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Collaborative Group Brings Synergy to Youth Smoking-Cessation Efforts

Coordination for youth tobacco cessation partnership

SUMMARY

From 1998 to 2003, the Center for the Advancement of Health, Washington, convened the Youth Tobacco Cessation Collaborative whose aim is to coordinate the efforts of major national funders involved in designing and disseminating effective youth cessation programs.

Participants included the:

- American Cancer Society.
- American Lung Association.
- Centers for Disease Control and Prevention (CDC).
- National Cancer Institute.
- National Institute on Drug Abuse (NIDA).
- National Heart, Lung, and Blood Institute.
- National Cancer Institute of Canada.
- American Legacy Foundation.
- Canadian Tobacco Control Research Initiative.
- Robert Wood Johnson Foundation (RWJF).

The results of this work were disseminated in 2007 by the Washington-based Academy for Educational Development.

Key Results

- The collaborative developed a *National Blueprint for Action*, a consensus document that provides a framework to guide discussions among the funders; reflect their common goals and objectives; and address the full spectrum of research, surveillance and practice gaps.

- The collaborative commissioned a survey of existing youth tobacco cessation programs by the Academy for Educational Development, an independent, nonprofit organization committed to solving critical social problems in the United States.
- The collaborative conducted a comprehensive review of the last 25 years of research on adolescent and young adult tobacco use and cessation. The analysis of 66 tobacco cessation intervention studies revealed the following information:
  - The average quit rate among the programs was 12 percent.
  - Programs that enhanced motivation had higher quit rates.
  - Classroom-based programs had the highest quit rate at 17 percent, although computer-based programs also had above average quit rates at 13 percent.
- The collaborative established a new program—*Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation*—that identifies, surveys and evaluates existing youth tobacco cessation programs in a representative sample of 408 communities in the United States.
- Members of the collaborative have funded jointly and collaborated on a variety of research projects and programs totaling over $200 million to meet the objectives of the blueprint.
- In August 2007, through the project run by the Academy for Educational Development, the *American Journal of Public Health* published a theme issue on young adult tobacco cessation reporting findings from various projects coordinated by members of the collaborative.

Funding

RWJF provided the primary funding to implement the collaborative with three grants to the Center for the Advancement of Health. Grants totaled $352,805 and ran between December 1998 and April 2003. RWJF made an additional grant of $98,866 to the Academy for Educational Development to disseminate the work of the collaborative. The grant ran from December 2005 to June 2007.

THE PROBLEM

More than 4 million young people in the United States under the age of 18 are smokers—and every day another 3,000 join their ranks. Rising tobacco use among youth highlighted the need to develop smoking cessation programs in addition to the prevention programs that had been the focus of most public health efforts.

Although many adolescent smokers try to quit, few are successful. Unfortunately, most smoking cessation interventions were designed for adults and have not worked effectively for teenagers and young adults. In 1998, best practices for youth smoking

cessation interventions had not been developed, and federal and private funders committed to developing them were doing little to coordinate their efforts.

CONTEXT

Reducing the harm from tobacco use, and particularly preventing adolescents and young adults from beginning to smoke, has been a central part of RWJF's goal in its tobacco programming since 1991.

With teens continuing to smoke in large numbers, RWJF broadened its focus to include initiatives that help young smokers quit. Improving the nation's capacity to develop and deliver effective tobacco cessation strategies for youth is a major strategic objective of RWJF's tobacco funding, with an investment of approximately $20 million over the last four to six years.

Because of its unique and neutral position, RWJF can facilitate collaboration among the principal funders committed to developing new strategies for youth tobacco cessation.

THE PROJECT

In the aftermath of a 1997 CDC conference that highlighted the need for more and better youth tobacco use research, the major organizations that fund youth tobacco cessation research and services formed the Youth Tobacco Cessation Collaborative. Their intent was to eliminate duplication of effort, maximize synergy and collectively identify and address key gaps in youth tobacco cessation research and treatment.

The Center for the Advancement of Health, a Washington-based organization that works to translate knowledge on how behavior affects health into effective practices and policies, acted as the neutral convener for the collaborative. Members of the collaborative include the American Cancer Society; American Lung Association; CDC; National Cancer Institute; NIDA; National Heart, Lung, and Blood Institute; National Cancer Institute of Canada; American Legacy Foundation; Canadian Tobacco Control Research Initiative; and RWJF.

RWJF provided three grants to support the coordinating role of the Center for the Advancement of Health during the Youth Tobacco Cessation Collaborative's first four years; while this represented the majority of the collaborative's funding, all members contributed substantial additional direct and in-kind support.

