

CREATING A CULTURE OF HEALTH IN APPALACHIA

Disparities and Bright Spots



An initiative to identify and explore Appalachian communities with better-than-expected health outcomes

ISSUE BRIEF

Health Disparities Related to Smoking in Appalachia

Practical Strategies and Recommendations for Communities

Photo: Ryan Parker on Unsplash

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Creating a Culture of Health in Appalachia: Disparities and Bright Spots is a health research initiative sponsored by the Appalachian Regional Commission (ARC) and the Robert Wood Johnson Foundation (RWFJ), and administered by the Foundation for a Healthy Kentucky. This multipart research initiative has produced an interactive website, HealthinAppalachia.org, along with three reports: 1) [Health Disparities in Appalachia](#),¹ 2) [Identifying Bright Spots in Appalachian Health: Statistical Analysis](#),² and 3) [Exploring Bright Spots in Appalachian Health: Case Studies](#).³

Throughout the Appalachian Region, smoking is a common health risk that contributes to significantly higher rates of tobacco-related disease and lower life expectancy compared to the rest of the United States. Drawing on the research presented in the health disparities and Bright Spot reports, this brief focuses on promising practices, intervention strategies, and policies aimed at reducing health disparities related to smoking. This brief:

- summarizes **statistics** on smoking and related diseases in Appalachian communities,
- discusses **key strategies and resources** for reducing tobacco use, and
- provides **recommendations** for community leaders, funders, and policymakers.

This brief discusses four recommendations in detail:

1. Prevent smoking initiation among youth.
2. Increase access to tobacco cessation interventions.
3. Launch anti-tobacco communication campaigns.
4. Reduce exposure to secondhand smoke.

WHY ADDRESS SMOKING IN APPALACHIA?

Tobacco farming contributes to the history and identity of many Appalachian communities. Cultural norms may contribute to more frequent use of tobacco within the Region. As shown in Figure 1, adult smoking prevalence rates are disproportionately high throughout the Region, particularly across the Central and North Central subregions. These higher rates of smoking are driving more frequent occurrences of tobacco-related diseases, cutting the lives of many Appalachians far too short.

The **Creating a Culture of Health in Appalachia** initiative has documented key health challenges and opportunities in Appalachia. The initiative's reports offer a basis for understanding and addressing health issues in the Region and for identifying factors that support a culture of health in Appalachian communities.

A striking portrait of tobacco's impact on the lives of those who call Appalachia home emerged in these reports. Findings suggest that *residents of Appalachia die sooner than residents in the rest of the United States and are more likely to die from smoking-related diseases*.

Figure 1: Prevalence of Adult Smoking in Appalachia, 2014

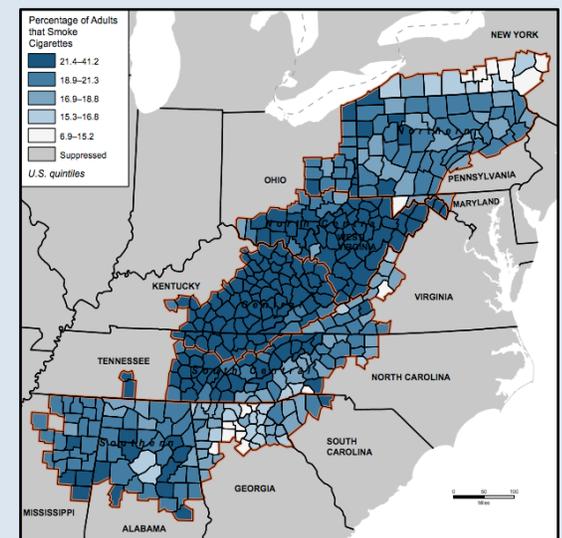


Image source: Health Disparities in Appalachia. https://www.arc.gov/assets/research_reports/Health_Disparities_in_Appalachia_August_2017.pdf

Data source: County Health Rankings & Roadmaps, 2016 edition. University of Wisconsin Population Health Institute supported by Robert Wood Johnson Foundation. <http://www.countyhealthrankings.org/rankings/data>.

