



View from the Field: Looking into Comprehensive Tobacco Control Programs at the Local Level

Resources for Local Health Departments

June 2022

TABLE OF CONTENTS

About this Guide.....	2
Background	2
Introduction	3
Comprehensive Tobacco Control Programs	3
A Role for Local Health Departments in Tobacco Control	5
Emerging Issues	5
Advancing Tobacco Control Programs	8
Community Interventions.....	8
Examples of Local Efforts, Such as Model Practices	10
Mass-Reach Health Communication Interventions	10
Cessation Interventions.....	11
Success Stories.....	12
Surveillance and Evaluation	13
Infrastructure, Administration, and Management.....	14
Resources	15
References.....	17

ACKNOWLEDGEMENTS

NACCHO is the voice of the approximately 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

This compendium was supported by cooperative agreement 5U38OT000172-02 from the Centers for Disease Control and Prevention, Office on Smoking and Health. NACCHO also recognizes the past contributions made by local health department advisors in developing the foundation for this guide. NACCHO is grateful for this support. The contents within do not necessarily represent those of the sponsor.

ABOUT THIS GUIDE

Background

In 2001, the National Association of County and City Health Officials (NACCHO) published *Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs* to apply the recommendations of CDC's *Best Practices – 1999* to the specific needs and realities of tobacco control programs at the local level.⁴

NACCHO revised the publication in 2010 to correspond with CDC's *Best Practices – 2007*. In 2014, the Centers for Disease Control and Prevention (CDC) developed *Best Practices for Comprehensive Tobacco Control Programs* (CDC's *Best Practices*), which described components of tobacco control and recommended funding levels to help states promote tobacco-free communities.¹

CDC has not updated the report since 2014, but has created accompanying User Guides that focus on Health Communications, Health Equity, Program Infrastructure, and Youth Engagement in more recent years. The Guides will be discussed later in the report. This resource guide has information from previous reports, but will also provide current and updated NACCHO, national and local resources to assist communities and LHDs with enhancing their current and future tobacco prevention programs.



INTRODUCTION

In the United States, tobacco use is the single most preventable cause of disease, disability, and death according to the Centers for Disease Control and Prevention (CDC). Each year, an estimated 480,000 people die prematurely from smoking or exposure to secondhand smoke.⁵ Cigarette smoking causes approximately one of every five deaths in the country each year, including those resulting from secondhand smoke exposure.⁵ With tobacco-related chronic diseases disproportionately affecting populations compared to other public health concerns such as infectious disease, governments, and communities at all levels, have a large stake in reducing the prevalence of tobacco use. Accordingly, local health departments (LHDs) also need to develop a strong infrastructure to support a broad range of tobacco control activities at the community level. Such activities can significantly improve community health and save money for all levels of government by reducing the prevalence of tobacco-related chronic disease.

Policies to create smoke-free and tobacco-free workplaces, restaurants, and other public spaces have expanded significantly across the country; however, many populations who experience health inequities are left unprotected from secondhand smoke in settings such as multi-unit housing. The rising popularity of emerging tobacco products, such as electronic cigarettes, threatens to impede the impact of tobacco prevention and control efforts.

Local governments have a responsibility to address tobacco use as a dominant threat to the health of their communities, especially among populations experiencing tobacco-related disparities, youth, persons with lower levels of education, and those with substance abuse issues. Continuing to provide comprehensive tobacco control will lead to substantial savings in lives and the costs of treating tobacco-related disease in the future.

COMPREHENSIVE TOBACCO CONTROL PROGRAMS

The purpose of comprehensive tobacco control programs is to reduce disease, disability, and death related to tobacco use. The programs use an approach that mixes educational, clinical, regulatory, economic, and social strategies to achieve a high level of impact across communities and populations.^{3,13} Research demonstrates that states that have made larger investments in comprehensive programs have seen larger declines in cigarette sales than the national average, and prevalence of smoking among adults and youth has declined faster as spending for these programs has increased.^{14,15,16}

Research also indicates that the longer states invest in comprehensive tobacco control programs, the stronger and quicker the impact.² Local programs can mirror this effect in their own communities by utilizing a comprehensive and sustained approach to tobacco control.

