Appendix D: Guidelines for Comprehensive Local Tobacco Control Programs

(National Association of County and City Health Officials[1])

1. Community Interventions: $3.99 to $6.75 per person, per year

For meaningful change to occur in the way tobacco products are marketed, sold, and used, community involvement is essential. For example, promoting smokefree environments and enforcing policies that restrict tobacco advertising help to change social norms about tobacco use. Raising taxes on tobacco is among the most effective ways to reduce use, especially among young people and the poor. Restricting access to tobacco products discourages youth from initiating tobacco use, and with the new Food and Drug Administration legislation, localities will have more opportunity to influence where, when, and how tobacco products are displayed and sold.

2. Health Communications: $0.65 to $1.95 per person, per year

There is considerable evidence that communication campaigns are effective at reducing tobacco consumption. A well-coordinated mass-media campaign that reaches a wide market and warns individuals about the dangers of tobacco use can promote cessation and prevent initiation in the general population and hard-to-reach groups. Media messages can have a powerful influence on public support for tobacco control policies and help reinforce school and community efforts.

3. Cessation Interventions: $2.04 to $5.94 per adult, per year

More than two-thirds of adult smokers report a desire to quit. Cessation interventions offer the quickest and largest short-term public health benefit compared with any other component of the comprehensive tobacco control program. Many effective treatments for tobacco dependence now exist but are underused. Health care systems must better identify, treat, and refer patients addicted to tobacco use.

4. Program Administration and Management: The larger of 5% of program budget or one-quarter to one full-time equivalent (FTE) dedicated staff

Each local health department requires dedicated personnel who can perform strategic planning, staffing, and fiscal management functions, and a well-trained work force that has the skills required to carry out program activities. For even the smallest of populations, at least one-quarter full-time equivalent (FTE) staff member should be dedicated to tobacco control programming and oversight and can also serve as chronic disease lead. As the size of the population and the program increases, staff resources beyond one FTE to implement tobacco interventions should be derived from the recommended budgets of the other program components.

5. Surveillance and Evaluation: 10% of program budget

Surveillance and evaluation are essential elements of a comprehensive tobacco control program. A successful program should assess the use of tobacco, local factors contributing to tobacco use, and progress toward planned outcomes and should report data that are useful to policymakers and the public.

Reference

5. National Association of County & City Health Officials. 2010 Program and Funding Guidelines for Local Comprehensive Tobacco Control Program; <http://www.naccho.org/toolbox/tool.cfm?id=1994>; accessed: December 2, 2013.