# MISSOURI

## TOBACCO PREVENTION AND CONTROL STRATEGIC PLAN

2022 – 2026

# A TOBACCO-FREE MISSOURI

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January 2023

Dear Colleagues,

The *Missouri Tobacco Prevention and Control Strategic Plan 2022–2026* is a product of the collective thinking and vision of numerous state and local tobacco control partners working in a unified effort to reduce the impact of tobacco use in Missouri. This collaborative process resulted in an increased emphasis on priority populations at greatest risk of tobacco use and dependence and secondhand smoke exposure, with a goal of finding solutions to achieve health equity and to reduce tobacco-related disparities.

The strategic plan identifies the priority populations, people using tobacco at the highest rate in Missouri, and measurable objectives to achieve by 2026. Built upon this framework of achieving health equity, are strategies, recommended actions and key outcome indicators to measure progress. Organizations, communities, and tobacco control advocates are encouraged to use the plan as a compass to focus and guide their activities and resources.

The health of Missouri's youth received special attention in this plan. Since their introduction, middle and high school students experimented and rapidly adopted the use of electronic nicotine delivery systems, also called e-cigarettes, resulting in a new generation addicted to nicotine. We must remain vigilant to protect our youth from the promotion and use of novel tobacco products, and to equip them to speak up and advocate for their health.

We thank our partners for their valuable contributions and hope that everyone will embrace the strategies in this plan and take action to implement them in order to make the greatest impact to reduce tobacco use in Missouri.

Sincerely,

Paula F. Nickelson

Paula F. Nickelson, Acting Director
Department of Health and Senior Services

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# Glossary of Key Terms

## Terms Related to Tobacco Prevention and Control

### Tobacco Control
A field dedicated to addressing tobacco use and preventing youth initiation, thereby reducing the harms it causes.

### Tobacco Use
Use of any tobacco product.

### Smoking
Inhaling, exhaling, burning, operating or carrying any lighted tobacco product.

### Secondhand Smoke
Substance produced from burning tobacco products (e.g. cigarettes, cigars, or pipes) and the substance exhaled by the person smoking.

### E-cigarette Use
Inhaling, exhaling, or operating, any type of electronic nicotine delivery system (ENDS). Also referred to as “vaping.”

### E-cigarette Aerosol
Substance produced from heating e-cigarette liquid and the substance exhaled by the person using the e-cigarette. Also referred to as “vapor.”

### Tobacco Cessation
The process of quitting use of tobacco products.

### Tobacco Cessation Products
Products that are approved by the U.S. Food and Drug Administration (FDA) to help people quit using tobacco. These products include both nicotine replacement therapy (NRT) options like skin patches, lozenges, and gum, as well as prescription medicines including varenicline and bupropion.

### Tobacco Use and Dependence Treatment
The provision of services according to the clinical practice guidelines for treating tobacco use and dependence to support tobacco cessation. These include use of medication and counseling to address biological, psychological and social factors associated with tobacco dependence.

## Terms Related to Tobacco Products

### Tobacco or Tobacco Product

Any item made of tobacco, derived from tobacco, or that includes synthetic nicotine, that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, or ingested by any other means. This includes cigarettes, cigars, pipe tobacco, smokeless tobacco, and e-cigarettes and other Electronic Nicotine Delivery System (ENDS). This definition refers to commercially produced tobacco products only, and does not include traditional, ceremonial, or sacred use by Native Americans. Products approved by Food and Drug Administration (FDA) for sale as tobacco cessation products and marketed and sold solely for that purpose are also excluded from the tobacco product definition.

### E-Cigarette

Any electronic smoking device or electronic nicotine delivery system (ENDS) containing or delivering nicotine or any other substance intended for human consumption that may be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. This includes electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, electronic hookahs, vape pens, or other similar products or devices. This does not include drugs, devices, or combination products authorized for sale as tobacco cessation products and marketed and sold solely for that purpose by the FDA.

### Smokeless Tobacco

Any tobacco product that is not burned or heated, including chewing tobacco, snuff, snus, and dissolvable products.

## Terms Related to Health Equity

### Health Equity

Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address structural inequities, historical and contemporary injustices, and the elimination of health and health care disparities.

### Health Disparity

A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on characteristics like their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; geographic location; or other characteristics historically linked to discrimination or exclusion.

### Priority Population

Sub-populations within a community who are at a disproportionate risk for tobacco use and exposure to secondhand smoke, are targeted by the tobacco industry, and/or there is a potential for significant impact within this group. Missouri's priority populations for tobacco control are: People of low socioeconomic status, people living in rural areas, African Americans, people who identify as LGBTQIA+, people with behavioral health conditions, and youth and young adults.

Every Missourian deserves the opportunity to live their healthiest life, free from the toxins in commercial tobacco and secondhand smoke.
Every Missourian deserves a tobacco-free Missouri.

# Introduction

## About this Plan

The Missouri Tobacco Prevention and Control State Plan ("the plan") is the culmination of collaborative processes undertaken by the Missouri Tobacco Prevention and Control Program and its state and local tobacco control partners. **The plan outlines a series of goals, objectives, and priority strategies that will help guide partners in Missouri as they work together to decrease tobacco initiation and use among youth and adults in Missouri, especially among populations disproportionately impacted by tobacco.** The plan is a roadmap for success that is intended to provide direction and focus for state staff and partners, while providing a framework to align statewide public health initiatives.

The involvement of a broad range of diverse partner organizations working in tobacco prevention and control helps ensure this document reflects shared purpose, and that it will be a useful tool for all audiences with a stake in tobacco control and prevention in Missouri.

All of the work outlined in the following plan is framed by its vision, mission and guiding principles. The plan describes an approach to implementing evidence-based interventions, strategies, and actions that build on established partnerships, programs, and networks. Based on the evidence in scientific literature and the specific needs identified in Missouri, the most effective population-based approaches were selected.

Science and experience have identified proven, cost-effective strategies that prevent youth and adults from using tobacco, aid in quitting tobacco use and protect everyone from secondhand smoke. This work must be done collaboratively, engaging existing partners, new partners and communities. Fully implementing the plan can reduce the devastating effects tobacco has on individuals, families and communities in Missouri.

## VISION

A tobacco-free Missouri.

## MISSION

To improve health and quality of life of all Missourians by promoting and supporting tobacco-free environments and lifestyles.

## GUIDING PRINCIPLES

- Use data to drive decision-making.
- Choose evidence-based strategies.
- Emphasize policy, systems and environmental changes.
- Collaborate and build partnerships to achieve goals.
- Meaningfully engage affected communities.
- Approach the work with cultural humility.
- Strive to achieve health equity in all actions.
- Adapt in response to evolving information and needs.

# The Burden of Tobacco Use

## Tobacco Use

In the United States, **commercial tobacco use is the leading cause of preventable disease, disability and death.** Smoking remains the most common form of tobacco use in the United States today, although e-cigarettes have gained popularity, particularly among youth. Smokeless tobacco products such as snuff are less common but still have dangerous health effects, such as dental disease and mouth cancer.

**All forms of tobacco are harmful, and tobacco kills over half of its users.[1]**

Those who use tobacco firsthand are also at risk of acute and life-threatening illnesses, including cancer, stroke, heart disease, lung disease and type 2 diabetes.[2]

## Cigarettes

Cigarette smoking accounts for 1 in 5 deaths in the United States and results in approximately 480,000 deaths annually. **Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined.**[3] Thousands more die from other tobacco-related causes, such as fires caused by smoking and smokeless tobacco use.[4]

Cigarette smoking accounts for most tobacco-related disease and death, and **smoking causes damage to almost every organ in the body.** This damage can lead to life-threatening and severe diseases such as heart disease, stroke, depression, anxiety, cancer, diabetes and COPD (Chronic Obstructive Pulmonary Disease). Cigarette smoking harms the lungs and immune system, increasing the risk of pulmonary infections.[5] In fact, current or former cigarette smoking is linked to increased risk of severe illness from COVID-19.[6] Sixteen (16) million Americans live with a smoking related disease, and 30.[8] million Americans currently smoke cigarettes.[3]

Youth are particularly vulnerable to becoming life-long smokers.

