



A DECADE *of* DIFFERENCE

**TOBACCO
PREVENTION**



In 2005, the Health Care Foundation of Greater Kansas began making grants to Kansas City area organizations committed to eliminating the barriers to quality health for the uninsured and underserved. The foundation was created two years earlier through the sale of Health Midwest hospitals to Hospital Corporation of America. Since 2005, HCF has awarded over \$200 million to dozens of entities.

The past decade has been a difficult period for many individuals and organizations served by the foundation. Yet it has also been a time of unmatched opportunity. Most notably, the passage of the Patient Protection and Affordable Care Act in 2010 represented a landmark event in the evolution of health care reform.

As the foundation completes its first decade, we have looked back across the health care landscape to better understand the obstacles and accomplishments surrounding care to the uninsured and underserved in the Kansas City region. Our objective is to learn from, and reflect upon, past experience in order to better inform and assist the community's collective efforts going forward.

HCF contracted with researchers to conduct a series of interviews and focus groups with health care stakeholders in the tobacco prevention arena, in addition to drawing on recent assessment of the oral health system. The results of those conversations represent the heart of this report. More than 50 individuals participated in the process, and their reflections and insights about the past, present and future of tobacco cessation in the region were enormously beneficial.

But even though stakeholder perceptions form the bulk of this document, the final product inevitably has been filtered through the foundation's lens. The contents therefore ultimately are the responsibility of the foundation.

Finally, this document is not meant to be an evaluation of HCF or the tobacco prevention grants we've funded over the past 10 years. Nor is this an assessment of population level health needs or secondary data trends. Rather, the goal was to take advantage of our unique perspective in the health care community to examine system level challenges, changes and opportunities.

This assessment has allowed us to more clearly see the enormous strides that have been made in our region since 2005. Too often, those knee-deep in the day-to-day work of bringing about change are unable to pause to appreciate the role they have played in advancing the field. A spirit of cooperation, collaboration and commitment is reflected in these pages and in these efforts, and the HCF is proud to be a part of the progress our community has experienced.

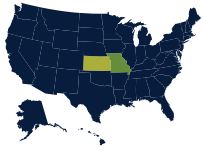


MAJOR VICTORIES IN BATTLE TO REDUCE SMOKING, BUT REGION STILL LAGS BEHIND

In the half-century since the U.S. Surgeon General's landmark report on the risks of smoking, the number of Americans who indulge in the once-pervasive habit has continued to drop, from 42 percent in 1965 to just 17.8 percent today.

Nevertheless, tobacco products remain the most preventable cause of disease, disability and death in the U.S., according to the Centers for Disease Control and Prevention (CDC). More than 16 million Americans suffer from illnesses caused by smoking, and almost 500,000 die prematurely each year due to tobacco use.

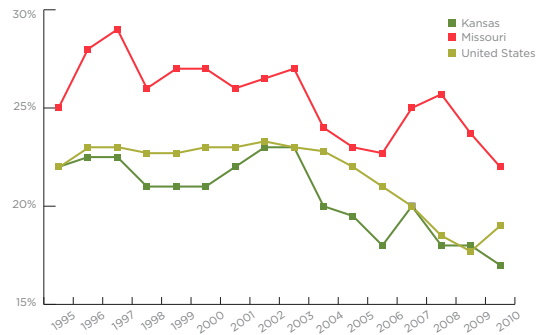
In Missouri and Kansas, tobacco use continues to be an enormous health problem, with the percentage of smokers in both states — 22 percent and 20 percent, respectively — well above the national average. The higher incidence translates into about \$3 billion spent annually on tobacco-related health care in Missouri and more than \$1 billion spent in Kansas.



Smoking rates in Kansas and Missouri are higher than the national average.

Despite the insidious nature of tobacco addiction, major progress has been made on both sides of the state line in reducing this public health risk. Over the past decade, the total number of area smokers has continued to decline, indoor smoking has been greatly reduced and in many cases, eliminated, and educational programs have helped prevent a new generation from picking up the habit.

