Summary of
59 pages

Best Practices

for Comprehensive Tobacco Control Programs

October 2007

Executive Summary

Tobacco* use is the single most preventable cause of death and disease in the United States. People begin using tobacco in early adolescence; almost all first use occurs before age 18. An estimated 45 million American adults currently smoke cigarettes. Annually, cigarette smoking causes approximately 438,000 deaths. For every person who dies from tobacco use, another 20 suffer with at least one serious tobacco-related illness. Half of all long-term smokers die prematurely from smoking-related causes. In 2004, this addiction costs the nation more than $96 billion per year in direct medical expenses as well as more than $97 billion annually in lost productivity. Furthermore, exposure to secondhand smoke causes premature death and disease in nonsmokers. In 2005, the Society of Actuaries estimated that the effects of exposure to secondhand smoke cost the United States $10 billion per year.

Executive Summary

I. State and Community Interventions
State and community interventions include supporting and implementing programs and policies to influence societal organizations, systems, and networks that encourage and support individuals to make behavior choices consistent with tobacco-free norms. The social norm change model presumes that durable change occurs through shifts in the social environment, initially or ultimately, at the grassroots level across local communities. State and community interventions unite a range of integrated programmatic activities, including local and statewide policies and programs, chronic disease and tobacco-related disparity elimination initiatives, and interventions specifically aimed at influencing youth.

II. Health Communication Interventions
An effective state health communication intervention should deliver strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns integrated into the overall state tobacco program effort. Traditional health communication interventions and counter-marketing strategies employ a wide range of efforts, including paid television, radio, billboard, print, and web-based advertising at the state and local levels; media advocacy through public relations efforts, such as press releases, local events, media literacy, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Innovations in health communication interventions include more focused targeting of specific audiences as well as fostering message development and distribution by the target audience through appropriate channels.

III. Cessation Interventions
Interventions to increase cessation encompass a broad array of policy, system, and population-based measures. System-based initiatives should ensure that all patients seen in the health care system are screened for tobacco use, receive brief interventions to help them quit, and are offered more intensive counseling services and FDA-approved cessation medications. Cessation quitlines are effective and have the potential to reach large numbers of tobacco users. Quitlines also serve as a resource for busy health care providers, who provide the brief intervention and discuss medication options and then link tobacco users to quitline cessation services for more intensive counseling. Optimally, quitline counseling should be made available to all tobacco users willing to access the service.

Executive Summary

continued

IV. Surveillance and Evaluation
State surveillance is the process of monitoring tobacco-related attitudes, behaviors, and health outcomes at regular intervals. Statewide surveillance should monitor the achievement of overall program goals. Program evaluation is used to assess the implementation and outcomes of a program, increase efficiency and impact over time, and demonstrate accountability. A comprehensive state tobacco control plan—with well-defined goals; objectives; and short-term, intermediate, and long-term indicators—requires appropriate surveillance and evaluation data systems. Collecting baseline data related to each objective and performance indicator is critical to ensuring that program-related effects can be clearly measured. For this reason, surveillance and evaluation systems must have first priority in the planning process.

V. Administration and Management
Effective tobacco prevention and control programs require substantial funding to implement, thus making critical the need for sound fiscal management. Internal capacity within a state health department is essential for program sustainability, efficacy, and efficiency. Sufficient capacity enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration between the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training.

Introduction

Each state should fund state tobacco control activities at the level recommended by the CDC. A reasonable target for each state is in the range of $15 to $20 per capita, depending on the state's population, demography, and prevalence of tobacco use.[11]

Each day in the United States—

- The tobacco industry spends nearly $36 million to market and promote its products.[37]
- Almost 4,000 adolescents start smoking.[38]
- Approximately 1,200 current and former smokers die prematurely from tobacco-related diseases.[9]
- The nation spends more than $260 million in direct medical costs related to smoking.[7]
- The nation experiences nearly $270 million in lost productivity due to premature deaths from tobacco-related diseases.[7]

State and Community Interventions I

Each state's financial and social demographic characteristics have a significant role in their tobacco prevention and control efforts. Statewide efforts should include:

