 and increase physical education requirements in high school.

OBJECTIVE 2.7: By 2013, there will be daily physical activity requirements for children in after school and child care settings.

Strategies to encourage physical activity or limit sedentary activity among children and youth

- Require physical education in schools.
- Increase the amount of physical activity in physical education programs in schools.
- Increase opportunities for extracurricular physical activity.
- Reduce screen time in public service venues,[2] in homes through behavioral interventions, and using mass media interventions.
- Provide school-based programs to prevent overweight and obesity.*
- Require standards for nutrition and physical activity in licensed child care centers.
- Increase number of child care settings that require structured moderate to vigorous physical activity for all participants daily.

Strategies to encourage physical activity or limit sedentary activity among adults

- Utilize multi-component counseling or coaching to effect weight loss, using technology such as computer or web applications.*

Strategies to create safe communities that support physical activity

- Improve access to outdoor recreational facilities.
- Enhance infrastructure supporting bicycling.
- Enhance infrastructure supporting walking.
- Support locating schools within easy walking distance of residential areas.
- Improve access to public transportation.
- Support zoning for mixed-use development.
- Enhance personal and traffic safety in areas where persons are or could be physically active.
- Establish "Complete Streets" policies.
- Increase the utilization of joint use agreements with Kentucky schools to provide communities with more opportunities to increase physical activity.

Category: Obesity[1]

OBJECTIVE 2.8: By 2013, increase the percentage of Kentucky adults who are a healthy weight (BMI less than 24.9) from 33.2% (BRFSS 2008) to 35%.

OBJECTIVE 2.9: By 2013, decrease the percentage of Kentucky youth (grades 9-12) who are obese (students who were ≥95 percentile for body mass index (BMI) by age and sex based on reference data) from 15.6% (YRBS 2007) to 13.5%.

Strategies to improve surveillance

- Establish a BMI surveillance system for youth.

Strategies to encourage communities to organize for change

- Participate in community coalitions or partnerships to address obesity.
- Provide worksite programs to control overweight and obesity.*
- Provide worksite wellness tax credits to businesses.

Strategies to reach providers

- Ensure that pre-services curricula for various public health professionals include nutrition and physical activity.[3]
- Develop measurable guidelines regarding fitness for physicians.[3]

- Conduct academic detailing review of physician needs concerning nutrition and physical activity.[3]
- Develop easily accessed CMEs/CEUs for various health professionals on counseling about nutrition and physical activity.[3]
- Promote nutrition and physical activity strategies in health care environments.[3]
- Educate providers.*
- Organize opportunities for provider feedback.*
- Utilize provider reminder systems.*
- Utilize multi-component interventions along with client interventions.*

Category: Alcohol

OBJECTIVE 2.10: By 2013, reduce percentage of Kentucky adults who are binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion) from 11.3% (2008 BRFSS) to 10.3%.

OBJECTIVE 2.11: By 2013, reduce percentage of Kentucky youth (grades 9-12) who currently use alcohol (had at least one drink of alcohol at least one day during the 30 days before the survey) from 40.6% (2007 YRBSS) to 39%.

Goal 3: Reduce incidence and mortality of cancers related to environmental carcinogens

OBJECTIVE 3.1: Increase the knowledge base on environmental carcinogens in Kentucky's environment.

OBJECTIVE 3.2: Foster research and education on Kentucky-specific environmental causes of cancer.

Strategies

- Support research on the etiology of environmental cancers.
- Encourage Kentucky researchers to apply for federal and nonprofit funding for research projects on environmental carcinogens.
- Monitor cancer incidence and potential environmental exposures.
- Increase public education and awareness of environmental carcinogens.

Goal 4: Increase awareness about the Human Papilloma Virus (HPV) vaccine.

OBJECTIVE 4.1: Increase awareness about HPV vaccine among women 18 years and older from 58% (2006 BRFSS) to 75% by 2013.

Strategies[4]

- Repeat the 2006 HPV questions on subsequent Kentucky BRFSS surveys.
- Develop an educational curriculum on HPV that is culturally sensitive.
- Train Community Health Outreach Workers (CHOWs) to deliver consistent HPV messaging one-on-one and/or through group education in the community.
- Encourage collaboration with at least three organizations (i.e., community leaders and/or educational institutions) to deliver consistent HPV messaging.
- Support CHOWs to conduct community group education seminars on HPV among African-American women.

OBJECTIVE 4.2: Increase the percentage of

Kentucky females ages 13-17[5] who have completed the recommended HPV vaccine series from 12.7% (2008 National Immunization Survey-Teen) to 15% by 2013.

Strategies

- Conduct a public awareness campaign promoting the HPV vaccine.
- Encourage providers to recommend the vaccine.
- Encourage providers to administer multiple adolescent vaccines in a single visit.
- Implement reminder and recall tools in healthcare providers' office systems.
- Organize opportunities for provider audit and feedback.

** Strategy is discussed in the Guide to Community Preventive Services. Accessed December 2009. We encourage you to visit the Web site to further explore the strength of each particular strategy.* **www.thecommunityguide.org/obesity/index.html.**

[1] *Unless otherwise noted, strategies listed in the Nutrition, Physical Activity and Obesity sections of the Kentucky Cancer Action Plan are taken from "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide," by Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.*

[2] *Public service venue: Facilities and settings open to the public that are managed under the authority of government entities (e.g., schools, child care centers, community recreational facilities, city and county buildings, prisons, and juvenile detention centers).*

[3] *Strategies taken from the "Kentucky Nutrition and Physical Activity State Action Plan," 2005, Kentucky Dept. for Public health, Div. of Maternal and Child Health.* **http://chfs.ky.gov.**

[4] *Strategies taken from the "Kentucky REACH (Racial and Ethnic Approaches to Community Health) Community Action Plan."* **www.kycancerc.org/REACH.html.**

[5] *While the CDC recommends vaccination beginning at age 11, we utilized age 13, as our ability to measure vaccination completion is limited to ages 13 - 17 (as of 2009).*

Other documents consulted:

Kentucky Tobacco Prevention and Cessation Program Strategic Plan 2005-2013. **http://chfs.ky.gov/dph/info/dpqi/hp/tobacco.htm**

Shaping Kentucky's Future: Policies to Reduce Obesity, Partnership for a Fit Kentucky, 2009. **www.fitky.org**

National Comprehensive Cancer Control Program state comprehensive cancer control plans, accessed at **http://apps.nccd.cdc.gov/cancercontacts/ncccp/contacts.asp** *and* **www.cancerplan.org**

Vaccination Coverage Among Adolescents Aged 13 - 17 Years - United States 2007. Journal of the American Medical Association; 301(7): 713-715.