I. State and Community Interventions

Justification

The history of successful public health practice has demonstrated that the active and coordinated involvement of a wide range of societal and community resources must be the foundation of sustained solutions to pervasive problems like tobacco use.[1–8] In a review of evidence of population-wide tobacco prevention and control efforts, the Task Force on Community Preventive Services confirmed the importance of coordinated and combined intervention efforts.[9] The strongest evidence demonstrating the effectiveness of many of the population-wide approaches that are most highly recommended by the Task Force on Community Preventive Services comes from studies in which specific strategies for smoking cessation, preventing tobacco use initiation, and eliminating exposure to secondhand smoke are combined with mass-media campaigns and efforts to mobilize communities and to integrate these strategies into synergistic and multicomponent efforts.[9]

Additionally, research has demonstrated the importance of community support and involvement at the grassroots level in implementing several of the most highly effective policy interventions, including increasing the unit price of tobacco products and creating smokefree public and private environments.[3,4,6,10–12] Although knowledge is critical, communities must reinforce and support health.[13] Example program and policy recommendations from the Task Force on Community Preventive Services, as well as the *Healthy People 2020* policy goals for the nation, are provided in Appendix B. In addition, recommendations for tobacco-free living from the National Prevention Council are provided in Appendix C.

The policies, partnerships, and intervention activities that occur at the state and community levels will ultimately lead to social norm and behavior change nationwide. State and community coalitions are essential partnerships. For example, they can keep tobacco issues before the public, combat the tobacco industry, enhance community involvement and promote community buy-in and support, educate policy makers, and help to inform policy change.

Social norm change influences behavior indirectly by creating social and legal climates in which harmful products and conduct become less desirable, acceptable, and attainable. The health impact pyramid provides a five-tier framework to improve health through different types of public health interventions, with greater improvements coming from activities focused on policy change that create a context in which the healthy options are easy to attain.[6] This community intervention model has now become a core element of statewide comprehensive tobacco control programs.[3,4,10,14–16]

Since the establishment of the California Tobacco Control Program in 1989, California has achieved an almost 50% decline in the prevalence of smoking among adults, from 22.7% in 1988 to 11.9% in 2010; nearly one million lives saved from a combination of smokers who quit and young people who chose not to start; and improved health outcomes for Californians, with lung cancer declining nearly four times faster than in the rest of the nation.[17] During fiscal years 1989–2008, the California Tobacco Control Program cost $2.4 billion and led to cumulative health care expenditure savings of $134 billion.[18] The program uses a social-norm-change approach to reduce the uptake and continued use of tobacco products. For example, the statewide media campaign frames the message, community-level projects provide education on evidence-based tobacco control policy interventions, and statewide projects build the capacity of community-level projects. The tobacco control program's technical assistance is the engine powering social change across California by playing a key role in the education of evidence-based policy approaches to reduce tobacco use.[19] State comprehensive tobacco control programs nationwide have the tools to match and even exceed California's achievements.

Tobacco control interventions can counter the aggressive and often misleading information spread by tobacco companies, which have been found in federal court to have deliberately deceived the public about the health effects of tobacco.[20] In this context, it is particularly important that comprehensive statewide tobacco control programs coordinate community-level interventions that counter tobacco industry marketing and focus on:

- Preventing initiation among youth and young adults
- Promoting quitting among adults and youth
- Eliminating exposure to secondhand smoke
- Identifying and eliminating tobacco-related disparities among population groups

Reducing tobacco use is particularly challenging because tobacco products are so heavily marketed. In 2011, tobacco companies spent more than $8 billion, or nearly $23 million per day, to market cigarettes in the United States, mostly at the point of sale.[21] In addition to these tobacco advertising and promotion efforts, both adults and youth have been, and continue to be, heavily exposed to images of smoking in the movies, other mass-media, social marketing, and digital and mobile technologies.[22–26] For example, 35% of U.S. youth reported having seen tobacco advertisements on the Internet in 2008.[7] Research has shown that there is a causal relationship between advertising and promotional efforts of the tobacco companies and the initiation and progression of tobacco use among young people;[7] approximately one-third of underage experimentation with smoking can be attributed to tobacco industry advertising and promotion.[7]

