

# Reducing Tobacco Use in Nebraska



A  
Snapshot  
Progress  
Report

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Prepared by

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Nebraska

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Services

Division of Public  
Health





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## Executive Summary

The Tobacco Free Nebraska (TFN) Snapshot details the statewide progress in tobacco prevention and cessation efforts to the Nebraska Department of Health and Human Services, Nebraska Unicameral and other interested parties.

Smoking remains the leading cause of preventable mortality in the USA.<sup>1</sup> In Nebraska, an estimated 2,400 people die each year from smoking-related diseases.<sup>2</sup> Smoking-related medical costs in the state total an estimated \$537 million annually.<sup>3</sup> And, it is projected that over 36,000 Nebraska youth under the age of 18 will ultimately die prematurely from smoking.<sup>4</sup> These facts underscore the need to fund a comprehensive tobacco control program at the state level.

### Tobacco Prevention and Control Program

In 2000, the Nebraska Legislature enacted Legislative Bill (LB) 1436 allocating \$21 million from the Tobacco Master Settlement Agreement (MSA) to the TFN program, thereby enabling it to become a comprehensive program. The TFN program follows the model set forth by the U.S. Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*. The four main goals of the program are:

- Helping people quit,
- Eliminating exposure to secondhand smoke,
- Keeping youth from starting, and
- Eliminating tobacco-related disparities.

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<sup>1</sup> U.S. Department of Health and Human Services (U.S.DHHS), 2004

<sup>2</sup> Nebraska Department of Health & Human Services (NDHHS), Vital Statistics

<sup>3</sup> Campaign for Tobacco-Free Kids

<sup>4</sup> Campaign for Tobacco-Free Kids

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To address these goals, TFN has developed a statewide coalition model that relies on local involvement in tobacco prevention and control efforts in addition to the work done at the state level.

This report highlights the changes in tobacco-related behaviors and attitudes and notes the declining use of tobacco among Nebraskans. The report also points out areas where progress still needs to be made including addressing tobacco related disparities and achieving the Healthy People 2010 tobacco related objectives.

## Introduction

Tobacco Free Nebraska's (TFN) goal is to reduce the burden of tobacco-related death and disease among Nebraskans. To achieve this ultimate mission, TFN focuses on four main goals:

- Helping people quit,
- Eliminating exposure to secondhand smoke,
- Keeping youth from starting, and
- Eliminating tobacco-related disparities.

Tobacco use is the single most preventable cause of morbidity and death in Nebraska and the U.S. as a whole.<sup>5</sup> Each year on average, approximately 2,400 Nebraskans die from tobacco-related diseases. In other words, every year there are approximately 252 smoking-related deaths per 100,000 people age 35 years or older in Nebraska.<sup>6</sup> Smoking is a major cause of cancer, cardiovascular and respiratory diseases.<sup>7</sup> For each person that dies from a smoking-related disease an estimated 20 more are living with a smoking-attributable illness.<sup>8</sup>

Smoking-related medical costs in Nebraska account for approximately \$537 million annually. Of that, \$134 million is directly covered by Medicaid.<sup>9</sup> In addition, the annual cost of lost productivity due to tobacco use is \$468 million. Combined, the costs exceed \$1 billion annually.<sup>10</sup> Annually, tobacco use contributed to approximately 28,952

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<sup>5</sup> U.S. Department of Health and Human Services, National Institute of Health (U.S. DHHS), 2007

<sup>6</sup> Centers for Disease Control and Prevention (CDC), 2006

<sup>7</sup> U.S. DHHS, 2004

<sup>8</sup> CDC, 2003

<sup>9</sup> CDC, 2006

<sup>10</sup> CDC, 2006

years of life lost in Nebraska due to premature deaths from tobacco-related health conditions from 2000 – 2004.<sup>11</sup>

In addition to tobacco-use related morbidity and mortality, evidence now shows that exposure to secondhand smoke contributes significantly to disease and death. The 2006 Surgeon General’s report, “*The Health Consequences of Involuntary Exposure to Tobacco Smoke*,” concluded that there is no risk-free level of exposure to secondhand smoke.<sup>12</sup> According to the report, nonsmokers who are exposed to secondhand smoke at home or in the workplace increase their risk of developing heart disease by 25 to 30 percent and lung cancer by 20 to 30 percent.<sup>13</sup> The findings raise a major public health concern given that nearly half of non-smoking Americans are still regularly exposed to secondhand smoke.<sup>14</sup>

## **Tobacco use is still prevalent**

### **Adult Tobacco Use**

Despite the adverse health consequences of tobacco use on the quality of life and substantial direct and indirect economic costs, smoking in Nebraska is still prevalent. In 2007, approximately one in every five adult Nebraskans (19.9%) was a daily or some day smoker, reflecting a decline from 21.3% in 2005 (Figure 1).

Between 2002 and 2006, adult smoking prevalence in Nebraska gradually declined. This was most pronounced among adult daily smokers whose proportion declined from 17.8% in 2002 to 13.8% in 2006 (Figure 1). In general, however, the decline in adult smoking prevalence has been inconsistent. For example, although not