Adult Cigarette Smoking Rates, 1995-2010





TERMINAL A, Kansas City International Airport,
Kansas City, Missouri.

CLEARING THE AIR

Arguably the most encouraging development in the Kansas City area in recent years has been the dramatic upsurge in municipal, clean indoor air ordinances. In the early 2000s, prohibiting smoking indoors was not even on the radar in most communities across the metro. But as a growing body of evidence confirmed the dangers of secondhand smoke for patrons and workers alike, advocates launched a push to limit or eliminate smoking in public places.

Resistance to the idea was predictably fierce from tobacco companies and from many businesses. Bars and restaurants, most notably, argued that no-smoking rules would drive customers away. Yet the opposition gradually began to soften as clinicians and advocates knowledgeable about the health dangers of secondhand smoke joined the fight.

In 2004, Lawrence became the first community in Kansas to pass a comprehensive smoke-free workplace ordinance. Two years later, Lee's Summit and Independence were the first on the Missouri side to pass similar laws. Today, a remarkable 95 percent of the Kansas City metropolitan area is covered by smoke-free ordinances. Only seven of the region's 34 municipalities do not have a smoke-free ordinance of any kind.

"Twenty years ago, smoking was everywhere," said Traci Kennedy, former executive director of the statewide coalition Tobacco Free Missouri. "It was not uncommon for people to smoke in a hospital or on an airplane. But today, more than a quarter of Missourians are covered by a smoke-free ordinance. That means more Missourians than ever have the freedom to earn a paycheck or enjoy a meal without having to worry about damaging their heart and lungs from secondhand smoke."

95
PERCENT

of the Kansas City
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includes

1.5
MILLION

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SMOKE-
FREE
ORDINANCES

STATEWIDE EFFORTS

Statewide smoke-free efforts on the Kansas side have been largely successful. In 2010, the passage of the Indoor Clean Air Act prohibited smoking in public places and workplaces across the state. Exceptions to the law included 20 percent of hotel rooms, casino gaming floors, tobacco shops and private clubs licensed before Jan. 1, 2009.

Advocates say the act fundamentally changed attitudes toward smoking in the state. In 2011, an attempt to repeal the act was blocked, and a 2013 poll conducted by Clean Air Kansas found that three of every four Kansas voters favored the act. Ten communities statewide now have local regulations more stringent than the state law.

While many had hoped that the momentum established by local communities in developing their own smoking bans ultimately would lead to statewide, smoke-free legislation, no such initiative in Missouri has yet emerged. But that day may be coming. Data from the Missouri Department of Health and Senior Services in 2013 showed that 75 percent of Missourians support local smoke-free laws, versus only 50 percent 15 years ago. The steady increase in public support for smoke-free ordinances reflects a continued evolution in social norms regarding smoking.

36
STATES

and Washington,
D.C. now have
some type of
PUBLIC
SMOKING
— BAN —





OVERBLOWN FEARS OF ECONOMIC IMPACT

One of the most common arguments against indoor smoking bans in both Kansas and Missouri has been that prohibitions would negatively impact the revenue of restaurant, bar and hospitality businesses. But evidence suggests those fears are misplaced. In 2011, the Health Care Foundation of Greater Kansas City (HCF) funded a study through the University of Kansas that showed no negative effect on sales or employment following the adoption of the 2008 Kansas City, Missouri, smoking ordinance. Some restaurants even reported sales increases after the ban was enacted.

“Overall, we have a great deal to be proud of,” said Joyce Morrison, Clean Air KC. “The majority of our metro area has changed its culture and gone smoke-free, and this has become the norm. Kansas’ statewide law also is a great success. Those wins have had major trickle-down effect.”

The benefits of clean air were documented in a study that showed air quality levels in Kansas City, Missouri, restaurants had improved dramatically following passage of the Clean Air Act. Conversely, air quality levels at establishments in two Missouri suburbs with weak or nonexistent policies continued to register at dangerous levels.