**90%**

**of adults who smoke started smoking before the age of 18**

**1,600**

**youth try their first cigarette every day in the United States.**[7]

Certain groups are more likely to smoke cigarettes, including men, those who are uninsured, and those with lower levels of education and income.[8]

Smoking does not just lead to severe health consequences. It also negatively affects the economy. **More than $225 billion is spent annually in the United States to treat smoking-related diseases. Smoking also leads to more than $156 billion in lost productivity and $5.9 billion in lost productivity due to secondhand smoke exposure.**[9]

## E-cigarettes

E-cigarettes, also known by other names like vapes and vape pens, produce an aerosol by heating a liquid that usually contains nicotine, flavorings, and other chemicals. E-cigarettes are particularly popular among youth and young adults aged 18–24.[10] E-cigarette use has been fueled by commercial marketing of different e-cigarette "flavors" such as fruit, mint and bubble gum. E-juice is a flavored liquid, usually containing nicotine that can be used in refillable "vapes." E-juices, like disposable e-cigarettes, come in a variety of flavors and customizable flavor mixtures that further entice youth and initiate or encourage youth use of tobacco or nicotine-based products.[11] To help address e-cigarette use among youth, the FDA finalized a policy in 2020 that prohibits the sale of prefilled cartridge e-cigarettes. However, tobacco and menthol flavors are exempt.[12]

E-cigarettes are often marketed as cigarette alternatives or healthy smoking cessation options, though no evidence or research proves e-cigarettes are an effective cessation tool and they are not currently approved by the FDA as a cessation aid. Despite this deceptive marketing, e-cigarettes have many dangerous health consequences. Most e-cigarettes contain nicotine, which is addictive and can negatively affect young adult brain development.[13] Data also link e-cigarette use to cardiovascular disease, chronic lung disease and asthma.[14] **Misconceptions about e-cigarette use, including the idea that it is harmless, perpetuates e-cigarette use among youth and young adults.**

## Secondhand Smoke and E-cigarette Aerosol Exposure

E-Secondhand smoke is emitted both from smoke breathed out by smokers and from the burning end of a cigarette. Both children and adults suffer from secondhand smoke exposure, with children being at-risk for diseases including respiratory diseases and sudden infant death syndrome and adults being at-risk for coronary heart disease, lung cancer, and other negative health consequences. Approximately 2.5 million non-smoking adults have died of secondhand smoke exposure since 1964. There is no-risk free level of exposure to secondhand smoke.[15]

**Exposure to secondhand smoke is dangerous due to its more than 7,000 chemicals, hundreds of which are toxic and 70 of which are carcinogenic.**

E-cigarettes heat a liquid to produce an aerosol, which users inhale into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air. In general, it may have fewer harmful chemicals than combustible tobacco products, but **e-cigarette aerosol still contains harmful and potentially harmful substances, including nicotine, heavy metals, and other substances linked to lung disease and cancer.**[10]

## Other Tobacco Products

Other tobacco products like smokeless tobacco, hookah, cigars, and dissolvables are also used by adults and youth. While some of these products are not as harmful as combustible cigarettes, **they are not safe alternatives to cigarettes.**

Smokeless tobacco products like dip, chewing tobacco or snuff can cause serious health problems. Smokeless tobacco use is linked to cancer of the mouth, esophagus and pancreas, oral diseases, reproductive risks and other health issues.[16] Among U.S. adults, 2.3% use smokeless tobacco products, with highest usage seen among men (4.5%) and among people living in South (2.7%) and Midwest (2.6%) regions of the country.[17]

**Smokeless tobacco products, hookah, cigars and dissolvables are not safe alternatives to cigarettes.**

Hookah use has been rising in recent years, and despite the wide belief that hookah smoke is less dangerous than normal cigarette smoke, it is not. Hookah smoke contains many of the same cancer-causing chemicals that are of concern in cigarette smoke, such as tar and other heavy metals. Due to the way it is smoked, hookah smokers may absorb more of the toxic chemicals of concern than normal cigarette smokers.[18]

Cigars, including large cigars, cigarillos, and little cigars, were the third most commonly used tobacco product among youth in 2021. This is potentially due to cigars being available in flavored varieties and sold in single sticks. Like cigarette use, regular cigar use is associated with increased risk of cancers, oral diseases, heart diseases and lung diseases.[19]

Dissolvable tobacco products are increasingly popular, and are sold in many forms. Popular forms include lozenges, strips, pouches or candy-like orbs. These products contain nicotine and other harmful components. An estimated 80,000 high school students had tried dissolvable tobacco in 2014.[20]

## Tobacco Use in Missouri

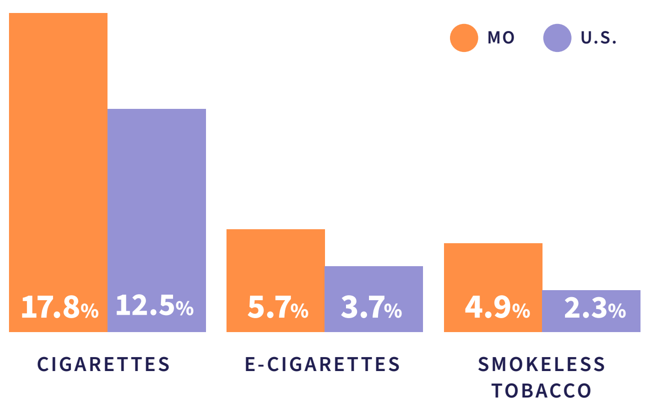
**Tobacco use is widespread in Missouri.** Among Missouri adults, 17.8% are current cigarette smokers, compared to the national average of 12.5%. In addition, 5.7% of Missouri adults are current e-cigarette users compared to 3.7% nationwide, and 4.9% of Missouri adults are current smokeless tobacco users compared to the national average of 2.3%. Multi-product use is also an issue. Among Missouri's adult cigarette smokers, 11.5% also use e-cigarettes and 6.3% also use smokeless tobacco.[21]

**Smoking kills 11,000 Missourians every year.**

**In Missouri, 11,000 adults die every year due to smoking-related illnesses.[22]**

Tobacco use among Missouri youth is also problematic, especially e-cigarette use. Data from 2019 show 20.7% of Missouri's high school students report using e-cigarettes in the last month.

### Comparison of Percent Missouri and US Adults Using Commercial Tobacco Products




### Tobacco Use Among Missouri High School Students Compared to National Average

MO U.S.

6.5% 5.7%
SMOKING

20.7% 32.7%
VAPING

This is lower than the national average of 32.7%, but is still significant. The smoking rate among high school students is 6.5%, which is slightly higher than the national average of 5.7%. Youth smokeless tobacco use in Missouri is 5.5%, which is higher than the national average of 3.8%.[23]

The use of tobacco among Missouri adults and youth also has large economic impacts.

**Smoking costs Missouri over $6 billion in health care costs and lost productivity every year.**

**In 2019, smoking cost the state $3.03 billion in health care costs and $3.04 billion in lost productivity.** Residents' state and federal tax burden to pay annual health care costs for smoking-related expenditures is $1,144 per household.

These amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and/or pipe smoking.[4]

# Tobacco Prevention and Control Strategies

**While the national and state burden of tobacco use is significant, there are proven, evidence-based strategies that address this problem. These population-based measures work to prevent and reduce tobacco use and tobacco-related illness and death, and are reflected in this strategic plan.[24, 25]**

**Increasing the price of tobacco products is the single most effective way to reduce consumption.**

## Tobacco Price Increases

One method of increasing tobacco product price is through taxes.[9] There is a federal tobacco tax of $1.01 per pack, and each state also levies a per-pack tax.[26] The average state cigarette tax rate is $1.91 per pack, with taxes ranging from $5.10 in Puerto Rico to just **$0.17 in Missouri – the lowest tobacco tax in the nation.[27]**

## Smoke-free Policies

Comprehensive smoke-free air policies eliminate the risk of nonsmokers' exposure to secondhand smoke and help individuals who use tobacco to reduce consumption or quit entirely smoking.[28] Missouri has a State Clean Indoor Air Law that applies to smoking in public places, however, it allows proprietors of public places to determine whether smoking is allowed in the facility and includes several other exemptions.[29]

**71% of Missourians are not protected by law from exposure to secondhand smoke.**

Those most likely to be unprotected from secondhand smoke work in the hospitality industry, such as restaurants, bars, and casinos. Even though 75% of American adults support smokefree casinos, all 13 casinos in Missouri currently allow smoking. The southeastern region of Missouri is also largely unprotected with not one 100% smoke-free restaurant, workplace, bar, or casino community policy existing. The state law does not preempt local laws, and 33 Missouri communities do have 100% smokefree workplace, restaurant and bar laws in effect.[30]

## Cessation Access

**Tobacco dependence is a chronic disease that often requires repeated cessation intervention to be successful.** Research shows that behavioral counseling, proactive quitline counseling, use of FDA-approved medications, and use of nicotine replacement therapies are cost-effective ways to increase the likelihood of success in quitting. While most smokers want to quit, these cessation treatments are underutilized due to barriers like out-of-pocket costs, copayments, dollar limits and lack of awareness.[31] Missouri's Medicaid program and State Employee Health Plan covers medications and most types of counseling, but there is no private insurance mandate for cessation. The Missouri Tobacco Quitline provides a 2-week starter pack of NRT gum or patch, but does not provide prescription medications, and the Quitline investment is only $0.66 per smoker, compared to the national median investment of $2.41.[32]

**More than 8 in 10 Missourians (83.4%) support a statewide smoke-free Missouri.**

*(Source: 2019 BRFS data)*

## Media Campaigns

Mass-reach health communications focusing on tobacco countermarketing can reduce initiation among youth, help increase cessation, and influence pro-health social norms. To be successful, these campaigns must have sufficient reach, frequency, duration, and deliver strategic, culturally appropriate and high-impact messages. Adapting existing advertisements from other states, cities and national governmental agencies is a cost-effective way to develop communications.[33] The Missouri Tobacco Prevention and Control Program website includes downloadable educational materials, links to partner websites and a social media calendar.

## Point of Sale

In the U.S. alone, tobacco marketing expenditures total $8.4 billion a year — $1 million every hour— and the industry spends millions more on lobbying and political contributions aimed at defeating tobacco control measures. The estimated amount spent for marketing in Missouri each year is $331.2 million.[4]

**The tobacco industry spends $1 million every hour on tobacco marketing in the U.S.**

**The majority of tobacco industry marketing funding is spent at the retail outlets that sell tobacco products,** also known as the point of sale. There are specific types of policies that can address the four main point of sale marketing elements:

- **Place** refers to where products are sold and available to consumers. Tobacco retail licensing laws can limit the number of tobacco retailers, what types of retailers can sell tobacco products, and where tobacco products can be sold. Retailers in Missouri are not required to obtain a license to sell tobacco products, although a license is required to sell e-cigarette products.

- **Price** includes retail pricing and discount strategies. Policies to address pricing can prohibit redemption of tobacco coupons, discounts, and promotions; set minimum prices for certain products; or establish minimum package sizes.

- **Product** refers to the physical characteristics of the products, such as flavors. Licensing laws can require retailers to follow standards related to nicotine level labeling, flavored products, childproof packaging, etc.

- **Promotion,** includes advertising and displays. Policies can restrict where, when, and how products can be advertised, or where products can be displayed in stores.[34]

Another aspect of the point of sale policy is youth access. Effective December 2019, the U.S. adopted a law that raised the federal minimum age of sale of all tobacco products from 18 to 21. While the federal law takes precedence, Missouri's minimum sales age is still 18. Several Missouri municipalities have raised the minimum age of sale to 21.[35]

# Health Equity and Health Disparities

## Tobacco Industry Influence on Health Disparities

**Tobacco-related disparities continue to exist because of a mix of factors, including social determinants of health, inconsistent adoption and enforcement of tobacco control polices, and tobacco industry marketing.**[36] A 2019 study of cigarette and tobacco product retail prices across neighborhoods in the U.S. demonstrated that the cost of cigarettes is lower in neighborhoods with racial/ethnic minorities, high prevalence of youth, and low socioeconomic income. Beyond creating ease of access to tobacco products through pricing, predatory marketing practices that target these communities further influence tobacco use. Predatory marketing practices range from the content of the advertisement (using popular music or trends), to the placement of advertisements (below the counter or door handle at a child's eye level), to where the tobacco industry sends their promotional teams (often night clubs, bars, and events where targeted communities gather), and more. These predatory marketing practices achieve increased use of commercial tobacco products, which leads to higher rates of tobacco-related illness and death in specific communities.[37]

## Tobacco Control Strategies to Advance Health Equity

**Health equity is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance.** In tobacco prevention and control, advancing health equity requires eliminating differences in tobacco use and exposure to secondhand smoke between groups of people. Well-enforced, comprehensive tobacco control policies that do not include exceptions (which can leave some population groups unprotected) can reduce these disparities.

**Comprehensive tobacco control policies achieve health equity by reducing disparities among groups most affected by tobacco use and secondhand smoke exposure,** addressing the factors that influence tobacco-related disparities, creating a return on investment and building support for tobacco control among diverse parts of the community.

**Advancing health equity and reducing disparities through policies, processes and systems can help improve the health and well-being of all Missourians.[36]**

**Social determinants of health** (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age. They affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five domains: [38]

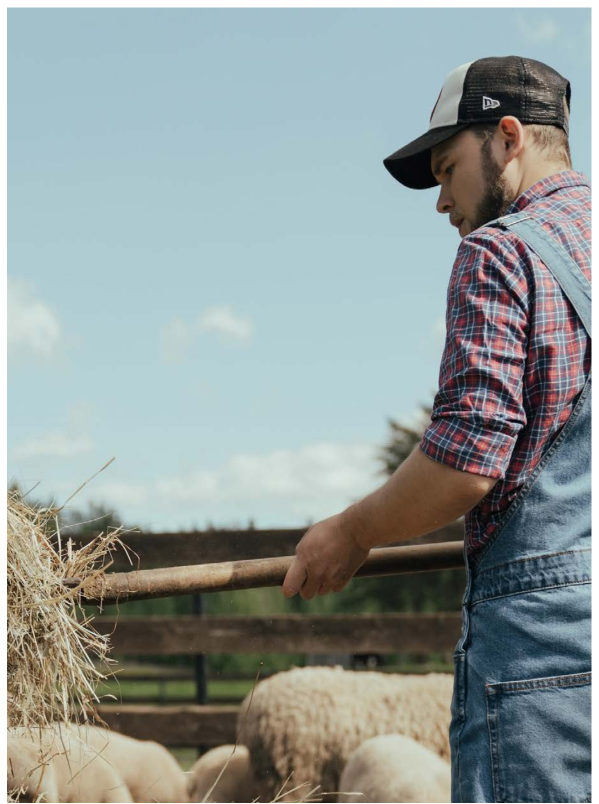
1. **Economic Stability:** Many people in the U.S. have trouble finding and keeping jobs that pay well enough to afford things like healthy food, health care, and housing.
2. **Education Access and Quality:** People who are able to attain higher levels of education are more likely to be healthier, but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

Factors including existing and historical disparities in tobacco use, secondhand smoke exposure, and access to cessation, and industry targeting of certain populations were considered in selecting priority populations of particular focus for tobacco prevention and cessation in Missouri.

