

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute

MONOGRAPH SIXTEEN

16

ASSIST

Shaping the Future of Tobacco Prevention and Control

NCI TOBACCO CONTROL MONOGRAPH SERIES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute

MONOGRAPH SIXTEEN

16

ASSIST

Shaping the Future of Tobacco Prevention and Control

NCI TOBACCO CONTROL MONOGRAPH SERIES

Other NCI Tobacco Control Monographs

Strategies to Control Tobacco Use in the United States: A Blueprint for Public Health Action in the 1990's. Smoking and Tobacco Control Monograph No. 1. NIH Pub. No. 92-3316, December 1991.

Smokeless Tobacco or Health: An International Perspective. Smoking and Tobacco Control Monograph No. 2. NIH Pub. No. 92-3461, September 1992.

Major Local Tobacco Control Ordinances in the United States. Smoking and Tobacco Control Monograph No. 3. NIH Pub. No. 93-3532, May 1993.

Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. Smoking and Tobacco Control Monograph No. 4. NIH Pub. No. 93-3605, August 1993.

Tobacco and the Clinician: Interventions for Medical and Dental Practice. Smoking and Tobacco Control Monograph No. 5. NIH Pub. No. 94-3693, January 1994.

Community-based Interventions for Smokers: The COMMIT Field Experience. Smoking and Tobacco Control Monograph No. 6. NIH Pub. No. 95-4028, August 1995.

The FTC Cigarette Test Method for Determining Tar, Nicotine, and Carbon Monoxide Yields of U.S. Cigarettes. Report of the NCI Expert Committee. Smoking and Tobacco Control Monograph No. 7. NIH Pub. No. 96-4028, August 1996.

Changes in Cigarette Related Disease Risks and Their Implications for Prevention and Control. Smoking and Tobacco Control Monograph No. 8. NIH Pub. No. 97-4213, February 1997.

Cigars: Health Effects and Trends. Smoking and Tobacco Control Monograph No. 9. NIH Pub. No. 98-4302, February 1998.

Health Effects of Exposure to Environmental Tobacco Smoke. Smoking and Tobacco Control Monograph No. 10. NIH Pub. No. 99-4645, August 1999.

State and Local Legislative Action to Reduce Tobacco Use. Smoking and Tobacco Control Monograph No. 11. NIH Pub. No. 00-4804, August 2000.

Population Based Smoking Cessation. Smoking and Tobacco Control Monograph No. 12. NIH Pub. No. 00-4892, November 2000.

Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine. Smoking and Tobacco Control Monograph No. 13. NIH Pub. No. 02-5047, October 2001.

Changing Adolescent Smoking Prevalence. Smoking and Tobacco Control Monograph No. 14. NIH Pub. No. 02-5086, November 2001.

Those Who Continue to Smoke. Smoking and Tobacco Control Monograph No. 15. NIH Pub. No. 03-5370, September 2003.

Note, when citing this monograph in other works, please use the following format:

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. NIH Pub. No. 05-5645, May 2005.

Dedication

This monograph is dedicated to the thousands of people across the United States and beyond who participated in the ASSIST project in one way or another. ASSIST was a unique, groundbreaking effort in tobacco prevention and control that changed the landscape of the field over the decade of the 1990s. This project could not have been successfully completed without the commitment and tireless efforts of the many people who were part of ASSIST—this book is dedicated to all of you! Numerous practitioners, advocates, and scientists were oriented or trained in the discipline of tobacco prevention and control during the ASSIST years. Many of them have gone on to become or have continued as leaders in tobacco prevention and control and public health across the United States and in several other countries as well.

Virtually every major public health organization in the United States that is a significant player in the tobacco control movement includes people who spent important formative years of their careers contributing to the success and innovations of ASSIST. These people are far too numerous to mention by name, but you know who you are! The Senior Scientific Editors are extraordinarily grateful for your efforts and your resolve. Of these, three important leaders completed their long, dedicated careers of public service in the federal government pursuing the tobacco-use-reduction goals of ASSIST and deserve special recognition for their critical contributions to the project and the field: Mary P. “Mimi” Henry, William R. Lynn, and Donald R. Shopland. Together, they provided more than 101 years of dedicated public service. The tobacco control community and the Senior Scientific Editors are indeed eternally indebted to them.

