

Updated Best Practices for Tobacco Control



Centers for Disease Control and Prevention
Office on Smoking and Health

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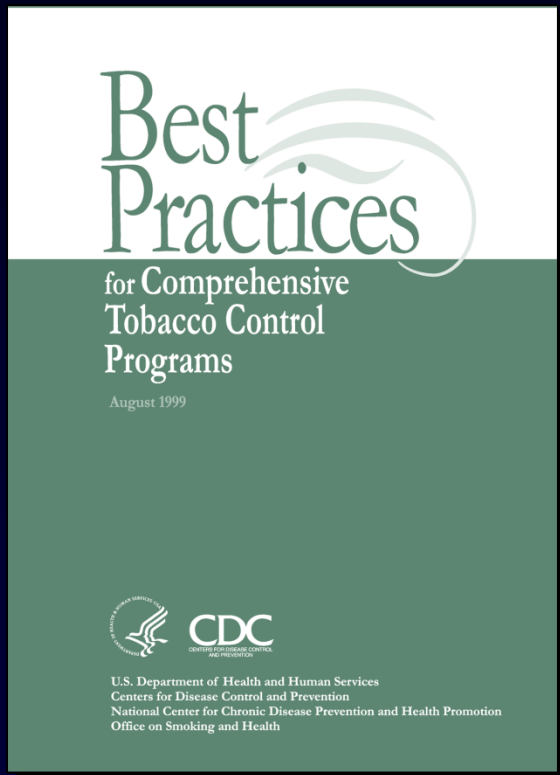
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Comprehensive Tobacco Control Programs

- Combine educational, clinical, regulatory, economic, and social strategies
- Goals include:
 - Preventing initiation among youth and young people
 - Promoting quitting among adults and youth
 - Eliminating exposure to secondhand smoke
 - Identifying and eliminating tobacco-related disparities

Best Practices 1999



- Evidence-based
- Provided:
 - A blueprint for program components
 - Funding formulas to implement them

Comprehensive Programs Are Effective

Recent research shows:

- The more states spend on sustained comprehensive programs, the greater the reductions in smoking
- The longer states invest in such programs, the greater and faster the impact
- States that have made larger investments in comprehensive programs have seen significantly reduced per capita consumption



The Community Guide's Tobacco Control Strategies in Communities

Goal	<i>Recommended</i> Interventions When Implemented ALONE
Increase Cessation	Increase the price (excise tax)
Reduce Initiation	Increase the price (excise tax)
Reduce SHS Exp	Smoking bans

The Community Guide's Tobacco Control Strategies in Communities

Goal

Recommended Interventions

IN COMBINATION

Increase

Mass media campaigns *

Cessation

Telephone Quit lines *

Reduce

Mass media campaigns *

Initiation

Community mobilization to reduce minors' access*

School-based interventions coordinated with mass media and community interventions *

* When combined with other interventions



Total Funding for State Programs (adjusted to July 2007 dollars)



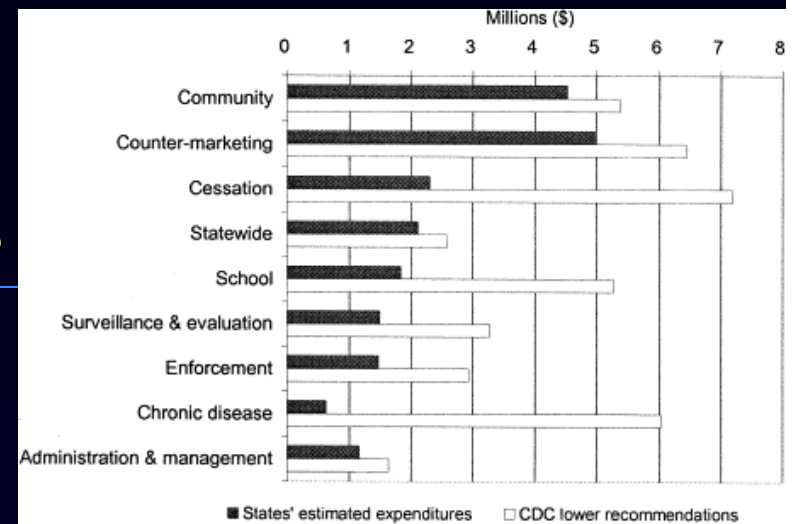
Source: Project ImpacTEEN; CDC/Office on Smoking and Health; Campaign for Tobacco Free Kids; Research Triangle Institute; University of Illinois at Chicago; University at Buffalo, State University of New York



