

Battelle

The Business of Innovation

Changes in Tobacco Control Programs: What We Can Learn from the Strength of Tobacco Control Index

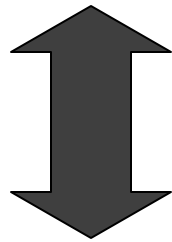
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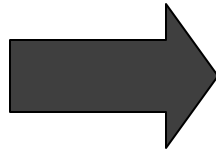
Ben Pierce, MS and Jyothi Nagaraja, MS, Battelle, Columbus

What is the “Strength of Tobacco Control”

Resources



Capacity



Efforts

SoTC Survey: 1999, 2002, 2004

- Computer-assisted modular telephone interview, 30-35 minutes
- 5-7 agencies per state
- Fixed respondent list + snowball sample
- 100% response rate for fixed respondents
- Respondents:
 - Health Dept.
 - Voluntaries (ACS, AHA, ALA)
 - Coalitions and “others”

Several Key Components of SoTC Relevant to SmokeLess States

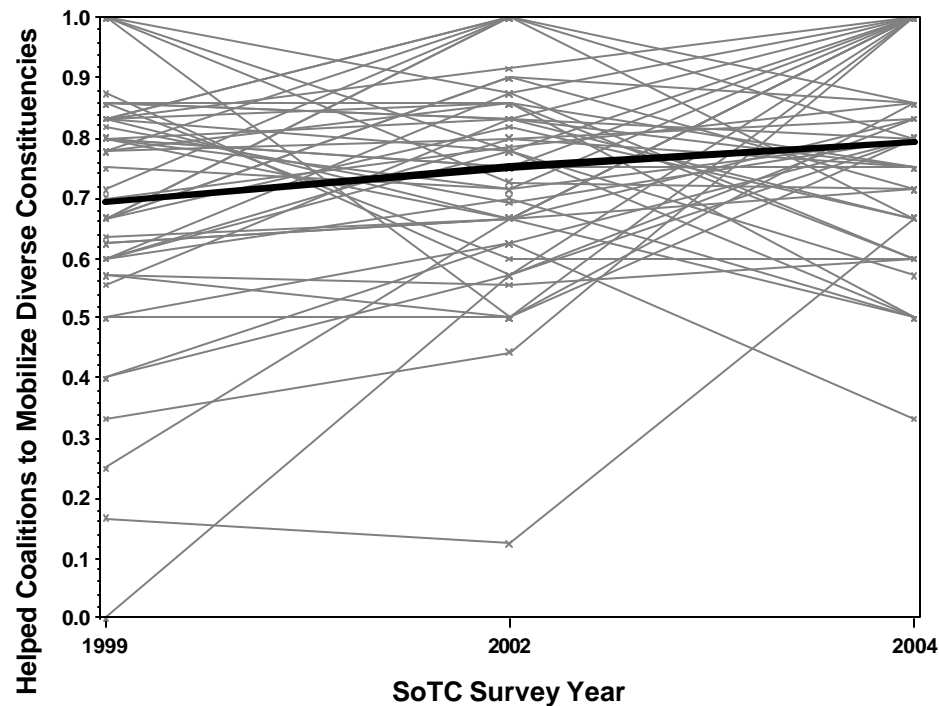
- Coalition building
 - Helping local coalitions mobilize diverse constituencies
- Efforts to educate policymakers
 - Mass media targeting policymakers
 - Use of paid lobbyist
- Policy efforts
 - Clean indoor air
 - Preemption
 - Tax increases
 - 3rd party payment for cessation aids

Change in Tobacco Control Programs over Time

- Each measure is a state mean
- Longitudinal model using mixed modeling approach
- Overall SoTC scores increased significantly 1999-2002 (mainly as a result of increased efforts to change individual behaviors)
- Decreased (but not significantly) from 2002-2004

Help Coalitions to Mobilize Diverse Constituencies

1999	2002	2004
0.70 (0.03)	0.75 (0.02)	0.80 (0.023)
Significant increase 1999-2002-2004		

