

CDC and NCI Collaboration in Tobacco Control



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February 7, 2006



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Working Together

- Partnership between NCI and CDC serves as a model
- Collaboration enables larger initiatives
- Collaborative efforts:
 - Research / Surveillance
 - Intervention Development and Implementation
 - Evaluation



Working Together

- NCI and CDC Collaborative Projects
 - National Network of Quitlines
 - Youth Tobacco Cessation Collaborative
 - Helping Young Smokers Quit!
 - World Conference on Tobacco or Health
 - National Conference on Tobacco or Health
 - National Tobacco Cessation Collaborative
 - Current Population Survey
 - State-of-the-Science Conference on Tobacco Use: Prevention, Cessation, and Control

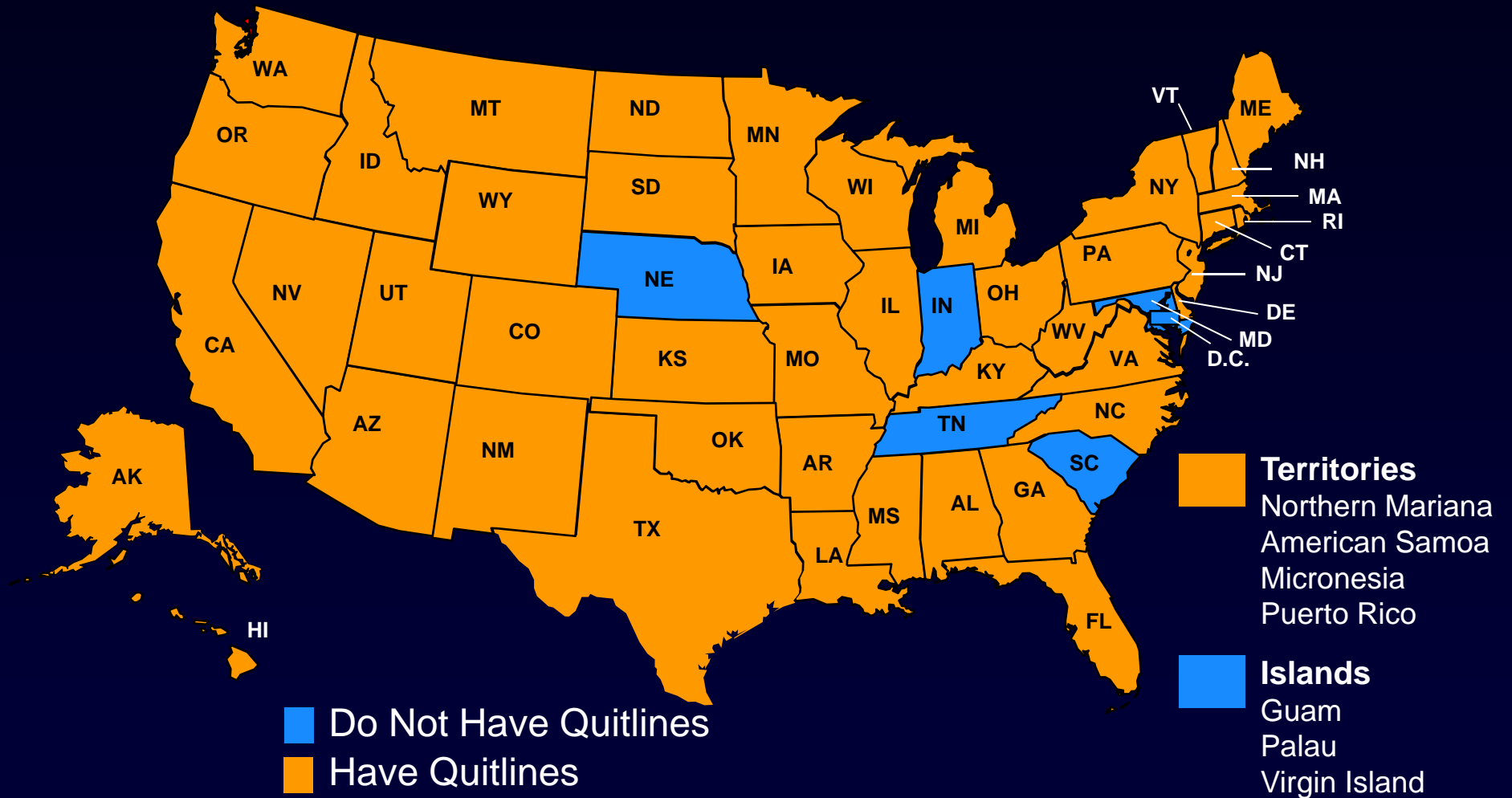


DHHS Quitline Initiative

- Feb 3, 2004: Plans announced for a national network of tobacco cessation quitlines
 - NCI would provide a national telephone number (portal) 1-800-QUIT-NOW
 - CDC would fund states without quitlines and NCI would provide interim counseling until states could develop them
 - CDC would provide enhancement funding to states with existing quitlines



Telephone Cessation Quitlines



Number of Calls to Quitline

Total calls to 1-800-QUIT-NOW
from November 2004 through December 2005:

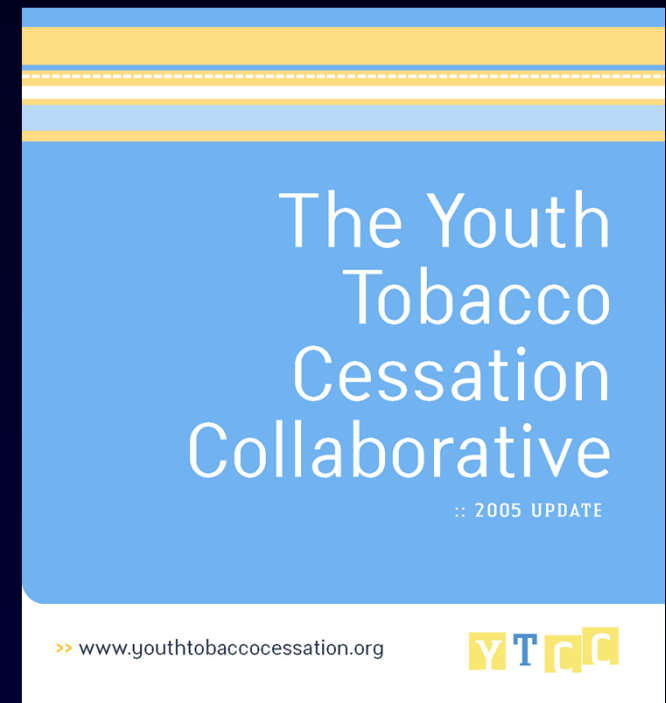
213,700

Joint Agency Quitline Evaluation

- NCI/CIS evaluation plan will:
 - Monitor implementation and assess impact
 - Refine evaluation
 - Conduct a process evaluation
 - Determine outcome evaluation

