
Guide to Community Preventive Services

State and Local Opportunities for Tobacco Use Reduction

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For more than a decade now, the Institute of Medicine (IOM) has influenced state and local practitioners of public health by directing us to perform a set of core functions as we manage our agencies and serve our communities.¹ Our first activity is to assess our community's needs. We follow up on this effort by developing policies that address these concerns. Our final core function is to ensure that our policies are implemented through interventions that meet the objectives for which they were designed. While we have had several tools to perform the initial community assessment,^{2,3} we have lacked scientifically based guidance in developing sound and effective policies and interventions for the problems we collectively face. This lack of evidence has made our tasks that much more difficult, since elected public officials have increasingly asked us to "do more with fewer resources" and have held us accountable for achieving cost-effective results.

Most recently, we have observed the value of "evidenced-based" practices in the field of clinical medicine⁴ and have incorporated many personal preventive services such as screening mammograms, into our public health activities. But we continue to need a similar approach that is uniquely suited to population-oriented, community-focused preventive services activities. The *Guide to Community Preventive Services* (the *Community Guide*)⁵ produced by the Task Force on Community Preventive Services (TFCPS) will serve this function and should be a tremendous help to those of us "in the trenches" of public health practice as we try to influence executive and legislative decision-makers to spend additional public dollars on effective public health practices. After reviewing the accompanying chapter of the *Community Guide* on interventions to reduce tobacco use and exposure to environmental tobacco smoke, I would like to describe its potential utility in the field. These observations are based on my nearly 25 years of service as both a local and state health officer in three counties and two states as well as 1 year in an academic setting developing a state plan for

tobacco control utilizing dedicated funds from the \$246 billion Master Settlement Agreement (MSA) recently signed collectively by the states' attorneys general and the major tobacco companies.

Tobacco-related illness causes more than 400,000 deaths annually in the United States⁶ and is clearly our nation's (and the world's) number one public health problem. Today, we direct some, but not sufficient, resources toward this problem. But, if we could demonstrate that certain strategies existed that were proven to reduce the use of tobacco, and therefore lower the burden of illness associated with this behavior, then perhaps additional resources might be provided. That money is currently available to state governments from the MSA. The *Community Guide* could serve that purpose and help us improve our efforts in combating this lethal product.

The TFCPS guidelines have been developed through a systematic approach to the scientific literature:

1. Specific interventions are selected for study.
2. The scientific literature is searched for evidence of the effectiveness of each strategy.
3. The quality of the evidence both for individual and the collective body of research papers is assessed.
4. Recommendations regarding the implementation of the intervention are developed.⁷

The timeliness of these recommendations could not have been better, since many states will be making MSA decisions when their legislatures go into session at the beginning of 2001. By reviewing the recommendations of the TFCPS and incorporating them into public health policy and budget initiatives, state and local practitioners will be prepared to argue more effectively during their presentations and stand a much better chance of being successful in their efforts.

Let me describe briefly the specific interventions considered in the *Community Guide* and the resultant recommendations. The TFCPS began with a list of more than 90 interventions to arrive at a list of 14 for final consideration. These were organized into three specific types of interventions: (1) strategies to reduce youth initiation, (2) strategies to reduce environmental tobacco smoke (ETS), and (3) population-based strategies for smoking cessation.

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Each intervention was then evaluated for proven effectiveness for community action. To reduce youth initiation, the TFPCS strongly recommends:

1. increasing the unit price for tobacco products, particularly through raising state and federal excise taxes, and
2. developing extensive and extended mass media campaigns particularly when they are the centerpiece along with other strategies.

To decrease the effects of ETS, the TFCPS strongly recommends:

1. developing laws and regulations to restrict or ban tobacco consumption in workplaces and general areas used by the public.

To assist with smoking cessation from a population orientation, the TFCPS strongly recommends:

1. using broadcast and print media to encourage people to “quit” along with other strategies,
2. increasing the unit price for tobacco products,
3. using provider education and having providers implement self-reminder systems to ensure that this issue is raised during the clinical examination, and
4. providing telephone counseling and support services along with other strategies.

For each of the above recommendations, the *Community Guide* provides a synopsis and interpretation of the specific studies that were reviewed and describes the evidence in support of the TFCPS’s conclusions. Thus, during our policy-development phase of addressing tobacco-related issues, we can use this information on proven strategies to articulate the supporting scientific evidence as we defend new policy initiatives in public debate. The level of public health respectability will certainly rise as a direct result of our utilization of the scientific evidence contained within the *Community Guide* and the likelihood of our success in garnering additional resources to serve the public will be greatly enhanced.

I’d also like to offer an observation about how state public health leaders might use these TFCPS guidelines to enhance their collaborative efforts with county and city health departments. In reality, any of the chapters of the *Community Guide* could be used to achieve similar outcomes; this is one reason why the *Community Guide* is such a valuable tool. Initially, state and local leaders should review the data identifying the scope of the burden caused by tobacco use in each community. Hopefully, these data were supplied through informa-

tion systems developed and distributed by the state health department as part of its technical assistance program. The leaders should then plan to meet and more thoroughly discuss the implications of the guidelines for each particular setting. Using the data from this assessment tool, the group should have sufficient rationale to tailor its policy development to local needs, and, with the assistance of the evidence found in the *Community Guide*, the group should be able to weave together a locally responsive yet comprehensive statewide approach to attack this problem.

Next, individuals can be selected by the group to serve in different capacities to develop the legislative and programmatic strategies, create “talking points” for advocacy, design a “media strategy,” and determine what other groups and organizations should be approached to develop working partnerships. By working as a cohesive and collaborative team, the state and local health officials can develop effective interventions to ensure that their policies are successfully implemented.

Finally, the team should always continue to monitor the effectiveness of their efforts by following state and local trends in tobacco use, initiation, and cessation by various age, ethnic, and gender statistics. The specific recommendations of the *Community Guide* can thus be helpful in developing a strong rationale for each policy initiative sought. But they can also serve as the vehicle to help build and strengthen the state–local agency partnership as well as to catalyze the formation of strategic community partnerships so necessary and vital to expand the influence of public health on our state and local agendas.

The opinions expressed in this commentary are those of the author and not necessarily those of the health department.

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