

The Kentucky Cancer Consortium is a statewide partnership committed to putting Kentucky's Cancer Action Plan to work. Funded and guided by the Centers for Disease Control and Prevention, the Consortium provides a framework in which organizations and individuals can unite as one powerful force to fight the significant cancer burden in our state.

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DIRECTOR'S NOTE

Kentucky Cancer Consortium Partners:

The Center for Disease Control and Prevention's 2008 Behavioral Risk Factor Surveillance System (BRFSS) results show that 25.2% of adults in Kentucky are current smokers. This is the first time since 1995—when the CDC (BRFSS) began measuring the percentage of adults who are current smokers—that Kentucky has dropped from first to third place behind West Virginia (where 26.5% of adults smoke) and Indiana (where 26.0% of adults smoke).

However, we continue to have the highest lung cancer incidence and mortality rates in the nation. Cigarette smoking accounts for approximately 30% of all cancer deaths, with most of them being from lung cancer. Cigarette smoking is also a contributing factor in oral cavity, pharynx, larynx, esophagus, stomach, bladder, pancreas, liver, kidney, cervix and myeloid leukemia.

This issue of *KCC Connect* is dedicated to tobacco. Tobacco prevention and control can have a significant impact on the cancers related to it! Keep up the good work, Kentucky!

—*Jennifer Redmond, Program Director*

KENTUCKY CANCER ACTION PLAN

In April, the Steering Committee revised the tobacco prevention section of the Kentucky Cancer Action Plan. The following revisions have been made:

Goal 1: Reduce incidence and mortality from tobacco-related cancers in all populations.

Initiation of Tobacco Use

- **Objective 1.1:** By 2013, decrease the percentage of middle school students (grades 6th-8th) 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 (9th-12th) 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 (6th-8th) students who have used smokeless tobacco on one or more of the past 30 days

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from 8.1% to 7.3%. [10% reduction from 2006 baseline]

- **Objective 1.4:** By 2013, decrease the percentage of high school (9th-12th) 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]

Tobacco Cessation

- **Objective 1.5:** Reduce the (prevalence of smoking or) proportion of those aged 18 and older who smoke from 28.2% to no more than 25% and from 5% to 4.5% for adults who use smokeless tobacco. [2007 baseline]
- **Objective 1.6:** By 2013, decrease the percent of current smoking among low-income adults (defined as 2008 federal poverty guidelines for a typical household of four persons with an income of less than \$21,200) to 32%. [2006 baseline is 39.79%]
- **Objective 1.7:** By 2013, decrease the percent of current smoking among African-American adults to 24%. [2007 baseline is 31.5%]
- **Objective 1.8:** By 2013, decrease the percent of current smoking among Hispanic/Latino adults to 10%. [2004 baseline is 11.8%]
- **Objective 1.9:** Reduce cigarette smoking among pregnant women to 20% by 2013. [2005 baseline is 26.1%]

Secondhand Smoke

- **Objective 1.10:** By 2013, Kentucky will have enacted a comprehensive smoke-free law according to Fundamentals of Smoke-Free Workplace Law.
- **Objective 1.11:** By 2013, all state buildings will be smoke-free.

Funding

- **Objective 1.12:** By 2013, increase direct funding for statewide comprehensive tobacco prevention and control services to \$9.13 (the lower level recommended for Kentucky by the

Centers for Disease Control and Prevention). [2007 baseline is \$0.85 per capita]

Infrastructure

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

Read the **recommended strategies** for implementation of these Cancer Action Plan objectives.

KCC PARTNER NEWS

KET highlights smoke-free laws

On Aug. 31, Kentucky Educational Television’s (KET) *Kentucky Tonight* dedicated its entire program to discussion of smoke-free laws.

Guests were Ellen Hahn, director of the Kentucky Center for Smoke-Free Policy; Jim Waters, director of policy and communications for the Bluegrass Institute for Public Policy Solutions; Linda Vogelpohl, chair of Northern Kentucky ACTION; and Brian Houillion, executive director of Northern Kentucky Choice.

Get information about archived programs, podcasts, and broadcast schedules at the **KET Web site**.

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Have you checked out the tobacco control resources on the KCC Web site?
Do it now.

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Is a statewide smoke-free law the best approach for Kentucky?

Twenty-three Kentucky communities had enacted smoke-free laws or regulations as of Aug. 8, 2009. Three communities — Clark County (Board of Health regulation), Campbellsville, and London — have comprehensive policies protecting all workers and the public from secondhand smoke. Statewide, 30% of Kentuckians are covered by local smoke-free laws.

Many states have enacted statewide laws rather than working at the local level. What is the best approach for Kentucky?