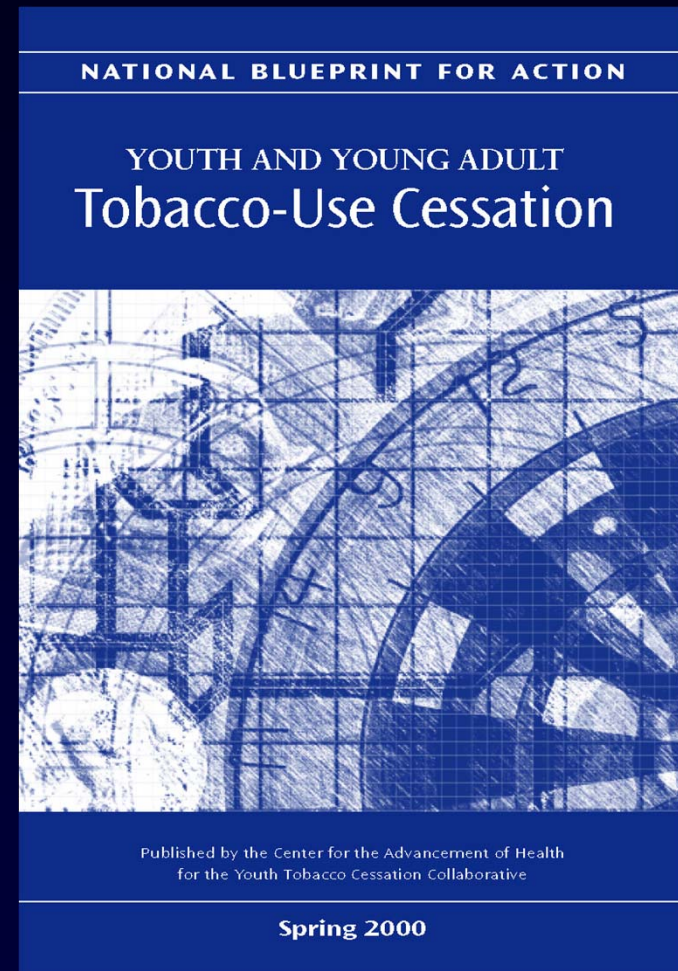
Youth Tobacco Cessation Collaborative

- Formed in 1998 to address youth and young adult tobacco cessation gaps
- Members represent orgs that fund research, program, and policy



National Blueprint for Action

- Guide research and implementation initiatives
- Set goals and objectives
- 10-year goal: tobacco users (aged 12-24) have access to cessation interventions by the year 2010



YTCC Highlights

- First 2-year objectives achieved
 - Established communication networks and databases
 - Established common definitions and standards for research and interventions
 - Identified key gaps in the scientific knowledge
 - Developed a coordinated research plan
 - Advocated funding of youth tobacco-use cessation research

American Journal of Health Behavior

- Devoted entire issue to youth tobacco cessation in 2003
- Included articles written by members of collaborative



Youth Tobacco Cessation

A Guide for Making Informed Decisions



2004

www.cdc.gov/tobacco



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Helping Young Smokers Quit (HYSQ)

- Project co-funded by Robert Wood Johnson Foundation, NCI, and CDC
- HYSQ addresses evaluation of cessation programs for adolescents



HYSQ Phase One:

- Identified youth cessation programs in 408 counties
- Eligible programs (voluntary or mandatory):
 - Established at least six months
 - Provided direct cessation services
 - Provided services to ages 12-24
 - Not part of a research initiative

Results

Program Availability

- 62% of counties had one or more programs
- Programs more likely in urban than rural counties
- Programs less likely in low-SES counties
- Presence of programs unrelated to
 - state-wide smoking prevalence
 - tobacco control expenditures

Results

Enrollment

- 56% voluntary only
- 35% mixed mandatory and voluntary
- 9% mandatory only

Results

Structure

- More than 80% are designed for youth and not adapted from adult programs
- Most are fairly formalized
- 88% have trained counselors
- 89% use written facilitator guide or manual
- 95% report adhering very or somewhat closely to the program specifications

Results

Content

- 84% cover at least 4 of the 6 following cognitive-behavioral strategies:
 - 76% self-monitoring
 - 90% included contingency control, general health and lifestyle, and social support
 - 92% disrupt smoking patterns
 - 99% coping skills training

Results

Program Viability

- 70% cost less than \$10,000 per year
- Most programs stable
- More than 70% expect to be operating the following year

HYSQ Phase Two:

- Conducting evaluation of high school cessation programs
 - Participant surveys
 - Program/Provider surveys
 - Organization surveys
 - Community surveys

Benefits of Collaboration

- Provides linkage of research and public health practice
- Encourages a stronger inter-agency working relationship



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