

Best Practices for Comprehensive Tobacco Control Program 2014

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

The table below shows the annual minimum and recommended budget levels for specific program interventions recommended by the Centers of Disease Control (CDC). The minimum budget level reflect the lowest annual investment for a comprehensive tobacco control program and recommended budget level represents the annual amount of investment for a fully funded comprehensive tobacco control program. The chart also shows how the trust funds available to the board (\$6 million) may be distributed by program interventions as recommended by CDC.

	CDC Minimum Recommended	% of CDC Minimum Recommended	CT Minimum Recommended	CDC Recommended	% of CDC Recommended	CT Recommended
State and Community Interventions	\$9.1	40%	\$2,400,000	\$11.4	36%	\$2,160,000
Mass-Reach Health Communication Intervention	\$2.6	12%	\$720,000	\$3.7	12%	\$720,000
Cessation Interventions	\$8.0	35%	\$2,100,000	\$12.7	39%	\$2,340,000
Surveillance and Evaluation	\$2.0	9%	\$540,000	\$2.8	9%	\$540,000
Infrastructure, Administration, and Management	\$1.0	4%	\$240,000	\$1.4	4%	\$240,000
Total	\$22.7		\$6,000,000	\$32.0		\$6,000,000

Tobacco and Health Trust Fund Board

Proposed Funding Framework

2018

The proposed funding framework would distribute Tobacco and Health Trust Funds through a Request for Proposals based on the CDC’s recommended program interventions and funding levels. The information below provides a range of CDC’s minimum recommended and recommended funding levels.

<i>State and Community Interventions</i>	<i>\$2,160,000 - \$2,400,000</i>
Support new or existing community coalitions and partnership to work to change community norms around tobacco use; increase awareness and understanding of evidence-based tobacco strategies to reduce and eliminate tobacco use; promote cessation programs and services; provide youth tobacco prevention initiatives; engage community partners to develop and implement local tobacco policy initiatives; and educate and engage health care professionals to raise awareness about the effects of tobacco use, related strategies and availability of tobacco programs and services.	
<i>Mass-Reach Health Communication Interventions</i>	<i>\$720,000</i>
Support a media campaign with a gentler message as opposed to the hard hitting message of the CDC TIPS Campaign; use multiple methods of outreach and marketing strategies to increase awareness of tobacco related services in the state; and use media as a vehicle to education community members, including health care professionals about tobacco control efforts in the state.	
<i>Cessation Interventions</i>	<i>\$2,100,000 - \$2,340,000</i>
Support programs that provide tobacco cessation services for youth, individuals with serious mental illness, and patients with chronic illnesses caused by smoking, or individuals in the criminal justice system; and support a comprehensive, proactive statewide toll-free tobacco cessation telephone counseling service available to all of the State’s residents.	
<i>Surveillance and Evaluation</i>	<i>\$540,000</i>
Support systematic ongoing monitoring, collections, collation and analysis of data on the Tobacco and Health Trust Fund Board programs. Encourage timely dissemination of information to assist the board in the development of disbursement recommendations.	
<i>Infrastructure, Administration and Management</i>	<i>\$240,000</i>
Support administrative costs to administer the Tobacco and Health Trust funds to be disbursed to various programs.	

According to the “Best Practices Comprehensive Tobacco Control Program 2014” developed by the U.S. Department of Health and Human Services, Centers for Disease Control (CDC) and Prevention, the following are evidence-based program components that are most effective, when they work together to produce a comprehensive statewide tobacco control program.

The Best Practice guide states that comprehensive tobacco control programs should:

- Prevent initiation among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities among population groups

CDC recommends that states establish and sustain comprehensive tobacco control programs that consist of the following components:

- I. State and Community Interventions.** State and community interventions with specific strategies for promoting tobacco cessation, preventing tobacco use initiation, and eliminating exposure to secondhand smoke combined with mass-reach health communication interventions and other initiatives to mobilize communities.

Comprehensive tobacco control programs can use community engagement to shape the environments and social norms that influence people’s daily lives. State and community intervention activities can include:

- Developing partnerships and coalitions
- Establishing a strategic plan for comprehensive tobacco control
- Educating on evidence-based policy change (e.g., promoting smoke-free air laws)
- Engaging stakeholders to address disparities
- Collecting, disseminating, and analyzing data
- Sponsoring training and technical assistance
- Monitoring pro-tobacco influences to facilitate public discussion

- II. Mass-Reach Health Communication Interventions.** An effective state-level, mass-reach health communication intervention delivers strategic, culturally appropriate, and high impact messages through sustained and adequately funded campaigns

that are integrated into a comprehensive state tobacco control program. Mass-reach health communication interventions can prevent initiation, promote cessation, and shape social norms about tobacco use. These interventions are effective in countering pro-tobacco advertising and promotion, especially among youth and young adults. State programs can boost efficiency by using existing resources, such as CDC's Media Campaign Resource Center, to find effective, existing advertisements. Major content areas for mass-reach health communication messaging include:

- Motivate tobacco users to try to quit
- Protect people from the harms of secondhand smoke
- Transform social norms to prevent tobacco use initiation

III. Cessation Interventions. Quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit – and supporting them as they quit tobacco – is the fastest way to reduce tobacco-related disease, death, and health care costs. While tobacco control programs should provide cessation treatment services to certain vulnerable populations, programs should focus on large-scale strategic efforts to normalize quitting and encourage or require health care systems, insurers, and employers to provide cessation services. Cessation interventions should: promote health systems change to fully integrate tobacco dependence treatment into clinical care; expand public and private insurance coverage for proven cessation treatments; and support state QuitLine capacity. Cessation interventions should:

- Provide all callers with counseling by trained cessation counselors
- Seek sustainable sources of funding, including partnerships with health plans and employers and the federal Medicaid match
- Promote referrals from health care providers
- Conduct targeted outreach to underserved populations

IV. Surveillance and Evaluation. A critical infrastructure component of any comprehensive tobacco control program is a surveillance and evaluation system that can be monitored and document short-term, intermediate, and long-term outcomes within populations. Strong surveillance and evaluation systems are essential for comprehensive tobacco control programs to understand program effectiveness, make decisions, and be held accountable. These systems can also inform the public about the rapidly changing tobacco control environment, including the impact of federal product regulation and new products in the marketplace. CDC also recommends that tobacco control programs establish and maintain the infrastructure they need to ensure surveillance and evaluation systems are responsive and flexible to the rapidly changing tobacco control environment.

Additional funds may be necessary for more complex surveillance and evaluation activities (e.g., evaluating innovative, experimental activities).

- V. **Infrastructure Administration and Management.** A comprehensive tobacco control program requires considerable funding to implement. A fully functioning infrastructure must be in place in order to achieve the capacity to implement effective interventions. Sufficient capacity is essential for program sustainability, efficacy, and efficiency, and enables programs to plan strategic efforts for strong leadership and foster collaboration among state and local tobacco control programs. An adequate number of skilled staff is also needed. Comprehensive tobacco control programs need strong infrastructures to implement effective interventions. Program infrastructure, administration, and management support program capacity, implementation, and sustainability. Maintaining program infrastructure and capacity increases health impact – and helps achieve the health benefits of tobacco control faster. Infrastructure, Administration, and Management activities can include:

Strategic planning to guide program efforts:

- Recruiting and developing staff
- Awarding and monitoring program contracts and grants
- Coordinating implementation across program areas
- Assessing grantee performance
- Providing training and technical assistance
- Educating the public and decision makers about the health effects of tobacco