

Planning and Policy Development Action Plan
FY 2008

LPHA: Andrew County Health Department

Size of Population: 17,177

Priority Health Issue: Prevent and reduce smoking and second hand smoking exposure.

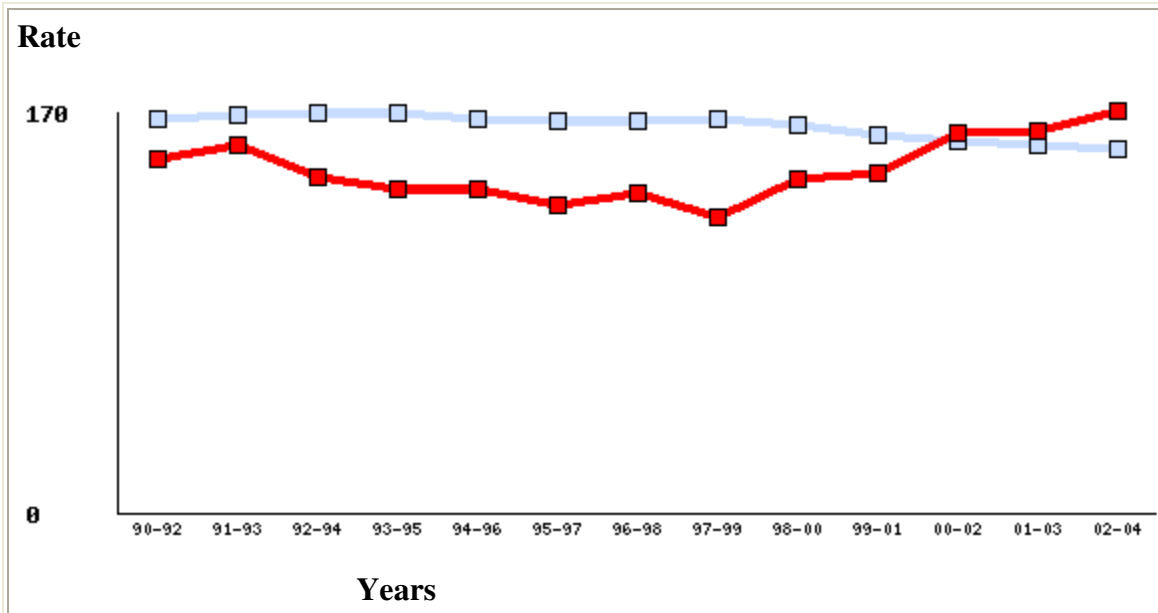
Supporting Data: According to the publication, Tobacco State, by the time Missouri students reach high school they surpass the national smoking average. 23.7% of Missouri high students smoke, surpassing the national average by 7%. According to Mica Wic data, 41.3 of “others in the household” smoked within the prenatal woman’s home. 36.5% of Andrew County prenatal woman smoke according to Mica/2006. With Andrew counties percentage exceeding the state average of 26.9 prenatal smoking and 38.2 “others in the household” smoking taken from Mica 2006.

According to the Community Health Assessment for Andrew County/2006, heart disease is the number one cause of death in Andrew County and Missouri. Missouri had a 1.93% increase for hospitalization and ER visits from 2002-2004. Andrew County had a 6.72% increase for the same period. Second major health problem is increase rate and seriousness of Respiratory Disorders which include Chronic Obstructive Pulmonary Disease (COPD), Pneumonia and influenza. Our focus is to the modifiable risk factor of smoking.

Chronic Disease Profile for Andrew County [Residents](#)

Deaths: Smoking-Attributable (Estimated)

Three-Year Moving Average Rates



Trend Analysis:

- **State rate trend shows a statistically significant decrease.**
- **Andrew County rate does not show a statistically significant trend.**

Three-Year Moving Average Rates

	Years												
	90-92	91-93	92-94	93-95	94-96	95-97	96-98	97-99	98-00	99-01	00-02	01-03	02-04
Andrew County	149.65	155.60	142.49	137.06	136.77	130.15	135.50	125.39	141.34	144.11	160.92	161.95	169.86
Missouri	166.99	168.43	169.21	169.41	166.82	166.43	166.17	166.51	164.01	160.31	157.40	155.86	154.19

Death rates are per year per 100,000 and are age-adjusted to the U.S. 2000 standard population. Hospitalization rates are per year per 10,000 and are age-adjusted to the U.S. 2000 standard population.

Emergency Room rates are per year per 1,000 and are age-adjusted to the U.S. 2000 standard population.

Best practices & evidence-based strategies:

According to Mica Intervention strategies, programs that include a component focusing on peer and influences have been shown to positively affect adolescent smoking. Also access barriers and price increases are recommended as effective interventions.

4.1.2

a. Identified public policy, population based strategies, and community physical environment existing that support improvement in the priority issue:

In 2006 the commissioners of Andrew County passed a Court order banning smoking and the use of tobacco in the Andrew County courthouse and within 25 feet of the entrance to the courthouse. We currently have 5 eating establishments that are smoke free within the building and 9 that permit smoking inside. Andrew County has two nursing homes, 1 permits smoking inside in a designated area and the other only permits smoking outside in a designated area. Savannah RIII schools do not allow smoking inside the buildings but do allow smoking on the premises. This allows smoking during athletic functions. North Andrew RVI has a smoke free campus. The Andrew County Health Department restricts smoking within the building.

b. Identified Intervention programs:

Andrew County will implement and continue with programs that focus on adolescents and their peer to educate and influence the youth and others of Andrew County regarding tobacco use. Our focus is to reduce the number of people who initiate tobacco use. We will also use these programs to educate the general public by materials sent home.

Our program emphasis will be Tar Wars education for fourth and fifth grade student. The TATU program, for middle school students and Smoke busters for high school age students. Area physicians will be encouraged to provide education to the prenatal population and other patients they see in their practice. Smoking will also be addressed in Andrew Counties Wic program as well as our annual back to school fair.

Policy changes will be encouraged community wide. County leaders will be educated about tobacco issues and encouraged to implement and or support tax increases and other changes that can help to discourage smoking in all populations.

c. Evidence based interventions:

To reduce youthful initiation and use of tobacco products the Health Promotion Unit Tobacco Use Prevention Program at the Missouri Department of Health and Senior Services found evidence-based interventions that work. They had strong evidence that increasing unit price for tobacco product and mass media campaigns when combined with other community programs is highly effective in reducing adolescent tobacco use. There was also sufficient evidence that school-based education programs based on the social influence resistance model, especially when combined with education to correct misperceptions of prevalence are effective. This information along with evaluation of other counties successes guided our collaborative group in choosing and implementing our focus programs.

d. Barriers to adopting environmental and policy interventions:

Andrew County is a rural area and smoking and spit tobacco has a high level of social acceptance by many residents. The low Missouri tax of \$.17 on tobacco products makes tobacco affordable and available to adults and minors. Many of our local officials are tobacco users and resistant to change. Advertising continues to target our youth. Time, staffing and funding issues limit law enforcement and the local public health departments in their ability to address the issues.

- e. **Communication of Public policy:**
Supporting information of health issue priority
communicated to Board of Health and to the community
work group.