The Kentucky Center for Smoke-Free Policy at the University of Kentucky (UK) cautions that a weak statewide law may undo strong local laws by exempting certain venues and prohibiting or

discouraging stronger local action. The Center supports more local educational campaigns and debates, which will raise demand for a comprehensive, enforceable statewide law in the future. For more information, go to the [Center Web site](#) or call 859-323-4587.

KCP gets grant to test cessation program designed for youths

The Kentucky Cancer Program (KCP) at the University of Kentucky has received a grant from the Kentucky Lung Cancer Program to test ASPIRE (*A Smoking Prevention Interaction Experience*), a web-based smoking prevention and cessation program for middle and high school students. ASPIRE uses animation, videos of real youths, and fun activities to guide students through five modules that can be completed in three to five 30-minute sessions.

KCP is working with local District Cancer Councils to test the program this fall in a study involving middle and high school students in the Lake Cumberland, Cumberland Valley, and Kentucky River Area Development Districts.

ASPIRE was developed at the University of Texas M.D. Anderson Cancer Center. Learn more about the program at the [ASPIRE Web site](#). To learn more about the Kentucky study, call Gloria Sams at 606-679-7204.

ACS working for cessation funding

With the recent increases in state and federal cigarette taxes, smoking rates in Kentucky are expected to decrease. Your organization and those of your partners can help reduce smoking even further, especially among pregnant women, by supporting Medicaid funding of smoking cessation services. Kentucky has a law requiring the state to provide funding for Medicaid recipients, but it has not been adequately funded.

Find out how to get involved through the American Cancer Society's [Cancer Action Network](#).

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Spread the word about Kentucky's Quit Line

Did you know that callers to Kentucky's Quit Line, 1-800-QUIT NOW, are five times more likely to succeed than those who try to quit on their own? Callers receive free support and advice from a quit specialist; a personalized program with self-help materials; and the latest information about medications that can help you quit.

Services are available in English and Spanish. Lines are open from 9 a.m. to 9 p.m. Monday through Friday. Learn more at the [Kentucky Tobacco Prevention and Cessation Program Web site](#).



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GIFTS program helps pregnant Eastern Kentucky smokers quit

The *Giving Infants and Families Tobacco-Free Starts (GIFTS)* program, a project of the Kentucky Department for Public Health (KDPH) and the University of Kentucky, is designed to help pregnant smokers in Eastern Kentucky quit. The program has enrolled over 600 women in its nine-county pilot area (Lee, Leslie, Letcher, Owsley, Perry, Wolfe, Knott, Knox and Whitley counties).

Participants receive a variety of resources, referrals for themselves and family members to the Kentucky Tobacco Quit Line (1 800 QUIT NOW), and incentives, such as water bottles filled with hard candy and gum, and baby bibs, albums, and diapers.

[Learn more.](#)

NATIONAL NEWS OF NOTE

Smoking Control Act: What Does the Law Really Mean?

In June, President Obama and the U.S. Congress gave the U.S. Food and Drug Administration (FDA) the authority to regulate tobacco products. The new law represents the strongest action the federal government has ever taken to reduce tobacco use, the leading preventable cause of death in the United States.

Aspects of the new law include:

- Restrict tobacco marketing and sales to youth.
- Requires detailed disclosure of harmful ingredients in smoke.
- Allows FDA to require changes to tobacco products to protect the public health.
- Regulates “reduced harm” claims about tobacco products to prevent inaccurate and misleading claims for “mild” and “light” tobacco products
- Requires bigger, graphic health warnings that

cover the top half of the front and rear panels of the cigarette pack.

The regulations will become effective no later than 15 months after enactment. Find out more about this new law at the [Tobacco-Free Kids Web site](#).

Majority of U.S. hospitals may be smoke-free by end of year

A new report published in the journal *Tobacco Control* suggests that an estimated 60 percent of U.S. hospitals will have smoke-free campuses by the end of the year. In surveying 1,916 Joint Commission-accredited hospitals, the researchers found that while only three percent of hospitals had smoke-free campuses in 1992 (when the Joint Commission began requiring accredited hospitals to prohibit on-site smoking), more than 45 percent were smoke-free by February 2008 and another 15 percent were

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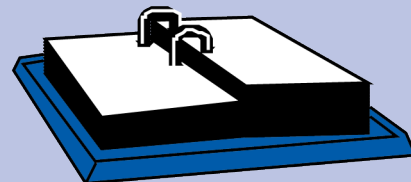
Tobacco Observances:

OCTOBER

- Healthy Lung Month ([American Lung Association](#))
- Lung Health Day, Oct. 28 (resources available from the [American Association for Respiratory Care](#))

NOVEMBER

- Lung Cancer Awareness Month (resources available from the [Lung Cancer Alliance](#))
- Great American Smokeout, Nov. 20 (resources available from the [American Cancer Society](#))



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taking steps to become smoke-free. [Read more.](#)

National Lung Screening Trial Update:

The National Cancer Institute's National Lung Screening Trial (NLST) is comparing two ways of detecting lung cancer: spiral computed tomography (CT) and standard chest X-ray. Although both tests can find lung cancer early, neither has been shown to reduce a person's chance of dying from lung cancer.