As cigarette use declines, new tobacco products, such as noncombustible products, and nicotine delivery products, such as e-cigarettes, are also being introduced and marketed. Approximately one of five current smokers has used e-cigarettes.[27] Additionally, e-cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, resulting in an estimated 1.78 million students having ever used e-cigarettes as of 2012.[28] Coordinated implementation of a broad range of statewide and community programs and policies is important to ensuring that the continued marketing of cigarettes and other combustible products, as well as the new marketing and sale of emerging non-combustible products, does not prolong the harms caused by smoking. These programs and policies are best implemented along with mass media campaigns to influence societal organizations, systems, and networks that encourage and support individuals to make behavior choices consistent with tobacco-free norms.[3,4,14,29,30]

Community engagement is essential for meaningful change to occur in the way that tobacco products are marketed, sold, and used. The National Association of County and City Health Officials has developed guidelines for comprehensive local tobacco control programs (Appendix D).[31] The CDC-recommended community-based model to produce durable changes in social norms is based on evidence that approaches with the greatest span (economic, regulatory, and comprehensive) and jurisdictional reach (number of people covered) will have the greatest population impact.[3,4,14,29,30]

Interventions to prevent tobacco use initiation and to encourage cessation among youth and young adults can reshape the environment so that it supports tobacco-free norms. Nearly 9 of 10 smokers in the United States start smoking by the time they are 18 years old, and 99% start by the age of 26.[7] Thus, intervening during adolescence and young adulthood is critical.[32] Research has shown that increasing the unit price of tobacco products, comprehensive smokefree air laws, and state tobacco control programs are effective strategies for curbing youth and adult smoking.[32] Community programs and school and college policies and interventions should be part of a comprehensive effort—coordinated and implemented in conjunction with efforts to create tobacco-free social norms, including increasing the unit price of tobacco products, sustaining anti-tobacco media campaigns, and making environments smokefree.[7,9,22,33]

Recommendations for Preventing Tobacco Use Among Youth[9,34]

- Increase the unit price of tobacco products.
- Conduct mass-media education campaigns in combination with other community interventions.
- Mobilize the community to restrict minors' access to tobacco products in combination with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement).

Most states fund community and statewide organizations to develop and maintain an infrastructure and to implement population-wide and specific programs. To achieve lasting changes, community and statewide organizations require funding to hire diverse staff, provide operating expenses, purchase or develop education materials and resources, conduct education and training programs, carry out communication and media advocacy campaigns, and recruit and maintain local partnerships.[31]

Statewide Programs

Statewide programs can deliver statewide programming such as mass media campaigns and enforcement efforts, and provide leadership and coordination of efforts related to state policies, laws, and regulations. Statewide programs also can provide the skills, resources, and information needed for coordinated and strategic implementation of effective community programs. For example, training local community coalitions about the legal and technical aspects of comprehensive smokefree policies and enforcement can be provided most efficiently through statewide partners who have experience in administering these services. In states where comprehensive smokefree policies have already been implemented, efforts to promote smokefree private environments, such as multiunit housing, may be considered. Direct funding provided to statewide organizations can be used to mobilize their organizational assets to strengthen statewide initiatives and community resources.

For example, the New York Tobacco Control Program runs statewide media campaigns, develops and executes policy and regulatory initiatives, implements enforcement efforts, and funds organizations across the state to work in five modalities: community partnerships for tobacco control, youth action programs, school policy programs, cessation centers, and colleges for change programs. Community programs are structured in such a way that every county falls within the coverage area of a community partnership, a cessation center, and a school policy program. All community programs are charged with bringing about environmental change in multiple settings, including worksites, schools, licensed tobacco retailers, multiunit housing, and public spaces such as parks and beaches. These community actions complement and reinforce similar statewide action through three types of activities: use of paid and earned media to raise awareness and educate the community and key community members about the tobacco epidemic; education of government policy makers about the tobacco epidemic to build support for tobacco control policies; and education of organizational decision makers, including tobacco retailers, health care organizations, school boards, and community organizations, for policy changes and resolutions.[35]

It is important to note that careful attention must be paid to ensuring that public funds are appropriately used. Tracking and reporting on funding sources by activity is integral to ensure that public funds are not used for prohibited activities.