Based on *CDC's Best Practices – 2014*, these resources and guide will help LHDs plan and implement evidence-based comprehensive tobacco control programs. Drawn from research of effective practices, NACCHO recommends the same goals and program components for local programs that CDC recommends for state-level tobacco control.³

Components of Comprehensive Local Tobacco Control Programs

- Community interventions;
- Mass-reach health communication interventions;
- Cessation interventions;
- Surveillance and evaluation; and
- Infrastructure, administration, and management.



Goals for Comprehensive Tobacco Control Programs

- Prevent initiation among youth and young adults.
- Promote quitting among adults and youth.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate tobacco- related disparities among population groups.

A Role for Local Health Departments in Tobacco Control

LHDs are in a unique position to reduce tobacco-related disease in their communities. Given their role as the public health authority in their jurisdictions, LHDs can assess the issue in their communities, develop an appropriate plan, engage and work with community stakeholders, and ensure that programs and policies are effectively implemented. In many communities, especially in rural settings, LHDs may also represent one of few resources available for preventive healthcare services.

In 2019, NACCHO surveyed more than 2,400 LHDs across the country to assess trends related to services and funding. Among survey respondents, 78% of LHDs reported they provide population-based primary prevention services related to tobacco use and 74% conducted policy or advocacy work around tobacco or other substance abuse issues.^{6,7}



Local health departments continue to advance tobacco-related policy across the country by instituting groundbreaking policies to implement smoke-free multiunit housing, restrict electronic cigarette use, and raise the minimum age of tobacco sales to minors.

All of NACCHO's advocacy efforts focus on informing policymakers of the critical role that local health departments play in keeping our communities healthy and safe. Tobacco prevention policy statements provide recommendations to LHDs and local governments on new federal bills and ordinances as well. A positive change in December 2019 occurred when the President raised the federal minimum age of tobacco sales from 18 to 21 years old. The bill went into effect immediately and all tobacco retailers in states, cities and counties had to abide. It is now illegal to sell tobacco products, including cigarettes, cigars and even e-cigarettes, to anyone under the age of 21.¹⁰ Local health department policies and action played a big role in making this idea a reality.

Emerging Issues

Although the minimum age of tobacco sales rose, electronic nicotine delivery devices (ENDS) or e-cigarettes continue to increase in popularity, and with that, so do new and evolving health concerns. From the devastating deaths and illnesses as represented by the 2019 national outbreak of the lung injury called E-cigarette Vaping Associated Lung Illness (EVALI), the use of these devices has become a public health emergency amongst youth and adolescents. For example, the number of middle and high school students using e-cigarettes rose from 3.6 million in 2018 to 5.3 million in 2019.^{11,12}

Since February 2020, over 2,800 patients have been hospitalized or died due to EVALI according to the [Centers for Disease Control and Prevention](#). The number of deaths and illnesses have declined since then due to more research, law enforcement restrictions such as increasing the age of purchase to 21 years old, removal of harmful chemicals like Vitamin E Acetate from the market and overall prevention and cessation efforts led by state and local health departments. However, rural areas are still disproportionately affected as stated in NACCHO's [Tobacco Control Efforts in Rural America: Perspectives from Local Health Departments](#), where nearly all (93%) of rural local health departments surveyed indicated that e-cigarettes were a threat in their communities due to lack of resources, funding, and staffing. As such, NACCHO recognizes that local health departments (LHDs) play a key role in reducing these tobacco related threats by educating community members and youth regarding risks associated with the use of and exposure to e-cigarettes.