- Supporting and/or facilitating tobacco prevention and control coalition development as well as links to other related coalitions (e.g., cancer control)
- Establishing a strategic plan for comprehensive tobacco control with appropriate partners at the state and local levels
- Implementing evidence-based policy interventions to decrease tobacco use initiation, increase cessation, and protect people from exposure to secondhand smoke
- Collecting community-specific data and developing and implementing culturally appropriate interventions with appropriate multicultural involvement
- Sponsoring local, regional, and statewide training, conferences, and technical assistance on best practices for effective tobacco use prevention and cessation programs
- Monitoring pro-tobacco influences to facilitate public discussion and debate among partners, decision makers, and other stakeholders at the community level
- Supporting innovative demonstration and research projects to prevent youth tobacco use, promote cessation, promote tobacco-free communities, and reach diverse populations

State program involvement in community-level interventions should include:

- Providing funding to community-based organizations in order to strengthen the capacity of these groups to positively influence social norms regarding tobacco use and to build relationships between health departments and grassroots, voluntary efforts
- Empowering local agencies to build community coalitions that facilitate collaboration among programs in local governments, voluntary and civic organizations, and diverse community-based organizations
- Collaborating with partners and other programs to implement evidence-based interventions and build and sustain capacity through technical assistance and training
- Supporting local strategies or efforts to educate the public and media not only about the health effects of tobacco use and exposure to secondhand smoke, but also about available cessation services

State and Community Interventions I

Community-level Interventions (Continued):

- Promoting public discussion among partners, decision makers, and other stakeholders about tobacco-related health issues and pro-tobacco influences
- Establishing a local strategic plan of action that is consistent with the state's strategic plan
- Ensuring that funding formulas for the local public health infrastructure provide grantees (e.g., local and county health departments, tribal organizations, nonprofit organizations) operating expenses commensurate with tobacco control program and evaluation efforts
- Ensuring that local grantees measure and evaluate social norm change outcomes (e.g., policy adoption, increased compliance) resulting from their interventions

In an effort to identify and eliminate tobacco-related disparities, state programs should:

- Conduct a population assessment to guide efforts
- Seek consultation from specific population groups, tribes, and community-based organizations
- Ensure that disparity issues are an integral part of state and local tobacco control strategic plan
- Provide funding to organizations that can effectively reach, involve, and mobilize identified specific populations
- Provide culturally competent technical assistance and training to grantees and partners
- Provide health communications to address tobacco-related disparities in appropriate languages that support community-level interventions
- Ensure that quitline services are culturally competent and have adequate reach and intensity to meet the required needs of population subgroups

State and Community Interventions I

To prevent tobacco use among youth, the independent Task Force on Community Preventive Services' *Guide to Community Preventive Services* recommends:[6,30]

- Increasing the unit price of tobacco products
- Conducting mass media education campaigns when combined with other community interventions
- Mobilizing the community to restrict minors' access to tobacco products when combined with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, retailer education with reinforcement)
- Implementing school-based interventions in combination with mass media campaigns and additional community efforts

Examples of activities to reduce the burden of tobacco-related diseases include the following:

- Collaborating with related public health programs on shared goals and objectives
- Implementing community interventions that link tobacco control interventions, such as smoke-free policies with cardiovascular disease and cancer prevention programs
- Developing counter-marketing strategies to increase awareness of secondhand smoke as a trigger for asthma and an increased risk for heart attacks
- Using tobacco excise tax dollars to fund both tobacco prevention and control and chronic disease prevention and treatment
- Linking chronic disease management programs for diabetes and cardiovascular disease to the state tobacco cessation quitline
- Promoting insurance coverage for a package of preventive services, including high blood pressure, high cholesterol, and tobacco use treatment

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Health Communication Interventions II

In addition to providing sufficient reach, frequency, and duration, effective media and health communication intervention efforts should include:

- Audience research to define the thematic characteristics and execution of messages and to develop campaigns that are influential, have high impact, and engage specific audiences
- Market research to not only identify the knowledge, attitudes, and behaviors of target audiences but also the behavioral theory that best motivates specific audiences to change
- Counter-marketing surveillance to understand pro-tobacco messaging, media analysis, and marketing tactics
- Grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins to support and reinforce the statewide campaign and to counter pro-tobacco influences
- Technologies such as viral marketing, social networks, personal web pages, and blogs to generate messages that are then disseminated by the target audience
- Process and outcome evaluation of a comprehensive communication effort as well as specific evaluations of new and innovative approaches
- Promotion of available services, including the state's telephone cessation quitline number or the national portal number (1-800-QUIT NOW)