CDC's National Center for Chronic Disease Prevention and Health Promotion has developed four domains that can provide a framework for state tobacco prevention and control programs to collaborate with other state and community programs to address diseases for which tobacco is a major cause, including multiple cancers, heart disease and stroke, and chronic lung and respiratory diseases (See Figure 1).[36]

Figure 1. Key domains for transforming the nation's health and providing individuals with equitable opportunities to take charge of their health.

Domain 1

Epidemiology and surveillance to gather, analyze, and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health.

Domain 2

Environmental approaches that promote health and support and reinforce healthful behaviors statewide and in communities.

Domain 3

Health system interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors and mitigate or manage complications.

Domain 4

Strategies to improve community-clinical linkages ensuring that communities support and clinics refer patients to programs that improve management of chronic conditions.

Addressing evidence-based tobacco control strategies in the broader context of tobacco-related diseases is beneficial for four reasons:

- It is critical that interventions are implemented to alleviate the existing burden of tobacco-related disease.
- The incorporation of tobacco prevention and cessation messages into broader public health activities ensures wider dissemination of tobacco control strategies.
- Tobacco use in conjunction with other diseases and risk factors, such as sedentary lifestyle, poor diet, and diabetes, poses a greater combined risk and poorer prognosis for many chronic diseases than the sum of each individual degree of risk.
- Educating the public about the broader context of tobacco-related diseases helps mobilize public support and action for tobacco control.

Each state's financial, social, and demographic characteristics have a significant role in tobacco prevention and control efforts. Examples are provided in the following box.

Examples of Statewide Efforts for Tobacco Prevention and Control

- Supporting and/or facilitating tobacco prevention and control partnership and coalition development, as well as links to other related partnerships and coalitions (e.g., cancer control, cardiovascular disease, diabetes, asthma).
- Establishing a strategic plan for comprehensive tobacco control with appropriate partners at the state and community levels.
- Educating state leaders, decision-makers, and the public about the burden of tobacco use and evidence-based policy and other strategies to reduce this burden.
- Engaging stakeholders and partners on approaches, such as message development and messengers, to reach populations with the greatest disparities in tobacco use.
- Collecting, disseminating, and analyzing state and community-specific data; developing and implementing culturally appropriate interventions with appropriate multicultural involvement; and making program adjustments as indicated.
- Sponsoring community, regional, and statewide trainings, 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 state and community level.
- Supporting community-level innovations in tobacco control that may enhance the public health impact of current state-level policies and disseminating successful interventions across communities.

Community Programs

A "community" encompasses a diverse set of entities that reach across multiple sectors, including voluntary health agencies; civic, social, and recreational organizations; businesses and business associations; city and county governments; public health organizations; labor groups; health care systems and providers; health care professionals' societies; schools and universities; faith organizations; and organizations for racial and ethnic minority groups.[1–5,8,10]

To counter aggressive pro-tobacco influences, communities are encouraged to change the knowledge, attitudes, and practices of tobacco users and nonusers and also engage in strategies to address the manner in which tobacco is promoted, the time, manner, and place in which tobacco is sold, and how and where tobacco is used.[4,5,7]

State and local governments play an integral role in achieving the goals of the Family Smoking Prevention and Tobacco Control Act (FSPTCA), which granted the Food and Drug Administration (FDA) the authority to regulate tobacco products.[37] The FSPTCA permits states and local governments to impose specific bans or restrictions on the time, place, and manner—but not the content—of cigarette advertisements. States may adopt or continue to enforce requirements pertaining to tobacco products that are in addition to, or more stringent than, many requirements of the law. However, although the law preserves a substantial amount of the states' authority to regulate tobacco products, some state and local requirements are preempted.[37]

Effective community programs involve and influence people in their daily environment.[1,3–5,8,38] Therefore, community engagement and mobilization are essential to programs addressing tobacco control.[39,40] Implementing strategies that can impact societal organizations, systems, and networks necessitates the involvement of community partners.[1,2,4,7] Decreasing disparities in tobacco use occurs largely through engagement in evidence-based community interventions.