Missouri's priority populations for tobacco control are:

- people living at or near the federal poverty level (low SES),
- people living in rural areas,
- Black and African Americans,
- people who identify as LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, or other gender or sexual minorities),
- people with behavioral health conditions, and
- youth and young adults.

It is important to acknowledge that many individuals fit into more than one priority population.



## Priority Populations for Tobacco Prevention and Cessation in Missouri

### People of Low Socioeconomic Status (SES)

A number of socioeconomic factors impact smoking rates nationally and in Missouri, including income, education, gender, geography, and access to health care.[39] **Missourians with low SES characteristics use tobacco at higher rates than the general population.**

Tobacco use is extremely high (40.2%) among people who use MO HealthNet.[40] Smoking rates are also high among Missourians who have less than a high school education (37%), have an annual income of less than $15,000 (36%), are unemployed (33.9%), or are unable to work (37%).[21]

### People Living in Rural Areas

There is a concentration of counties in Southeast Missouri with high rates of smoking and tobacco use, but **there is a pattern of high rates of tobacco use in rural counties across the state.[39]** Rural counties in particular have higher rates of tobacco use nationally. Rural communities tend to have less access to community-based health services, cessation resources, and may have specific challenges regulating tobacco control policies based on population density and other factors.[41]

### Black or African Americans

According to the Centers for Disease Control and Prevention (CDC), the use of tobacco products among Black residents in Missouri declined by about 25% between 1995 and 2006. Despite the decline, **there is a troubling trend of tobacco use initiation occurring at an older age** among Black Missourians than among other populations. Data demonstrate that tobacco use rates are lower among Black Missourians ages 18–24 than for white populations of the same age range, but found that Black and white populations ages 35–44 have very similar rates of tobacco use.[42]

While these data do not seem to demonstrate a current disparity, it is important to consider the impacts of the interventions Missouri has previously put into place to support tobacco cessation for individuals, such as the Missouri Tobacco Quitline. According to 2005–2009 Quitline data, Black Missourians accounted for 14% of calls to the Quitline, despite accounting for only 12.7% of all smokers in the state.[43] These data show that current interventions are creating positive outcomes for Black Missourians, and it is important to continue this work.

### People who Identify as LGBTQIA+

Data collection on tobacco use amongst LGBTQIA+ populations can be limited due to many surveys and studies not collecting information on Gender and Sexual Minorities. Of the data that have been collected, it is suggested that **the LGBTQIA+ community in Missouri are 1.5 times more likely to use tobacco products than heterosexual individuals.** LGBTQIA+ high school students in Missouri also self-reported use of tobacco products at a higher rate than straight students. Adults in the Missouri LGBTQIA+ community who are current smokers also reported high use of alcohol and more time than non-smokers spent at bars.[44]

### People with Behavioral Health Conditions

In 2020, 22.7% of adults in Missouri experienced a mental health crisis or had a mental health diagnosis, and 7.4% of Missourians over age 12 had a substance use disorder.[45] According to the CDC, adults in the U.S. with mental health or substance abuse disorders consume almost 40% of all cigarettes smoked by adults in the United States.

**People living with behavioral health conditions account for half of tobacco-related deaths each year and die about 15 years earlier than non-smokers.**[46]

**Smoking is especially detrimental to people with behavioral health conditions, because tobacco use can exacerbate symptoms and reduce effectiveness of medication.**

### Youth and Young Adults

**Almost 9 in 10 (90%) adults who smoke daily first tried smoking by age 18, and 99% started smoking by age 26. This makes it critical to prevent tobacco initiation among youth and young adults.**[7] Tobacco use among Missouri youth is significant, with youth more likely than adults to use e-cigarettes. In Missouri, 20.7% of high school aged youth report using e-cigarettes in the last month, and 6.5% and 5.5% reported use of cigarettes and smokeless tobacco, respectively.[23] Each year, 1,900 Missouri youth become new daily smokers, and one in four Missouri high school students currently uses tobacco. If this rate continues, 128,000 Missouri youth will be at risk for premature death due to tobacco use.[4] Young adults in Missouri also experience high usage, with 16.1% using e-cigarettes, 9.9% using cigarettes, and 4% using smokeless tobacco.[21]

# Strategic Plan

## The Collaborative Planning Process

The strategic plan presented in this document is a roadmap to improve health and quality of life of all Missourians by promoting and supporting tobacco-free environments and lifestyles. The plan is the result of the collaborative planning process described below.

## Landscape Review

Key background documents, including past plans and assessments and other pertinent data were reviewed to ensure an understanding of the state of tobacco control in Missouri. Nine key informant interviews were held with opinion leaders to discuss what they would like to see accomplished short-term and long-term, what assets and opportunities could be leveraged, and what challenges and barriers may be encountered. In addition, a legislative analysis and public opinion survey were performed to identify which tobacco control policies may be most feasible to achieve.

## Virtual Strategic Planning Workshop

Forty-two individuals, including Tobacco Prevention and Control Program staff and representatives of key partner organizations, attended a virtual strategic planning workshop in September 2021. Participants were provided with an orientation that reviewed: state data and indicators; current state and local tobacco control policies; program priorities and community initiatives; public opinion survey results; and key informant interview

findings. Following the orientation, the group discussed potential vision and mission statements for the 2022–2026 Missouri Tobacco Prevention and Control State Plan. Participants emphasized the importance of incorporating health equity and partner engagement into the state plan and identified and prioritized goal-specific objectives and strategies, using strategies recommended by the Centers for Disease Control and Prevention as guidance. The result of this meeting was a plan that provided a clear direction toward achieving program goals leveraging available resources and opportunities.