A Note from the Series Editor

With this volume, the National Cancer Institute (NCI) presents the 16th monograph of the Tobacco Control Monograph series and a new design to facilitate readability.

NCI remains strongly committed to furthering the science of tobacco prevention and control through the timely discussion of evidence-based research, emerging issues, and program and policy applications. By producing and disseminating the Tobacco Control Monographs, NCI seeks to increase the impact of tobacco control research and enhance the translation of research to practice and policy.

Preventing, reducing, and treating tobacco use and tobacco-related cancers across all ages and populations are critical to and in keeping with NCI's goal to reduce the suffering and death due to cancer.

Several other monographs are in production at this time on a wide range of topics. Further details about the new series will be presented in future volumes.

Stephen E. Marcus, Ph.D.
Epidemiologist and Monograph Series Editor
Tobacco Control Research Branch
Behavioral Research Program
Division of Cancer Control and Population Sciences

May 2005

Foreword

I have long been committed to eliminating tobacco use in all its forms throughout the United States and around the world. I have been widely quoted, including in this monograph, as working tirelessly toward a smoke-free society by the year 2000 because I firmly believed that this was then and is now our most important public health goal. I regret that we have not fully achieved this lofty goal. However, I believe that by setting such ambitious goals and working diligently toward their achievement, we have made tremendous strides toward reducing the incredible addiction, disease, disability, and death caused by tobacco use.

The American Stop Smoking Intervention Study for Cancer Prevention, widely known as ASSIST, was conceived while I was Surgeon General and was implemented during the 1990s, a decade of significant progress throughout the entire field of tobacco prevention and control. ASSIST contributed to many of these advances in important ways, including (1) demonstrating a strong emphasis on comprehensive policy change, (2) using a strategic approach to media interventions, (3) creatively using media advocacy to achieve policy goals, and (4) defining a new standard for training and technical assistance to ensure that public health practitioners have the skills and resources needed to attain successfully their ambitious objectives. In addition, ASSIST staff and volunteers learned a great deal about the vast resources of the tobacco industry and its fierce determination to use those resources to thwart any public health efforts that might encroach on their huge profits. This monograph provides new insights regarding tobacco industry strategies to interfere with ASSIST and its public health objectives.

From my vantage point at the national level, I have seen the important role that ASSIST leaders and coalitions played in advancing smoking cessation efforts and tobacco containment. They were in the vanguard of these efforts and helped to fashion the next phase of comprehensive tobacco control interventions. I know that many of the readers of this monograph will have their own views about the lessons from ASSIST but as I have traveled the country, I have heard many of their stories and insights about the impact of this program on broader tobacco prevention and control efforts. In my estimation, several key points stand out as legacies of ASSIST: (1) the field of tobacco control continues to be staffed by many experts who learned about tobacco control issues and skills during ASSIST and who played key roles in implementing the conceptual model of ASSIST, (2) the strong emphasis on policy and media strategies to shift the focus from the individual to population-based interventions has had a long-lasting impact on behavioral health, and (3) designing interventions around a reliable evidence base is critical for building effective programs. I would add—since the ASSIST evaluation pointed out that states with more tobacco control activity had lower per capita cigarette consumption—(4) the lessons of ASSIST are broadly applicable to many public health disciplines and can be used immediately by others attempting to design and implement community-based health interventions.

Unfortunately, we have not yet fully achieved a smoke-free society. Even today, tobacco use remains the leading preventable cause of death in the United States, responsible for the deaths of over 440,000 people annually. But I see this smoke-free society as a clear goal that can be, indeed must be, reached in the foreseeable future. Working together, we have created an active, viable, committed tobacco control movement in the United States that has dramatically reformed our social norms about the acceptability of smoking and tobacco use. Smoking in public is no longer accepted, and the health risks of exposure to environmental tobacco smoke, also widely referred to as secondhand smoke, are known throughout the land. In fact, seven states have prohibited smoking in all workplaces, including restaurants and bars, and four more require all restaurants to be smoke-free. As state legislatures convene, many are considering similar legislation to protect the health and well-being of their citizens. These policies are important for many reasons, including, of course, protecting the health of employees and patrons of these establishments, but also because comprehensive workplace smoking policies do much to encourage quitting among smokers. Furthermore, between 1998 and 2003, 35 states and the District of Columbia raised their excise taxes on tobacco products, a policy device known to all of us as one of the best tools for reducing cigarette consumption.