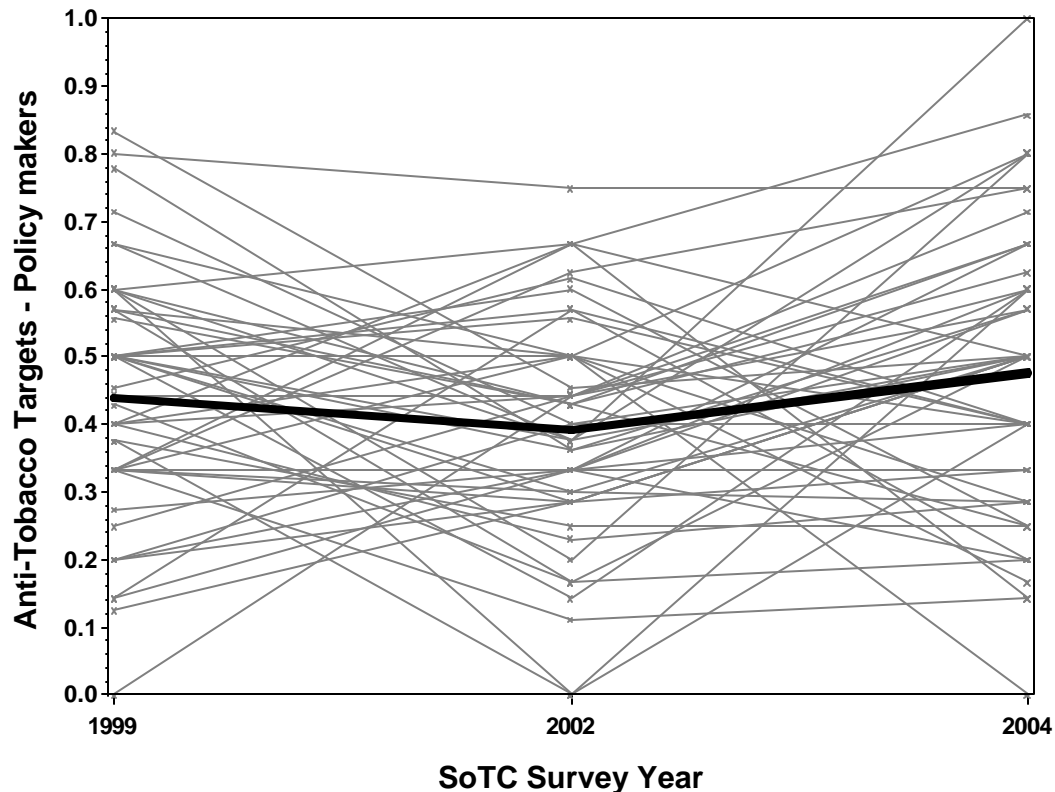


Help Coalitions to Mobilize Diverse Constituencies

- States receiving SmokeLess States grants in 1994 and 1997 had significantly greater proportion of agencies working in this area in 2002 and 2004