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<sup>11</sup> CDC, 2008

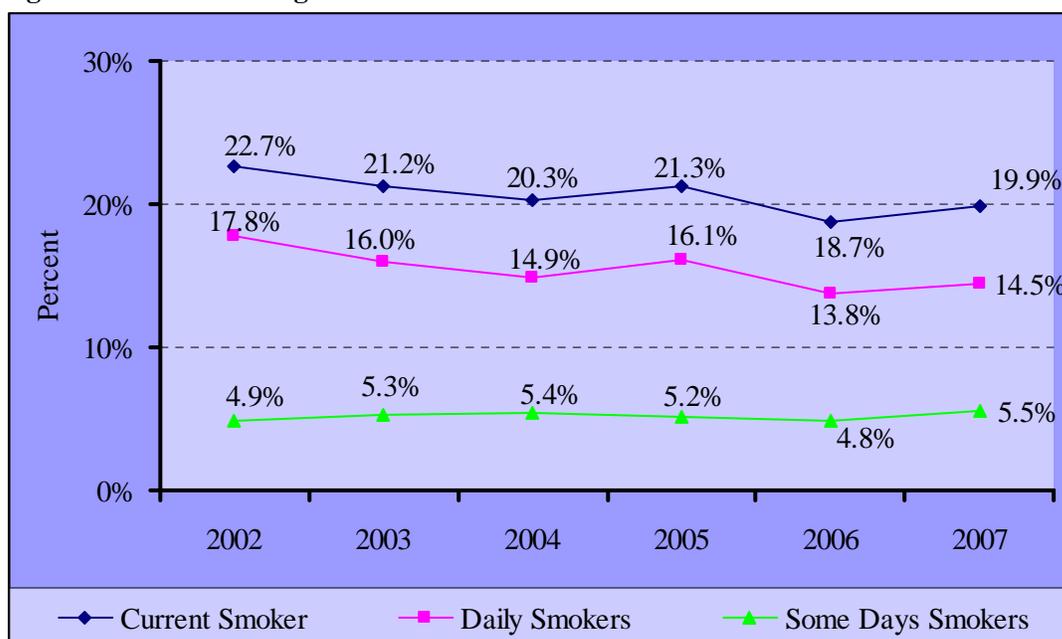
<sup>12</sup> U.S. DHHS, 2006

<sup>13</sup> U.S. DHHS, 2006

<sup>14</sup> U.S. DHHS, 2006

statistically significant there was a slight increase among daily smokers from 18.7% in 2006 to 19.9% in 2007. The fluctuation in the rate raises challenges as to whether Nebraska will achieve the 2010 Healthy People objective of less than 12.0% adult smoking prevalence in the state.

**Figure 1. Adult Smoking Prevalence**



Source: Nebraska Behavioral Risk Factor Surveillance System, (BRFSS)

*Adult Tobacco Use in Nebraska – Key Findings*

- A steady decline in adult smoking prevalence rates from 2002 to 2006.
- A significant decline in the proportion of Nebraska adults who smoke daily.

**Youth Tobacco Use**

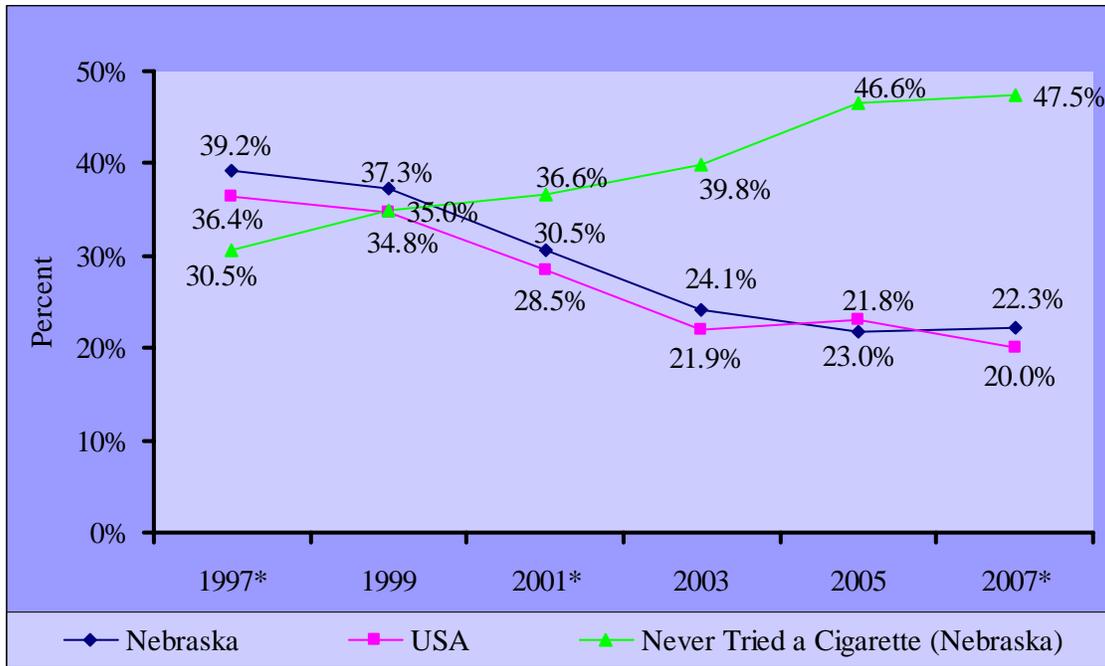
One significant factor affecting the adult smoking prevalence rate is the age at which youth start to smoke. The majority of current adult smokers began smoking in their adolescence.<sup>15</sup> Tobacco use is grounded in addiction to nicotine and that addiction

<sup>15</sup> U.S. DHHS, 1994

typically begins before smokers reach adulthood.<sup>16</sup> Consequently early intervention is critical in preventing nicotine dependence in adulthood.

Data from the 2005 Youth Risk Behavior Survey (YRBS) indicates that both cigarette smoking and experimentation among Nebraska youth have been on a decline following years of increase. The youth smoking rate declined from 39.2% in 1997 to 21.8% in 2005 (Figure. 2). Since then, the decline in the youth smoking rate has slackened and remained almost the same in 2007 (22.3%) as it was in 2005 (21.8%).

**Figure 2. Youth Smoking Prevalence**



\* Data not weighted due to a low response rate  
Source: Youth Risk Behavior Survey (YRBS)

Generally, Nebraska’s youth smoking rate has mirrored the national youth smoking rate, however, the 2005 YRBS indicates that both the state and national rates have started to level off. Furthermore, the 2007 YRBS results show that Nebraska’s youth smoking rate has gone up slightly, reflecting a stagnation in the decline. This raises

<sup>16</sup> Institute of Medicine, 2007

challenges for the state if it wants to achieve the 2010 Healthy People objective of less than 15.0% youth smoking prevalence rate in Nebraska.

On a positive note, the percentage of youth who have never experimented with a cigarette has increased. According to the 1997 YRBS, nearly a third (30.5%) of youth had never tried cigarette smoking. In 2007, the percentage had increased to almost half (47.5%) (Figure 2). This trend is important to reducing and sustaining a low smoking rate among Nebraska youth.

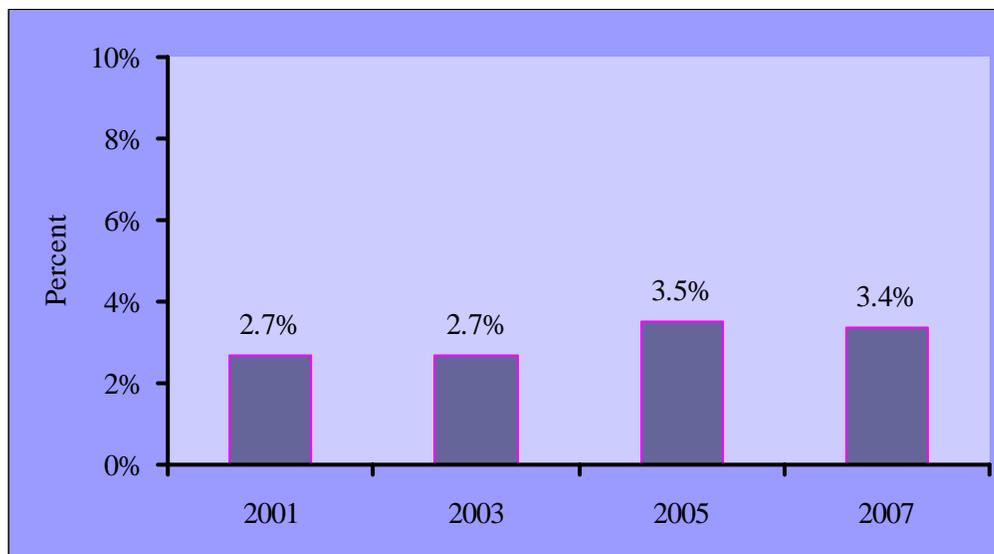
#### *Youth Tobacco Use in Nebraska – Key Findings*

- A steady decline in youth smoking prevalence from 1997 to 2005.
- A slackening decline in youth smoking prevalence from 2005 to 2007.
- An increase in the proportion of students who have never tried a cigarette.