Now, as better resources and support are available for smokers attempting to quit, we hope to increase their success rates. The National Network of Tobacco Cessation Quitlines is just one new resource available to provide services to smokers who are trying to stop by building on existing state efforts and the expertise of federal health agencies. Many employers are increasingly aware of the costs of their employees' smoking habits and are using a broad range of strategies to address this problem—from shifting costs of higher health insurance premiums to individual employees, to providing additional coverage for cessation medications and counseling, to prohibiting all smoking in company facilities and throughout the surrounding grounds.

One such example is a recent effort by the U.S. Department of Health and Human Services, called Tobacco-Free HHS, to eliminate the use of any tobacco products on all its properties, including buildings and grounds, and provide smoking cessation services to employees who smoke. The goal is to improve employee health by reducing smoking rates among all its employees and to provide a model policy for other employers. We must remember the importance of both supporting individual tobacco users who are trying to stop and providing supportive policies and an environment that encourages positive behavior change. It is critical to remain vigilant in our efforts not to blame the victim, but rather to provide support and evidence-based policies that help move individual behavior change in the right direction. We must never forget that the real source of the problem is an industry that has lied about and misrepresented the addictiveness and health hazards of their products for decades, with the intent of recruiting additional users.

These successes—lower smoking prevalence rates, higher tobacco prices, clean indoor air that is free from secondhand smoke, reduced youth access to tobacco, and reduced exposure to tobacco advertising and promotion—were developed by a large group of individuals, organizations, and programs working collectively to reduce the addiction, disease, disability, and death caused by tobacco use. The public health professionals of ASSIST made key contributions that are described, with numerous case studies and vivid examples, throughout this monograph.

The lessons of ASSIST are essential to the tobacco prevention and control movement and, perhaps even more important, to the entire field of public health. The concepts of building on a strong evidence base; designing interventions that will have broad population impacts; changing social norms in pursuit of greater justice; developing strong partnerships based on common goals and mutual respect; maintaining a determination not to be swayed or pushed off target by one's adversaries; and ensuring a serious commitment to evaluation, self-reflection, and adaptation of strategies in mid-course are not unique to ASSIST. However, ASSIST brought these concepts to life and offered clear examples of how they can be used for advancing tobacco control and public health objectives.

I am sure the reader will find this volume on ASSIST to be a helpful resource as public health practitioners and researchers work toward eradicating tobacco use in our society and designing other effective community-based interventions to improve the public's health. I am grateful to those who made ASSIST the template for public health endeavors that it was.



C. Everett Koop, M.D., Sc.D.
Surgeon General, U.S. Public Health Service, 1981–89

Preface

Just as the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST) was a major shift in the National Cancer Institute's (NCI's) tobacco prevention and control research and dissemination efforts, this monograph is a significant departure from NCI's previous tobacco control monographs. For many, the ASSIST project represented a logical progression of NCI's phased-research approach to reducing tobacco use. For others, it represented a controversial and overly ambitious leap in a new direction. Similarly, this monograph departs from the traditional quantitative evidence review format to emphasize instead the practical, hands-on experience of program implementation. Traditional research investigators who defend the sanctity of the randomized clinical trial, many of whom were uncomfortable with ASSIST at its outset, will also be uncomfortable with the personal and anecdotal flavor of this monograph. Public health practitioners, on the other hand, as well as those investigators who have immersed themselves in the untidy world of implementation research, will appreciate the detailed historical accounts of the complexities, politics, and outright opposition encountered by the ASSIST team. The collective experiences described in this monograph provide a rich understanding of the gritty struggle against the powerful forces of the tobacco industry and its allies. For students in public health training programs, this work also provides a unique view of the world outside of academia, where commercial, political, and public health interests collide in a struggle to define the policies, norms, and practices that will affect the health of generations.