## Iterative Revisions

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

## Strategic Plan Content

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

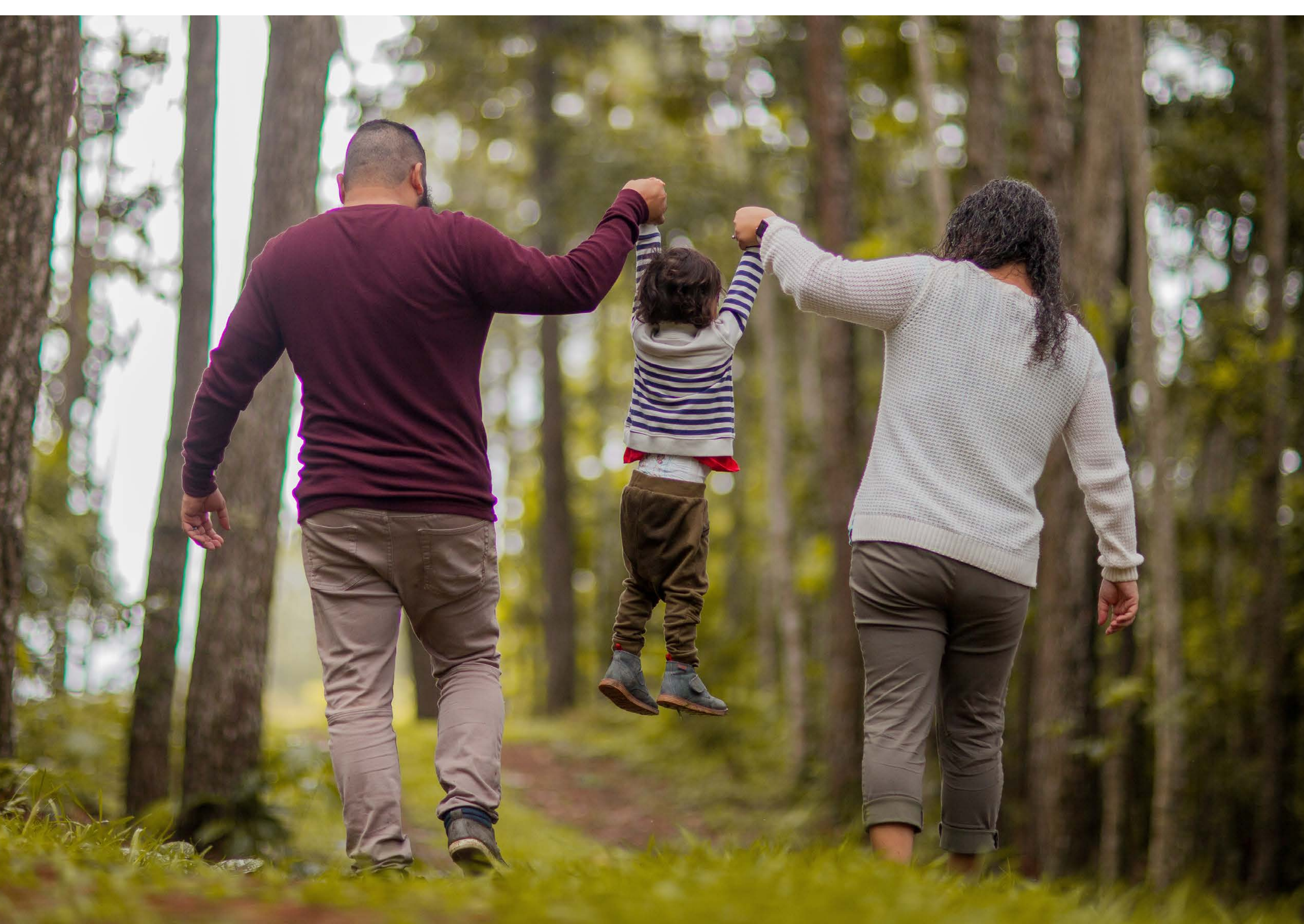
**Goals to focus on that will contribute to realizing the mission and vision. The four high-level goals align with those for comprehensive state tobacco control programs as identified by the Centers for Disease Control and Prevention:**

1. **Prevent** initiation of tobacco use among youth and young adults.
2. **Promote** cessation among adults and youth.
3. **Eliminate** exposure to secondhand smoke and e-cigarette aerosol.
4. **Identify** disparities and advance health equity in all tobacco control interventions.

- Objectives to be achieved by 2026 that represent progress toward accomplishing each goal. The objectives are not listed in any priority order.
- Strategies to work on to achieve the objectives.
- Sample actions that may be used to implement the priority strategies. The list of actions is not comprehensive and will be further developed as implementation proceeds.
- Partners that will collaboratively work to implement the activities. This list is not exhaustive and may be augmented as implementation and planning proceeds.

## Approach to Advancing Health Equity

While Goal 4 of this plan specifically focuses on identifying disparities and advancing health equity, strategies that promote health equity are embedded throughout the other three goal areas as well. Strategies under Goals 1, 2, and 3 focus on policy, systems, and environmental (PSE) changes that prevent tobacco use, support tobacco cessation, and reduce exposure to tobacco. This includes comprehensive tobacco control policies that are known to help achieve health equity, such as creating smoke-free environments and reducing costs for tobacco use treatment. Special attention will be paid to the potential impacts and unintended consequences of policy efforts to avoid furthering existing inequities. Goal 4 focuses on building meaningful relationships with populations who are disproportionally affected by tobacco and the organizations that serve them. This will ensure these PSE changes are implemented with input from, and in partnership with, these communities.



## Partners Acronym List

- ACT Missouri (ACT MO)
- American Academy of Pediatrics, Missouri Chapter - MOAAP
- American Cancer Society - ACS
- American Heart Association - AHA
- American Lung Association - ALA
- Americans for Nonsmokers Rights - ANR
- Missouri Academy of Family Physicians - MAFP
- Missouri Association of Rural Educators - MARE
- Missouri Association of School Nurses - MASN
- Missouri Behavioral Health Council – MBHC
- Missouri Cancer Consortium Data Committee (MCCDC)
- Missouri Coalition for Community Behavioral Healthcare - MCCBH
- Missouri Coalition for Oral Health – MCOH
- Missouri Community Action Network - Missouri CAN
- Missouri Dental Hygienists' Association - MDHA
- Missouri Department of Elementary and Secondary Education - DESE
- Missouri Department of Health and Senior Services - DHSS
  - *Bureau of Cancer and Chronic Disease Control - BCCDC*
  - *Comprehensive Cancer Control Program - CCCP*
  - *Tobacco Prevention and Control Program - TPCP*
- Missouri Department of Mental Health - DMH
  - *Prevention Resource Centers - PRC*
- Missouri Department of Public Safety - DPS
  - Division of Alcohol and Tobacco Control - ATC
- Missouri Department of Social Services - DSS
  - *MO HealthNet*
- Missouri Foundation for Health - MFFH
- Missouri Hospital Association - MHA
- Missouri Parent Teachers Association - Missouri PTA
- Missouri Pharmacy Association - MPA
- Missouri Primary Care Association - MPCA
- Missouri School Boards Association - MSBA
- Missouri State University - MSU
- Partners in Prevention - PIP
- Public Health Law Center - PHLC
- Tobacco Free Missouri - TFM
- University of Missouri – MU
  - *Missouri Eliminate Tobacco Use Initiative – MO ETU*
- Washington University in St. Louis - WSU

# GOAL 1:

## Prevent initiation of tobacco use among youth and young adults

### OBJECTIVES

1. Decrease prevalence of youth grades 9–12 who have used e-cigarettes in the past 30 days from 20.7% to 16.5%.
2. Decrease the prevalence of youth grades 9–12 who currently use tobacco products from 11.4% to 10%.
3. Decrease the prevalence of young adults age 18–24 who currently use e-cigarettes from 16.1% to 14.5%.
4. Decrease the prevalence of young adults age 18–24 who currently smoke from 9.9% to 9%.

### STRATEGIES

A. Engage youth in tobacco prevention efforts.

B. Support policies to raise minimum legal sales age of tobacco products to at least 21.

C. Support strategies that increase the price of tobacco products.

D. Support policies that prohibit the sale of flavored tobacco products, including menthol.

E. Support implementation and strengthening of licensing requirements to sell tobacco products.

F. Monitor legislative activity for tobacco control policies.

### ACTIONS AND PARTNERS

#### **Strategy 1A.** Engage youth in tobacco prevention efforts

**Sample Actions**

- Implement a statewide program to engage youth to become peer leaders, educating other youth and communities about tobacco and advocating for evidence-based policies.
- Educate youth about health effects of tobacco, nicotine addiction, and industry tactics.
- Engage in policy, education, and media campaign solutions.
- Collect data on youth use of other tobacco products, especially flavored products to ensure ongoing surveillance.

**Key Partners**

- ACT MO
- DESE
- DHSS - TPCP, CCCP
- DMH - PRCs
- MAFP
- MFH
- Missouri PTA
- MOAAP
- MSBA
- PIP

## **Strategy 1B.** Support policies to raise minimum legal sales age of tobacco products to at least 21

### Sample Actions

- Develop and implement a plan to educate state and local stakeholders on the evidence for minimum legal sales age laws (e.g., T21) for the purchase of tobacco products.
- Provide training and technical assistance to local communities pursuing a T21 ordinance.
- Expand and strengthen Missouri's tobacco control advocacy network and provide training and ongoing communication.

### Key Partners

- ACT MO
- DESE
- DMH - PRC
- DHSS - TPCP, CCCP
- DPS - ATC
- MAFP
- MFH
- MHA
- Missouri PTA
- MOAAP
- MSBA
- MU - MO ETU
- PIP
- PHLC
- TFM

## **Strategy 1C.** Support strategies that increase the price of tobacco products

### Sample Actions

- Disseminate educational information about the impact of increasing the price of tobacco products through evidence-based strategies like minimum price laws and taxes.
- Disseminate educational information about industry practices such as discounts and coupons.