Examples of State Program Involvement in Community-Level Interventions

- Providing funding to community-based organizations in order to strengthen the capacity of these groups to positively inform social norms regarding tobacco use and to build relationships among multiple sectors of the community, such as housing, education, business, planning, and transport.
- Empowering local agencies to build community coalitions and partnerships 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 community 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.
- Promoting public discussion among partners, decision makers, and other stakeholders about tobacco-related health issues and pro-tobacco influences.
- Establishing a community strategic plan of action that is consistent with the statewide 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 community grantees measure and evaluate social norm change outcomes (e.g., policy adoption, increased compliance) resulting from their interventions.
- Ensuring that partners receiving funding for tobacco control from various entities work collaboratively.

Achieving Equity to Eliminate Tobacco-Related Disparities

Reducing tobacco-related disparities is a critical component of a comprehensive tobacco control program.[10,41] Tobacco-related disparities are differences that exist among population groups with regard to key tobacco-related indicators, including patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness; and capacity, infrastructure, and access to resources; and second-hand smoke exposure.[42]

Identifying and eliminating tobacco-related disparities among population groups is one of the four goals for comprehensive state tobacco control programs. To ultimately eliminate tobacco-related disparities, tobacco control programs and policies must be implemented in a way that achieves equitable benefits for all.

Activities focused on achieving equity and eliminating tobacco-related disparities can help accelerate the decline in the prevalence of tobacco use and access to effective cessation treatments, thus alleviating the disproportionate health and economic burden experienced by some population subgroups.[10] Tobacco-related disparities can affect population subgroups on the basis of certain factors, including but not limited to:[43,44]

- Age
- Disability/limitation
- Educational attainment
- Geographic location (e.g., rural/urban)
- Income
- Mental health status
- Occupation
- Race/ethnicity
- Sex
- Sexual orientation and gender identity
- Substance abuse conditions
- Veteran and military status

It is important to use surveillance systems and other data collection systems to measure these types of characteristics within states and communities to help identify populations with tobacco-related disparities,[45] and to engage members of affected communities in reducing and preventing tobacco use.

Activities to Support Equity Achievement and Eliminate Tobacco-Related Disparities

- Conduct surveillance to identify populations disproportionately affected by tobacco use.
- Partner with population groups and community-based organizations that serve these populations experiencing tobacco-related disparities.
- Ensure that health equity is an integral part of state and community tobacco control strategic plans.
- Mitigate barriers to effective implementation of tobacco control interventions, such as enhancing access to cessation services for low-income or other communities.
- Fund organizations that can effectively reach, educate, and involve populations experiencing tobacco-related disparities.
- Provide culturally competent technical assistance and training to grantees and partners.

In order to adequately identify and effectively eliminate tobacco-related disparities, state tobacco control programs must implement a number of tobacco prevention and control strategies, including establishing infrastructure and building capacity.[42] These strategies are useful for guiding the development of policies and practices that reflect the principles of inclusion, cultural competency, and equity. Reaching the national goal of eliminating health disparities related to tobacco use will also require enhanced collection and use of standardized data to correctly identify disparities in tobacco-related outcomes, including awareness and use of tobacco products, health outcomes, and program effectiveness.[45,46] The use of oversampling, combining multiple years of data, and qualitative methods are often necessary to adequately assess these outcomes among some population groups.[10] In addition, clear leadership, dedicated resources, and a commitment to inclusion are essential to develop and implement a strong strategic plan.[42]