#### **Smokeless Tobacco**

Tobacco Free Nebraska also tracks the trends in smokeless tobacco use for both adults and youth. Among adult Nebraskans, smokeless tobacco use is defined as having used smokeless tobacco products at least 20 times in their entire life and currently using smokeless tobacco every day or some days. Figure 3 shows that the adult smokeless tobacco use rate has remained almost the same since 2001.

**Figure 3. Adult Smokeless Prevalence**



Source: Adult Tobacco Survey/ Social Climate Survey (ATS/SCS)

Youth smokeless tobacco users are defined as having used chewing tobacco, snuff or dip – such as Redman, Levi Garret, Beechnut, Skoal, Skoal Bandits or Copenhagen – during the past 30 days. Figure 4 shows the youth smokeless tobacco rate increased slightly in 2007.

**Figure 4. Youth Smokeless Prevalence**



\* Data were not weighted due to a low response rate

Source: YRBS

Although the use of smokeless tobacco remains relatively low, it is important to keep monitoring the rate since tobacco companies are increasingly marketing smokeless tobacco products as smoke-free laws become more commonplace.

*Smokeless Tobacco Use – Key Findings*

- Smokeless tobacco use among Nebraska youth has remained virtually unchanged.
- Fewer adult Nebraskans use smokeless tobacco.

**Protection from Secondhand Smoke**

Secondhand smoke exposure causes heart disease and lung cancer in nonsmoking adults.<sup>17</sup> There is no risk-free level of exposure to secondhand smoke which contains at least 250 chemicals known to be toxic or carcinogenic.<sup>18</sup> Protecting nonsmokers with smoke-free policies and laws are effective ways to help prevent diseases and deaths attributed to secondhand smoke.

**Smoke-free Homes and Smoke-free Vehicles**

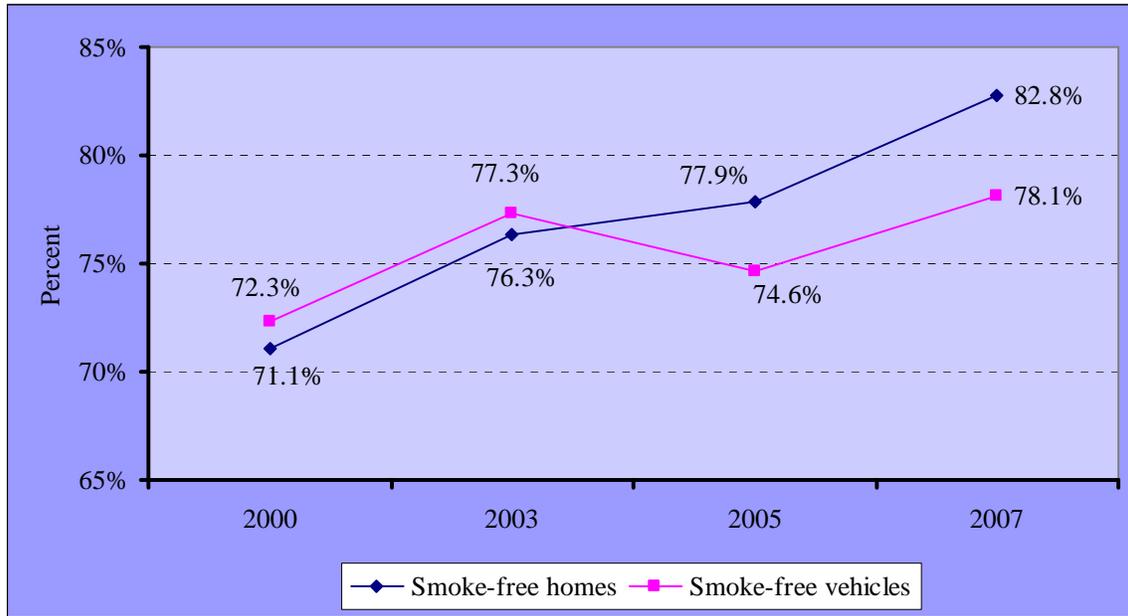
Nebraskans are increasingly adopting smoke-free rules in their homes and vehicles. The percentage of homes with smoke-free rules increased from 71.1% in 2000 to 82.8% in 2007 (Figure 4). Smokers with smoke-free rules in their homes increased from 22.3% in 2000 to 50.8% in 2007 (Figure 4). Similarly, Nebraskans have increasingly adopted smoke-free rules in their vehicles. In 2007, 78.1% of Nebraskans had smoke-free rules in their vehicles compared to 72.3% in 2000. There was also a statistically significant increase in the percent of smokers with smoke-free vehicle rules from 17.3% in 2000 to 30.4% in 2007 (Figure 4).

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<sup>17</sup> U.S. DHHS, Surgeon General's Report, 2006