### Key Partners

- ACS
- ACT MO
- AHA
- ALA
- DESE
- DHSS - TPCP, CCCP
- DMH - PRC
- DPS - ATC
- MAFP
- MHA
- Missouri PTA
- MOAAP
- MSBA
- MU - MO ETU
- PHLC
- PIP
- Silver Haired Legislature
- TFM

## **Strategy 1D.** Support policies that prohibit the sale of flavored tobacco products, including menthol

### Sample Actions

- Identify and engage key stakeholders among populations most disparately impacted by menthol and other flavored products (e.g., African Americans).
- Conduct listening sessions to identify potential concerns and support of pursuing flavor bans.
- Contact communities with a smoke-free and/or T21 ordinance regarding their interest in pursuing flavor bans.
- Educate key stakeholders on the impact of implementing policies that prohibit the sale of flavored tobacco products.

### Key Partners

- ACS
- AHA
- ALA
- DHSS - TPCP
- MAFP
- Missouri PTA
- PHLC

## **Strategy 1E.** Support implementation and strengthening of licensing requirements to sell tobacco products

### Sample Actions

- Identify, collect, and analyze data needed to frame the problem (e.g., via tobacco retail assessments and youth decoy checks).
- Engage partners to develop and disseminate materials and resources about the problem and effectiveness of tobacco retail licensing policies (e.g., factsheets, toolkits, webinars, presentations, videos), incorporating the information gathered, ensuring cultural appropriateness of the materials, and identifying appropriate dissemination channels to reach key stakeholders, including decision-makers and populations experiencing disparities.

### Key Partners

- ACT MO
- DESE
- DMH - PRC
- DHSS - TPCP, CCCP
- DPS - ATC
- MAFP
- MFH
- MHA
- Missouri PTA
- MOAAP
- MSBA
- MU - MO ETU
- PIP
- PHLC
- TFM

## **Strategy 1F.** Monitor legislative activity for tobacco control policies

### Sample Actions

- Educate partners and communities about preemption.
- Advocate and educate for best practice tobacco control policies.
- Oppose all forms of preemption.
- Disseminate educational information about the effectiveness of allocating significant funds for comprehensive tobacco prevention and control.

### Key Partners

- ACS
- ACT MO
- AHA
- ALA
- ANR
- DESE
- DHSS – TPCP
- DMH - PRC
- DPS - ACT
- MAFP
- MHA
- Missouri PTA
- MOAAP
- MSBA
- MU - MO ETU
- PIP
- TFM

# GOAL 2:

## Promote cessation among adults and youth

### OBJECTIVES

1. Decrease prevalence of cigarette smoking among adults from 17.8% to 16%.
2. Increase the percentage of adults who have made a quit attempt in the past year from 52.4% to 57.5%.
3. Increase the percentage of youth grades 9–12 who made a quit attempt in the past year from 49.3% to 54.2%.
4. Decrease the prevalence of cigarette smoking among adults who fall at or near the federal poverty level (FPL 138%) from 39.2% to 35%.
5. Decrease the prevalence of smoking among those with self-reported poor mental health (>14 days per month) from 31.7% to 28.5%.

### STRATEGIES

A. Educate the public and decision-makers on strategies to increase tobacco cessation.

B. Promote health systems changes that support screening for and treatment of tobacco use and dependence.

C. Expand availability of free and low-cost treatment for tobacco use and dependence.

D. Increase equitable access to treatment for tobacco use and dependence.

### ACTIONS AND PARTNERS

#### **Strategy 2A.** Educate the public and decision-makers on strategies to increase tobacco cessation

**Sample Actions**

- Distribute resources and conduct programs and events to increase stakeholders' and decision makers' awareness and knowledge of evidence-based strategies to increase cessation, especially among disparate populations.

**Key Partners**

- ALA
- DHSS
- DMH - PRC
- DSS - MO HealthNet
- MAFP
- MBHC
- MCOH
- MHA
- MOAAP
- MPA
- MPCA
- MSBA
- MU - MO ETU
- PIP
- TFM

## **Strategy 2B.** Promote health systems changes that support screening for and treatment of tobacco use and dependence

### Sample Actions

- Educate all types of health care providers, including health care extenders, on evidence-based cessation options (including pharmacists, pediatricians, PCPs, social workers, etc.).
- Train providers who have direct contact with patients to be tobacco treatment specialists (behavioral health, inpatient, outpatient, prenatal care providers, etc.).
- Incentivize providers.
- Support and promote lung cancer screening for longer-term tobacco users.
- Expand tobacco use screening and delivery of tobacco treatment for youth and young adults, including for use of e-cigarettes.

### Key Partners

- DHSS
- DMH
- DSS - MO HealthNet
- MAFP
- MBHC
- MCOH
- MDHA
- MHA
- MO HealthNet MCOs
- MPA
- MPCA
- MU - MO ETU

## **Strategy 2C.** Expand availability of free and low-cost treatment for tobacco use and dependence

### Sample Actions

- Work with Missouri health plans, including MO HealthNet, to expand the availability of comprehensive insurance coverage for tobacco use and dependence treatment.
- Develop public-private partnerships to support Missouri Tobacco Quit Services sustainability.
- Educate lawmakers on return on investment of funding Missouri Tobacco Quit Services.
- Train health care professionals and others with direct contact with patients and clients to screen for and treat tobacco use and dependence using evidence-based cessation training programs/ resources (e.g., accredited tobacco treatment specialists' program, ALA Freedom from Smoking, etc.).
- Advocate for MO Health Net to expand who is permitted to bill for cessation counseling.

### Key Partners

- ALA
- DHSS
- DMH
- DSS – Mo HealthNet
- MO ETU – MU
- MPA

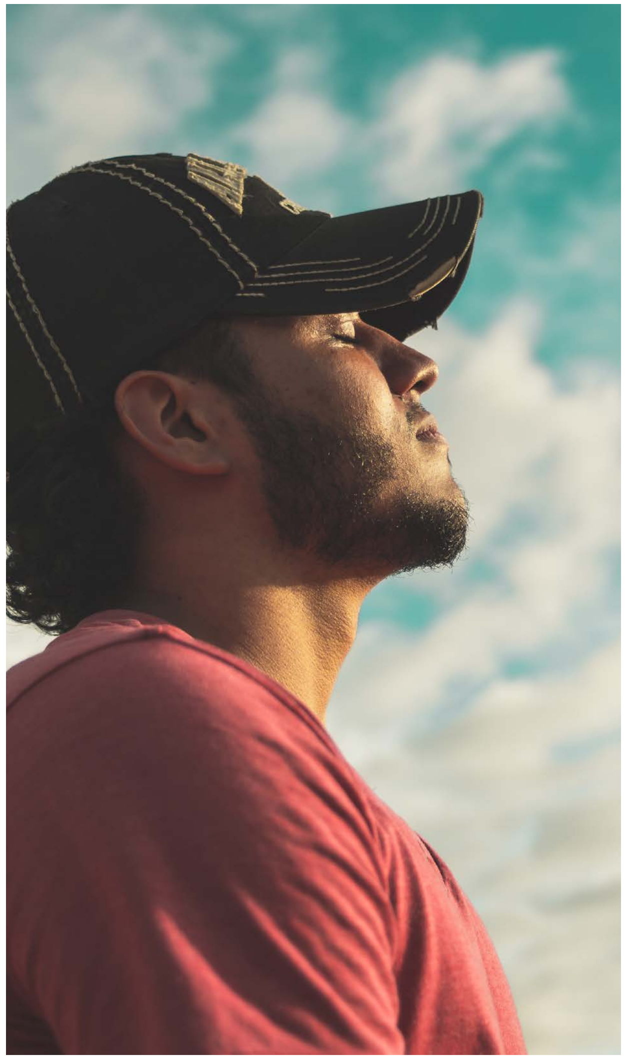
## **Strategy 2D.** Increase equitable access to treatment for tobacco use and dependence

### Sample Actions

- Develop and distribute culturally and linguistically tailored educational materials on how to access cessation services.
- Increase ease of access to NRT and other evidence-based cessation interventions.
- Increase access to treatment at venues like behavioral health facilities, pharmacies, K-12 school districts, colleges/universities, health care systems, public housing, foodbanks, etc.
- Expand and maintain enhanced Missouri Tobacco Quit Services programs tailored to address the unique needs of populations most disparately impacted by tobacco.