III Cessation Interventions

State action on tobacco use treatment should include the following elements:

- Sustaining, expanding, and promoting the services available through population-based counseling and treatment programs, such as cessation quitlines
- Covering treatment for tobacco use under both public and private insurance, including individual, group, and telephone counseling and all FDA-approved medications
- Eliminating cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use
- Making the health care system changes recommended by the PHS guideline

IV Surveillance and Evaluation

Budget

All federally funded tobacco prevention and control programs are expected to engage in strategic surveillance and program evaluation activities. State health departments currently manage most tobacco surveillance systems. Many states work in conjunction with universities to implement and coordinate surveillance, evaluation, and research activities. Standard practice dictates that about 10% of total annual program funds be allocated for surveillance and evaluation.[13,14] Additional resources beyond 10% of program funds may be required for development of effective local capacity for evaluation and for conducting detailed evaluation of specific media, cessation, and community interventions. For example, obtaining population-representative data for local jurisdictions (e.g., counties) or conducting cohort studies to assess the effectiveness of media campaigns can be resource intensive. Thus, health departments must be able to expand their evaluation resources as needed.

Reaching the national goal of eliminating health disparities related to tobacco use will necessitate improved collection and use of standardized data to correctly identify disparities in both health outcomes and efficacy of interventions among various population groups.[15] Additional data collection mechanisms and standardized systems may be needed to better characterize health disparities related to tobacco use and measure progress toward eliminating these disparities.

Experience has shown that evaluation efforts can be used both for statewide surveillance and evaluation systems and for increased technical capacity of local programs to perform process and outcome evaluation activities. For example, in California, every grantee must spend 10% of its budget on evaluating its own activities. To aid this activity, the California Tobacco Control Program publishes a directory of evaluators who can consult with their local programs and conduct local program evaluations and funds a local program evaluation center that provides technical assistance to its contractors.[11]

V Administration and Management

Budget

Best practices dictate that about 5% of total annual program funds be allocated to state program Administration and Management. These funds should be used to ensure collaboration and coordination among public health program managers, policy makers, and other state agencies. Because of the importance of maintaining an infrastructure and the capacity to provide guidance, technical assistance, and coordination among programs and networks, 5% of the CDC-recommended level of investment for interventions remains the suggested budgeting target for administration and management activities, even if actual program funding is below the CDC-recommended amount.

Administration and management activities include the following:

- Engaging in strategic planning to guide program efforts and resources to accomplish their goals
- Recruiting and developing qualified and diverse technical, program, and administrative staff
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing grantee program performance
- Developing and maintaining a real-time fiscal management system that tracks allocations and expenditure of funds
- Increasing capacity at the local level by providing ongoing training and technical assistance
- Creating an effective communication system internally, across chronic disease programs, and with local coalitions and partners
- Educating the public and decision makers on the health effects of tobacco and evidence-based effective program and policy interventions

CDC Recommended Annual Investment $36.4 million

Deaths in Arkansas Caused by Smoking	
Annual average smoking-attributable deaths	4,900
Youth ages 0-17 projected to die from smoking	64,000
Annual Costs Incurred in Arkansas from Smoking	
Total medical	$812 million
Medicaid medical	$242 million
Lost productivity from premature death	$1,306 million
State Revenue from Tobacco Excise Taxes and Settlement	
FY 2006 tobacco tax revenue	$148.8 million
FY 2006 tobacco settlement payment	$48.3 million
Total state revenue from tobacco excise taxes and settlement	$197.1 million
Percent tobacco revenue to fund at CDC recommended level	**18%**

		Per Capita Recommendation
I.	**State and Community Interventions** Multiple societal resources working together have the greatest long-term population impact.	$5.43
II.	**Health Communication Interventions** Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	$1.78
III.	**Cessation Interventions** Tobacco use treatment is highly cost-effective.	$4.02
IV.	**Surveillance and Evaluation** Publicly financed programs should be accountable and demonstrate effectiveness.	$1.12
V.	**Administration and Management** Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	$0.56
	Total	**$12.91**

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Excerpts from CDC Best Practices