<sup>18</sup> U.S. DHHS, 2006

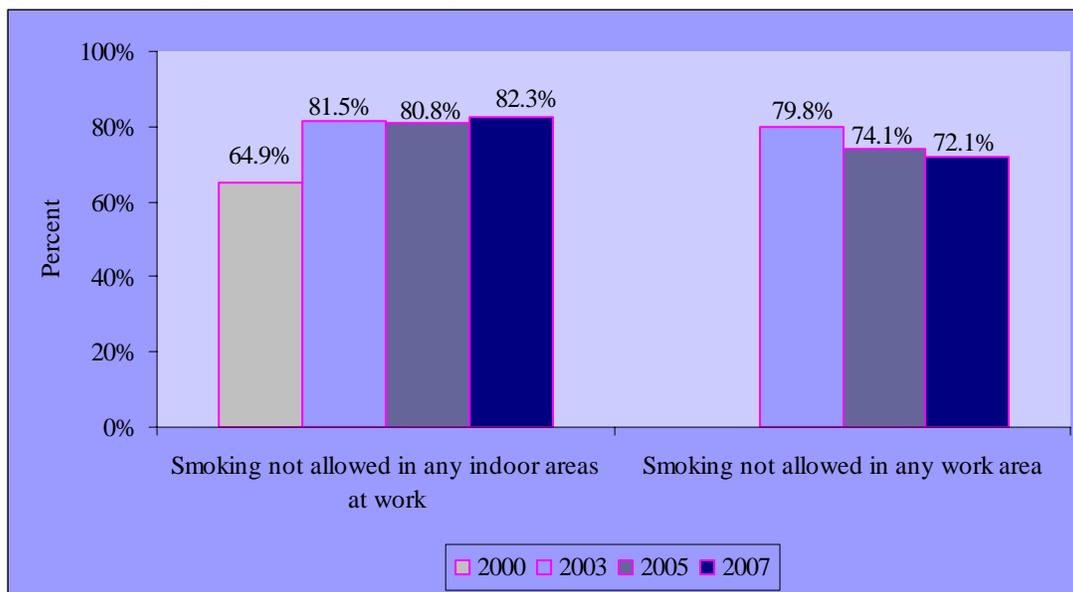
**Figure 4. Smoke-free Rules in Homes and Vehicles**



Source: ATS/SCS

### Smoke-free Policies in Workplaces

The Adult Tobacco Survey/Social Climate Survey measures if employees are protected from secondhand smoke in the workplace. The percentage of employees that reported being protected from secondhand smoke in indoor public and common areas increased from 64.9% in 2000 to 82.3% in 2007. However, the percentage of Nebraskans being protected by smoke-free policies in any work area (including outdoors) declined from 79.8% in 2003 to 72.1% in 2007.

**Figure 5. Smoking Not Allowed in Any Indoor Work Area**

Source: ATS/SCS

In workplaces, smoke-free policies increase productivity, reduce health care costs; other insurance costs; and maintenance and cleaning costs and lessen legal liability for employee health conditions.<sup>19</sup> Smoke-free policies can either be instituted voluntarily or by law (governmental). Policies are the most effective approach for providing protection from exposure to secondhand smoke<sup>20</sup>. For example, the passage of the statewide Nebraska Clean Indoor Air Act in February 2008 will protect employees and the public in workplaces including restaurants, bars and gaming facilities. The law goes into effect on June 1, 2009.

### ***Secondhand Smoke Key Findings***

- Nebraskans have increasingly adopted smoke-free home rules since 2000.
- Half of all Nebraska smokers have smoke-free rules in their homes.
- Nebraskans have increasingly adopted smoke-free vehicle rules since 2000.

<sup>19</sup> U.S. DHHS, 2006

<sup>20</sup> U.S. DHHS, 2006

- Nearly three-quarters of Nebraskans are protected from secondhand smoke in the work place.
- 82.3% of Nebraska employees are protected from secondhand smoke in all indoor work areas.
- Nebraskans will be protected from secondhand smoke in public places including restaurants, bars and gaming facilities when the statewide smoke-free law goes into effect on June 1, 2009.

## **Identifying and Addressing Tobacco Related Disparities**

Reducing tobacco-related disparities is one of TFN's four main goals. Achieving the goal requires identifying and working to eliminate tobacco-related health disparities. Populations that are negatively impacted by tobacco tend to have higher smoking rates and higher exposure to secondhand smoke.<sup>21</sup> At the same time these groups often have less access to healthcare and other resources. As a result, these populations have a disproportionate occurrence of tobacco-related death and disease.

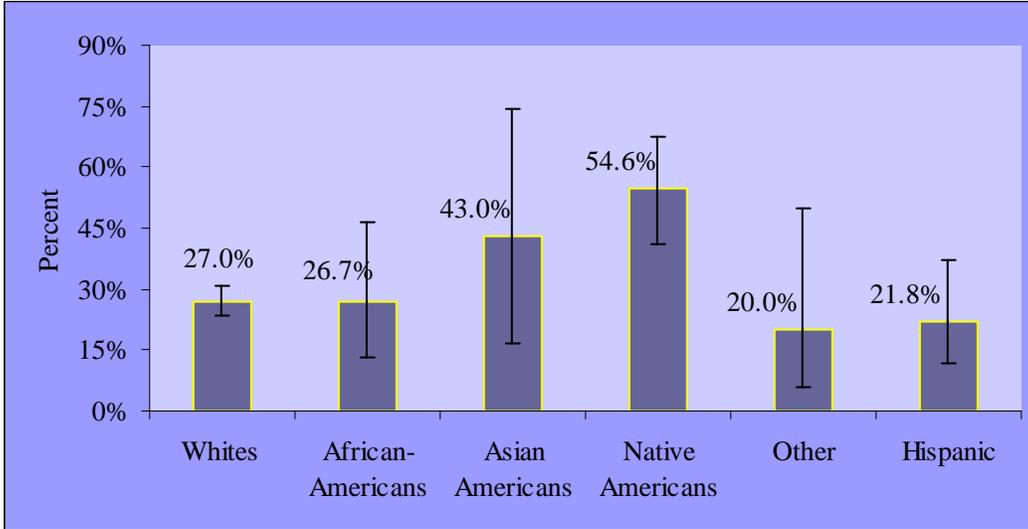
### **Disparities in Smoking Behavior**

Tobacco-related health disparities are influenced by many factors, including socio-economic status, geographic location, race and ethnicity, gender, sexual orientation or disability of a population. For example, 2007 BRFSS data shows that smoking rates among Native Americans in Nebraska remain significantly high as compared to other racial and ethnic groups (Figure 6).

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<sup>21</sup> U.S. DHHS, 1989