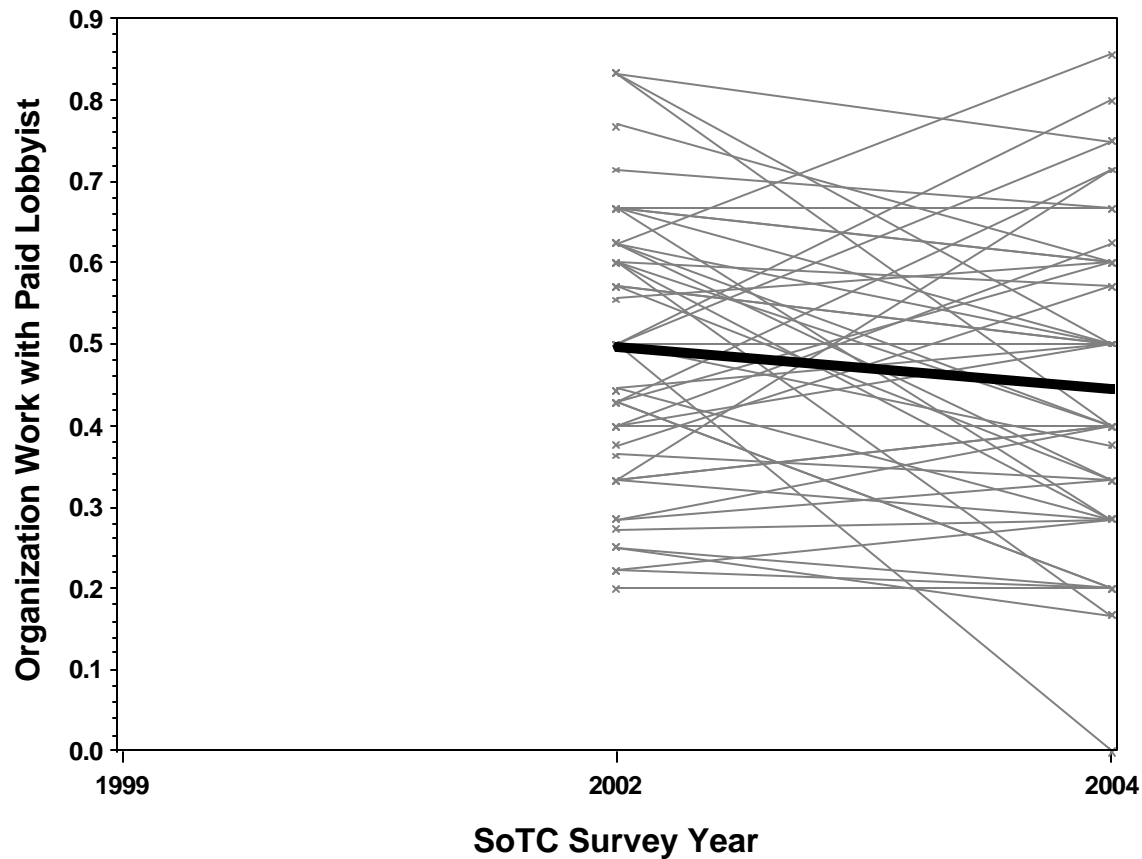
Mass Media to Target Policymakers

1999	2002	2004
0.44 (0.03)	0.39 (0.02)	0.48 (0.03)
Significant increase 2002-2004		



Work with Paid Lobbyist

1999	2002	2004
--	0.50 (0.02)	0.45 (0.03)