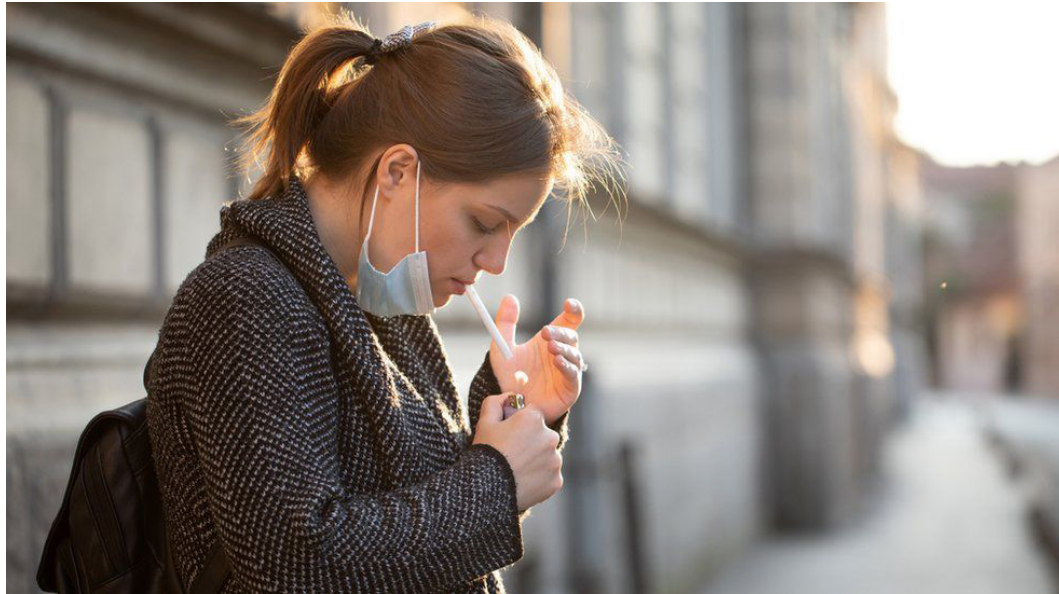
LHDs can reinforce proven cessation methods like counseling and nicotine replacement therapy. NACCHO [Stories from the Field](#) are also helpful for LHDs who would like to hear personal accounts of successes and challenges within comprehensive tobacco control programs. Two recent stories are [here](#) from Gaston County, NC and Florence County Health Department in Florence, Wisconsin that focus on rural and youth vaping issues and policy changes.

Because ENDS have limited regulation and can be excluded from typical tobacco laws, NACCHO recommended in our [Local Tobacco and Vaping Control Regulations](#) Policy Statement that the Food and Drug Administration (FDA) provide full disclosure of all chemicals included in new tobacco products. NACCHO believes that broadening the defining language to include cigarettes, nicotine delivery products, tobacco products, smokeless tobacco, and e-cigarettes in all new smoke-free legislation for indoor and outdoor environments would greatly impact all communities.

As such, in early 2021, the FDA committed to creating product standards where menthol flavors in cigarettes, cigars and e-cigarettes would be banned.



The Coronavirus pandemic has exacerbated a smoker's risk for severe illness and death. As Coronavirus attacks the respiratory system and affects the immune system, smoking enhances the harmful effects of the disease. FDA's decision to ban menthol cigarettes will have a positive effect on public health and hopefully increase the number of quit attempts and cessation, rather than switch to non-menthol cigarettes.



In connection with youth tobacco engagement with a focus on cessation and prevention, the CDC's Office on Smoking and Health in partnership with the Center for Public Health Systems Science at Washington University in St. Louis published a new and appropriately timed [*Best Practices User Guide: Youth Engagement in Tobacco Prevention and Control*](#). This User Guide provides actionable strategies, workplans, advice, and support on how to connect with youth in communities as this generation heavily impacts tobacco initiation, prevention, and cessation. Youth have a powerful voice and the public is listening now more than ever as peers are able to rally for a cause and create social and environmental change together.

This guide highlights ways to assist youth and adolescents in becoming knowledgeable about emerging issues such as lung illnesses and vaping, creating social media messaging, prevention programs in schools, peer support groups, smoke-free rules, influence Tobacco 21 laws, contributing to flavor bans, educating peers and adults about risks of vaping and smoking, and empowering youth to provoke real change. With real-life case studies, the guidebook provides examples of programs that other communities can easily replicate. Multiple user guides exist, and they help put research into action with realistic guidance for local health departments and communities for tobacco and vaping cessation.

The guides will also assist LHDs in creating success and inclusive tobacco control programs. For more information and for the full reports, [click here to visit the CDC website](#).



Advancing Tobacco Control Programs

Based on CDC's *Best Practices – 2014* and evidence-based interventions cited in *The Guide to Community Preventive Services*,²⁰ NACCHO makes the following recommendations for local-level comprehensive tobacco control programs. These recommendations are adapted from CDC's five components for comprehensive tobacco control programs:³

- Community interventions;
- Mass-reach health communication interventions;
- Cessation interventions;
- Surveillance and evaluation; and
- Infrastructure, administration, and management.