Moving forward into a new millennium brings a renewed sense of commitment to tobacco prevention and control. Results from the Lung Health Study (LHS), a randomized smoking cessation clinical trial sponsored by the National Heart, Lung, and Blood Institute, strengthen the evidence that smoking is causally responsible for the increased risk for death in smokers.¹ In an editorial about the study, Dr. Jonathan Samet states, "No one can make a serious claim to the contrary in light of this randomized trial evidence."^{2(p300)} Released in February 2005, the findings show that lung cancer deaths decreased by more than 50% within 15 years of complete smoking cessation. Lead author Dr. Nicholas Anthonisen relates that lung cancer risk is probably still elevated after 15 years and that the biggest survival benefit accrued to participants 45 years of age and younger; therefore, "it could be argued ... that smoking cessation was most effective in preventing truly premature death."^{1(p238)}

These findings also contain a key public health message—the importance of preventing tobacco use in the first place. Fewer than one-quarter of LHS's participants were able to stop smoking. The addictive nature of nicotine has been well documented, including in a comprehensive report on this subject in 1988, *The Health Consequences of Smoking: Nicotine Addiction: A Report of the Surgeon General*.³ ASSIST used an ecological approach not only to help smokers who wanted to quit but also to prevent tobacco use primarily among children, teens, and young adults. A statistically signifi-

cant decrease in smoking prevalence in ASSIST states was found compared with that in non-ASSIST states, and per capita decreases in consumption were associated with policy outcomes. It has been estimated that if the ASSIST project had been implemented nationwide, there would be at least 1,213,000 fewer smokers, with a corresponding decrease in premature death and disease. The evaluation and quantitative results of ASSIST are discussed in detail in a separate publication, Monograph 17 (*Evaluating ASSIST: The Blueprint for Understanding State-Level Tobacco Control*), and are briefly described at the beginning of this volume.

The history of ASSIST began long before 1991, and its impact has continued since its end in 1999. ASSIST was based on research, conducted over the years at NCI and by other researchers, about which interventions were most likely to produce behavior change. Like other studies of this scope conducted in a government setting, ASSIST underwent a thorough concept review process. When conceived, it was called the American Stop Smoking Intervention Study for Cancer Prevention, which over time was informally shortened to the American Stop Smoking Intervention Study, and finally became known by its acronym. As tobacco use is a risk factor for many diseases, deleting “for cancer prevention” from the ASSIST name broadened the focus of the project and helped to expand the partnership to include other agencies and organizations such as the American Heart Association and the American Lung Association.

ASSIST was launched through a collaborative public/private partnership between NCI and the American Cancer Society (ACS) that funded 17 state health departments. While continuing to recognize the importance of helping people to stop smoking, the ASSIST project focused on four policy changes that in turn would support a tobacco-free norm: (1) eliminating exposure to environmental tobacco smoke, (2) promoting higher taxes for tobacco, (3) limiting tobacco advertising and promotions, and (4) reducing minors’ access to tobacco products.

ASSIST was the first comprehensive tobacco prevention and control program of its scope. It was originally conceived as a 7-year demonstration project, but leadership within the U.S. Department of Health and Human Services (DHHS) believed that it was important to maintain a commitment to national tobacco control activities and transitioned the administration of state-based programs to one governmental agency. An additional year was required to ensure a seamless transition that merged ASSIST into the newly established National Tobacco Control Program at the Centers for Disease Control and Prevention (CDC).

This monograph is a product of authors and editors who were involved in the project—who had lived and experienced ASSIST for many years. With the exception of part 1 in chapter 8, “Tobacco Industry Challenge to ASSIST,” the monograph provides a qualitative and subjective view of the 8-year ASSIST project. The writers are dedicated to tobacco prevention and control and remain passionate about ASSIST. Numerous case studies are presented, not in the form of formal social research, but as stories and vignettes from state and local public health staff and volunteers that describe

their efforts—processes used, barriers encountered, lessons learned, and insights gleaned from these experiences. These case studies provide a flavor of the scope of ASSIST and give voice to the different perspectives of those involved.

The scientific editors envision Monograph 16 being used by a variety of audiences, but the primary audiences are public health practitioners and their community partners. In keeping with NCI's increased focus on the dissemination of research methods and tools, this monograph provides in-depth descriptions of intervention processes, examples of materials and best practices, and resource lists and guidance for activities such as media advocacy campaigns. Also included in appendix 5.A is a bibliography of ASSIST articles of interest and use to readers.

As we release Monograph 16, it should be noted that the world's first tobacco control treaty, the Framework Convention on Tobacco Control, which was negotiated by the World Health Organization, went into effect earlier this year. In addition to requiring ratifying nations to place graphic health warnings on cigarette packs, the treaty calls for actions that were key elements of ASSIST—imposing a ban on tobacco advertising, taking measures to protect nonsmokers from secondhand smoke, and increasing the cost of tobacco products. Although this monograph focuses on the experience in the United States, international readers may find it useful for garnering insight into effective processes for working with communities, the media, governing bodies, and the challenges presented by the tobacco industry. However, it is important to recognize differences in political and economic contexts that may influence efforts to implement policy-level interventions.