Updating Best Practices

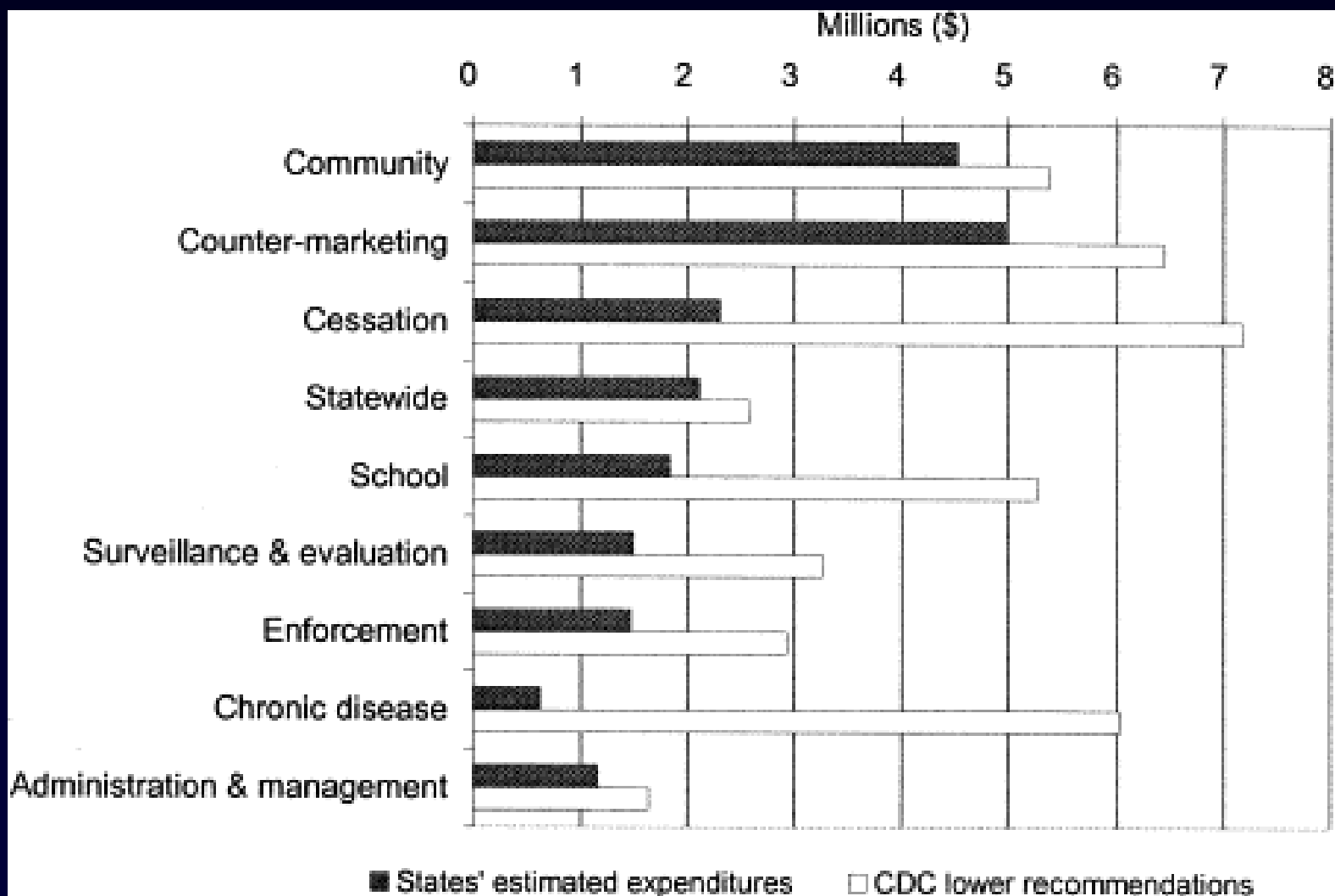
- States requested updated guidance
 - Cost of living has increased 30%
 - Evidence-based reviews of specific strategies
 - Broader range of state experience
- Expert Panel Meeting - December 6, 2006
 - Reviewed funding models for estimating budget recommendations
 - Reviewed new data and state experience relevant to potential changes in update