Community Interventions

Recommended Practices:

- **Policy:** Educate decision-makers about changing systems and environments to de-normalize tobacco use; implement policies to increase the number of smoke- and tobacco-free public spaces and workplaces; implement or encourage policies that support tobacco use prevention and cessation; implement or encourage policies that prevent tobacco-related health disparities experienced by vulnerable population, such as prohibiting the sale of menthol cigarettes; increase the unit price of tobacco; institute or raise taxes on tobacco products.
- **Partnerships:** Develop partnerships with local organizations and stakeholders to educate and engage community members, mobilize support for policies, and change social norms.



- **Youth engagement:** Collaborate with schools to develop and implement tobacco-free campus policies, promote evidence-based risk-reduction curricula and in-school cessation support services (school-based interventions should be conducted in conjunction with other evidence-based population-level interventions); engage youth in the issue and importance of tobacco control and the planning and implementation of tobacco control activities.
- **Community member engagement:** Raise awareness, educate and engage the community, especially caregivers, about the dangers of tobacco use, including the hazards of secondhand smoke for all of its members, but especially children; educate the community on how tobacco use impacts health inequities; link tobacco consumers to cessation resources.
- **Enforcement and compliance:** Conduct vendor and retail organization education; employ retailer compliance checks to reduce tobacco sales to youth; investigate and penalize those that violate clean indoor air laws.

Some populations experience a disproportionate health and economic burden from tobacco use and exposure to secondhand smoke, thus a focus on eliminating tobacco-related disparities and health inequities is necessary. Developing the tobacco control capacity of community-based organizations and setting up local task forces to increase inclusion and access to programs and services are useful in educating, creating awareness, and addressing inequities. Creating specialized education and training materials, attracting diverse, competent professionals to work in underserved settings, and culturally appropriate tobacco product counter-marketing campaigns are just a few examples of activities that could enhance the health benefits of interventions in areas with tobacco-related inequities.

Each community should analyze local data to identify and respond to specific populations with high or increasing prevalence of tobacco-related disparities and health inequities. In areas with greater tobacco-related disparities or inequities, increased spending per capita will be required to monitor the impact of tobacco price increases, media messages, and smoke-free policies.



Mass-Reach Health Communication Interventions

Recommended Practices:

- **Advertising:** Supplement national and state media campaigns using public service announcements, earned media, and paid messages through local television and radio, print publications, billboards and transit advertising space, digital media platforms, and social media channels.¹⁷
- **Health promotion activities:** Promote use of quitlines, cessation services, and health messages in cooperation with healthcare providers and partners.
- **Media advocacy:** Use free or earned media opportunities, social media, news releases, and press events to promote policy, cessation resources, and health messages.^{18,19}

Sustained mass-reach health communication campaigns, combined with other interventions and strategies, continue to serve as an effective strategy to decrease the likelihood of tobacco initiation and promote smoking cessation.³ An effective health communication intervention should deliver strategic, culturally appropriate, and high-impact messages in adequately funded campaigns that are integrated into the overall national, state, or local tobacco programs.³ The campaign should be professionally designed and scientifically-based such as the [Tips From Former Smokers Campaign](#).

A well-coordinated mass media campaign, designed to reach a wide range of market segments, can promote quitting and prevent initiation in both the general population and priority populations without the need to develop separate campaigns for each population group. Media messages can also have a powerful influence on public support for tobacco control policies and help bolster school and community efforts.² LHDs should use media funds for local media placement, rather than for new advertising development given the availability of effective media materials that can be accessed through state health departments or CDC's [Media Campaign Resource Center](#) (MCRC).

Research on the efficacy of digital and social media communications is promising but limited at this time. However, tobacco manufacturers and sellers increasingly use these channels to advertise products to the general public and targeted consumer segments, which suggests the same methods may be used successfully for public health purposes.³ In addition, digital and social media have been used in tobacco control to encourage broader sharing of key messages. LHDs should consider integrating digital and social media interventions into their overall media campaigns, as long as plans include evaluation to determine impact of these efforts.



Cessation Interventions

Recommended Practices:

- **Cessation resources:** Promote the state quitline and local or regional cessation services and resources to community members; educate community members about insurance coverage available through private insurers and Medicaid or Medicare; communicate resources in varied and culturally appropriate manners to increase reach to all population groups in the community.