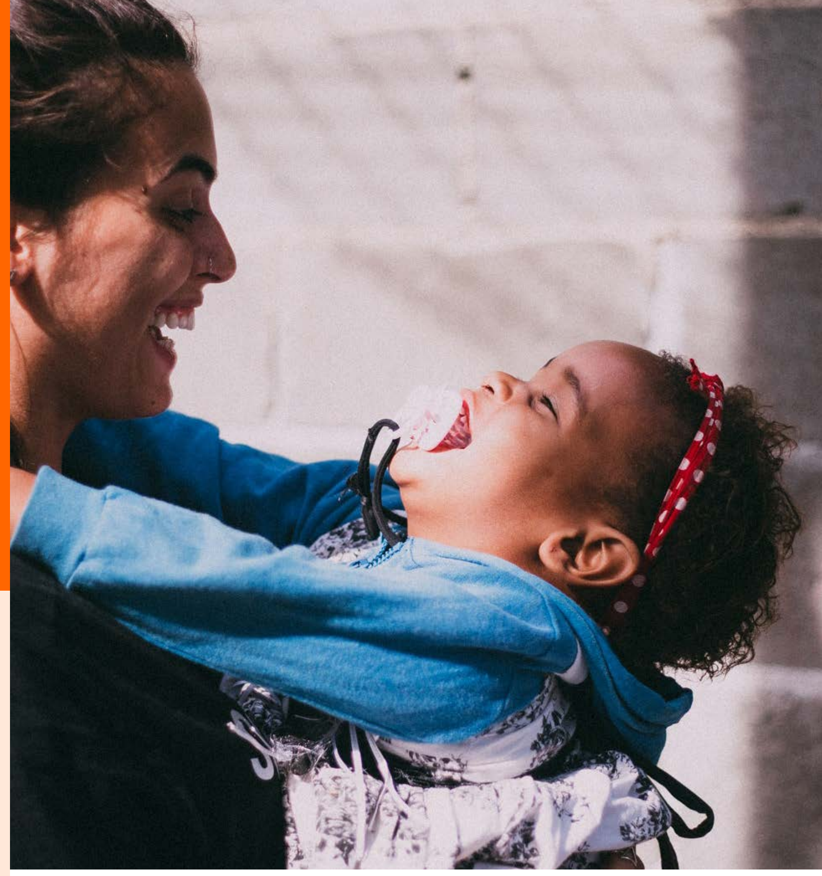
### Key Partners

- DHSS
- DMH
- DSS – Mo HealthNet
- Health care systems
- MASN



# GOAL 3:

## Eliminate exposure to secondhand smoke and e-cigarette aerosol



### OBJECTIVES

1. Increase the number of communities with comprehensive smoke- and vape-free policies from 42 to 50.
2. Increase the percentage of Missourians protected from secondhand smoke by a comprehensive community or state smoke-free law from 28.7% to 35%.
3. Increase percentage of adults who support a statewide comprehensive smoke-free law from 83.4% to 91.8%.
4. Increase the percentage of adults who support local comprehensive smoke-free laws from 82.7% to 91.0%.
5. Increase the number of comprehensive tobacco-free campus policies at K-12 schools from 90.4% to 95%.*
6. Increase the number of comprehensive tobacco-free campus policies at higher education institutions from 87.7% to 100%.*

**Note that these percentages reflect the proportion of campuses that have tobacco-free policies that include the environmental components of a comprehensive policy (all products, all people, all places, all times).*

### STRATEGIES

A. Strengthen the Missouri State Clean Indoor Air Law.

B. Support implementation of comprehensive tobacco-free policies in public places at the local level.

C. Support implementation of smoke-free multi-unit housing policies.

D. Adopt comprehensive tobacco-free policies at all types of educational campuses.

E. Adopt comprehensive tobacco-free policies at health care and behavioral health facilities.

## **Strategy 3A.** Strengthen the Missouri State Clean Indoor Air Law

### Sample Actions

- Provide training and technical assistance to stakeholders to implement policies to reduce exposure to secondhand smoke in public places (e.g., parks, restaurants, bars, workplaces).
- Develop a branded smoke-free air campaign for Missouri.
- Develop and distribute resources to aid in the implementation of tobacco-free policies including, evidence for and benefits of smoke-free protection, prevalence of tobacco use and exposure to second-hand smoke among Missourians, information about preemption, and current communities with smoke-free ordinances.
- Form coalition with vested stakeholders that have lobbying power to help create and promote ballot initiatives through grassroots and promoted through grass-tops advocacy.
- Train and engage youth advocates to educate and advocate for smoke-free protection.

### Key Partners

- ACS
- AHA
- ALA
- ANR
- DHSS
- DMH
- MU – MO ETU
- TFM

## **Strategy 3B.** Support implementation of comprehensive tobacco-free policies in public places at the local level

### Sample Actions

- Provide training and technical assistance to communities to implement policies to reduce exposure to secondhand smoke in public places (e.g., parks, restaurants, bars, workplaces).
- Develop a branded smoke-free air campaign for Missouri.
- Develop and distribute resources to aid in the implementation of tobacco-fee policies including, evidence for and benefits of smoke-free protection, prevalence of tobacco use and exposure to second-hand smoke among Missourians, and current communities with smoke-free ordinances.
- Train and engage youth advocates to educate and advocate for smoke-free protection.

### Key Partners

- ACS
- AHA
- ALA
- DHSS - TPCP
- Missouri PTA Student Representatives
- MU – MO ETU
- TFM

## **Strategy 3C.** Support implementation of smoke-free multi-unit housing policies

### Sample Actions

- Assess current policy status of multi-unit housing developments and disseminate results.
- Provide training and technical assistance to stakeholders to implement policies to reduce exposure to secondhand smoke in multi-unit homes.
- Develop a branded smoke-free air campaign for Missouri.
- Work with rental housing organizations (e.g., MO Landlord Associations, MO Rental Dealers Association, MO Property Owners Association) to promote the implementation of smoke-free housing policies among their properties.
- Develop and distribute resources that include evidence for and benefits of smoke-free protection and prevalence of tobacco use and exposure to secondhand smoke.

### Key Partners

- ACS
- AHA
- ALA
- DHSS - TPCP

## **Strategy 3D.** Adopt comprehensive tobacco-free policies at all types of educational campuses

### Sample Actions

- Promote use of model policies that emphasize education and cessation in addition to smoke-free protection.
- Implement school-based cessation programs and peer support groups.
- Analyze current policies and create a map of educational facilities with policies.
- Provide training and technical assistance, including information on student engagement, to K-12 school districts, colleges, universities, and trade schools without a comprehensive tobacco-free campus policy.
- Work with the Missouri Association of Rural Educators to revise their model tobacco-free school district policies to incorporate the elements of a model comprehensive tobacco-free policy and promote adoption to their member districts.
- Work with the Department of Higher Education and Workforce Development to require Missouri colleges and universities to have a tobacco-free campus policy.
- Support statewide legislation requiring K-12 school districts and institutions of higher learning to have tobacco-free campus policies.

