

The Future of Tobacco Control Relies on OSH Funding

State and federal decision-makers might not know that numerous CDC divisions and offices provide grant funding to state and jurisdictional health agencies to support essential public health programming. For example, Congressional funding for CDC's Office on Smoking and Health (OSH) directly supports the evidence-informed state tobacco programs and initiatives that save lives and prevent illness nationwide.

The Tobacco Control Network worked with select state tobacco program managers to document their [successes made possible with the support of OSH funding](#) and the consequences of its reduction or loss. These anecdotes can serve as compelling examples for other states and jurisdictions to reference and illuminate in communications with legislators and other decision-makers at the state and federal levels.

The Role of OSH Funding in State Tobacco Programs

State tobacco programs rely on OSH funding to meet their programmatic goals:

- **Expansion of quitline service** through OSH funding has enabled national quitline services to improve access to nicotine replacement therapy (NRT) and incorporate text-based quit support to expand in reach nationwide. Their investment has also enabled the development of American Indian and Alaskan Native-specific quitlines, providing culturally tailored support critical to addressing commercial tobacco use in these communities. National quitline programs have addressed links between commercial tobacco use, behavioral health, incarceration, and youth-improving cessation support to [priority populations](#) that continue to see elevated rates.
- **Mass media and digital outreach campaigns** play a key role in raising awareness and promoting cessation. States have implemented large-scale media campaigns, with one jurisdiction reporting reaching millions and generating over two billion media impressions with tobacco use prevention and cessation messaging. OSH funding has also supported activities for [No Menthol Sundays](#) focused on reducing menthol tobacco use.
- **Tobacco-free and other key policies** are stronger across various settings, including schools, universities, and behavioral health facilities, supporting clean air in these environments. Some jurisdictions have even enacted comprehensive smoke-free laws and restrictions on flavored tobacco sales to further curb tobacco use. Outside of direct funding, [OSH-sponsored resources](#) have prompted several important policies, including ending the sale of tobacco in pharmacies, raising the minimum age for purchasing tobacco products,

prohibiting the sale of flavored e-cigarettes or nicotine vapor products, including menthol-flavored products, and prohibiting tobacco product price discounting.

- **Health systems provider engagement and training** play a crucial role in integrating cessation efforts into medical settings. OSH-funded training programs have equipped these personnel with tools to support tobacco treatment while partnerships have strengthened interventions and education efforts. OSH-supported resources have also prompted health systems change, namely the integration of commercial tobacco use dependence into health screenings and expansion of access to NRT, pharmacotherapy, and counseling. These initiatives contribute to tobacco use reduction, promoting public health, preventing years of life lost to tobacco-related diseases, and lowering health care costs overall. One jurisdiction alone reported a cumulative savings of \$13.2 billion in smoking-related health care costs over the course of two decades and a \$15 return on investment for every \$1 invested into their tobacco control program.

Consequences of OSH Cuts

OSH funding has proven itself a critical resource in tobacco control efforts, and the potential consequences of its reduction are very concerning. In a non-exhaustive list, reductions or loss of funding could:

- **Threaten quitline services:**
 - o Services predominately supported by OSH funding would experience mass reductions to coaching sessions due to staff and resource cuts.
 - o Several quitlines – including those providing tailored support to American Indian/Alaskan Native populations – and enhanced cessation services would cease to exist.
- **Lead to loss of tobacco prevention and education campaigns:**
 - o Jurisdictions would see reduced media campaigns, decreasing public awareness and access to tobacco education.
 - o Prevention campaigns would be cut, reducing protections for youth and increasing the risk of long-term use.
- **Impact sustainability:**
 - o States whose tobacco control coalition rely solely on OSH funding would lose the ability to conduct work, reducing the capacity that partnership and community engagement bring.
 - o Staff responsible for supporting programmatic activities and community initiatives would be cut, weakening coordination and follow-through on community-led prevention efforts
 - o Health care provider engagement campaigns and cessation services in county health departments could be greatly diminished, reducing access to evidence-based tools for populations most at risk.

- **Increase tobacco use:**
 - o Without the evidence-informed prevention resources the funding supports, tobacco use is likely to increase, worsening health outcomes and the burden of disease across the life course.
 - o A shortage of cessation tools would result in exacerbated health conditions caused by tobacco use and, in turn, associated health care costs would rise, including [state health care expenditures](#) through Medicaid.

Taking Action

States have the power to take action and sustain progress in tobacco prevention and cessation. To mitigate the impact of potential funding reductions, state health agencies and tobacco control programs can:

- **Strengthen state and local partnerships:** Tobacco control programs serve as a backbone for prevention efforts but cannot do the work alone. [Building a strong coalition](#) by collaborating with public health organizations, health care providers, and community groups can maximize shared resources, maintain momentum in tobacco control efforts, and ultimately amplify the impact of your efforts.
- **Communicate the significance of OSH funding:** Continued impact of state tobacco control programs on chronic disease prevention and cessation progress depends on adequate funding. Communicating the importance of OSH funding to legislators is essential to ensure these lifesaving programs remain intact. [Campaign for Tobacco-Free Kids](#) offers state-specific data and messaging to support those conversations.
- **Reinforce your role and impact:** The infrastructure that drives tobacco prevention and cessation would be at risk without state programs. [Use your state's data to tell the story](#) of the role your program plays in reducing health care costs and improving health care outcomes.

By showcasing the success of your programs, the data-driven impact of your efforts, and the long-term cost savings of reducing tobacco use, you help to ensure key stakeholders understand the value of sustained investments in tobacco control.

Special thanks to the Campaign for Tobacco-Free Kids and the contributing jurisdictions for their participation in gathering these impact stories.