Strategies to Achieve Equity and Eliminate Tobacco-Related Disparities

- Create partnerships to maximize resources and reach of interventions.
- Integrate efforts to eliminate tobacco-related disparities in all chronic disease prevention areas.
- Identify and develop culturally competent materials and interventions.
- Educate partners and key decision makers about tobacco-related disparities.
- Reduce exposure to targeted tobacco industry advertising, promotion, and sponsorship.
- Obtain comprehensive Medicaid coverage for tobacco dependence treatments.
- Evaluate intervention efficacy and refine efforts as appropriate.

This guidance is based upon information and experience derived from state practices, scientific studies, and input from external partners and experts in the field of tobacco control. The guidance highlights the presumed minimum capacity and infrastructure needed by state tobacco control programs to pursue a strategic plan with initiatives that will most effectively achieve equity in tobacco prevention and control through the identification and elimination of tobacco-related disparities.[47]

Ending the Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services, which was published in 2010, called attention to the need to reduce tobacco-related disparities through specific interventions in locations serving high-risk populations, such as subsidized and public housing, substance abuse facilities, mental health facilities, correctional institutions, community health centers, federally qualified health centers, Ryan White clinics, rural health clinics, and critical access hospitals.

Reducing the prevalence of tobacco use requires greater attention to populations carrying a disproportionate burden of use and dependence. One way to reach such groups is through efforts that directly affect those populations, including tobacco-free policies, quitline promotion, and counseling and cessation services.[48] Following are examples from select states that have made such efforts.

In 2006, the Massachusetts Medicaid program expanded its cessation benefit by providing comprehensive coverage of tobacco cessation medications.[49] More than 75,000 (37%) Medicaid subscribers used the benefit in the first two and a half years. The prevalence of smoking among the Medicaid population decreased from 38% to 28% during this period. Use of a comprehensive tobacco cessation benefit that includes pharmacotherapy was associated with a significant decrease in claims for hospitalizations for heart attacks and acute coronary heart disease. Annualized hospitalizations for these cardiovascular conditions among Medicaid smokers who used the benefit declined by almost half. Every dollar spent on the benefit was associated with $3.12 in medical savings for cardiovascular conditions.[49]

In California, the California Smoker's Helpline and the Asian Smokers Quitline provide cessation services and culturally appropriate information in multiple languages for different audiences. These focused tobacco cessation interventions, along with other elements, have led to significant reductions in smoking across ethnic groups in California. For instance, during 1990-2005, smoking rates among Asian men dropped from 20% to less than 15%; among Hispanic men, from 22% to 16%; and among African American men, from 28% to 21%.[50]

Adults with any mental illness have a high prevalence of cigarette smoking.[51] Moreover, sociodemographic variations in the prevalence of current smoking among persons with any mental illness resemble patterns in the overall population, and adult smokers with mental illness are less likely to quit than those smokers without mental illness. Accordingly, enhanced prevention and cessation efforts among persons with mental illness can further reduce smoking-related death and disease. For example, the New York tobacco control program has identified populations with chemical addictions or mental illness for specific intervention. To reach these populations, the state used strategies that included integrating tobacco dependence treatment into treatment protocols for mental illness or chemical dependency, promoting tobacco-free campuses for substance abuse and mental health facilities, and partnering with agencies representing each group.[52]

In 2013, the following national networks jointly designed and sponsored a series of trainings in Texas to introduce specific populations to tobacco control: the National African American Tobacco Prevention Network (NAATPN), the National Latino Tobacco Control Network (NLTCN), and the Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL). Participants with long-term involvement in their communities were identified and recruited to attend these training opportunities. The trainings sought to increase specific population leadership, collaboration, and civic engagement at a grassroots level to address disparities in health that result from tobacco use and secondhand smoke exposure. The trainings addressed the importance of: building organizational capacity by connecting participants with local coalitions, including Community Transformation Grantees, or building a local coalition; mobilizing communities to address health disparities and implement tobacco control and health promotion policies; facilitating cross cultural collaboration among Latino, African American, and Asian American, Native Hawaiian, and Pacific Islander communities; increasing leadership knowledge and skills on health disparities among community advocates; increasing knowledge of the impact of tobacco use on chronic disease disparities; creating emerging promising practices on engaging priority populations; and developing materials and approaches, such as workers' rights and social justice, that make secondhand smoke exposure relevant to populations with a high burden of exposure.