- **Counseling and medication access:** Support increased access to counseling and medications to supplement services provided at the state level and serve local community populations experiencing the greatest health inequities.
- **Healthcare systems:** Collaborate with and educate healthcare providers in techniques to screen patients for tobacco use, provide advice, and provide or refer for counseling and medications; promote incorporation of screening and follow up questions in patient health records; educate providers in the provisions of the Affordable Care Act that support tobacco cessation; advise providers of available local resources.

Success Story

[Million Hearts in Municipalities: Tobacco Cessation in a Mental Health Clinic in Albany County, New York](#)



Interventions that increase cessation can decrease morbidity, premature mortality, and tobacco-related healthcare costs in the short term.¹³ Tobacco use screening and brief intervention by clinicians is not only a highly recommended clinical preventive service, but it is also a cost-saving measure.^{2,23} Effective cessation strategies include advice from medical providers, counseling, and pharmacotherapy. Also effective are intensive interventions that provide ongoing social support and behavioral coaching. Working with healthcare systems to integrate tobacco use screening and tobacco dependence treatment into routine clinical care (e.g., through provider reminder systems and electronic health records), is also an important component of local cessation efforts. Finally, working with state and local partners to improve private and Medicaid cessation coverage, including covering all evidence-based treatments, removing barriers to accessing these treatments, and promoting utilization of covered treatments, are also key in increasing quit attempts, use of proven treatments, and successful cessation.

Some populations may be less aware of Medicaid or other available cessation coverage benefits, and more skeptical of tobacco dependence treatments.²³ Additional emphasis must be placed on healthcare providers encouraging priority populations, including persons with mental health and substance abuse conditions, low-SES populations, and African American and Hispanic smokers, to quit through counseling or referral to support services.

Surveillance and Evaluation

Recommended Practices:

- **Surveillance:** Conduct surveillance of exposure to secondhand smoke and the prevalence of tobacco use by product and sub-populations in the community; use secondary data when applicable, such as those collected through the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Pregnancy Risk Assessment Monitoring System (PRAMS), Adult Tobacco Survey (ATS), and Youth Tobacco Survey (YTS); collect primary data as needed to supplement available data and to learn more about populations with the highest degree of disparity or health inequity; report surveillance data to policymakers and community members.
- **Program evaluation:** Conduct process, outcome, and impact evaluation; make modifications to the program; measure the achievement of objectives related to the four goals of comprehensive tobacco control programs; identify changes in tobacco use prevalence; report evaluation data to policymakers and community members.
- **Rationale:** Surveillance and evaluation are essential elements of a comprehensive tobacco control program. A successful program should assess the use of tobacco in the catchment area of the LHD, the local factors contributing to tobacco use, and the impact of the program to change knowledge, attitudes, policies, practices, and ultimately tobacco use prevalence and exposure to secondhand smoke.

Surveillance is the continuous monitoring of measures over time to inform program and policy directions. Well-funded surveillance capacity in LHDs could be used to monitor local or regional changes in tobacco use and exposure to secondhand smoke and elicit the exact nature of those changes. It is important to integrate evaluation with all other program elements and activities.



Evaluation provides in-depth information about the status of intermediate outcomes, such as knowledge, attitudes, and policies, which are the short-term target of an intervention. The evaluation component also monitors program activities to ensure that they are conducted as planned. Thus evaluation data should be used to illustrate the value of the tobacco control program in addition to assessing the efficacy of its activities and informing changes need to the program.

Infrastructure, Administration, and Management

Recommended Practices:

Staff should be dedicated to fulfill the following administration and management roles. Based on LHD capacity, some staff may take on more than one role. Implementation of an effective tobacco control program requires strong administrative and management structures for performance of strategic planning, staffing, and fiscal management functions. Sufficient capacity enables programs to provide strong leadership and foster collaboration among the state and local tobacco control community.

- **Program management:** Conduct strategic planning; recruit and develop staff; provide technical assistance and training to coalition members and other partners; develop and maintain a website and media resources.
- **Collaboration:** LHDs can integrate tobacco control programs with other chronic disease prevention programs and population-based primary prevention initiatives to create programmatic synergies, use resources efficiently, build program sustainability, and achieve a greater impact in the community. LHDs should also collaborate with state health departments to align efforts and share resources.
- **Public outreach:** Educate the public and decision-makers on the health effects of tobacco and effective, evidence-based program and policy interventions.
- **Surveillance and program evaluation,** as described in the preceding section.