The dramatic progress made in eliminating smoking in offices, restaurants and public places has led advocates to seek other opportunities for reducing secondhand smoke exposure. In 2013, Kansas City, Missouri's Parks and Recreation Board passed an ordinance making parks smoke-free. The following year, the Housing Authority in Kansas City, Missouri, made all publicly owned housing smoke-free. The latter move, which affected more than 1,700 residential units and 5,000 adults and children, was not without controversy. Critics have expressed concerns about the timing of the policy and fear that it may lead to increased homelessness. As a result, those involved continue to monitor and develop implementation strategies to address these issues.

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JOYCE MORRISON,
CLEAN AIR KANSAS CITY

Essential to the success of the smoke-free movement over the past decade has been the efforts of advocacy groups, including Clean Air Kansas City, Tobacco Free Kansas, and Tobacco Free Missouri.

Locally, Clean Air Kansas City — with more than 300 grassroots members and 55 partner organizations — has played a central role in the passage of almost every clean indoor air ordinance in the metropolitan area. National groups like the American Cancer Society, American Heart Association and the American Lung Association also have been highly supportive.



CLEAN AIR KANSAS CITY

Clean Air Kansas City began in 2005 and was started by the Metropolitan Healthy Communities Coalition to support communities in their efforts until the region is smoke-free.

Clean Air KC partners with organizations and serves as a resource to other groups working to reduce smoking rates and exposure to secondhand smoke. They have created a model for efforts and offered up tool kits and processes to empower communities for working on the issue.

HCF has given the group eight grants totaling \$278,815.



TOBACCO SETTLEMENT — A MISSED OPPORTUNITY

In the national fight to reduce smoking, a historic victory occurred in 1998 when a settlement was reached in civil litigation between major tobacco manufacturers and attorneys general from 46 states. The Master Settlement Agreement established limits surrounding the manner in which tobacco could be advertised, marketed and promoted. The agreement also mandated that the tobacco industry pay the plaintiff states approximately \$10 billion a year for the “indefinite future.” Through 2014, Kansas had received \$900 million and Missouri \$1.8 billion via the agreement.

Although the CDC recommended that states allocate about 15 percent of the settlement funds toward tobacco control and cessation, most states have directed far less toward those efforts since payments began. A 2006 report by then-Missouri State Auditor Claire McCaskill found that during the first five years of the program, only about \$1.8 million of the \$965 million in tobacco payments to Missouri was spent on tobacco-

related programs. Most of the dollars were moved to the state’s general fund to build a savings account that would provide funds to cover budget shortfalls and program funding and to replenish cuts to Medicaid.

In Kansas, the legislature

voted to spend the majority of settlement funds on early childhood programs like education, health and services for children with disabilities. However, recent “sweeps” have pulled those funds into general revenue to cover budget shortfalls.

