CDC and NCI Collaboration in Tobacco Control



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February 7, 2006





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

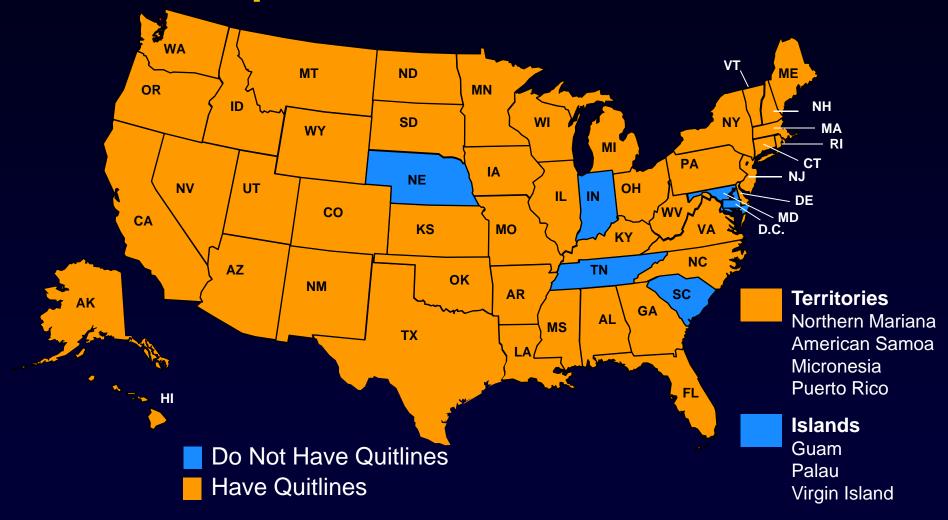


DHHS Quitline Initiative

- 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



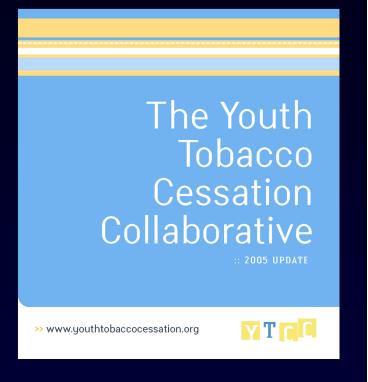
Joint Agency Quitline Evaluation

- 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



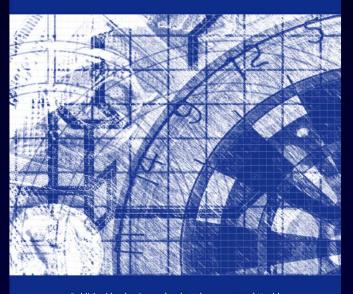


National Blueprint for Action

- 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

NATIONAL BLUEPRINT FOR ACTION

YOUTH AND YOUNG ADULT Tobacco-Use Cessation



Published by the Center for the Advancement of Health for the Youth Tobacco Cessation Collaborative

Spring 2000



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

AMERICAN JOURNAL OF HEALTH BEHAVIOR™

Official publication of the American Academy of Health BehaviorTM VOLUME 27 SUPPLEMENT 2 2003

SPECIAL ISSUE ON YOUTH TOBACCO CESSATION

Youth Tobacco Cessation: Filling the Gap Between What We Do and What We Know

Susan J. Curry, PhD

The Youth Tobacco Cessation Collaborative and National Blueprint for Action C. Tracy Orleans, PhD

Elaine Bratic Arkin

Cathy L. Backinger, PhD, MPH Allan Best, PhD

Linda Crossett, RDH

Corinne Husten, MD, MPH

Tracy Marshall, MPH; et al.

A Comparison of Review Methods in Tobacco Prevention and Control Guidelines David P. Hopkins, MD Peter A. Briss, MD

Application of a Better Practices Framework to Review Youth Tobacco Use Cessation

Catherine O. Maule, BA Cheryl A. Moyer, MA

Chris Y. Lovato, PhD

Better Practices for Youth Tobacco Cessation: Evidence of Review Panel

Paul McDonald, PhD Brian Colwell, PhD

Cathy L. Backinger, PhD, MPH

Corinne Husten, MD Catherine O. Maule, BA

Recommendations and Guidance for Practice in Youth Tobacco Cessation

Micah H. Milton, MPH

Catherine O. Maule, BA

Cathy L. Backinger, PhD, MPH Dena M. Gregory, MPH

Improving the Future of Youth Smoking Cessation Cathy L. Backinger, PhD, MPH

Paul McDonald, PhD Deborah J. Ossip-Klein, PhD

Suzanne M. Colby, PhD

Catherine O. Maule, BA

Pebbles Fagan, PhD, MPH Corinne Husten, MD, MPH

Brian Colwell, PhD



Youth Tobacco Cessation

A Guide for Making Informed Decisions



2004

www.cdc.gov/tobacco



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES





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 cognitivebehavioral 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 that 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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