Smoking in Appalachia

Smoking's impact on health is well documented. Cigarette smoking causes more than 480,000 deaths each year in the United States, and remains a risk factor for a number of illnesses, including heart disease, respiratory disease, stroke, and cancer.⁴

The impact of smoking on the health of Appalachians is noteworthy. Residents of Appalachia are more likely to die prematurely than those who live in the non-Appalachian United States. Among those living in Central Appalachia and in economically distressed counties, those differences are even greater.¹ While multiple factors contribute to these premature deaths, *smoking remains a high-impact driver that underpins a greater loss of life in Appalachia than in the rest of the country.*

Figure 2, which presents data from the *Health Disparities in Appalachia* report, shows that approximately 20% of Appalachian adults report being smokers compared to 16% of adults in the non-Appalachian United States.¹ While rates of smoking are higher across all Appalachian subregions compared to the non-Appalachian United States, there are considerably higher proportions of smokers in the Central and North Central Appalachian subregions (see Figure 2).

Figure 2: Percentage of Adult Smokers by Appalachian Subregion, 2014

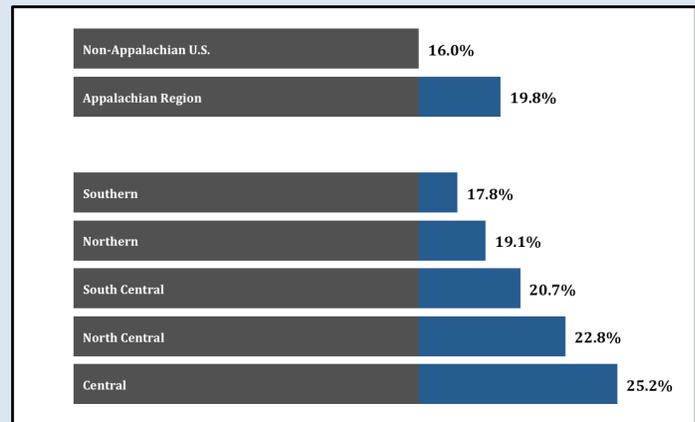


Image source: Health Disparities in Appalachia. https://www.arc.gov/assets/research_reports/Health_Disparities_in_Appalachia_August_2017.pdf

Data source: County Health Rankings & Roadmaps, 2016 edition. University of Wisconsin Population Health Institute supported by Robert Wood Johnson Foundation <http://www.countyhealthrankings.org/rankings/data>.

Smoking-Related Diseases

The impact of smoking on the health and well-being of Appalachians is clear. Deaths from heart disease, cancer, and chronic lower respiratory disease—three of the four leading causes of death in the United States—occur more frequently in Appalachia than in the rest of the country.¹ *Smoking is a key factor contributing to deaths from these causes and is the primary driver of premature death and disability from chronic lower respiratory disease and chronic obstructive pulmonary disease (COPD).*

On average, Appalachians die from COPD at a rate that is 31% higher than the rate for residents in the rest of the country. The burden of COPD-related death in Central Appalachia is even more striking, with rates nearly twice that of the non-Appalachian United States. Economically distressed counties in Appalachia are also disproportionately burdened, with COPD mortality rates 43% higher than non-distressed counties across the Region.¹

Notably, differences in COPD-related deaths within Appalachia are highest among those living in West Virginia and the Appalachian counties of Kentucky. While smoking is more common in these states, additional environmental stressors related to mine dust exposure may contribute to the markedly higher rates of COPD-related death.¹

ASSESSING COMMUNITY NEED FOR SMOKING PREVENTION PROGRAMS

Because smoking and smoking-related diseases are particularly prevalent throughout Appalachia, understanding how and to what extent smoking affects one's community is an important first step for determining how to target limited resources. Assessing community needs can help community leaders, funders, and policymakers determine which of the recommendations presented in this brief have the greatest potential to reduce smoking rates.