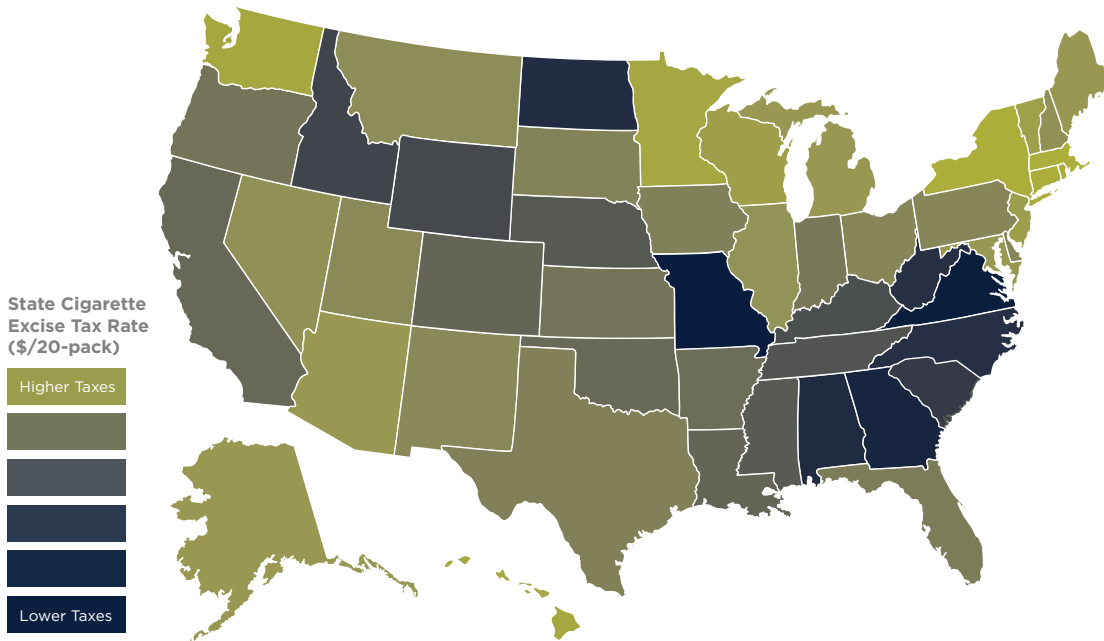
This challenge continues. In 2014, the CDC recommended that Missouri spend \$72.9 million on smoking prevention efforts. In reality, the state spent only about \$76,000, or 0.1 percent of the recommended funds. Kansas also fell short, spending just over 3 percent of the recommended level of \$27.9 million, or \$946,671.

While it’s true that settlement dollars have gone to areas of need, many of which are health-related, the Master Settlement Agreement payments overall represent a major missed opportunity for tobacco prevention efforts.

THOUGH FUNDS HAVE GONE **TOWARD**
AREAS OF NEED, THE SETTLEMENT FUNDING
 REPRESENTS **A MISSED OPPORTUNITY**
 FOR TOBACCO PREVENTION EFFORTS.



State Cigarette Excise Tax Rate, 2015



Missouri rates 50th out of 50 states for having the lowest tobacco tax rate in the nation:

17
CENTS
PER PACK

The national average is

\$1.60
PER PACK

INCREASING TOBACCO TAXES

Historically, one of the most effective strategies for reducing smoking has been to increase the cost of tobacco through higher taxes. According to the American Lung Association, a 10 percent increase in tobacco cost reduces consumption by about 4 percent among adults and 7 percent among youth. Each year, 6,500 Missouri youth start smoking, while 2,900 start smoking in Kansas.

Despite the positive health impact of higher taxes, however, increasing tobacco taxes has proven difficult in Missouri, where three unsuccessful attempts were made in 2002, 2006 and 2012. Unlike many other states, substantial tax increases in Missouri must be voted on by the public per the Hancock Amendment. This requirement limits the power of state and local government to increase revenue or to pursue public health objectives through tax increases.

As a result, Missouri now holds the dubious distinction of having the lowest tobacco tax rate in the country, at 17 cents per pack. In contrast, the national average is \$1.60 per pack. The rate in Missouri has not been increased since 1993, when it was raised 4 cents.



PROP B rally, Lee's Summit, Missouri.

The 2006 attempt was spearheaded by the Missouri Hospital Association but lacked the coordinated efforts of a robust coalition. The 2012 campaign, called Show-Me a Brighter Future, was led by the American Cancer Society and HCF. The ballot initiative narrowly failed due to public resistance to tax increases and mistrust of government spending. In the wake of the defeat, collaboration between statewide advocates has waned.

Some advocates nonetheless remain convinced that increasing the tobacco tax should continue to be a priority. And although recent efforts have come up short, tobacco prevention advocacy has undeniably led to increased public awareness about the risks of tobacco use.



Kansas has fared better than its eastern neighbor when it comes to higher tobacco taxes. In 2003, Kansas policy makers raised the state's tobacco tax from 70 cents to 79 cents. More recently, budget woes forced legislators to raise the tax again by 50 cents. The new 2015 combined tax of \$1.29 makes the cigarette tax in the state the 31st highest in the nation.