Evaluation of Best Practices

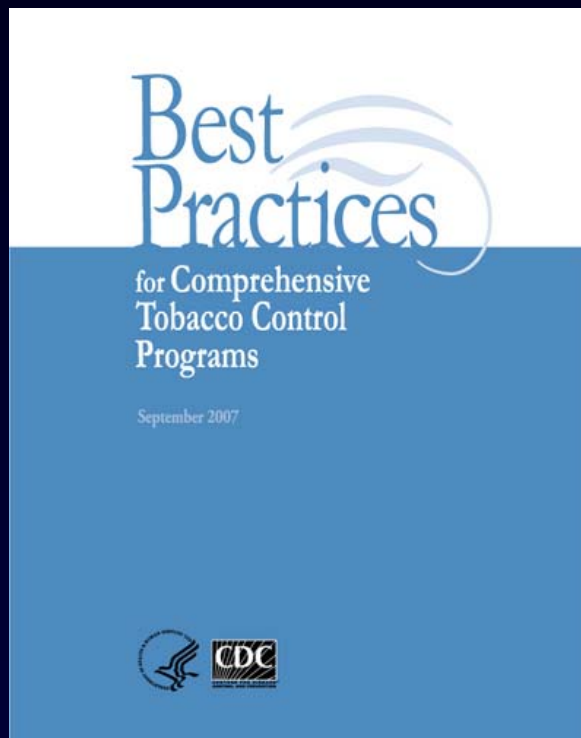


- States restructured programs around the recommended comprehensive format
- Additional evidence indicates these programs are effective in decreasing:
 - consumption
 - youth prevalence
 - adult prevalence
- SLU study provided rich feedback on how budget categories were modified and implemented

Evaluation of Best Practices



Best Practices 2007



- State and Community Interventions
 - Statewide Programs
 - Community Programs
 - Tobacco-Related Disparities
 - Youth (Schools and Enforcement)
 - Chronic Disease Programs
- Health Communication Interventions
- Cessation Interventions
- Surveillance/Evaluation
- Administration/Management

State and Community Interventions

*Multiple social resources working together
have the greatest impact*

- Consolidates Statewide, Community, Chronic Disease, and Youth into one category
- Cost parameters include:
 - 1999 cost parameters adjusted for inflation, population shifts, smoking prevalence, and school enrollment
- Specific guidance within range:
 - Reflects state-specific variables (smoking prevalence, infrastructure costs, % living at or near poverty level, number of local health units, geographic size)