Conducting a Needs Assessment

Needs assessments are formative research activities that can help communities understand important cultural norms and attitudes that may affect tobacco prevention and cessation efforts. They can help community leaders, funders, and policymakers understand the prevalence and nature of tobacco use in a particular community, including which populations have high rates of tobacco use and how individuals are accessing it. Conducting a needs assessment will also help leaders take stock of which programs and policies are successfully addressing tobacco use or could be leveraged to do so.⁵

The Community Anti-Drug Coalitions of America (CADCA) Initiative provides [Tips on How to Conduct a Community Assessment on Tobacco Issues](#).⁶ Communities may also consider the following local sources of data:⁷

- **Civic and non-profit organizations**, for lists of current projects, more information about who and how many individuals are served, and plans for the future
- **Community colleges/local universities**, for academic research related to the community
- **Faith-based groups**, for membership numbers and community needs
- **Health departments/healthcare providers**, for local prevalence rates
- **Libraries**, for local history/information unique to the county

Quantitative data in conjunction with qualitative data from community forums and focus groups can show how changes have occurred over time and the barriers to creating change. Additional resources for conducting community needs assessments are provided on the next page.

Using State- and County-Level Data to Prioritize Resources

To target limited resources appropriately, community leaders, funders, and policymakers may consider leveraging data from state and national surveys to understand how tobacco use varies across counties. For example, in 2016 the West Virginia Division of Tobacco Prevention created [a strategic plan for preventing tobacco use and promoting cessation](#)⁸ using data from the national Behavioral Risk Factor Surveillance System (BRFSS) Survey and the West Virginia Youth Tobacco Survey (YTS) to illustrate tobacco use trends. For additional data, policymakers may also consider using [County Health Rankings](#)⁹ to understand how smoking rates vary by county. [HealthinAppalachia.org](#) provides a comprehensive overview of health in the Appalachian Region using 41 county-level measures, including smoking prevalence. The Centers for Disease Control and Prevention's [State Tobacco Activities Tracking and Evaluation \(STATE\) System](#)¹⁰ provides current and historical data on tobacco use prevention and control. It enables policymakers to view state highlights and interactive maps, and to build custom reports to explore a variety of historical and current data related to tobacco use policies and services.



Additional Resources for Assessing Need in Your Community	
Conduct a needs assessment	<ul style="list-style-type: none"> ■ This Community Tool Box¹¹ provides an overview of needs assessments. ■ Conducting a Community Health Assessment¹² provides helpful tools and examples for identifying and analyzing data for a needs assessment. ■ Conducting Rural Health Research, Needs Assessment, and Program Evaluation¹³ is a collection of resources that communities can use to develop and refine their own research.
Use state- and county-level data to prioritize resources	<ul style="list-style-type: none"> ■ HealthData.gov¹⁴ is a searchable warehouse of health data. ■ The annual State of Tobacco Control¹⁵ report evaluates state and federal government policies on tobacco use and provides a scorecard for each state on key areas related to preventing and reducing tobacco use.

Based on the results of the community needs assessment, policymakers, funders, and community leaders should consider which recommendations and associated strategies described below are best suited for their communities. Many of the effective models for reducing tobacco use presented in this brief were part of multipronged efforts that combined community-based intervention with policy changes and health communications efforts. ***To successfully reduce tobacco use, community leaders, funders, and policymakers should work together to select a set of strategies that complement each other.***

PRACTICAL STRATEGIES AND RECOMMENDATIONS

Reducing the smoking rate in Appalachia could help decrease the number of tobacco-related deaths and diseases in the Region. In this section, we present policies, programs, and initiatives that show promise or have successfully reduced smoking rates. We also provide examples of intervention strategies that have been deployed in Appalachia.

Recommendations for reducing smoking and smoking-related health disparities include the following:

1. Prevent smoking initiation among youth.
2. Increase access to tobacco cessation interventions.
3. Launch anti-tobacco communication campaigns.
4. Reduce exposure to secondhand smoke.

RECOMMENDATION #1: PREVENT SMOKING INITIATION AMONG YOUTH

The majority of smokers begin using tobacco in adolescence.¹⁶ Because smoking is more common in Appalachia, adolescents are more likely to be surrounded by role models who use tobacco. Furthermore, tobacco industry messaging that targets rural communities coupled with a gap in antismoking campaigns in these areas contributes to a higher chance of early tobacco use.¹⁷ Both community- and policy-based strategies can help prevent tobacco use among adolescents in Appalachia.