PROTECTING YOUTH

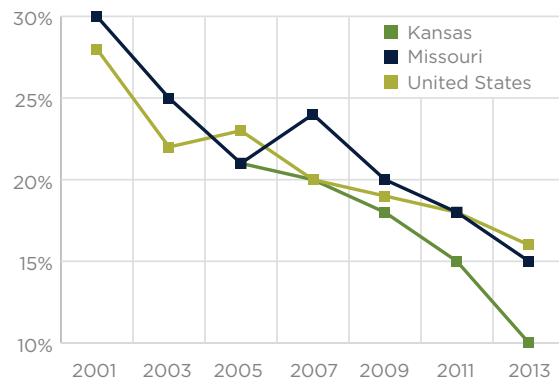
In the early 2000s, enforcement of prohibitions regarding the sale of tobacco to minors was lax. Tobacco companies consequently were marketing heavily in venues and vehicles that reached young people, including magazines, sporting events and NASCAR racing.

Fortunately, as Master Settlement money began flowing to states, advertising designed to counter the tobacco makers' messaging started to appear. Among the most memorable early anti-smoking spots was one showing young people dumping body bags in front of Philip Morris' headquarters in New York.

Efforts to prevent vendors from selling to minors also were ramped up. Advocates in Kansas and Missouri report that retailers have reduced tobacco sales to minors from a 70-percent sale rate in 2002 to 11-percent rate today.

The shift in advertising and better enforcement of underage purchasing has helped drive down the number of youth smokers dramatically. This is significant, since approximately 90 percent of adult smokers begin before the age of 18. A reduction in youth smoking, therefore, represents a major step toward preventing future smokers.

High School Youth Cigarette Smoking Rates, 2001-2013



HCF HAS FUNDED **13 GRANTS** TOTALING **\$1.1 MILLION** TO SUPPORT **YOUTH TOBACCO PREVENTION** EFFORTS.

Yet challenges have emerged in the battle to reduce tobacco usage by minors. These include an increase in the use of smokeless tobacco products and, perhaps most significantly, new nicotine delivery systems such as e-cigarettes. According to the Youth Tobacco Survey, the percentage of high school males who had used smokeless tobacco in the past 30 days doubled from 2003 to 2013 to 18 percent.

E-cigarette use, meanwhile, has exploded among minors. The number of high school students who have used e-cigarettes rose from 4.7 percent in 2011 to 10 percent in 2012, according to the CDC's National Tobacco Survey. Nationwide, nearly 2 million middle and high school students have tried e-cigarettes. The concern is that vaping users will turn to cigarettes, which are cheaper to use.

"I think that the biggest challenge going forward will be vapors and e-cigarettes, because kids believe they are healthier," said Morrison of Clean Air Kansas City. "We need to get youth to understand that these products are still addictive and harmful."

The background of the image is a dark, almost black, space filled with intricate, ethereal patterns of light blue smoke or mist. These patterns are composed of many thin, overlapping, and swirling lines that create a sense of movement and depth. The smoke is most concentrated in the upper and right portions of the frame, with some wisps extending towards the bottom. Two thin, horizontal white lines are positioned above and below the text, framing it.

“WE *need* TO GET YOUTH TO UNDERSTAND THAT



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JOYCE MORRISON
CLEAN AIR KANSAS CITY



LESSONS LEARNED

Over the last 10 years, the tireless efforts of tobacco prevention advocates in the Greater Kansas City metro area have resulted in more smoke-free ordinances, reductions in tobacco use and shifts in the social norms around smoking. Clean Air Kansas City, in particular, has worked to create smoke-free workplaces and public places to reduce heart attacks, lower insurance premiums, cut health care costs, and produce healthier families and communities.

With the continued support of foundations like HCF and better state and local funding, area tobacco prevention advocates can apply the lessons learned over the past decade to the ongoing tasks of the present. Future efforts should include reducing youth smoking, increasing the tobacco tax in Missouri, implementing clean indoor air ordinances in the remaining communities in greater Kansas City and the state of Missouri and addressing the new vaping culture.