An advisory group of youth tobacco cessation experts (the Research Consultation Work Group) and an Executive Steering Committee provided guidance to the collaborative on specific activities and issues, and helped to plan several research workshops. (See Appendix 1 and Appendix 2 for lists of members.)

In 2005, RWJF awarded a grant (ID# 056253) to the Washington-based Academy for Educational Development for a special journal issue devoted to research on youth tobacco cessation. The American Legacy Foundation also contributed $25,000 to the theme issue.

RESULTS

Center for the Advancement of Health

During the period of RWJF funding, the Center for the Advancement of Health reported the following results:

- **The collaborative developed a *National Blueprint for Action*, a consensus document that provides a framework to guide discussions among the funders; reflect their common goals and objectives; and address the full spectrum of research, surveillance and practice gaps.** It outlines goals related to identifying effective youth smoking cessation interventions, and then implementing and building demand for proven treatments. The blueprint's 10-year goal is to ensure that every young tobacco user (ages 12–24) has access to appropriate and effective tobacco cessation interventions by the year 2010. See Appendix 3 for a summary of the shorter-term goals of the blueprint. The blueprint has served as a model for other partnerships, including the action plan created by the National Partnership to Help Pregnant Smokers Quit.
- **The collaborative commissioned a survey of existing youth tobacco cessation programs by the Academy for Educational Development, an independent, nonprofit organization committed to solving critical social problems in the United States.** The survey of 46 programs across the nation showed that most programs evaluate their effectiveness, would like to expand their efforts and need both financial and technical assistance to improve their evaluation capabilities.
- **The collaborative conducted a comprehensive review of the last 25 years of research on adolescent and young adult tobacco use and cessation.** The analysis of 66 tobacco cessation intervention studies revealed the following information:
  - The average quit rate among the programs was 12 percent.
  - Programs that enhanced motivation had higher quit rates.
  - Classroom-based programs had the highest quit rate at 17 percent, although computer-based programs also had above average quit rates at 13 percent.
  - Young smokers who live in an environment with few smokers or believe they will not smoke in the future are more likely to quit.

— Overall, the data show that adolescent smokers who participate in formal smoking cessation programs are approximately twice as likely to quit as those who try to quit on their own.

- **The collaborative established a new program—*Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation*—that identifies, surveys and evaluates existing youth tobacco cessation programs in a representative sample of 408 communities in the United States.** RWJF provides the majority of funding for the program (ID#s 044398, 046472 and 046994), with co-funding from the CDC and the National Cancer Institute.

- **The collaborative convened three workshops:**

  — *Research and Evaluation of the Potential Impact of Tobacco Package Warning Labels* (Fall 2000). The CDC, the National Cancer Institute and the Center for Tobacco Cessation funded the workshop.

  — *Best Practices in Youth Tobacco Cessation: Methodology, Interventions, and Research* (May 2001). The CDC, the National Cancer Institute and the Center for Tobacco Cessation funded the workshop.

  — *Human Subjects and Ethical Issues Related to Treatment and Research in the Area of Youth Smoking Cessation* (October 2002). RWJF funded the workshop (ID# 041053).

- **Members of the collaborative have funded jointly and collaborated on a variety of research projects and programs totaling over $200 million to meet the objectives of the blueprint.** The relationships established among collaborative member organizations became a catalyst for many of these initiatives. Examples include:

  — **Assessing Youth Smoking Cessation Needs and Practice Survey.** This two-year longitudinal telephone survey will provide a picture of smoking cessation nationally among adolescents and young adults and identify their preferences among available smoking cessation interventions. RWJF is providing the majority of funding for this project, with some co-funding from the National Cancer Institute and the CDC.

  — **Youth Tobacco Cessation: A Guide for Making Informed Decisions.** This guide, scheduled for publication in mid-2004, provides information to individuals and organizations implementing youth cessation programs based on the available evidence on effectiveness. The CDC, National Cancer Institute, American Legacy Foundation and the Canadian Tobacco Control Research Initiative are co-funding the project.

  — ***National Tobacco Technical Assistance Center.*** This center offers technical assistance training on a range of tobacco-control strategies to community-based

organizations. RWJF, the CDC and the American Legacy Foundation are co-funding the center.

— ***Bridging the Gap: Research Informing Practice for Healthy Young Behavior.*** RWJF funded this multidisciplinary, multisite collaborative endeavor to understand how the larger social environment influences youth tobacco, alcohol and drug use.

To view the complete *National Blueprint for Action* and read about other activities of the collaborative, see the Center for Tobacco Cessation website.