Community-Based Strategies

Implement Tobacco Prevention in Schools

Decades of research have shown that school-based tobacco prevention and cessation programs can be effective in preventing and decreasing tobacco use among youth, particularly when combined with broader community initiatives.¹⁸ While the Centers for Disease Control and Prevention (CDC) provide [key recommendations for preventing tobacco use](#)¹⁹ that all schools can consider, schools in Appalachia can look toward the *keepin' it REAL* adaptation in Pennsylvania and Ohio for an example of how to tailor prevention programs. The *keepin' it REAL* (“REAL” is an acronym for Refuse, Explain, Avoid, and Leave) is an interactive curriculum used by the Drug Abuse Resistance Education (D.A.R.E.) program. In Pennsylvania and Ohio, *keepin' it REAL* was adapted by interviewing 118 adolescents from rural school districts and was successful in reducing alcohol and drug use.²⁰ Engaging youth in the program’s design ensured it reflected their perspectives and experiences. The success of the Students Against Destructive Decisions (SADD) program in Grant County, West Virginia, profiled in the report [Exploring Bright Spots in Appalachian Health: Case Studies](#)³ (referred to hereafter as “Bright Spot case studies report”), indicates that student-led efforts are particularly successful in Appalachian communities. To replicate *keepin' it REAL*, schools may consider connecting with [local D.A.R.E. programs](#)²¹ and involving students in tailoring the curriculum, similar to the rural adaptation of *keepin' it REAL*.²²

Reducing Electronic Cigarette Use Among Youth

High school and middle school students use electronic cigarettes (e-cigarettes) more commonly than any other tobacco product.²³ A recent school-based survey in northeast Tennessee showed that this trend also exists in Appalachia.²⁴ Key strategies for addressing e-cigarette use include the following:

- **Educate parents, teachers, health professionals, and youth about the risks.** Many adults are not aware of the risks associated with e-cigarette use and may view e-cigarettes as a safe alternative, a belief that is supported by e-cigarette marketing tactics.²⁵ Schools, in particular, should increase education around the risks associated with e-cigarettes.²⁶ The [U.S. Surgeon General](#),²⁷ in partnership with the CDC, provides fact sheets, tips for parents, and sample ads to communicate the risks of e-cigarettes.
- **Restrict access.** Policy strategies that have shown success in preventing tobacco use among youth show promise for reducing e-cigarette use. These include raising the minimum age of legal access (MLA) and increasing the price of e-cigarettes.²⁷
- **Expand smoke-free policies.** Many smoke-free policies were put in place before the rise of e-cigarettes and therefore do not prohibit their use. Smoke-free policies can be updated or developed to include bans on e-cigarette use.^{27, 25}

Mobilize Communities to Restrict Minors’ Access to Tobacco Products

Community mobilization can be effective for reducing youth tobacco use when combined with other interventions.²⁸ Mobilizing communities often begins with coalition building, which provides a platform for educating community members, supporting policy changes, and launching and amplifying mass-media campaigns. The [Southern Coalfields Tobacco Prevention Network](#),²⁹ a six-county coalition in rural West Virginia that promotes tobacco-free policies and conducts outreach to coal miners and pregnant women, exemplifies such a coalition. Forming a coalition is a key part of the [Communities](#)

[That Care](#)³⁰ model, which has shown success in reducing cigarette and smokeless tobacco among youth. The success of Tioga County, New York, profiled in the Bright Spot case studies report, highlights how a strong sense of volunteerism can be instrumental in solving community challenges. Tioga County citizens have started a range of organizations that rely on volunteers to serve the community, including [Relity](#)



[Check](#),³¹ a youth tobacco-control project. Sequatchie County, Tennessee, another community profiled in the Bright Spot case studies report, also mobilized volunteers to organize events that help people quit smoking through the program, Step Up Sequatchie: Improve Your Health One Step at a Time. Fostering and leveraging the pride that citizens demonstrate for their communities through volunteerism may be an important strategy for replicating these successes in other Appalachian communities.