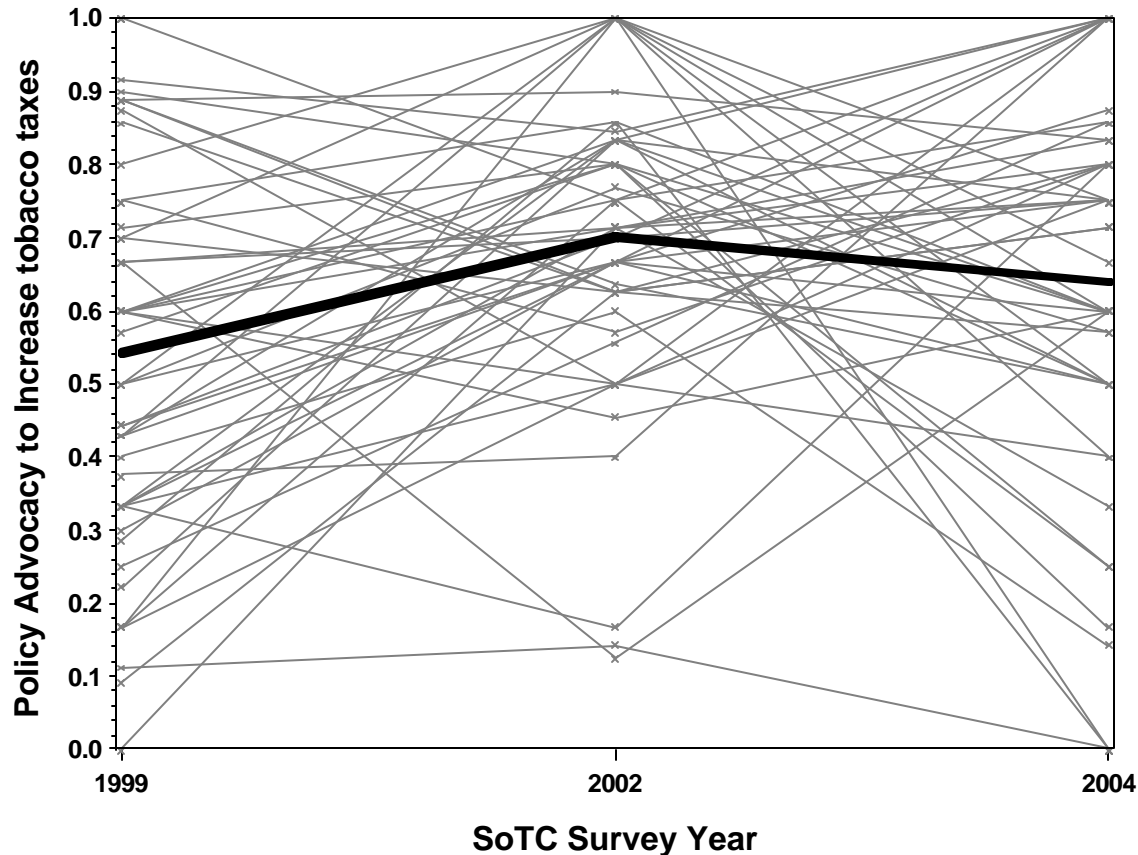


Work with Paid Lobbyist

- States receiving SmokeLess States grants in 1994 had a significantly greater proportion of agencies using a paid lobbyist **in 2004** than those who received their first SmokeLess States grant after 1994.

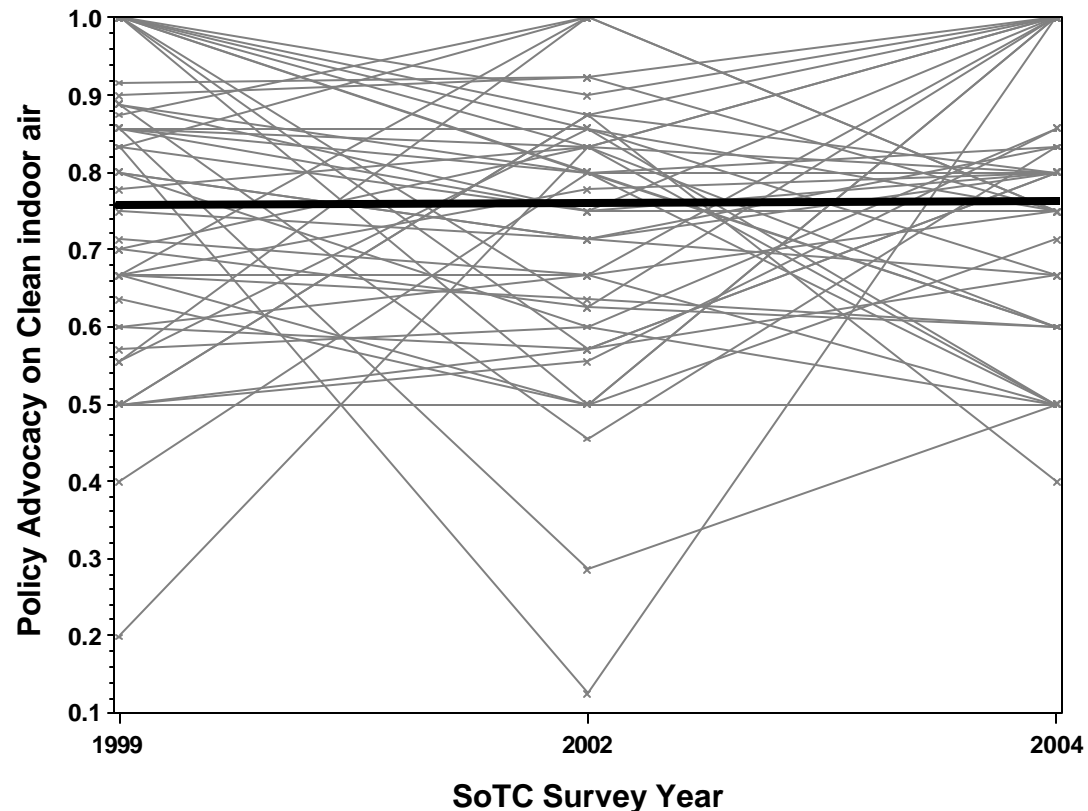
Increase Tobacco Taxes Policy Efforts

1999	2002	2004
0.54 (0.04)	0.70 (0.03)	0.64 (0.04)
Significant increase 1999 to 2002		