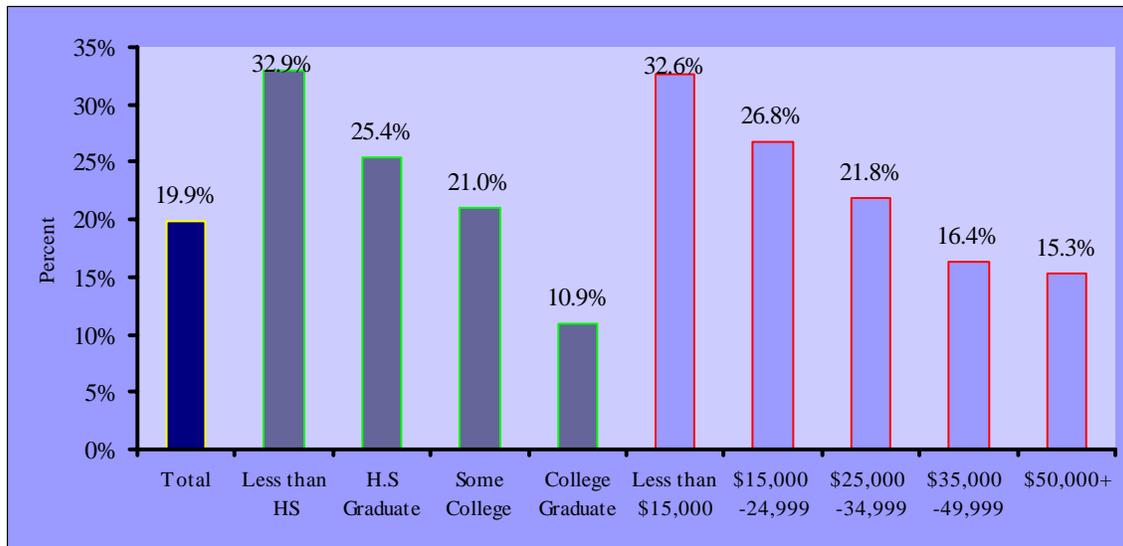
**Figure 6. Smoking Prevalence among Racial/Ethnic Groups, 2007**



Source: BRFSS and Minority BRFSS Oversample (Error bar reflects confidence intervals)

Figure 7 shows that among low socio-economic populations, Nebraskans with either less than high school education (32.9%) or with a high school education (25.4%) were statistically significantly more likely to smoke than college graduates (10.9%). Similarly Nebraskans with an income of less than \$15,000 (32.6%) were more likely to smoke than the adult state average of 19.9%.

**Figure 7. Nebraska Adult Smoking Rates by Education and Income, 2007**



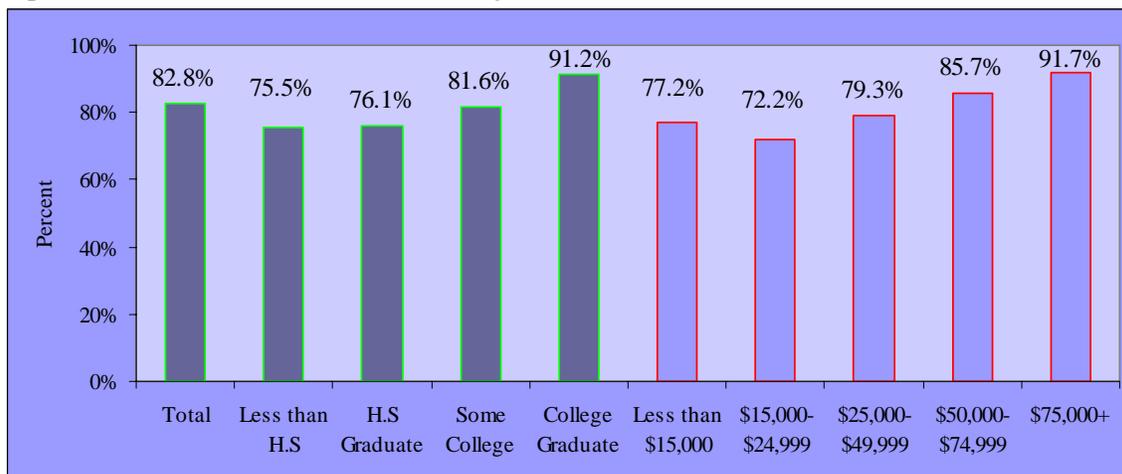
Source: BRFSS

## Disparities in Protection against Secondhand Smoke

Secondhand smoke exposure is also prevalent among disparate populations. Nebraskans with lower education, lesser income and /or the unemployed are less likely to adopt smoke-free policies in their homes and vehicles. Nebraskans with less than high school education (75.5%) or with a high school education (76.1%) are less likely to have smoke-free homes as compared to Nebraskans with some college (81.6%) or college degrees (91.2%) (Figure 8).

Nebraskans with income of less than \$49,999 were less likely to have smoke-free homes as compared to Nebraskans with incomes of \$50,000 and higher (Figure 8).

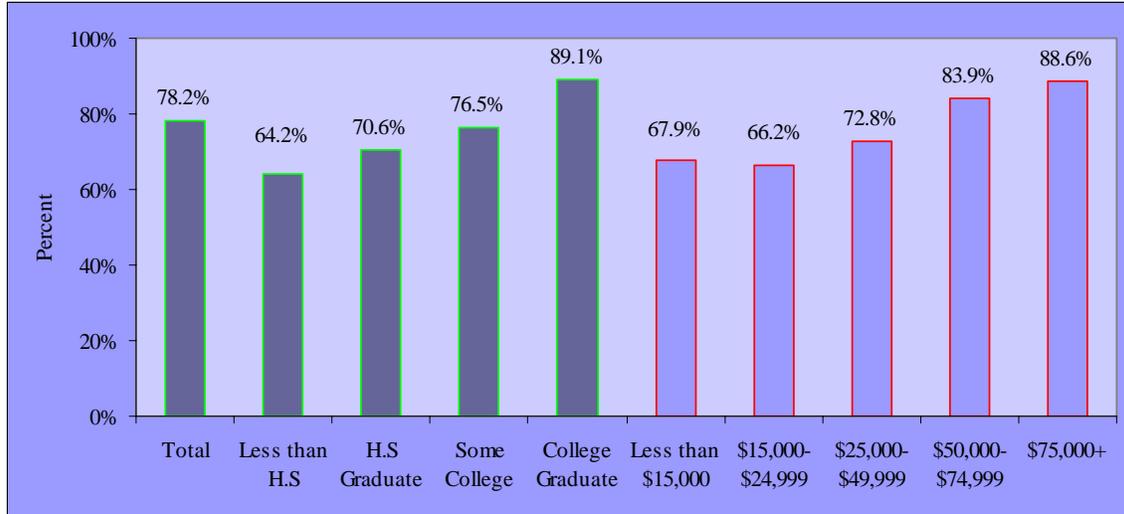
**Figure 8. Smoke-Free Rules in Homes by Education and Income Levels, 2007**



Source: ATS/SCS

Figure 9 shows the percentage of Nebraskans who have smoke-free rules in their vehicles by education and income level. Nebraskans with college degrees (89.1%) are more likely to have smoke-free rules for their vehicles as compared to those without college degrees. In terms of income, Nebraskans who earned more than \$50,000 a year are more likely to have smoke-free rules in their vehicle than those who earned less than \$50,000.