Policy-Based Strategies

Raise the Minimum Age of Legal Access to Tobacco Products

Minors frequently obtain cigarettes from their social networks. Raising the minimum age of legal access (MLA) to tobacco products to 21 has strong potential to reduce smoking among youth, because minors are less likely to share social networks with 21-year-olds compared to 18-year-olds.³² The Institute of Medicine states that increasing the MLA to tobacco products from 18 to 21 years of age will likely reduce the number of adolescents who begin using tobacco, lower smoking prevalence, and improve overall health.³² Current research supports focusing policy and law enforcement efforts on limiting the sale of tobacco to youth as opposed to penalizing youth for possession.^{33,34} Appalachian counties in New York have successfully increased the MLA of tobacco. For example, in April 2016 the Chautauqua County Legislature in New York increased the minimum age for tobacco sales to 21. Cattaraugus, Cortland, and Tompkins counties in Appalachian New York have also raised the MLA to 21.³⁵ Some states have preemption laws limiting the ability of local governments to raise the MLA. Policymakers can use [CDC's STATE system](#)¹⁰ to understand how preemption laws may impact their efforts to raise the MLA.

Increase the Price of Tobacco Products

Increasing the price of tobacco is an effective strategy for decreasing overall tobacco use, increasing cessation rates, and preventing initiation among youth.³⁶ States and municipalities can designate tax revenue on tobacco products for public health programs, including cessation services.³⁶ The Healthy Maryland Initiative was successful in working with the state legislature to raise taxes on cigarette packs and later on smokeless tobacco and little cigars.³⁷ For counties considering how to implement this strategy, the [Public Health Law Center](#)³⁸ provides resources on taxation and product pricing, preemption, and sales restrictions. Policymakers pursuing this option should consider strategies for increasing access to cessation support services, potentially by using revenue gained from increased taxes.³⁹



Additional Resources for Preventing Smoking Initiation Among Youth	
Implement tobacco prevention in schools	<ul style="list-style-type: none"> ■ The REAL prevention website⁴⁰ includes a wealth of resources on the <i>keepin' it REAL</i> program. ■ CrimeSolutions.gov⁴¹ has a searchable database of school-based programs. ■ Youth Tobacco Cessation: A Guide for Making Informed Decisions⁴² provides helpful guidance on selecting a program.
Mobilize communities to restrict minors' access to tobacco products	<ul style="list-style-type: none"> ■ Best Practices for Comprehensive Tobacco Control Programs User Guide⁴³ describes key aspects of effective coalitions.
Raise the MLA access to tobacco products	<ul style="list-style-type: none"> ■ The Tobacco Legal Consortium (TLC) provides a technical assistance guide⁴⁴ with policy considerations for raising the MLA. ■ TLC also offers a sample ordinance⁴⁵ and a sample resolution⁴⁶ for developing an MLA policy. ■ The Tobacco21 "Healthy Towns, Healthy Kids" toolkit⁴⁷ offers talking points on raising the MLA.
Increase the price of tobacco products	<ul style="list-style-type: none"> ■ Counties can also look at excise tax rates and rankings by state⁴⁸ to see how their rates compare to others. ■ The Campaign for Tobacco-Free Kids⁴⁹ has numerous fact sheets that provide more information on state and federal tobacco taxes.

RECOMMENDATION #2: INCREASE ACCESS TO TOBACCO CESSATION INTERVENTIONS

Although evidence shows that cessation counseling effectively reduces cigarette use, individuals often struggle to access these services due to challenges with transportation, insurance coverage, and provider shortages. These challenges are particularly notable in many Appalachian communities with limited resources. Several strategies have emerged to increase access to cessation services and reduce barriers to participation.