Budget

Linking state and community interventions creates synergistic effects, greatly increasing the effects of each comprehensive tobacco control component. Effective actions are those that reinforce one another, including: raising community awareness and mobilization efforts; developing health communication interventions; collecting, analyzing, and disseminating data; and providing cessation interventions. Evidence indicates that interventions that promote changes in social norms appear to be the most effective approach for sustained behavior change.[9]

Best Practices dictates allocating funds for establishing and sustaining internal capacity with experienced staff and developing an infrastructure with partner organizations and other programs to oversee and implement evidence-based programs. Most states fund local health departments, boards of health, or health-related nonprofit community organizations representing each county, multicounty region, or major metropolitan areas to develop and maintain local infrastructure and implement jurisdiction-wide and targeted programs. *Best Practices* recommends that funds be awarded directly to tribal health departments and tribal-serving organizations to deliver tobacco control programming to tribes and tribal members, as well as to other organizations that serve specific populations, in order to implement evidence-based programs and activities with that population. Funds may also be distributed to different agencies to ensure compliance with tobacco prevention and control laws. These varied efforts remain integrated through effective communication, coalitions, and networks. It is important that states also take into account the special issues of different communities within their state, such as large variations in population size, differences in the prevalence of smoking among various populations, access to cessation services, and reach of the interventions.

Recommendations for funding state and community interventions are based on the 1999 funding formulas, which were updated in 2007 to include the following major components: statewide programs, community programs to reduce tobacco use, chronic disease programs to reduce the burden of tobacco-related diseases, school programs, and enforcement.[47,53]

The *minimum* and *recommended* funding levels are derived from the 2007 funding formulas and adjusted for population changes and inflation. The specific state-recommended level of investment is based on the relative complexity and cost of doing business in that state. Drawing from the experience of states that have implemented robust state and community interventions, funding levels were determined for each state. The *minimum* and *recommended* levels of investment were based primarily on each state's current smoking prevalence, while also taking into account other factors such as the proportion of individuals within the state living at or below 200% of the poverty level, the proportion of the population that is a racial/ethnic minority, average wage rates for implementing public health programs, geographic size, and the state's infrastructure as reflected by the number of local governmental health units.

For the 2014 update of *Best Practices,* the state and community interventions formula does not specifically include chronic disease programs to reduce the burden of tobacco-related diseases, school programs, and enforcement as major components. However, activities in these three areas may still be undertaken within the framework of state and community interventions. For example, chronic disease prevention and control programs are stakeholders and partners in tobacco control. Using evidence-based interventions and strategies to address state tobacco control priorities, as described in the state chronic disease plan, can support achieving the four National Tobacco Control Program goals. Similarly, there is little evidence of the long-term effectiveness of school-based programs to prevent smoking.[7,54] However, they can be more efficacious when part of a comprehensive, multicomponent approach to tobacco use prevention that includes school policies, community-wide strategies, and mass media. Finally, active enforcement of youth access laws is part of broader community mobilization efforts that combine additional interventions, including stronger retailer laws and retailer education, with reinforcement. The FSPTCA authorizes FDA to contract with states, territories, and tribes for the purposes of conducting compliance check inspections of tobacco retailers. Some states have contracted with local public health organizations to assist with FDA's rigorous enforcement efforts.

For the last 15 years, states have implemented CDC's recommendations, focusing their efforts on proven activities that have the greatest impact, while also expanding the evidence-base of effective tobacco control interventions and building on each other's successes.[7,9,10,33]

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