### Key Partners

- DHSS-TPCP
- Missouri PTA
- MARE
- MSBA
- PIP

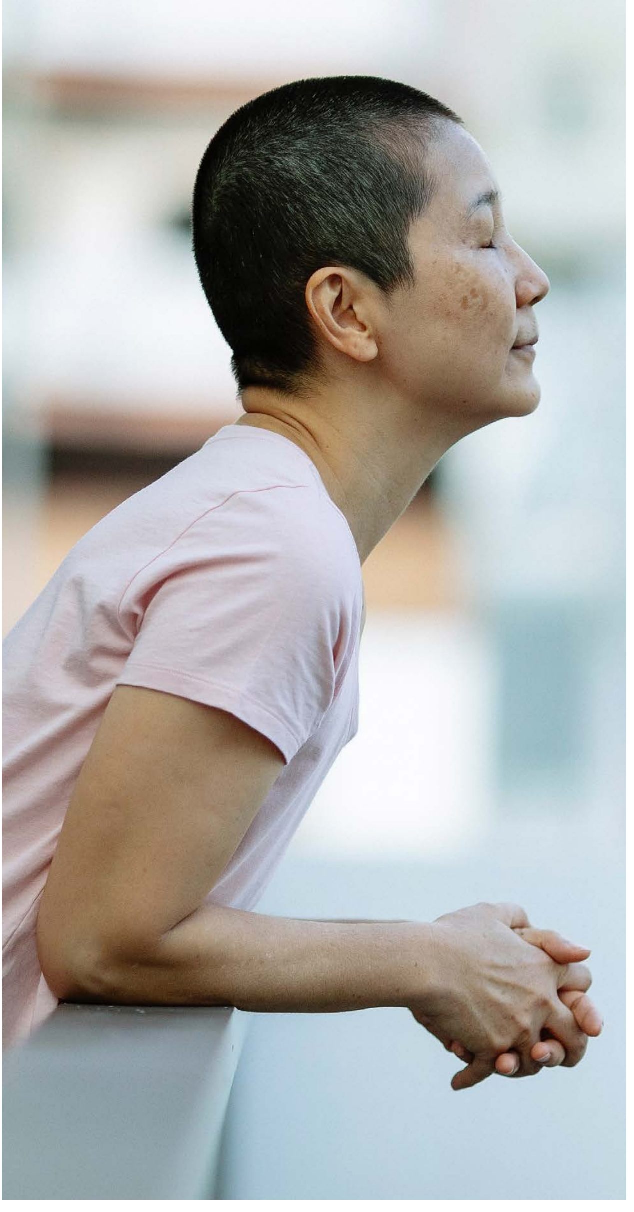
## **Strategy 3E.** Adopt comprehensive tobacco-free policies at health care and behavioral health facilities

### Sample Actions

- Implement smoke-free policies at state-funded facilities.
- Provide training and technical assistance to primary care and behavioral health agencies to implement tobacco-free campus policies.

### Key Partners

- DHSS-TPCP
- DMH
- MAFP
- MBHC
- MHA
- MPCA
- MPA



# GOAL 4:

## Identify disparities and advance health equity in all tobacco control interventions

### OBJECTIVES

1. Establish baseline tobacco product usage and trend data among members of the LGBTQIA+ population (BRFSS 2021).
2. Gain further insight into tobacco product usage rates among those with specific mental health conditions (BRFSS 2021).
3. Increase quit attempts, quit attempts using evidence-based cessation services, and successful cessation among populations experiencing tobacco-related disparities.
4. Incorporate questions regarding menthol cigarette use into BRFSS 2022, with the intention of identifying disparities within African American communities.
5. Decrease the prevalence of cigarette smoking among people living in rural areas from 26.5% to 24%.

### STRATEGIES

A. Build partnerships with organizations serving priority populations to better meet populations where they are.

B. Use culturally competent research and surveillance to assess, identify, and prioritize addressing disparities.

C. Implement tailored, culturally appropriate mass-reach health communications that reach populations experiencing tobacco-related disparities.

D. Integrate tobacco control efforts into other social and support services.

## **Strategy 4A.** Build partnerships with organizations serving priority populations to better meet populations where they are

### Sample Actions

- Provide training and technical assistance on topics related to health disparities and health equity, such as how to engage priority populations, cultural humility, and health equity in all policies.
- Conduct listening sessions with priority populations and serving organizations to identify needs, concerns, and solutions.
- Determine how to connect tobacco control to organizations' priorities and partner on program efforts that impact overlapping populations in an intentional, planned way that facilitates collective impact.
- Ensure that partnerships represent geographic diversity and small organizations.
- Build partnerships with coalitions to connect and keep people at the table.
- Address barriers to participation, e.g., provide funding for organizations to participate / meet needs of those being asked to engage.

### Key Partners

- DHSS
- DSS – MO HealthNet
- MAFP
- MFH
- MCCDC
- MHA
- MOAAP
- MPA
- WSU

## **Strategy 4B.** Use culturally competent research and surveillance to assess, identify, and prioritize addressing disparities

### Sample Actions

- Identify all surveillance data collected in MO used for tobacco prevention and control activities that may impact populations experiencing tobacco-related disparities.
- Work to update surveillance practices to ensure effective, safe, and competent collection of data (e.g., SOGI data) needed to advance health equity.
- Involve multiple sectors of the community in conducting research.

### Key Partners

- CDC
- DHSS
- DMH
- MHA
- MCCDC
- MSU
- PIP
- WSU

## **Strategy 4C.** Implement tailored, culturally appropriate mass-reach health communications that reach populations experiencing tobacco-related disparities

### Sample Actions

- Work with priority population stakeholders to develop messaging that is culturally and linguistically appropriate, will resonate with those populations, and will be shared via media and channels that are appropriate to reach intended populations.
- Use evidence-based tools to conduct surveillance on tobacco industry tactics in the retail environment with a special emphasis on geographic areas with priority populations.

### Key Partners

- DHSS
- MSU

## **Strategy 4D.** Integrate tobacco control efforts into other social and support services

### Sample Actions

- Work with partners that serve priority populations to provide access to cessation resources (e.g., screening clients for tobacco use and referring to Quitline, Tobacco Treatment Specialist, or other evidence-based cessation resource).
- Work with partners that serve priority populations to create tobacco-free environments.

### Key Partners

- DHSS
- DSS – Family Support Division Resource Centers
- MHA
- MPCA
- DMH
- MBHC
- MPA

## APPENDIX A:

# Resources

## Federal Agency Resources

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

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

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

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

## National Resources

**American Cancer Society**
www.cancer.org

**American Heart Association**
www.heart.org

**American Lung Association**
www.lung.org

**American Nonsmokers' Rights Foundation**
https://no-smoke.org/

**Campaign for Tobacco-Free Kids**
www.tobaccofreekids.org

**Truth Initiative**
https://truthinitiative.org/

## Data Sources

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

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

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

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

## Missouri Resources

**Missouri Department of Health and Senior Services, Tobacco Prevention and Control Program**
https://health.mo.gov/living/wellness/tobacco/smokingandtobacco/tobaccocontrol.php

**Missouri Tobacco Quit Services**
https://health.mo.gov/living/wellness/tobacco/smokingandtobacco/

**Stop the Vape, Missouri**
https://stopthevapemissouri.org/

**Missouri's Guide to Creating a Comprehensive Tobacco and Vape-Free School District**
https://stateofmissouri.wufoo.com/forms/m1r3avrq0ds00m4/

**Missouri's Resource Guide for Tobacco and Vape-Free Schools**
https://stateofmissouri.wufoo.com/forms/mespaz11hq1ie9/

**Smoke-Free Public Housing Toolkit**
https://health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/smoke-free-housing-toolkit.pdf

## APPENDIX B:

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