Clean Indoor Air Policy Efforts

1999	2002	2004
0.77 (0.03)	0.74 (0.03)	0.78 (0.03)

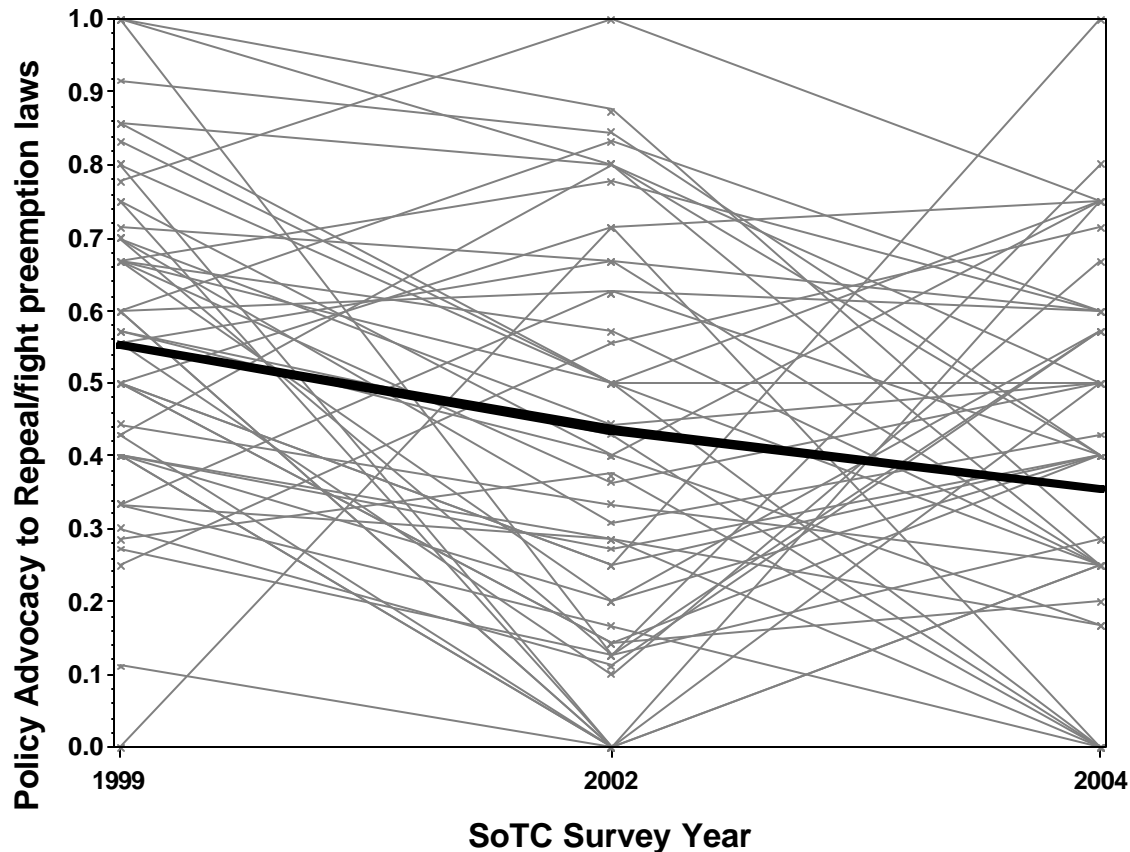


Clean Indoor Air Policy Efforts

- Some evidence that state receiving early SmokeLess States grants had a greater proportion of organizations working toward this area in 2002.

