




Maximizing Impact with Limited Resources 

Centers for Disease Control and Prevention
Office on Smoking and Health


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 SAFER • HEALTHIER • PEOPLE™

Historic Environment 

- FDA Implementation
- Stimulus ARRA FOA
- CDC and Other HHS/Federal Leadership
- Economic recession
- Framework Convention on Tobacco Control



mpower 

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco

What are Comprehensive Statewide Tobacco Control Programs

A coordinated effort combining clinical, regulatory, economic, and social strategies to stimulate public support and social climate changes to:

- establish smoke-free policies and norms
- decrease affordability of tobacco products
- minimize tobacco advertising and promotion
- control access to tobacco products, and
- promote and assist tobacco users to quit



Best Practices 2007



- Provides recommended level of annual investment within the funding range
- Factors in state-specific characteristics
- Component-specific funding range can be adjusted if resources available are less than CDC recommended



Best Practices 2007 - Scaling your Program

- Working with less than CDC Recommended Funding
 - Be aware of the resources available to you
 - Know your programs' priorities
 - Trust the evidence-base
 - Plan with Reach in mind



Best Practices 2007 - Scaling your Program

- Reach is defined as a program's ability to provide outreach to the population targeted by the Best Practice components.
- With limited staff & funding resources, priorities need to be placed on program activities which achieve greater efficiency in reaching the targeted populations.
- Place emphasis on policy & programmatic interventions that influence social norms, systems, and networks.



Prioritize Policy Initiatives

- Phase I
 - Price increases
 - Comprehensive smoke-free policies
 - Aggressive media campaigns
- Phase II
 - Reduce retailer density
 - Smoke-free campuses, parks
 - Graphic health warnings at point-of-sale



Disparities

- Costs captured in multiple budget categories
- State and Community Interventions
 - Fund local organizations to reach diverse populations
 - Support participation in coalitions
 - Fund multi-cultural organizations and networks
- Health Communication Interventions
 - Use culturally appropriate messages and targeted media channels
- Cessation Interventions
 - Develop culturally appropriate and translated materials
 - Provide access to multi-lingual quitline counselors
- Administration and Management
 - Support participation in strategic planning



Applying Principles of Reach

Disparities

- *Regardless of available funding, activities related to the identification and elimination of tobacco-related disparities must be incorporated into the program's infrastructure and interventions.*
- *Focus on ability of all major program interventions to maintain efficient reach among populations with greater tobacco-related disparities.*
- *Ensure that tobacco-related disparity issues are integral part of state and local tobacco control strategic plans.*



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



Applying Principles of Reach

Cessation

- *The percentage of the budget dedicated to Cessation category should be increased more slowly when less than the CDC-recommended funding is available.*
- *Progress toward assisting 6% or more of smokers with quitline very resource dependent.*
- *Focus on policies to expand recommended cessation coverage under public and private insurers including FDA-approved medications.*

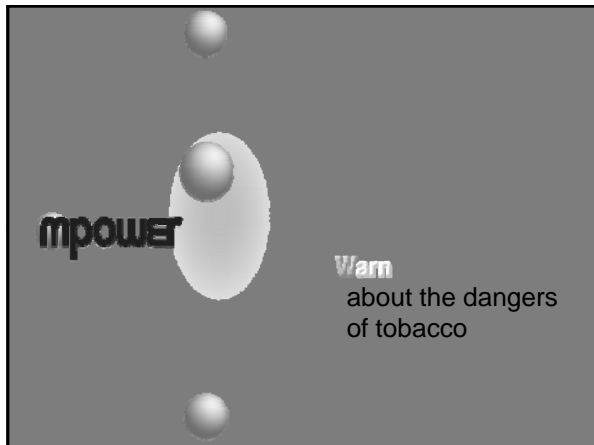


State Examples

▪ Recommended Annual Investment: Cessation Interventions

Utah:	\$2.04 per capita	\$5.2 million
New York:	\$3.37 per capita	\$65.1 million
Georgia:	\$3.46 per capita	\$32.4 million
Oklahoma:	\$4.18 per capita	\$15.0 million
Kentucky:	\$4.67 per capita	\$19.6 million