The result should be a continued reduction in smoking rates, greater protection from secondhand smoke, and broad improvements in public health in the years to come.

EFFORTS DURING THE LAST
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IN TOBACCO USE
AND SHIFTS IN SOCIAL NORMS
AROUND SMOKING.

LOOKING AHEAD

The Kansas City metro area has made great strides over the past 10 years in reducing exposure to secondhand smoke and in restricting sales to youth. However, Kansas and Missouri continue to have smoking rates above the national average, and escalation of exposure to new nicotine delivery devices among teens and young adults is cause for great concern.

As a result, priorities have shifted. Efforts are currently focused on tobacco use related to those with behavioral health problems, making schools tobacco-free, eliminating smoking in casinos, e-cigarettes and public housing.

CASINOS

Although the Kansas Indoor Clean Air Act prohibits smoking in casino restaurants, gaming floors in the state remain exempt. The casino lobby in both Kansas and Missouri is strong and opposes any additional smoking regulations affecting their facilities. Politicians, for the most part, are reluctant to push the issue, given the significant amount of tax revenue that casinos generate for municipal and state governments.

And while the compromise that was approved in the Indoor Clean Air Act makes a distinction between casino restaurants and gaming floors, these kinds of exceptions can be difficult to overturn once they're in place. Little headway has been made on this issue of late, despite research that shows the harmful impacts of secondhand smoke on casino workers.

In 2011, the University of Missouri's School of Medicine found that full-time employees in Kansas City casinos could be exposed to 106 percent of the Environmental Protection Agency's average annual limit for particulate matter air pollution. Advocates consequently continue to advocate for entirely smoke-free casinos in order to protect the health of both workers and patrons.



NEW FORMS OF NICOTINE

E-cigarettes represent a rapidly emerging and dangerous new avenue for nicotine addiction. Experts worry that individuals, particularly young people, see e-cigarettes as less harmful than regular cigarettes. Ultimately, the Food and Drug Administration's decisions regarding the regulation of e-cigarettes will help guide communities grappling with how best to address the issue.

In the meantime, many cities are discussing whether to include e-cigarettes in smoke-free ordinances. Concerns remain about the reemergence of youth-directed advertising and flavored products that appeal specifically to teens. There are also serious worries in the scientific community about the health effects of the flavor additives, as well as long-standing warnings about the addictive nature of nicotine, especially in the teenage brain.



At the state level, Kansas in 2012 enacted House Bill 2324, an electronic cigarette law that requires vendor licensing to sell the products and prohibits the purchase and possession of e-cigarettes by minors. Whether Kansas chooses to extend the Indoor Clean Air Act to include e-cigarettes remains to be seen. Questions surrounding e-cigarettes are evolving and will likely require input from tobacco control advocates, as well as local, state and federal governments.

YOUTH MARKETING AND SALES

One strategy for reducing smoking that is being discussed in the Kansas City area is to increase the legal age for buying tobacco to 21. Similar legislation has been passed in Columbia, Missouri, and in the state of New Jersey, and cities like New York. The Campaign for Tobacco Free Kids endorses this move, noting that 95 percent of smokers begin before the age of 21. Moreover, the ages of 18 to 21 represent a crucial period when individuals move from occasional smoking to daily, regular usage. In addition to restricting access, increasing the age limit also may boost compliance with under-age sale prohibitions among retailers.

As with most health advocacy efforts, tobacco prevention has experienced a significant decrease in state and grant funding in the past several years. As resources become scarcer, organizations have found it increasingly difficult to mobilize, communicate, poll and lobby. Collaboration between organizations consequently has declined. To reverse these trends and develop common goals and coordinated efforts, leaders in the tobacco prevention field say more resources are essential.

**THE AGES OF 18 TO 21
REPRESENT A CRUCIAL PERIOD
WHEN INDIVIDUALS MOVE FROM
OCCASIONAL SMOKING TO
REGULAR, DAILY USE.**



HCFDecadeofDifference.org