**Figure 9. Smoke-Free Rules in Vehicles by Education and Income Levels, 2007**

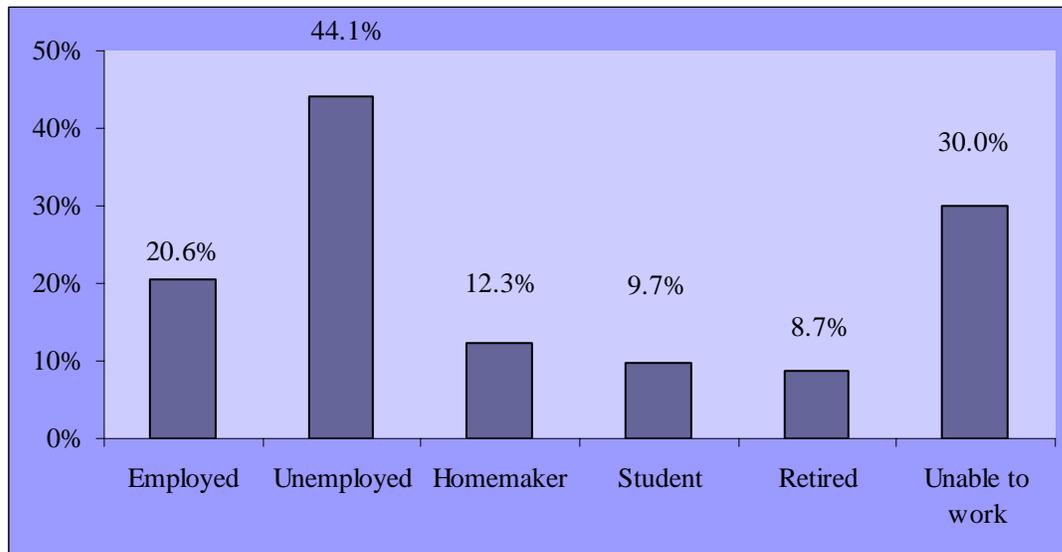


Sources: ATS/SCS

**Employment Status**

Unemployed Nebraskans are more likely to be smokers than those who are employed, working on their own, in school or retired. Figure 10 shows that Nebraskans who are unemployed (29.9%) or unable to work (40.4%) are more likely to smoke at a higher rate than those who are employed (22.1%), homemakers (15.0%), retirees (9.3%) or students (14.8%).

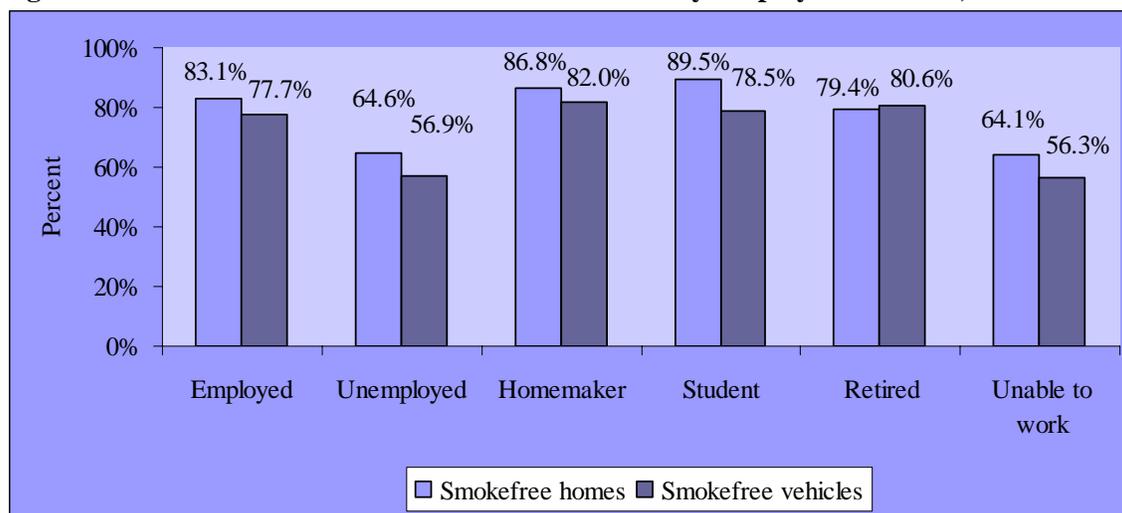
**Figure 10. Smoking Prevalence by Employment Status, 2007**



Source: BRFSS

Figure 11 also shows that Nebraskans who are unemployed or unable to work are significantly less likely to live in smoke-free homes or have smoke-free rules for their vehicles than others.

**Figure 11. Smoke-free Policies in Homes and Vehicles by Employment Status, 2007**



Source: ATS/SCS

Differences in tobacco use rates and exposure to secondhand smoke lead to tobacco-related disparities in morbidity and mortality later in life. Identifying and addressing these disparities can help improve the quality of life among populations that are likely to be negatively impacted by tobacco.

### Nebraska Tobacco Disparities Partnership

In 2006, Tobacco Free Nebraska convened a meeting of stakeholders to develop a strategic plan to address tobacco-related disparities. The group has representation from African Americans; Hispanics; Native Americans; women; young adults (18-24 year olds); rural communities; Lesbians, Gay, Bisexual and Transgender (LGBT) populations and low socio-economic groups. The Nebraska Department of Health and Human Services is represented by staff from Tobacco Free Nebraska, Comprehensive Cancer

(C.A.R.E.S) and the Office of Minority Health. The partnership developed a strategic plan to identify and eliminate tobacco-related disparities in Nebraska. The group identified four areas to focus on:

1. Tobacco-related disparities data.
2. Capacity building in identifying and addressing tobacco-related disparities.
3. Cessation among population with tobacco related disparities.
4. Eliminating exposure to secondhand smoke in disparate populations.

#### *Tobacco Disparities Key Findings*

- Native Americans are more likely to be smokers than other racial-ethnic groups.
- Nebraskans with lower socio-economic status are more likely to be smokers than those with higher socio-economic status.
- Nebraskans with lower socio-economic status are more likely to be exposed to secondhand smoke in both homes and vehicles than those with higher socio-economic status.

### **Nebraska's Comprehensive Tobacco Prevention and Control Program**

In 2000, the Nebraska Unicameral passed LB 1436 marking a milestone in tobacco control efforts in the state. LB 1436 allocated \$7 million a year for three years to the Tobacco Free Nebraska program from the multi-state tobacco Master Settlement Agreement (MSA). The MSA provided annual payments to the state from the major cigarette companies to reimburse for smoking-related health care costs. Prior to LB 1436, the state relied solely on federal funds from the CDC for tobacco prevention and control efforts.