Monograph 16 begins with the historical context of ASSIST and the scientific base that informed the design of the project. The conceptual framework and the development of organizational infrastructures for implementation and evaluation are then described. The heart of this monograph is the in-depth descriptions of ASSIST's media advocacy and policy development interventions and the challenges posed by the tobacco industry. The monograph concludes by describing ASSIST's contributions to tobacco control and other behavioral health interventions and the significant challenges that remain.

Chapter 1: The Historical Context. Chapter 1 describes the activities and research foundation at NCI, ACS, and throughout the United States that led to the development of the ASSIST project and presents the evidence-based rationale for its conceptual model.

Chapter 2: The Conceptual Framework. Chapter 2 chronicles the development of the conceptual framework used for planning and implementing each state's ASSIST program.

Chapter 3: Structure and Communications. Chapter 3 describes the national partners and state agencies in their respective roles and the communication linkages among all the structural units that promoted collaborative decision making and were essential for the project to function as a whole.

Chapter 4: Building National, State, and Local Capacity and Capability. This chapter describes the training of project staff and coalition members (1) to plan interventions that were responsive to each community's needs and that were realistic in terms of the program's readiness and resources and (2) to implement tobacco control policy and media advocacy interventions.

Chapter 5: Media Interventions to Promote Tobacco Control Policies. Chapter 5 relates ASSIST's approach to using a variety of media interventions to promote public health policies and illustrates how media advocacy was used to promote policies for a tobacco-free environment.

Chapter 6: Public and Private Policy Interventions. Chapter 6 presents the ASSIST states' intervention strategies to achieve policies that advance objectives in four tobacco control areas: eliminating exposure to environmental tobacco smoke, increasing the price of tobacco products, restricting tobacco advertising and promotions, and reducing youth access to tobacco products. Case studies of interventions and insights of staff and coalition members illustrate the process of mobilizing ordinary citizens to effect major policy change, despite opposition from the tobacco industry.

Chapter 7: Program Services: Reaching the Individual. Chapter 7 describes the ASSIST approach to the delivery of program services. Rather than directly providing program services, ASSIST contractors encouraged, advised, and partnered with appropriate community organizations to ensure that such services were provided.

Chapter 8: Tobacco Industry Challenge to ASSIST. The two parts of chapter 8 present the tobacco industry's challenges to ASSIST. Part 1 affords insights gleaned from previously confidential industry documents that became available as a result of the Minnesota settlement and the Master Settlement Agreement. Part 2 describes the tobacco industry challenges from the point of view of ASSIST personnel who experienced those challenges firsthand and sought ways to respond.

Chapter 9: Planning Strategically for the Future. Chapter 9 chronicles the strategic planning approaches used from 1994 through 1998 at the local, state, and national levels to ensure that tobacco prevention and control programs would be incorporated into state and national infrastructures and would have sufficient funding to sustain the programs.

Chapter 10: From Demonstration Project to Nationwide Program. Chapter 10 describes NCI's and CDC's processes and challenges in disseminating research and demonstration project results to public health practice as ASSIST came to an end.

Chapter 11: The Promise of ASSIST. Chapter 11 relates how the effective application of the ASSIST core elements contributed to a fundamental shift in the approach to tobacco use prevention and control and other behavioral health interventions.

ASSIST represents the continuation of an ongoing evolution in public health, from its roots in controlling diseases to a more activist role in addressing underlying social

determinants of health. As a demonstration project, the most effective interventions were incorporated into ASSIST's community-based study design and successfully implemented in 17 states. The insights and lessons learned from ASSIST that are described in this monograph have (1) advanced our understanding of translating and disseminating research studies and demonstration project results; (2) increased our appreciation of the dose-response relationship between funding levels and effective tobacco prevention and control programs; (3) broken new ground in evaluation methodology for complex public health interventions that are diffused throughout a population; and (4) informed NCI's research agenda to encourage partnerships among scientists, state tobacco control programs, and tobacco control advocates.