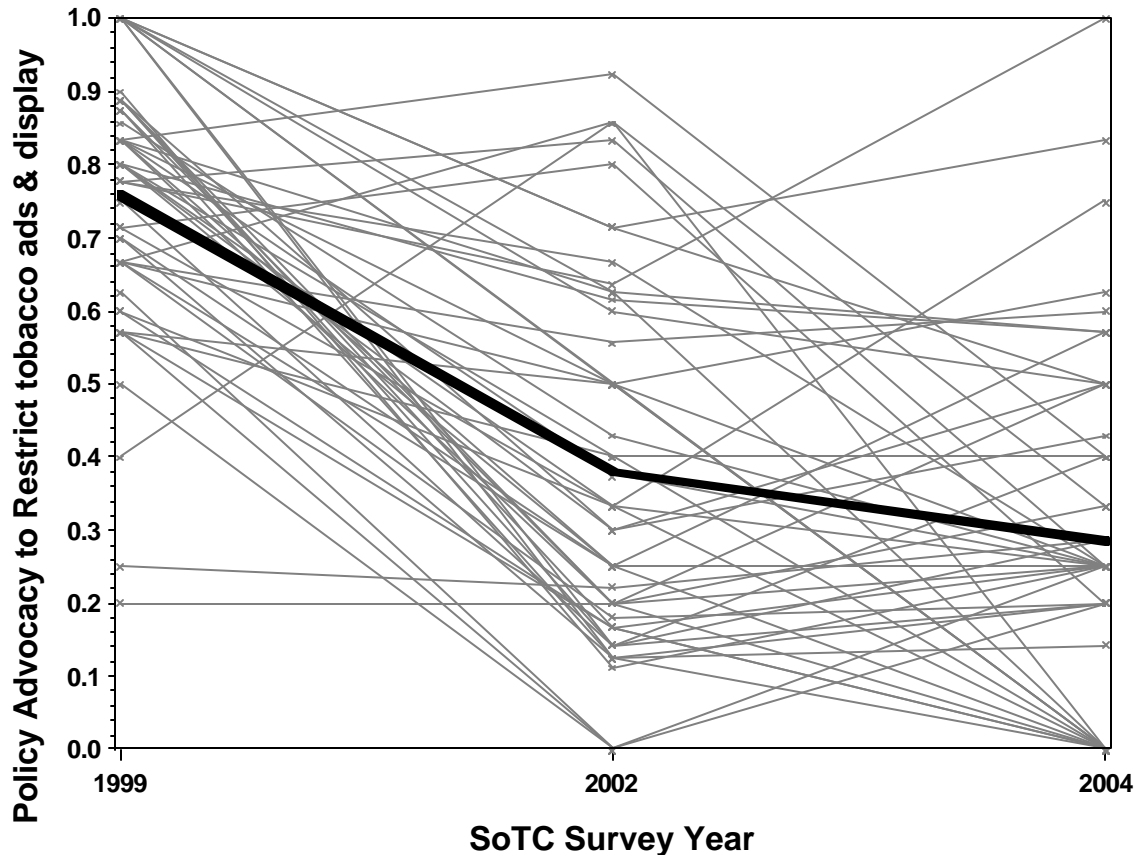
Preemption Policy Efforts

1999	2002	2004
0.57 (0.03)	0.39 (0.04)	0.39 (0.04)
Significant linear decrease all years		