In 2007, the CDC issued the revised *Best Practices for Comprehensive Tobacco Control Programs*. The original version was published in 1999. The new volume “describes an integrated programmatic structure for implementing interventions proven to

be effective and provides the recommended level of state investment to reach these goals and reduce tobacco use in each state.”<sup>22</sup> The most effective population-based approaches are defined into five overarching components: 1) State and Community Interventions; 2) Health Communication Interventions; 3) Cessation Interventions; 4) Surveillance and Evaluation and 5) Administration and Management. The *Best Practices* document recommended a \$21.5 million overall annual funding investment in Nebraska.

Since the passage of LB 1436, Tobacco Free Nebraska has continued to develop and maintain a comprehensive tobacco prevention and control program which has led to lower tobacco prevalence rates and decreased secondhand smoke exposure including the adoption of the Nebraska Clean Indoor Air Act of 2008 – the state’s smoke-free air law. Tobacco-related deaths, diseases and economic costs including loss of productivity will decrease with reduced tobacco use and exposure to secondhand smoke. In fact, there is overwhelming evidence that state comprehensive tobacco control programs substantially reduce tobacco use.<sup>23</sup>

The \$3 million currently appropriated to the Tobacco Free Nebraska program is 14 percent of the CDC recommended funding level and ranks Nebraska 37<sup>th</sup> among all states in terms of tobacco prevention and control funding.

### **Components of the Tobacco Free Nebraska Program**

There are six key components to the Tobacco Free Nebraska program, including:

1. Administration and management
2. Cessation – including the Nebraska Tobacco Quitline
3. Youth empowerment

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<sup>22</sup> CDC, *Best Practices for Comprehensive Tobacco Control Programs*, 2007

4. Health communications/media
5. Local programs, including school, community and outreach grants
6. Surveillance and evaluation.

### **Administration and Management**

TFN provides the administrative structure for the state's comprehensive tobacco prevention and control program as well as financial, technical and administrative support to state and local tobacco prevention efforts and programs.

### **Cessation – including the Nebraska Tobacco Quitline**

Quitting tobacco use can significantly reduce the risk of tobacco-related diseases and death, even among those who have used tobacco for decades.<sup>24</sup> According to BRFSS, over half (50.2%) of Nebraska smokers tried to quit smoking in 2007 or stopped at least once during the past year in an attempt to quit. However, cessation rates are generally low. Most smokers actually start smoking and become addicted while they are adolescents and most addicted adults want to quit, try to quit or would rather be non-smokers.<sup>25</sup> However, only an estimated 4.7% maintain abstinence for at least three months.<sup>26</sup>

A useful resource for smokers who want to quit or those who want to stay quit are telephone Quitlines – like the Nebraska Tobacco Quitline. Quitlines allow tobacco users to access cessation counseling or support if they are in the process of quitting. Nebraska introduced its Quitline in June 2006 after a competitive Request for Proposal process.

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<sup>23</sup> Institute of Medicine, 2007

<sup>24</sup> U.S. DHHS, 2000

<sup>25</sup> IOM, 2007

<sup>26</sup> CDC, 2002

The contract was awarded to the American Cancer Society to provide a statewide toll-free, telephone-based Quitline, 1-800-QUIT-NOW (1-800-784-8669).

The Nebraska Tobacco Quitline provides cessation counseling to smokers who want to quit or former smokers who want to stay quit. A fax referral program is available to encourage health care providers to refer their patients who are smokers. The Quitline also provides technical assistance to health care providers and tobacco cessation specialists who call in for their clients. The Quitline serves targeted populations such as spit tobacco users and women of child-bearing age. Both English and Spanish-speaking counselors are available.

The Nebraska Tobacco Quit-line was launched in June 2006. During the period July 2006 and June 2008, a total of 2,122 calls were received. During the same period, a total of 117 fax referrals were received. A follow up evaluation of the Quit-line found indicated a 30-day point prevalence quit rate at 6 months of 4.2% among callers enrolled in counseling. This is based on the assumption that all persons who did not complete the evaluation were still smokers.

### **Health Communications and Media**

According to the CDC's *Best Practices for Comprehensive Tobacco Control Programs*, health communication interventions (like media and counter-marketing) can be powerful tools for preventing tobacco initiation, promoting and facilitating cessation and shaping social norms related to tobacco use.

TFN's media efforts target youth prevention, secondhand smoke exposure and promotion of the Nebraska Tobacco Quitline. As a result of competitive bid processes in 2001, 2004 and 2008, Snitily Carr was chosen as the media vendor for TFN. Media

efforts have included paid ads on TV and radio and in newspapers, movie theaters and billboards. TFN also sponsors a variety of events across the state including rodeos and the Cornhusker State Games. As the popularity and use of social media continues to rise, it's planned that communication efforts will expand there as well.

In 2007, TFN updated the national award-winning "Tobacco Free Times" publication targeting 4<sup>th</sup> and 5<sup>th</sup> graders and sent copies to teachers across the state. A condensed version is also available for download on the TFN Website.

In 2006, TFN was presented with a unique opportunity when a 42-year-old Lincoln man who'd recently been diagnosed with lung cancer, contacted the office and was interested in "telling his story." TFN taped an interview with him and produced six television ads for the Nebraska Tobacco Quitline from the interview. The original interview was also packaged as a presentation entitled, "One Man's Story," and sent to tobacco cessation support programs throughout the state.

Unfortunately, the man passed away in January 2007. His family contacted TFN shortly afterwards and expressed a desire to continue airing the spots that he'd taped in 2006. As a result, three of the spots were modified to become memorials and were aired from April to December 2007. Also in 2007, four additional TV ads were produced for the Quitline. Two focused on the "triggers" that entice a person to want to smoke, one focused on the "triggers" that entice a person to want to use chewing tobacco and the other ad targeted women of child-bearing age. We know that TV ads for the Quitline are very effective because roughly 40 percent of Quitline callers say they heard about it as a result of seeing a television ad.

In 2006, TFN conducted an evaluation of its media efforts. A random digit-dial telephone survey of 1,503 adults ages 18 to 45 was conducted across the state of Nebraska. Respondents were asked a variety of questions regarding TFN's media campaigns and efforts, as well as questions regarding how familiar they were with TFN in general. The survey results proved to be very valuable and have helped guide media efforts since then. Another evaluation is planned in 2010.

### **Youth Empowerment**

Research has shown that about 89% of current smokers initiated smoking before the age of 18.<sup>27</sup> As a result, it is important that youth tobacco prevention programs are in place to delay and potentially prevent the onset of youth tobacco use. One of TFN's goals is to keep youth from starting to use tobacco.

Tobacco Free Nebraska has adopted a youth empowerment approach to addressing tobacco initiation and use. The Nebraska youth empowerment program – *No Limits* – is a youth-led movement that engages youth to help prevent youth tobacco use. The name *No Limits* was chosen by youth because there are 'no limits' to what tobacco companies will do to market their deadly products to teens and there are 'no limits' to what Nebraska teens will do to fight back.