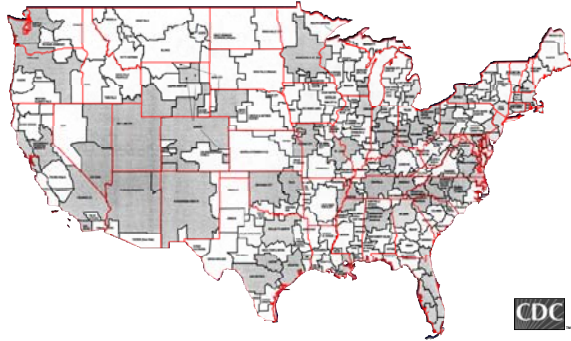


Health Communication Interventions

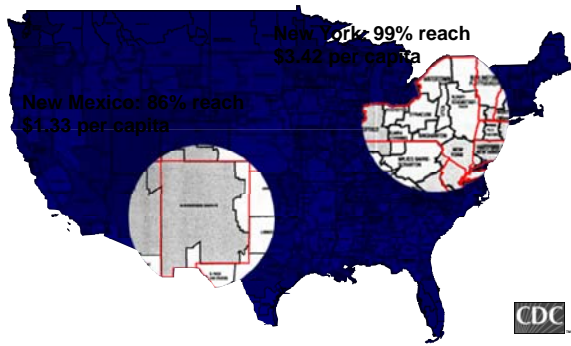
- Health communication interventions are powerful tools to prevent initiation, promote cessation, and shape social norms.
 - Campaigns need to have sufficient reach, frequency, and duration to be successful.
- Effective messages can stimulate public support and create a supportive climate for policy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



Designated Market Areas (DMAs)



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Health Communication Interventions

- Health communication campaigns should:
 - reach 75% to 85% of target audience each quarter at levels of 800 to 1,200 target rating points
 - 6 months can raise awareness, 12-18 months can impact attitudes, and 18-24 months can influence behaviors
- Campaigns are needed to promote policy change, prevent initiation, and encourage cessation (i.e., 2-3 state-wide campaigns running each quarter)



State Examples

- Recommended Annual Investment: Health Communication Interventions

New Mexico:	\$1.33 per capita	\$2.6 million
Florida:	\$2.00 per capita	\$36.2 million
New York:	\$3.42 per capita	\$66.1 million
S. Carolina:	\$3.87 per capita	\$16.7 million
Delaware:	\$3.90 per capita	\$3.3 million



Applying Principles of Reach

Health Communications

- *The percentage of the budget dedicated to Health Communications category should be increased more slowly when less than the CDC-recommended funding is available.*
- *Use existing television, radio, print, and outdoor ads from CDC's Media Campaign Resource Center*
- *Focus on media advocacy & earned media opportunities*
- *Maintain sufficient reach and frequency of high impact messages and themes*



State and Community Interventions

- Community resources must be the foundation of sustained solutions to pervasive problems like tobacco use
- Making tobacco less desirable, less accepted, and less accessible
- Importance of grassroots support for social norm change



Preventing Initiation



- Accelerate declines in initiation:
 - Price/tax increases
 - Restrict/ban promotion and sales
 - Smoke free schools and tobacco free campuses (existing DOE)
 - Media portrayals - movies, internet etc.



Cessation



- Drive successful quitting (using a comprehensive framework)
 - Media messages
 - Price/tax increases
 - Smoke-free policies
 - Comprehensive cessation benefit



Eliminating Tobacco-Related Disparities



- Apply and monitor the impact of policy initiatives in diverse populations:
 - Bans/Restrictions on tobacco advertising, promotion, and sponsorship
 - Tobacco price increases
 - Smokefree policies



Principles of Reach

State and Community Interventions

- Funding for State and Community Grants must be maintained at some operational level that can be readily expanded with additional funds.

Administration and Management

- Maintain the funding levels for Administration and Management as close to CDC-recommended dollars as reasonable for the state. The percentage of funding should equate to a greater percentage of the overall budget versus the CDC-recommended budget as funding circumstances become more limited.



State Examples

- Recommended Annual Investment: State and Community Interventions

Florida:	\$4.35 per capita	\$78.6 million
Virginia:	\$4.37 per capita	\$33.4 million
New York:	\$4.65 per capita	\$89.9 million
Oregon:	\$4.80 per capita	\$17.8 million
Kentucky:	\$5.50 per capita	\$23.1 million
Alaska:	\$7.93 per capita	\$5.3 million



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