Maintaining the capacity built by demonstration projects has been one of our greatest challenges in dissemination. As described in chapter 10, in 1999 NCI achieved one of its major ASSIST-related goals: by the year 2000 to advance from phase V—demonstration and implementation—to phase VI—mass application for the benefit of public health. The processes used to maintain ASSIST's capacity during the transition from NCI to CDC underscore the importance of one of ASSIST's strongest elements for implementing effective community-based, policy-focused public health programs: participatory decision making and inclusion of all partners.

I believe that the experiences and insights described in this monograph provide valuable and practical guidance for public health workers and tobacco prevention and control advocates and provide a rich source of new hypotheses to guide future research.



Robert T. Croyle, Ph.D.
Director, Division of Cancer Control and Population Sciences

References

1. Anthonisen, N. R., M. A. Skeans, R. A. Wise, J. Manfreda, R. E. Kanner, and J. E. Connett. 2005. The effects of a smoking cessation intervention on 14.5-year mortality. *Annals of Internal Medicine* 142 (4): 233–9.
2. Samet, J. M. 2005. Smoking kills: Experimental proof from the Lung Health Study. *Annals of Internal Medicine* 142 (4): 299–301.
3. U.S. Department of Health and Human Services. 1988. *The health consequences of smoking: Nicotine addiction: 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.

The Evaluation of the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST)

The ASSIST evaluation had to address daunting challenges—the project was complex, it was a natural experiment with no clear control sites, and the resources for the evaluation were limited. By necessity, it focused only on those components of the project that could be quantified as part of the evaluation conceptual framework—not all components of the ASSIST project could be evaluated. This monograph, *ASSIST: Shaping the Future of Tobacco Prevention and Control*, and the next in this series, Monograph 17, *Evaluating ASSIST: A Blueprint for Understanding State-Level Tobacco Control*, are designed as companion documents. Whereas Monograph 16 focuses on the conceptualization of the ASSIST project, the processes and interventions used to implement ASSIST, and the transition of ASSIST from a demonstration project to the National Tobacco Control Program, Monograph 17 addresses the evaluation framework, the details of the ASSIST evaluation, and the results of this effort. Following is a brief overview of this upcoming NCI publication.

Monograph 17. *Evaluating ASSIST: A Blueprint for Understanding State-Level Tobacco Control*

The ASSIST evaluation broke new ground in the assessment of public health interventions that are diffused throughout a population and outside the bounds of a randomized controlled clinical trial through the use of a validated metric known as the Strength of Tobacco Control (SoTC) index and a policy outcomes measure, the Initial Outcomes Index (IOI). These measures correlated with eventual public health outcomes, such as changes in smoking prevalence and consumption, and the individual constructs of SoTC—namely, resources, capacity, and efforts—and relate directly to measurable indicators at the state level.

This evaluation demonstrates that the ASSIST project clearly benefited public health. It also documents a successful approach to assessing complex public health programs and can serve as a guide for current and future tobacco control efforts. The evaluation methodologies and indices may also be applied to other complex community-based interventions beyond the field of public health.

Below are the major topics addressed in Monograph 17:

- The ASSIST evaluation framework and key constructs
- The development of the SoTC index, its descriptive characteristics, and examples of how it can be used to assess and improve state tobacco control programs
- Difficulties associated with attempts to measure tobacco industry counterefforts, along with potential solutions

- Documentation of the ASSIST media interventions, including methods used to identify, code, and analyze newspaper coverage of the four priority policy areas
- Methods used to track and measure changes in state and local clean indoor air laws
- A measure created to reflect a state's dependence on tobacco, which may affect implementation of comprehensive tobacco control programs
- Demographic, economic, sociopolitical, and geographic factors that might affect the evaluation of a tobacco control program
- The development of the IOI, which assessed the policy outcomes of states' tobacco control efforts
- The methodology and outcomes of the ASSIST evaluation
- Econometric techniques used to assess the cost-effectiveness of the ASSIST project
- The generalizability of the ASSIST evaluation efforts to other public health initiatives

The evaluation found that ASSIST states showed a statistically significant decrease in smoking prevalence compared with non-ASSIST states and that per capita decreases in consumption were associated with policy outcomes. The evaluators estimated that if the ASSIST program had been implemented nationwide, there would be at least 1,213,000 fewer smokers, with a corresponding decrease in premature death and disease.