### **Youth Activism**

- *Youth Activism Summits*
  - 491 youth have attended the summits since 2005.
  - 91 adults have participated in the summits since 2005.
  - On average, 22 different communities have been represented at each summit.

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<sup>27</sup> U.S. DHHS, 1994

- *Youth Activism Mini -Grants*
  - Since 2005, nearly \$15,000 has been distributed.
  - In 2006 and 2007, 33 different groups held 142 activism events reaching an estimated 60,000 people.
  - In 2008, 355 youth have participated in 37 activities that were seen 18,700 times by youth and 10,500 times by adults.

## **Local Programs**

### ***School – Community – Outreach Grantees***

There is an established network of tobacco coalitions across the state. Coalitions provide a collaborative partnership through which tobacco prevention resources are channeled to the local community. They also facilitate participation in tobacco prevention efforts.

Coalitions undertake a variety of prevention activities including:

- Working with youth to develop and implement youth tobacco prevention programs.
- Developing and implementing educational and awareness programs about the dangers of tobacco use and exposure to secondhand smoke.
- Developing partnerships and networks within the community including parents, law enforcement officials, community and business leaders, health care providers and school personnel.
- Raising awareness and support for smoke-free policies.
- Working with local law enforcement to conduct compliance checks of illegal tobacco sales to minors.

- Collaborating with hospitals and colleges to create tobacco-free campuses.
- Working with local businesses including restaurants and bars to adopt smoke-free policies.

### ***The Tobacco-Free Hospital Campus Guide***

Tobacco-free policies that help eliminate exposure to secondhand smoke are an effective way to improve a community's well-being. Hospitals, clinics, nursing homes and rehabilitation centers are increasingly protecting the health of their staff and patients by voluntarily adopting 100% campus tobacco-free policies.

In 2007, Tobacco Free Nebraska partnered with the Nebraska Hospital Association and Nebraska C.A.R.E.S to produce a resource guide entitled "*Moving Toward a Tobacco-Free Future: The Tobacco-Free Hospital Campus: A Resource Guide for Nebraska Hospitals and Health Systems.*"

As of October 2008, 18 Nebraska hospitals, healthcare systems and clinics had adopted 100% smoke-free campus policies that protect all employees, visitors and patients from secondhand smoke exposure within their campuses – including but not limited to – facility buildings, outdoor areas and parking lots.<sup>28</sup>

## **Training and Collaboration**

TFN holds regular state coalition meetings and an annual conference at which coalitions and other partners network and share information. Trainings on specific topics of interest are coordinated by TFN on an as-needed basis.

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<sup>28</sup> Americans for Nonsmokers' Rights, 2008

### *State Coalition Meetings*

The TFN State Coalition meetings are usually held in January, July and October. During coalition meetings, there is an opportunity to share information and showcase local events and campaigns.

### *State Tobacco Conference*

The TFN State Conference is held annually. The 2008 conference, "*Building A Tobacco Free Future*," attracted over 100 advocates from across the state. The keynote speaker was Jim Bergman, J.D., Director of the Smoke-Free Environments Project. Bergman's emphasis was on creating smoke-free multiple housing units in Nebraska.

### *Collaborating Partners*

Nebraska's tobacco prevention and control partners extend beyond state and local health departments to include advocacy groups, policymakers, health care professionals and non-profit foundations. Partners include the American Cancer Society, American Lung Association, American Heart Association, Public Health Association of Nebraska (PHAN) and Health Education Inc. These organizations also work with local tobacco prevention coalitions as needed.

TFN collaborates with other programs within the Nebraska Department of Health and Human Services (DHHS) as well, including the Comprehensive Cancer Control Program (C.A.R.E.S.), the Cardiovascular Health Program, the Diabetes Program and the Family Health division.

## **Surveillance and Evaluation**

Tobacco Free Nebraska has a surveillance and evaluation component that collects data to monitor tobacco related behaviors, attitudes and health outcomes. These efforts

are critical to help the program meet its intended goals and objectives including the Healthy People 2010 objectives. Collected information helps ensure that effective efforts are maintained as well as determine potential program improvements.

TFN also uses surveillance and evaluation data to determine the efficiency and effectiveness of resources invested in the program and to demonstrate the program's performance and accountability to decision makers.

TFN's surveillance and evaluation efforts include conducting behavioral and attitudinal surveys and examining hospital discharge data, mortality and census data. A Web-based reporting system called TRAIN (Tobacco Reporting and Information Network) has also been developed as a reporting tool for local coalitions. This allows TFN to monitor progress in the communities and to provide technical assistance to the coalitions.

***Evaluation and Surveillance Efforts***

- Youth Risk Behavior Survey, last conducted in 2007
- Youth Tobacco Survey, last conducted in 2008
- School Administrator Survey, last conducted in 2006
- Adult Tobacco Survey/Social Climate Survey, last conducted in 2006/7
- Behavioral Risk Factor Survey, last conducted in 2007
  - Minority Over-sampling of the Behavioral Risk Factor Survey, last conducted in 2007
- Nebraska Quitline data, 2006 - 2008

## Sustaining the Tobacco Free Nebraska Program

Adequate and sustained funding of a tobacco prevention and control program is essential to ensuring continued reduction in tobacco use and exposure to secondhand smoke. The current appropriation of \$3 million is 14% of the CDC's minimum annual recommended funding level of \$21.5 million, which ranks Nebraska 37<sup>th</sup> among all states.<sup>29</sup> Nebraska's tobacco prevention spending is approximately 2.2% of the state's tobacco revenue.<sup>30</sup>

*91% of Nebraskans support using portions of the Tobacco Master Settlement Agreement funds for tobacco prevention.*

ATS/SCS 2007 indicate that ninety-one percent (91%) of Nebraskans support using portions of the Tobacco Master Settlement Agreement funds for tobacco prevention.<sup>31</sup> In addition 88.1% support using a portion of the money on the Nebraska Tobacco Quit-line and 86.4% support using a portion of the money on TFN's media campaign. Nebraskans also support increasing state tobacco taxes to fund programs that enforce laws to prevent tobacco sales to minors, education programs to prevent youth initiation and programs to help adults to quit smoking.

Implementation of a comprehensive tobacco control and prevention program is important to reducing tobacco-related morbidity and mortality. To effectively achieve this, the program needs to be continually appropriately funded and also supported by the community. Evidence show that, there is support for the program on one hand and on the other hand, there is limited funding to the program.

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<sup>29</sup> CDC, 2007

<sup>30</sup> Campaign for Tobacco-Free Kids, 2008

<sup>30</sup> ATS/SCS, 2007

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