BIG CITIES HEALTH COALITION

July 28, 2023

ADM Rachel Leland Levine, USPHS, MD
Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: 2023 Framework To Support and Accelerate Smoking Cessation

On behalf of the Big Cities Health Coalition (BCHC), we write to share feedback on the proposed *2023 Framework to Support and Accelerate Smoking Cessation*. BCHC comprises health officials who lead 35 of the nation's largest metropolitan health departments. These departments in turn collectively serve more than 61 million – or about one in five – Americans. Our members, like their colleagues across the country, work every day to keep their communities as healthy and safe as possible.

BCHC members have been on the forefront of implementing tobacco prevention and cessation interventions and policy for years. Big city health departments lead the way in innovative approaches to fighting tobacco use every day, saving countless lives despite being chronically underfunded. BCHC commends HHS for leveraging its leadership and expertise to help ensure additional investments in tobacco prevention and cessation which will reduce tobacco-related health disparities and reduce the cost of treating tobacco-related disease.

The feedback we provide below is informed by the on-the-ground experience of our members and local subject-matter experts in tobacco use, prevention, and cessation as well as policy development and tobacco regulation at the local level.

Are the proposed goals appropriate and relevant for addressing the needs of populations disparately affected by smoking?

Yes, the proposed goals are appropriate and relevant for addressing the needs of populations disparately affected by smoking.

Do the broad strategies capture the key components and aspects needed to drive progress toward increasing cessation?

The broad strategies capture many of the key components and aspects needed to drive progress toward increasing cessation and addressing disparities.

HHS should consider the following goal specific recommendations to increase our collective impact.

Goal 1: Eliminate Smoking- and Cessation-Related Disparities

Improve state and local health department capacity to enhance the delivery of tobacco cessation services through a fully funded Office on Smoking and Health at the CDC.

Reduce barriers to cessation treatments, especially language and cost barriers that exacerbate underlying causes of smoking and cessation-related disparities.

Promote and provide resources for peer and social support groups, especially in populations where other behavioral interventions have been underutilized, which also tend to be populations affected by tobacco-related disparities.

Implement a comprehensive smoking cessation program nationwide that resolves common availability and accessibility issues especially among populations affected by tobacco-related disparities.

Consider shifting to culturally *appropriate and responsive* cessation resources in diverse languages. Cultural responsiveness acknowledges the fluidity and expansiveness of culture, is essential for providing person-centered services and care, and increases the relevance of cessation initiatives. Engage community partners in this effort.

To gain public support for regulatory activities in the manufacturing, marketing, and distribution of tobacco products and to counter misinformation, emphasize that the intent is to protect public health and that the target for regulatory activities is the industry and not the public.

Finalize and implement the proposed FDA rules on menthol cigarettes and flavored cigars.

Goal 2: Increase Awareness and Knowledge Related to Smoking and Cessation

Engage community and tribal partners to create and refine culturally responsive messaging and outreach, increasing relevance to populations disparately affected by smoking.

Goal 3: Strengthen and Sustain Cessation Services and Supports

Working directly with local and tribal public health is particularly essential because successful tobacco prevention and cessation programs require relationship building in communities and trusted messengers to ensure programs and interventions are relevant to those who are intended to benefit. The hyperlocal nature of prevention and cessation efforts requires distribution of resources based on need and potential reach.

Goal 4: Increase Access to and Coverage of Comprehensive High-Quality Cessation Treatment

Improve coverage of tobacco cessation treatment in Medicare, Medicaid and private insurance through the following strategies:

a. Provide additional guidance to private plans on the need to cover all FDA-approved medications and all three forms of counseling without barriers to access.
b. Provide additional guidance to state Medicaid programs on the need to cover all FDA-approved medications and all three forms of counseling without barriers to access for both expansion and standard enrollees.
c. Work with Medicare Managed Care plans to improve tobacco cessation benefits.

Goal 5: Expand Surveillance of Smoking and Cessation Behaviors and Strengthen Performance Measurement and Evaluation

Big city health departments exist on a spectrum of capacity and modernization, but they all agree that in order to use data for action that includes health equity, data modernization must prioritize data standards (especially race and ethnicity data collection), interoperability (especially between states and locals, including local access to local data processed through state systems) and data linkages. Data linkages are especially important in the context of smoking cessation given that the bulk of population-level cessation program data currently comes from health care systems, payers, and state quit lines.

Local health departments need direct support for program evaluation as a commitment to continuous quality improvement and measurement of impact, especially impact on populations disparately affected by smoking. Local program evaluation will also increase awareness and understanding of new cessation interventions, one of the broad strategies under Goal 6.

Goal 6: Promote Ongoing and Innovative Research To Support and Accelerate Smoking Cessation

To identify gaps in our current understanding about what works to effectively address smoking cessation, HHS should make an explicit commitment through its cessation framework to include more Black, Indigenous, Hispanic, and other underrepresented groups in clinical studies.

Consider community-based participatory research (CBPR) to better understand how to maximize the reach, engagement, and effectiveness of current smoking cessation interventions, particularly among populations disparately impacted by smoking and tobacco-related illness. Sharing of data and resources generated by federally funded research is an essential principle of CBPR in which community-based researchers lead the translation of data from research for both dissemination and intervention.

Finally, use existing authorities in CEDR to encourage the development of additional cessation medications for both adults and children.

What targeted actions should HHS (Department-wide or within a specific HHS agency) take to advance these goals and strategies?

Direct funding to local health departments

HHS should routinely consider if there are more efficient ways to resource existing funding mechanisms to streamline dollars flowing to local communities.

Where local jurisdictions are not funded directly, HHS should require a full accounting of how much funding states send to communities and the time this process takes. This information should be publicly available and in a format that shows community members and stakeholders, and especially members of Congress, investments (or lack thereof) in their communities.

Stay in close and direct contact with BCHC and the 35 officials who are our members

We continue to hear from our partners at the Centers for Disease Control and Prevention (CDC) that the perspectives from BCHC member cities are valuable to their routine decision-making processes. In one example, the new Overdose to Action (OD2A) Local NOFO exists due to a growing understanding of the importance of direct funding for local prevention as well as due to some challenges related to overdose burden and geographic definitions in a previous funding opportunity (OD2A). This is also due in part to many years of BCHC conversations with CDC about these issues. We are happy to participate in further discussion as it relates to HHS smoking cessation work as well.

What metrics and benchmarks should be included to ensure that the Framework drives progress?

HHS should ensure adequate resources to understand community-level impact of smoking cessation interventions. The following data could be more accessible and actionable with increased focus at the local level:

- HHS cessation program reach and impact disaggregated by race and ethnicity;
- Number of new and strengthened partnerships with community groups and trusted messengers;
- Community-level assessment of state and local cessation programs, messaging, and outreach;
- Pre- and post-campaign survey research to measure campaign effectiveness;
- Social media and other digital communication metrics;
- Dollars sent from states to communities nationally and in each state; and
- Average program period length among local community smoking cessation programs funded by states.

Please do not hesitate to contact me (juliano@bigcitieshealth.org) if we can be of further assistance.

Sincerely,

Chrissie Juliano, MPP
Executive Director