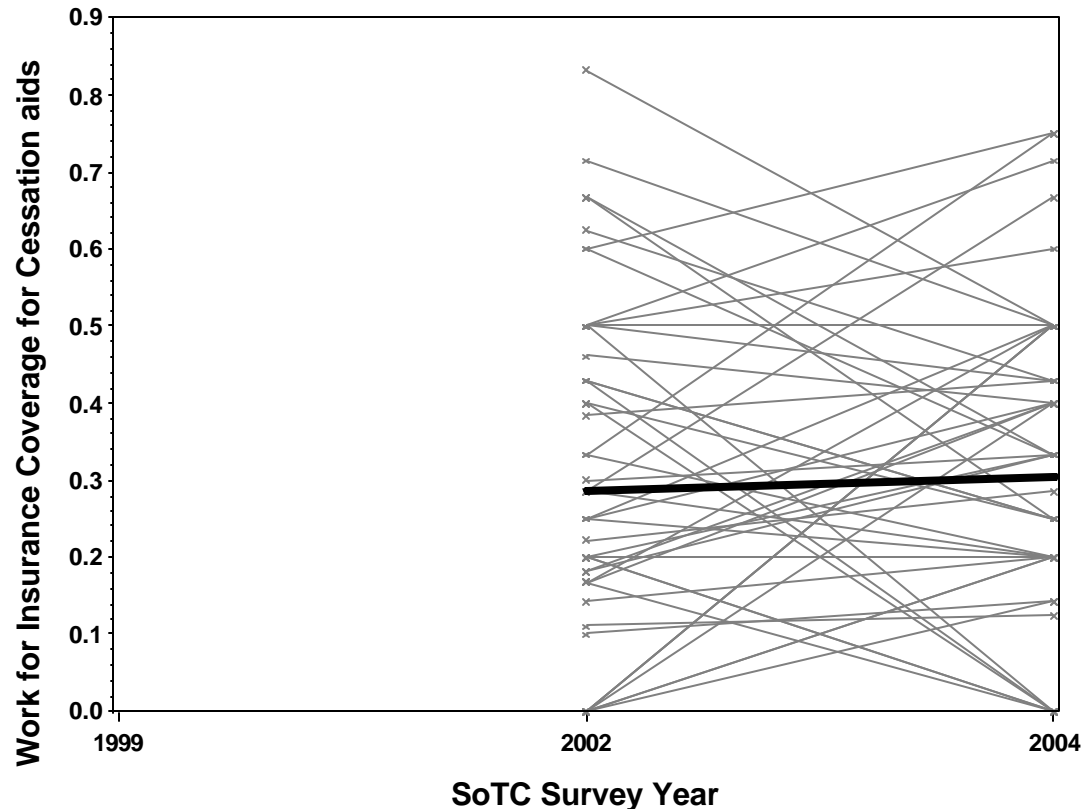
Restrict Tobacco Ads/Display Policy Efforts

1999	2002	2004
0.76 (0.03)	0.38 (0.04)	0.29 (0.03)
Significant linear decrease all years		



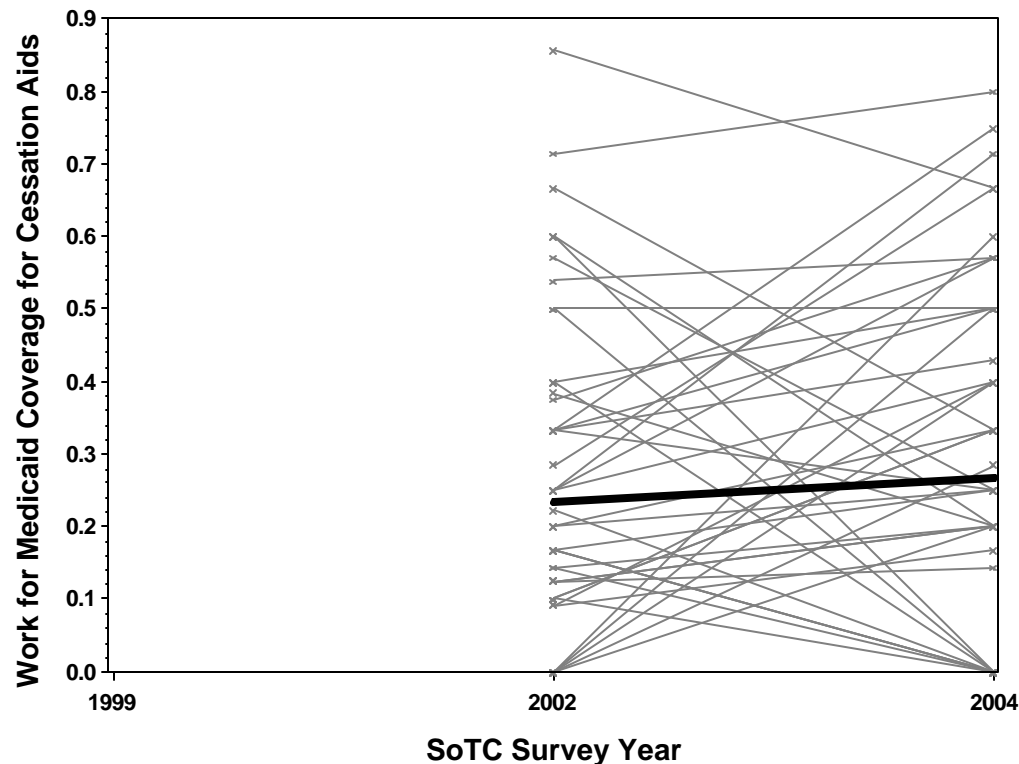
Insurance Coverage for Cessation Aids Policy Efforts