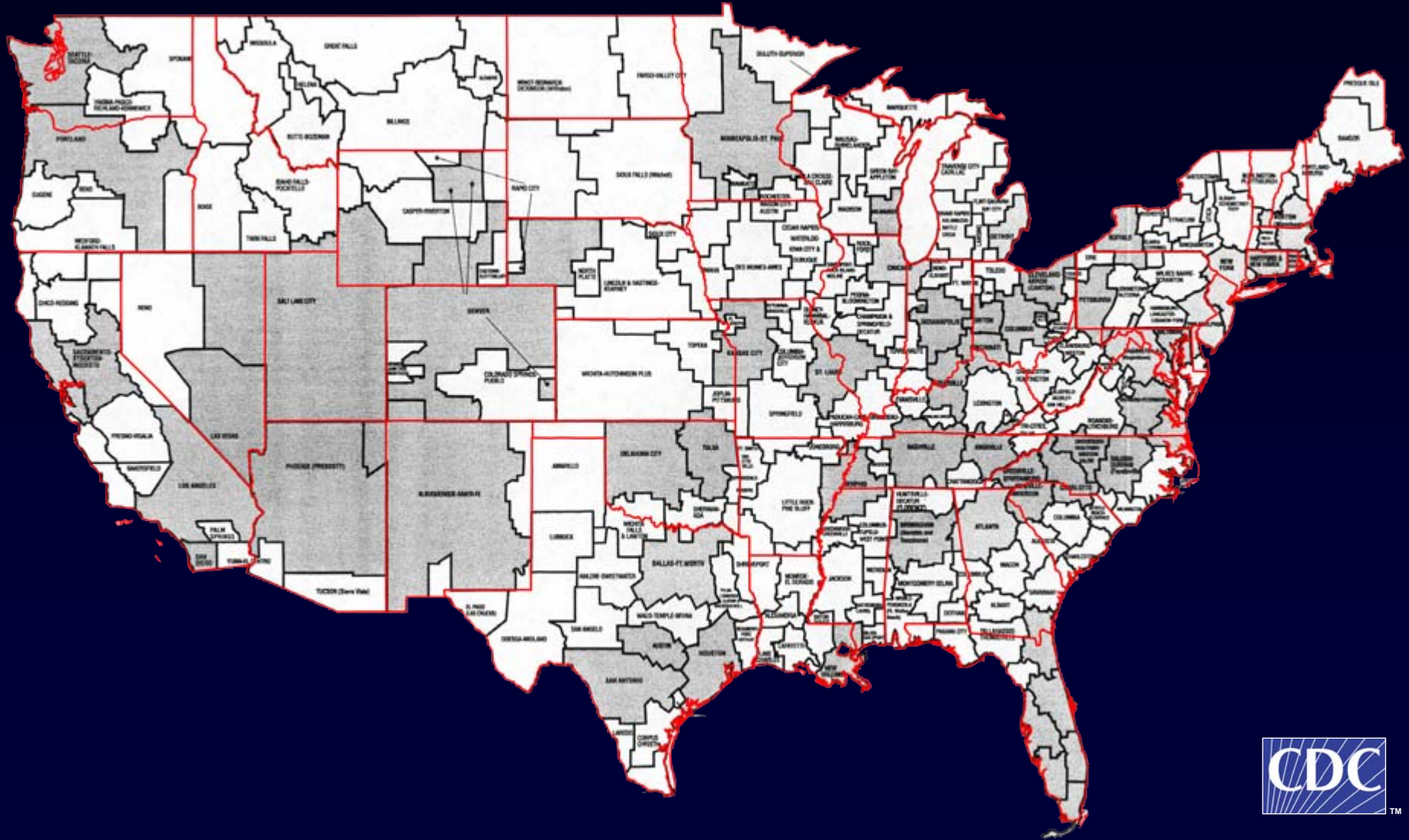


Health Communication Interventions



- Health communication interventions are powerful tools to prevent initiation, promote cessation, and shape social norms.
 - Campaigns need to have sufficient reach, frequency, and duration to be successful.
- Effective messages can stimulate public support and create a supportive climate for policy change.
 - Messages need to be fresh and attention-getting
- Campaigns need to counter pro-tobacco marketing environment.

Designated Market Areas (DMAs)



Cessation Interventions

- Sustain, expand, and promote services such as quitlines
- Coverage of treatment under public and private insurance
- Eliminating cost barriers for underserved populations
- Making the PHS-recommended health care system changes

1-800-QUITNOW



NORTH AMERICAN
QUITLINE
CONSORTIUM



The Community Guide's Tobacco Control Strategies in Health Care Systems

Goal	<i>Recommended Interventions</i>
Increase Cessation	Provider reminder systems * Telephone Quit Lines * Reducing patient out-of-pocket costs (NRT)
Reduce Initiation	
Reduce SHS Exposure	Smoking bans (in effect)

* When combined with other interventions

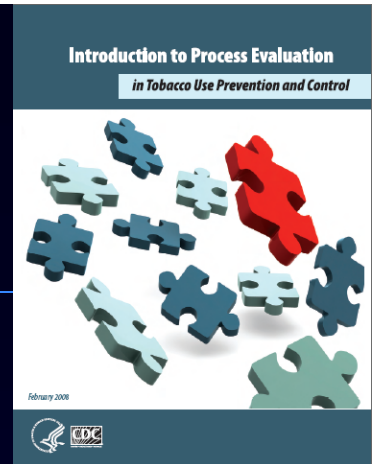


Cessation Interventions

- Current cost parameters include:
 - Updating 1999 cost parameters for health system changes and quitlines
- State-specific characteristics
 - State population
 - Smoking prevalence
- Recommended level of intensity:
 - 6% of tobacco users enrolled into counseling

Surveillance and Evaluation

- Current cost parameters include:
 - Maintain 10% of total program budget
- Additional funds may be needed for:
 - Process evaluation
 - Local-level evaluation
 - Specific populations



Administration and Management

- Current cost parameters include:
 - Maintain 5% of total program budget
- Should fund:
 - Coordinated guidance and TA across program elements
 - Collaboration and coordination with other state agencies in public health programs

Each day in the United States:

- The tobacco industry spends **\$36 million** to market and promote its products
- Almost **4,000** youth start smoking
- Approximately **1,200** smokers die prematurely
- The nation spends **\$260 million** in direct medical costs related to smoking
- The nation experiences **\$270 million** in lost productivity due to premature death

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Best Practices:

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm



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