Researchers enrolled 50,000 people when enrollment closed in February 2004, after just 10 months of recruitment. Participants received either a spiral CT scan or a chest X-ray, and then had the same screening procedure at one and two years after their first scan.

This trial should determine whether there is a 20 percent or greater decrease in lung cancer mortality

Study finds that smokers' cars are loaded with nicotine

Passengers riding in the cars of smokers are exposed to nicotine levels nearly twice those found in restaurants and bars that permit smoking, a new study suggests.

Researchers compared nicotine levels in the cars of 17 smokers and five nonsmokers whose commute to and from work took 30 minutes or longer. In each car, one airborne nicotine sampler was placed near the front passenger seat headrest and another in the back seat behind the driver. The researchers then analyzed the samples and found a twofold increase in concentrations of nicotine for every cigarette smoked.

Researchers say the results of the study may be useful in supporting legislative efforts aimed at banning smoking in vehicles, particularly when children are present. [Read the study.](#)

among those screened by using spiral CT compared to chest X-ray. NLST researchers originally thought that information collected through the second half of 2008 would be sufficient for the trial to reach a definitive conclusion. But as a precautionary measure, they decided to proceed with collecting data on events (deaths, etc.) occurring through the end of 2009. While regular interim analyses will continue to be conducted, a conclusive result may not be reached before 2011. [Read more.](#)

Cessation program for pregnant smokers offers psychotherapy

High Impact Therapy for Pregnant Smokers is a single 90-minute session of intensive psychotherapy conducted by a mental health counselor to help clients recognize the links between smoking behavior and mood and relational issues.

The counseling is designed engage the client in treatment, determine the client's readiness to quit, identify potential psychological or social problems that might be barriers to quitting, and set a quit date.

Aftwards, the therapist calls the client twice a month during the pregnancy and once a month for the first six months after delivery. View and download the program at the [Cancer Control P.L.A.N.E.T site](#). Under topics, click on "Tobacco Control" and the name of the study.

FDA opens new tobacco center

The Food and Drug Administration (FDA) has opened a new center charged with regulating tobacco products, *MedPage Today* reports. The Center for Tobacco Products will review pre-market applications for new tobacco products, establish performance standards for new products, and create and enforce advertising and promotion restrictions.

[Read more.](#)

Study links cigarette packaging and perception of health risk

A study published in the *Journal of Public Health's* online edition suggests that cigarette packaging

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influences consumers' perception of health risk. Researchers from the University of Waterloo in Canada recruited 300 smokers and 300 nonsmokers to evaluate nine pairs of fictitious cigarette packets. Each packet featured standard health warnings and differed only slightly in word choice, a number in the brand name, or color.

Participants were asked to select the cigarette they believed would taste smoothest, the one they thought would deliver more tar, and the one they thought would present the lowest risk to their health.

Eighty percent believed that the package labeled "smooth" would be less harmful than the one labeled "regular." Seventy-three percent thought the brand labeled "silver" would be less harmful than the one labeled "full flavor," and 84 percent indicated that the pack with the number 6 in the brand name was less harmful than the pack with the number 10 in the brand name. Seventy-nine percent believed that light blue packaging conveyed less health risk than dark blue packaging, and 76 percent indicated that the packaging depicting a charcoal filter would be less harmful than the one with no such illustration.

Such misconceptions were more pronounced among smokers, especially those who use brands labeled "light" or "mild." [Read the article.](#)

Online resource for chew users

My Last Dip is a unique Web-based intervention designed to help chewing tobacco users aged 14 to 25 quit. Participants set their own pace, engage in a virtual community that offers helpful advice and support within an anonymous environment, and are paid to complete an online survey several times over a six-month period. The program is funded by a National Cancer Institute grant [Learn more.](#)

AnEx.org

EX is a free Web-based plan that helps smokers learn how to do everything they currently do with a cigarette, but without one. The plan is based on personal experiences from ex-smokers and the latest scientific research from the Mayo Clinic. Smokers create a personalized quit plan and connect to a virtual community to share stories and quit strategies. EX was launched nationally in 2008 by the National Alliance for Tobacco Cessation. [Learn more.](#)

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DID U KNOW ...

- The Kentucky Hospital Association has extensive resources on transitioning hospital campuses to become smoke-free? Read their [step-by-step guide](#) and download free resources.
- The National Cancer Institute (NCI) has upgraded its online Publications Locator ordering system so that users can quickly find, select and order the free publications. Check out the [new site.](#)