

# V Administration and Management

## Justification

Effective tobacco prevention and control programs require substantial funding to implement, thus making the need for good fiscal management and accountability critical. Internal capacity within a state health department is essential for program sustainability, efficacy, and efficiency.<sup>1-3</sup> Sufficient capacity enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration among the state and local tobacco control community. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training.

State experience has shown the importance of having all of the program's components coordinated and working together. New York, Oklahoma, and Indiana structured their programs in such a way that Administration and Management served as an umbrella category, providing oversight for all of their tobacco prevention and control interventions.<sup>4</sup> The ASSIST evaluation demonstrates the importance of state health department infrastructure, experienced staff, and strong partnerships.<sup>5</sup>

Program management and coordination present a challenge in that a comprehensive program involves multiple state agencies (e.g., public health, education, and law enforcement) and levels of local government; other public health programs; and numerous health-related voluntary organizations, coalitions, and community groups. Furthermore, coordinating and integrating major statewide programs (e.g., counter-marketing campaigns, telephone quitlines) with local program efforts requires adequate staffing and efficient communication systems.

Because it takes time and resources to establish the capacity needed to implement effective interventions, it is critical to sustain an established infrastructure. Once a strong foundation is in place, a cumulative effect of funding on program efficacy is evident. Research shows that the longer states invest in such programs, the greater and faster the impact.<sup>6</sup>

Administration and management activities include the following:

- Engaging in strategic planning to guide program efforts and resources to accomplish their goals
- Recruiting and developing qualified and diverse technical, program, and administrative staff
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing grantee program performance
- Developing and maintaining a real-time fiscal management system that tracks allocations and expenditure of funds
- Increasing capacity at the local level by providing ongoing training and technical assistance
- Creating an effective communication system internally, across chronic disease programs, and with local coalitions and partners
- Educating the public and decision makers on the health effects of tobacco and evidence-based effective program and policy interventions

## Budget

Best practices dictate that about 5% of total annual program funds be allocated to state program Administration and Management. These funds should be used to ensure collaboration and coordination among public health program managers, policy makers, and other state agencies. Because of the importance of maintaining an infrastructure and the capacity to provide guidance, technical assistance, and coordination among programs and networks, 5% of the CDC-recommended level of investment for interventions remains the suggested budgeting target for administration and management activities, even if actual program funding is below the CDC-recommended amount.

## Core Resources

California Department of Health Services. *A Model for Change: The California Experience in Tobacco Control*. Sacramento: California Department of Health Services; 1998.

California Department of Health Services. *California Tobacco Control Update 2006: The Social Norm Change Approach*. Sacramento: California Department of Health Services; 2006.

Center for Tobacco Policy Research. *Project LEaP: Linking Evaluation and Practice in Tobacco Control*. Saint Louis, MO: Saint Louis University School of Public Health; 2005. Available at <http://ctpr.slu.edu/leap.php#phase1>.

National Cancer Institute. *Evaluating ASSIST: A Blueprint for Understanding State-Level Tobacco Control*. Tobacco Control Monograph No. 17. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2006. NIH Pub. No. 06-6058. Available at <http://cancercontrol.cancer.gov/tcrb/monographs/17/index.html>.

U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2000. Available at [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2000/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2000/index.htm).

Zaza S, Briss PA, Harris KW, editors. *The Guide to Community Preventive Services: What Works to Promote Health?* New York: Oxford University Press; 2005. Available at <http://www.thecommunityguide.org/tobacco/default.htm>.

## References

1. Center for Tobacco Policy Research. *Project LEaP: Linking Evaluation and Practice in Tobacco Control*. Saint Louis, MO: Saint Louis University School of Public Health; 2005.
2. Nelson DE, Reynolds JH, Luke DA, Mueller NB, Eischen MH, Jordan J, et al. Successfully maintaining program funding during trying times: lessons from tobacco control programs in five states. *Journal of Public Health Management & Practice*. In press.
3. National Cancer Institute. *ASSIST: Shaping the Future of Tobacco Prevention and Control*. Tobacco Control Monograph No. 16. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2005. NIH Pub No. 05-5645.
4. Mueller NB, Luke DA, Herbers SH, Montgomery TP. The best practices: use of the guidelines by ten state tobacco control programs. *American Journal of Preventive Medicine* 2006;31(4):300–306.
5. National Cancer Institute. *Evaluating ASSIST: A Blueprint for Understanding State-Level Tobacco Control*. Tobacco Control Monograph No. 17. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2006. NIH Pub. No. 06-6058.
6. Farrelly MC, Pechacek TP, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981–2000. *Journal of Health Economics* 2003;22(5):843–859.