RESOURCES

National Association of County and City Health Officials (NACCHO)

NACCHO's website hosts news, resources, and publications regarding tobacco prevention and control for local health departments.

<http://naccho.org/programs/community-health/chronic-disease/tobacco>

NACCHO Resources

[NACCHO Policy Statement: Tobacco Prevention](#)

[NACCHO Policy Statement: Local Tobacco and Vaping Control Regulations](#)

[NACCHO Rural Tobacco Issue Brief: Tobacco Control Efforts in Rural America: Perspectives from Local Health Departments](#)

[NACCHO Webinar: Framing Health Equity: Communicating Strategies that Work](#)

[NACCHO Webinar: Tobacco in Rural America: Reports from the Field](#)

Local Health Department Success Stories

[Million Hearts in Municipalities: Leveraging Social Media for Tobacco Cessation Education in Bell County, Texas](#)

[Million Hearts in Municipalities: Tobacco Cessation in a Mental Health Clinic in Albany County, New York](#)
[Smoke-Free Housing: Success Stories from Local Health Departments](#)

[Technical Assistance for Local Health Departments to Support, Leverage & Extend CDC's Tips from Former Smokers Campaign - 2017](#)

[Technical Assistance for Local Health Departments to Support, Leverage & Extend CDC's Tips from Former Smokers Campaign in Partnership with Healthcare Providers](#)

[Vaping Prevention and Control Efforts in Rural America: Current Local Health Department Successes and Challenges](#)

Centers for Disease Control and Prevention (CDC)

CDC offers many resources related to tobacco prevention and control including statistics, reports, scientific publications, materials for clinicians and the public, and media tools.

<http://www.cdc.gov/tobacco/>

[CDC Tips: Tips from Former Smokers®](#)

[CDC Tips: Ten Years of Tips](#)

[CDC Best Practices Guide: Cessation User Guide](#)

[CDC Best Practices Guide: Health Communications User Guide](#)

[CDC Best Practices Guide: Health Equity User Guide](#)

[CDC Best Practices Guide: Program Infrastructure User Guide](#)

[CDC Best Practices Guide: Youth Engagement User Guide](#)

[CDC Resource: Sustaining State Funding for Tobacco Control](#)

[CDC Resource: State-Specific Legislative Information](#)

[CDC Resource: Cessation Materials for State Tobacco Control Programs](#)

[Office on Smoking and Health's Interactive Data Dissemination Tool: OSHData](#)

Other National Resources

[FDA's Tobacco Page](#)

[ASTHO's Tobacco Page](#)

[Tobacco Control Network 2016 Policy Recommendations Guide](#)

[2019 National Network of Public Health Institutes Report: Advancing Tobacco Prevention and Control in Rural America](#)

[Americans for Nonsmokers Rights](#)

[Tobacco Policy Effects Tool](#)

REFERENCES

- ¹ Centers for Disease Control and Prevention. (1999). *Best practices for comprehensive tobacco control programs – 1999*. 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.
- ² Centers for Disease Control and Prevention. (2007). *Best practices for comprehensive tobacco control programs – 2007*. 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.
- ³ Centers for Disease Control and Prevention. (2014). *Best practices for comprehensive tobacco control programs – 2014*. 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.
- ⁴ National Association of County and City Health Officials. (2001). *2001 program and funding guidelines for comprehensive local tobacco control programs*. Washington, DC: National Association of County and City Health Officials.
- ⁵ U.S. Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General*. Atlanta, GA: 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, 2014. Printed with corrections, January 2014. Retrieved July 25, 2019, from https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf
- ⁶ National Association of County and City Health Officials. (2020). *National Profile of Local Health Departments - NACCHO*. NACCHO. Retrieved June 28, 2021, from https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf
- ⁷ National Association of County and City Health Officials. (2019, September). *Tobacco control efforts in rural America issue brief - NACCHO*. NACCHO. Retrieved June 28, 2021, from <https://www.naccho.org/uploads/downloadable-resources/Tobacco-Control-Efforts-in-Rural-America-Issue-Brief.pdf>
- ⁸ National Association of County and City Health Officials. (2018). *18-05 statement of policy tobacco prevention - NACCHO*. NACCHO. Retrieved June 28, 2021, from <https://www.naccho.org/uploads/downloadable-resources/18-05-Tobacco-Prevention.pdf>
- ⁹ National Association of County and City Health Officials. (n.d.). *96-04 statement of policy local tobacco and vaping control regulations*. NACCHO. Retrieved June 28, 2021, from <https://www.naccho.org/uploads/downloadable-resources/96-04-Local-Tobacco-and-Vaping-Control-Regulations.pdf>
- ¹⁰ U.S. Food and Drug Administration. (n.d.). *Tobacco 21*. U.S. Food and Drug Administration. Retrieved January 27, 2022, from <https://www.fda.gov/tobacco-products/retail-sales-tobacco-products/tobacco-21>