1999	2002	2004
--	0.29 (0.03)	0.31 (0.03)



Medicaid Coverage for Cessation Aids Policy Efforts

1999	2002	2004
--	0.23 (0.03)	0.27 (0.03)

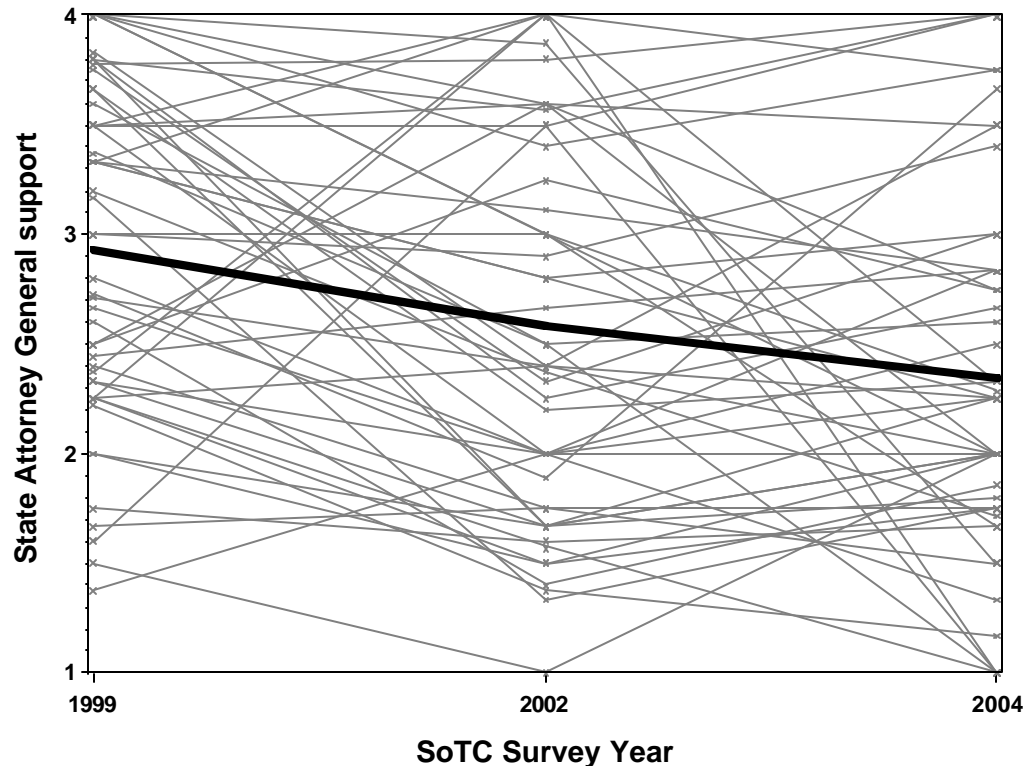


Medicaid Coverage for Cessation Aids Policy Efforts

- Very few working in this area, but those who received SmokeLess states grants in 1997 appeared to be marginally more likely to focus on it.

State AG Support for Tobacco Control

1999	2002	2004
2.947 (0.108)	2.543 (0.121)	2.367 (0.121)
1=Not at all supportive		4=Very supportive
Significant linear decrease all years		



Conclusions

- Some evidence that states receiving early SmokeLess States grants were more focused than other states on coalition building and policy efforts.
- State receiving SmokeLess States grants in 1997 were marginally more focused on attaining Medicaid payment for cessation aids.
- Difficult to “tease out” SmokeLess States effects for many areas because
 - All states may have high effort in an area (e.g., tax increases in 2002)
 - Between and within state differences from year to year are extremely large
- Importance of state context and differences cannot be underestimated--need for integrated qualitative analysis