Community-Based Strategies

Work with Faith-Based Organizations

For many of the communities profiled in the Bright Spot case studies report, active faith communities play an instrumental role in promoting community health by shaping attitudes, sharing information, and providing services. The [Faith Moves Mountains](#)⁵⁰ smoking cessation program, which reached 590 smokers across 26 rural churches in Appalachian Kentucky, found that churches can facilitate smoking cessation by leveraging social connections among participants, providing a convenient location to access services, and helping individuals who might not otherwise be able to obtain cessation support gain access to these services. Faith-based organizations may take part in tobacco prevention and cessation efforts to varying extents. The [Southern Coalfields Tobacco Prevention Network](#)⁵¹ works with faith-based organizations to deliver tobacco cessation education, and sends cessation counselors to deliver food through their faith-based partner's food delivery program, allowing these counselors to deliver brief interventions and refer individuals to services as they are delivering food. African American churches in

western Georgia successfully used the [CDC's Community Health Assessment and Group Evaluation \(CHANGE\)](#)⁵² action guide to develop a range of initiatives to address tobacco use, among other health issues.⁵³

Quitlines and Other Telehealth Interventions

Quitlines are telephone- and web-based resources through which individuals can access tobacco cessation counseling. Quitlines are an effective way of increasing access to cessation programs, especially in areas with few local treatment options or for individuals with limited time or ability to travel to receive cessation services.⁵⁴ Although they are typically implemented at the state level, community-based quitlines can be effective in referring callers to local resources, where available, and offering counseling tailored to address community-specific cultural factors.⁵⁵ Important aspects of implementing successful quitlines include promoting programs through mass-reach health communication campaigns, linking callers to tobacco cessation medications, and ensuring a pathway to referral for health care providers.⁵⁶ Resources for developing or enhancing telephone-based tobacco cessation services are available along with technical assistance from the [North American Quitline Consortium](#).⁵⁷

Quitlines are an example of telehealth, which involves the use of telecommunications technology to provide long-distance health care, education, and other wellness activities.⁵⁸ Other forms of telehealth typically used for smoking cessation include mobile and web-based applications that can help users monitor their progress, identify triggers, and learn management techniques. For example, the National Institutes of Health offer a text-messaging program, [SmokefreeTXT](#),⁵⁹ and two smartphone applications, [QuitGuide and quitSTART](#),⁶⁰ which can provide tailored quit plans for users. One [smoking cessation program in Appalachian Kentucky and Ohio](#)⁶¹ used a web-based application called [Motiv8](#)⁶² that collected carbon monoxide breath samples and provided incentives for reduced smoking.

Policy-Based Strategies

Reduce Out-Of-Pocket Costs for Cessation Treatments

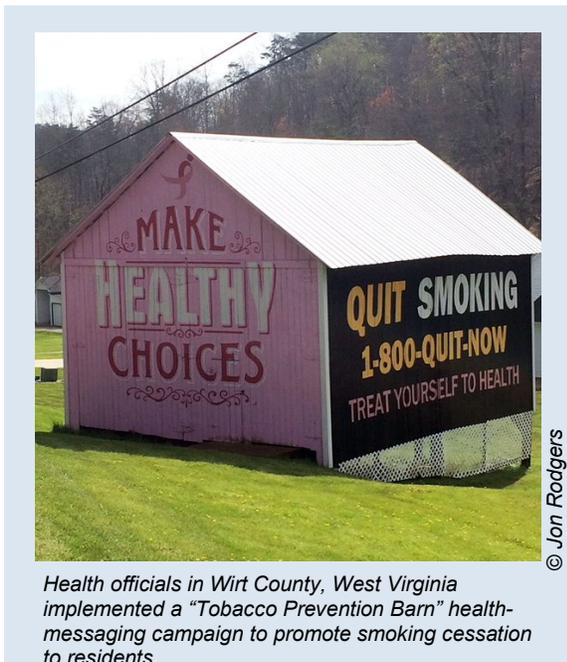
Reducing out-of-pocket costs for evidence-based cessation counseling and medications is an effective way of increasing the number of individuals who receive treatment for tobacco dependence and ultimately quit.⁶³ Although almost all insurers are required to cover some level of tobacco cessation services without cost-sharing, this coverage may not be comprehensive.⁶⁴ Only a limited number of state Medicaid programs provide coverage for all FDA-recommended medications and counseling.⁶⁵ Making additional benefits available and clearly communicating them to providers and tobacco users can increase use of these services.⁶⁶ To understand how this issue affects their communities, policymakers can consult the [American Lung Association's database](#)⁶⁷ and the [CDC's STATE System](#)¹⁰ on smoking cessation coverage. Policymakers can also look to Kentucky as an example for expanding treatment coverage; the Kentucky state legislature recently passed [Senate Bill 89](#),⁶⁸ expanding coverage to include all tobacco cessation services recommended by the U.S. Preventive Services Task Force.