Beyond its desired outcomes in tobacco use and public health, the lessons learned from the ASSIST evaluation have important implications for the future of public health. It broke new ground in the assessment of evidence-based public health practices, particularly in situations where randomized controlled trials are not possible. Because of its size and scope, the ASSIST evaluation represents a trend away from simple cause-and-effect relationships toward understanding the behavior of systems. It serves as a precursor to growing systems and network approaches that are helping us to understand more complex and interdependent behavior in real-world public health interventions.

Acronyms List

ACLF	American Constitutional Law Foundation
ACS	American Cancer Society
AFL-CIO	American Federation of Labor-Congress of Industrial Organizations
AHA	American Heart Association
ALA	American Lung Association
ALE	Division of Alcohol Law Enforcement (North Carolina)
AMA	American Medical Association
ANR	Americans for Nonsmokers' Rights
ASSIST	American Stop Smoking Intervention Study for Cancer Prevention
ASTHO	Association of State and Territorial Health Officials
CDC	Centers for Disease Control and Prevention
CEC	Colorado Executive Committee
COMMIT	Community Intervention Trial for Smoking Cessation
CPS	Current Population Survey
CTFC	Coalition for a Tobacco-Free Colorado
CTFK	Campaign for Tobacco-Free Kids
CVD	cardiovascular disease
DCPC	Division of Cancer Prevention and Control
DDA	Downtown Development Authority (Grand Rapids, MI)
DHHS	Department of Health and Human Services
DHS	Department of Human Services (Maine)
DOC	Doctors Ought to Care
DOH	Department of Health
ECS	electronic communications system
EPA	Environmental Protection Agency
ETS	environmental tobacco smoke
FAR	Federal Acquisition Regulations
FASA	Federal Acquisition Streamlining Act
FASS/T	Females Against Secondhand Smoke and Tobacco
FCC	Federal Communications Commission
FDA	Food and Drug Administration
FOIA	Freedom of Information Act
FSHC	Fair Share for Health Committee
FTC	Federal Trade Commission
GASO	Great American Smokeout
HCFA	Health Care Financing Administration
IMPACT	Initiatives to Mobilize for the Prevention and Control of Tobacco Use
INFACT	Infant Formula Action Coalition
IOI	Initial Outcomes Index

IOM	Institute of Medicine
IQ Health	Institute for Quality Health (University of Virginia)
IRC	Internal Revenue Code
JOFOC	Justification of Other Than Full and Open Competition
MASCOT	Multicultural Advocates for Social Change on Tobacco (New Mexico)
MDH	Minnesota Department of Health
<i>MMWR</i>	<i>Morbidity and Mortality Weekly Report</i>
MSA	Master Settlement Agreement
MSEC	Mountain States Employers Council
MTCP	Massachusetts Tobacco Control Program
NAAAPI	National Association of African Americans for Positive Imagery
NAACP	National Association for the Advancement of Colored People
NACCHO	National Association of County and City Health Officials
NALBOH	National Association of Local Boards of Health
NCAB	National Cancer Advisory Board
NCI	National Cancer Institute
NCTFK	National Center for Tobacco-Free Kids
NHLBI	National Heart, Lung, and Blood Institute
NIAID	National Institute of Allergy and Infectious Diseases
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIOSH	National Institute for Occupational Safety and Health
NTCP	National Tobacco Control Program
OSH	Office on Smoking and Health
OSHA	Occupational Safety and Health Administration
PM	Philip Morris Inc.
PSA	public service announcement
RJR	R.J. Reynolds Tobacco Company
RWJF	The Robert Wood Johnson Foundation
SAMHSA	Substance Abuse and Mental Health Services Administration
SCARCNet	Smoking Control Advocacy Resource Center Network
SoTC	Strength of Tobacco Control
STAT	Stop Teenage Addiction to Tobacco
STCP	Smoking, Tobacco, and Cancer Program
STN	site trainers network
TAT	training and technical assistance
TRISCI	Tobacco Research Initiative for State and Community Interventions
TRU	Teenage Research Unlimited
TTAC	Tobacco Technical Assistance Consortium
UMF	University of Maine at Farmington
VDH-TUCP	Virginia Department of Health Tobacco Use Control Program

Thank You for previewing this eBook

You can read the full version of this eBook in different formats:

- HTML (Free /Available to everyone)
- PDF / TXT (Available to V.I.P. members. Free Standard members can access up to 5 PDF/TXT eBooks per month each month)
- Epub & Mobipocket (Exclusive to V.I.P. members)

To download this full book, simply select the format you desire below

