



February 21, 2007

Dear Colleague,

As you know, tobacco use remains the leading preventable cause of death and disease in the United States. Tobacco control programs play a crucial role in the prevention of many chronic conditions, such as cancer, heart disease, and respiratory illness.

Comprehensive statewide tobacco control programs that are evidence-based, sustained, and accountable have been shown to reduce the number of tobacco-related deaths and disease. Further, research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking, and the longer states invest in such programs, the greater and faster the impact.¹

In 1999, the Centers for Disease Control and Prevention (CDC) published the innovative guidance document, *Best Practices in Comprehensive Tobacco Control Programs*. To produce this programming tool, CDC reviewed the evidence-based analyses of excise-tax funded programs in California, Massachusetts and other states, and also drew on published evidence-based practices from communities, schools, health care systems and others.

Since its release, *Best Practices* has become the standard by which all state tobacco control programs measure their involvement in providing evidence-based interventions as well as the level of resources dedicated to tobacco control programming.

We wanted to let you know that CDC's Office on Smoking and Health is currently in the process of reviewing funding models and approaches to estimating state-specific budget recommendations in order to update *Best Practices*. In December 2006, technical consultation was sought from a panel of experts in comprehensive state-wide tobacco control programs regarding the best available evidence to determine updated cost parameters (and metrics to calculate them) for major components of a comprehensive tobacco control program. The panel reviewed data relevant to potential changes in the 1999 funding recommendations, including state experience and findings on program effectiveness that has emerged since the 1999 *Best Practices* release. The agenda and a summary of this meeting are attached. These materials will also be available on CDC's Web site at www.cdc.gov/tobacco/sustainingstates.

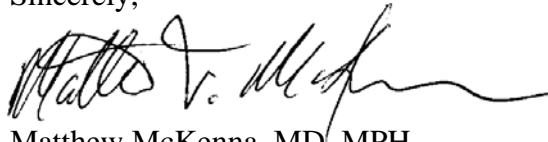
Since the release of *Best Practices*, evidence in support of comprehensive programs has continued to accumulate. An evaluation by St. Louis University of the implementation of *Best Practices* by ten states found that this document provided a good framework for tobacco control programs, but the number of categories was somewhat cumbersome to implement and convey easily to decision makers.²

Based on current state practice and need, an update to *Best Practices* will include consolidating some categories to simplify the organizational structure of comprehensive programs and better enable states to allocate resources among the interventions as appropriate. The previous 9 categories will be restructured, not eliminated. States should continue their implementation of these evidence-based initiatives.

The process for updating *Best Practices* is still underway, but there was general agreement by the Panel that the published funding formulas remained sound. The funding ranges are expected to increase however, to account for changes in state population and cost-of-living since the last report was published in 1999. Since the cost of living has increased about 20 percent since 1999, and many states have experienced increases in population, the recommended levels of funding for most states likely will increase as much as 20% to 30%.³

I hope you find this information useful, and we will be in touch again when the updated *Best Practices in Comprehensive Tobacco Control Programs* is ready for dissemination.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew McKenna". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Matthew McKenna, MD, MPH
Director
Office on Smoking and Health
National Center for Chronic Disease Prevention
and Health Promotion
Centers for Disease Control and Prevention

Attachments

References:

1. Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. *J of H Econ* 2003; 22(5):843-59.
2. Mueller NB, Luke DA, Herbers SH, Montgomery TP. The Best Practices: use of the guidelines by ten state tobacco control programs. *Am J Prev Med* 2006;31(4):300-6.
3. U.S. Department of Labor, Bureau of Labor Statistics. CPI Inflation Calculator. <http://stats.bls.gov/data/home.htm>