Additional Resources for Increasing Access to Tobacco Cessation Interventions	
Work with faith-based organizations	<ul style="list-style-type: none"> ■ Engaging and Partnering with Faith-Based Organizations in Initiatives for Children, Youth, and Families⁶⁹ is intended for community organizations seeking to partner with faith-based organizations. ■ Partnerships with Faith-Based & Community-Based Organizations: Engaging America's Grassroots Organizations in Promoting Public Health⁷⁰ describes successful strategies that the CDC has used with faith-based organizations on public health issues.
Implement quitlines and other telehealth interventions	<ul style="list-style-type: none"> ■ Telephone Quitlines: A Resource for Development, Implementation, and Evaluation⁷¹ provides more information on setting up a telephone-based quitline. ■ Telehealth as a Vehicle to Support Tobacco Cessation⁷² gives an overview of considerations for counties seeking to employ cessation services via telehealth.
Reduce out-of-pocket costs for cessation treatments	<ul style="list-style-type: none"> ■ Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide, 3rd Edition⁷³ includes information on tobacco cessation treatments and reimbursement. ■ This Case Study on the Effect of Cessation Coverage—The Massachusetts Medicaid Cessation Benefit⁷⁴ may serve as a useful example.

RECOMMENDATION #3: LAUNCH ANTI-TOBACCO COMMUNICATION CAMPAIGNS

Mass-reach anti-tobacco communication efforts have been effective in reducing tobacco use initiation and increasing tobacco cessation,⁷⁵ particularly among youth who are more likely to be impacted by pro-tobacco marketing,⁷⁶ and can include a broad range of themes.⁷⁶ Key considerations for launching anti-tobacco communication interventions include identifying messages that will resonate with the target audience and communication channels that will best reach community members.⁷⁷



Health officials in Wirt County, West Virginia implemented a “Tobacco Prevention Barn” health-messaging campaign to promote smoking cessation to residents.

Anti-tobacco media campaigns can be used to complement other strategies recommended in this brief. For example, the [Spit It Out West Virginia](#)⁷⁸ program implemented mass-reach communication efforts, offered educational interventions, campaigned for smoke-free policies, and engaged with faith-based organizations. Communication efforts included billboards and hundreds of radio ads that aired during hunting season on local stations, and anti-smoking handouts given with bank statements from local banks. Wirt County, West Virginia, profiled in the Bright Spot case studies report, also executed a successful anti-tobacco health messaging campaign in the form of the “Tobacco Prevention Barn,” pictured here. Stakeholders seeking to kick-start similar mass-reach communication campaigns can use the W.K. Kellogg Foundation’s [Strategic Communications Plan Template](#)⁷⁹ and CDC’s [Tips from Former Smokers Campaign Materials](#),⁸⁰ in addition to the other materials described below.

Additional Resources for Launching Anti-Tobacco Media Campaigns

- This [Communication Toolkit](#)⁸¹ details strategies that rural healthcare facilities can use to communicate with the media.
- The [Implementing a Social Marketing Effort](#)⁸² toolbox has resources for launching marketing initiatives centered on healthy living.
- [Framing 101](#)⁸³ includes considerations on public health messaging.
- [Media Advocacy 101](#)⁸⁴ is a primer on using mass media to address public health issues.



RECOMMENDATION #4: REDUCE EXPOSURE TO SECONDHAND SMOKE

Smoke-free policies have been strongly linked to reductions in secondhand smoke exposure, heart attacks, asthma attacks, sudden infant death syndrome, and low birth weight infants.⁸⁵ Appalachian communities in tobacco-producing regions may be opposed to smoke-free policies because of their potential effect on the local economy. A [presentation](#)⁸⁶ by the University of Kentucky discusses strategies for addressing concerns in rural, tobacco-growing regions of Kentucky. Although smoke-free policies are commonly enacted by state and local governments, local businesses and stakeholders can be instrumental in enforcing government policies and voluntarily adopting their smoke-free policies. For example, community leaders in McCreary County, Kentucky, profiled in the Bright Spot case studies report, engaged with work sites and restaurants to voluntarily establish smoke-free policies. Bright Spot case study community, Tioga County, New York, also pushed for an increase in smoke-free spaces by leveraging community-wide interest in improving the well-being of youth.