- ¹¹ U.S. Food and Drug Administration. (2018, November 15). Results from 2018 National Youth Tobacco Survey show dramatic increase in e-cigarette use among youth over past year. U.S. Food and Drug Administration. Retrieved January 27, 2022, from <https://www.fda.gov/news-events/press-announcements/results-2018-national-youth-tobacco-survey-show-dramatic-increase-e-cigarette-use-among-youth-over>
- ¹² Wang, T. W., Gentzke, A. S., Creamer, M. L. R., Cullen, K. A., Holder-Hayes, E., Sawdey, M. D., Anic, G. M., Portnoy, D. B., Hu, S., Homa, D. M., Jamal, A., & Neff, L. J. (2019). Tobacco product use and associated factors among middle and high school students — United States, 2019. *MMWR. Surveillance Summaries*, 68(12), 1–22. <https://doi.org/10.15585/mmwr.ss6812a1>
- ¹³ U.S. Department of Health and Human Services. (2000). Reducing tobacco use: A report of the Surgeon General. Atlanta, GA: 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.
- ¹⁴ Farrelly, M. C., Pechacek, T. F., & Chaloupka, F. J. (2003). The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. *Journal of Health Economics*, 22(5), 843-859.
- ¹⁵ Tuaras, J. A., Chaloupka, F. J., Farrelly, M. C., Giovino, G. A., Wakefield, M., Johnston, L. D., ... Pechacek, T. F. (2005). State tobacco control spending and youth smoking. *American Journal of Public Health*, 95(2), 338-344.
- ¹⁶ Farrelly, M. C., Pechacek, T. F., Thomas, K. Y., & Nelson, D. (2008). The impact of tobacco control programs on adult smoking. *American Journal of Public Health*, 98(2), 304-309.
- ¹⁷ National Association of County and City Health Officials. (2018, September). Million hearts in municipalities: Leveraging ... - NACCHO. NACCHO. Retrieved January 28, 2022, from https://www.naccho.org/uploads/downloadable-resources/Bell-County-MH-Success-Story_Final.pdf
- ¹⁸ National Association of County and City Health Officials. (2018, October). Technical assistance for local health departments ... - NACCHO. NACCHO. Retrieved January 28, 2022, from <https://www.naccho.org/uploads/downloadable-resources/NACCHO-Tips-Campaign-Final-Report-2018.pdf>
- ¹⁹ National Association of County and City Health Officials. (2017, August). Support, leverage and expand use of CDC's tips ... - NACCHO. NACCHO. Retrieved January 28, 2022, from <https://www.naccho.org/uploads/downloadable-resources/Tips-Final-Report-10-19-17.pdf>
- ²⁰ Community Preventive Services Task Force. (2014, November). The Guide to Community Preventive Services: Reducing tobacco use and secondhand smoke exposure. Retrieved from <http://www.thecommunityguide.org/tobacco/index.html>
- ²¹ Durkin, S., Brennan, E., & Wakefield, M. (2012). Mass media campaigns to promote smoking cessation among adults: An integrative review. *Tobacco Control*, 21(2), 127–138.
- ²² Wakefield, M. A., Bove, S. J., Durkin, S. J., Yong, H. H., Spittal, M. J., Simpson, J. A., & Borland, R. (2013). Does tobacco-control mass media campaign exposure prevent relapse among recent quitters? *Nicotine & Tobacco Research*, 15(2), 385–392.
- ²³ Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N. L., Curry, S. J., ... Wewers, M. E. (2008). *Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services.



www.naccho.org



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 I Street, NW, Fourth Floor • Washington, DC 20005

Phone: 202.783.5550 • Fax: 202.783.1583

© 2022. National Association of County and City Health Officials