Communications

The collaborative published the National Blueprint for Action in spring 2000, and disseminated it to tobacco research and control experts in the United States and Canada. Members of the collaborative presented the blueprint at a number of professional meetings, including the 1999 National Tobacco Control Meeting, the 11th World Conference on Tobacco or Health and the annual meetings of the American Public Health Association and the Society of Public Health Education.

C. Tracy Orleans, Ph.D., senior scientist and senior program officer at RWJF, and other individuals representing collaborative member organizations, co-authored an article on the Youth Tobacco Cessation Collaborative that was published in a special supplement to the American Journal of Health Behavior in 2003.

Academy for Educational Development

The *American Journal of Public Health* published a theme issue on "Young Adult Tobacco Cessation" in August 2007. The issue includes 15 articles on youth cessation in its Research and Practice section and editorials by Orleans of RWJF and Corrinne G. Husten, M.D., M.P.H., of the federal Centers for Disease Control and Prevention. The articles are available online. See the Bibliography for further details.

LESSONS LEARNED

There are four lessons for the field from this project.

1. **Building successful working relationships among members of a collaborative venture who may have differing goals and priorities takes time and constant communication.** The Center for the Advancement of Health engaged the Youth Tobacco Cessation Collaborative members in group activities designed to bring them together as a coordinated entity; fostered communication between and among members through periodic conference calls, biannual meetings and a member listserv; and allowed members to discuss, debate and come to consensus on actions and activities. (Project Director/Maule)

2. **Face-to-face meetings among members of a collaborative are vital to building group cohesion.** Although telecommunications is a necessary and inexpensive way to maintain momentum and contact, the Youth Tobacco Cessation Collaborative found that in-person meetings were necessary to bring the group together around common goals. (Project Director/Marshall)

3. **Moving beyond turf issues in a national collaborative requires good leadership, a sense of group ownership for projects and trust among partners.** The Youth Tobacco Cessation Collaborative found that using a neutral facilitator for its efforts and engaging in a mix of jointly and independently funded efforts helped create cohesion among partner organizations. (RWJF Senior Scientist and Senior Program Officer/Orleans)

4. **Having clear and achievable objectives and the resources to reach them is essential to building momentum and sustaining a partnership.** The national blueprint's short-term goals served this purpose for the Youth Tobacco Cessation Collaborative, encouraging partner organizations to commit time, resources and financial support to reach them. (RWJF Senior Scientist and Senior Program Officer/Orleans)

AFTERWARD

In mid-2004, RWJF made a two-year grant (ID# 051660) to the Academy for Educational Development to foster collaboration among major national funders and other national-level work groups on tobacco use cessation to continue to work toward the goal of providing every tobacco user with access to effective tobacco use cessation services. See Program Results for more information.

The academy serves as the secretariat for the collaborative efforts described in *A National Blueprint for Disseminating and Implementing Evidence-Based Clinical and Community Strategies to Promote Cessation* (adult blueprint) and the *Youth Collaborative* (youth blueprint). The secretariat provides leadership, coordination, and oversight for the adult and youth blueprint efforts.

The purpose of the youth blueprint is to develop the science base on effective tobacco cessation interventions for youth. The organizations that support efforts related to the youth blueprint are:

- American Cancer Society
- American Legacy Foundation
- American Lung Association
- Canadian Tobacco Research Initiative
- Center for the Advancement of Health

- Centers for Disease Control and Prevention
- National Cancer Institute
- National Cancer Institute of Canada
- National Institute on Drug Abuse
- The Robert Wood Johnson Foundation

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APPENDIX 1

Research Consultation Work Group

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APPENDIX 3

Goals of the National Blueprint for Action

The 10-year goal of the National Blueprint for Action is to ensure that every young tobacco user (ages 12–24) has access to appropriate and effective tobacco cessation interventions by the year 2010. The shorter-term goals follow below.

In the area of research:

- Increase understanding of youth tobacco experimentation, use, addiction and cessation.
- Increase national and state-based surveillance of youth tobacco-use cessation behavior and use of treatments and services.
- Develop and test tobacco-use treatment programs, services and interventions for youth.
- Develop a basic infrastructure for youth tobacco-use cessation research and its translation into practice, including a set of tools.
- Collaborate to develop a prioritized research agenda.

In the area of implementation:

- Increase access to effective science-based tobacco-use cessation interventions and services appropriate for youth.

- Increase the capacity and capability to deliver effective youth tobacco-use cessation interventions and services.

In the area of support and demand:

- Advocate for policies and environments that support youth tobacco-use cessation.
- Increase support for youth tobacco-use cessation among providers, decision-makers and community gatekeepers.
- Increase public and peer support for youth tobacco-use cessation, and generate interest and participation in cessation attempts among young tobacco users.

See the CDC website for more information.

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