Stakeholders seeking to implement or expand smoke-free policies should consider the extent to which state laws preempt local laws, and how these policies may be enforced and promoted. Similar to other strategies presented in this brief, implementing or expanding smoke-free policies should be considered alongside other strategies, such as media campaigns that promote awareness of these policies and increased access to cessation services in order to promote compliance with these policies.⁸⁷ Resources are available for stakeholders considering working with schools, businesses, healthcare facilities, and multifamily housing units to introduce smoke-free policies. [Americans for Nonsmokers' Rights](#)⁸⁸ also provides an array of resources for implementing smoke-free policies in communities.

Additional Resources for Eliminating Exposure to Secondhand Smoke	
Businesses settings	<ul style="list-style-type: none"> ■ Smoke-Free Laws Do Not Harm Business at Restaurants and Bars⁸⁹ provides evidence and examples showing that smoke-free laws improve public health without harming businesses.
Residential settings	<ul style="list-style-type: none"> ■ Smoke-Free Multifamily Housing Toolkits⁹⁰ provide information and resources that can help managers and residents of public and assisted multifamily housing improve the safety of their homes. ■ Smoke-Free Housing Resources⁹¹ includes information on creating and implementing regulations on smoke-free housing.
Workplace settings	<ul style="list-style-type: none"> ■ Smoke-Free Policies: Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Indoor Worksites and Public Places—An Action Guide⁹² describes how to develop smoke-free ordinances for indoor worksites and public spaces. ■ Tobacco in the Workplace: A Model Policy⁹³ offers steps for developing and implementing smoke-free policies in the workplace.
Healthcare settings	<ul style="list-style-type: none"> ■ Treating Tobacco Dependence as a Standard of Care: A Health Systems Approach⁹⁴ provides steps for implementing smoke-free policies in healthcare settings.

STRATEGIES AND RECOMMENDATIONS FOR FUNDERS

Funders throughout the Region have the opportunity to invest in initiatives and activities that help prevent and reduce smoking and tobacco use across Appalachia. Below, we describe strategies for funders seeking to reduce smoking-related health disparities in the Appalachian Region.

▪ Leverage existing assets

Appalachian communities have many assets that should be recognized and promoted. These include strong communities with members who are connected through volunteering and coalition building, and who build strong social ties through faith- and community-based organizations, schools, local business, and shared culture and history. Funders can leverage existing programs, practices, and policies by highlighting the work of Appalachian grantees. Additionally, existing Appalachian work can be disseminated and shared to stimulate replication and adoption of programs and strategies elsewhere.

▪ Strengthen community implementation capacity

Funders can strengthen community implementation capacity in Appalachian communities. Opportunities to increase capacity include 1) enhancing individual-level knowledge and skills that facilitate community action, and 2) fostering organizational- and systems-level capacity. Examples of organizational- and systems-level capacity include engaging in community visioning and strategic planning, building networks and engaging community stakeholders, writing grants, and engaging in local and regional policy advocacy, among others.

▪ Focus on cross-sector collaboration through philanthropic strategies

Funders can help facilitate collaboration between community members, the public, and private-sector individuals, which is critical to addressing tobacco use and smoking within the Region. Through a coordinated use of resources, leadership, and action, communities can work together toward a common goal, using multiple perspectives and different areas of expertise. Government, the health care system, schools, private businesses, and community organizations all have critical roles in this effort.

▪ Build the Appalachian evidence base

The Bright Spot case studies report identified examples of promising practices to address smoking in Appalachian communities. However, these programs and their outcomes are often not well documented. For long-term changes to occur, successful programs need to be evaluated rigorously and shared widely. Funders should encourage evaluation among their grantees, to ensure program effectiveness is measured and documented. Evaluation, along with increased efforts to document local successes, will provide a more robust evidence-base for specific Appalachian programs and policies to address smoking and tobacco control.

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