Comprehensive Tobacco Control Programs: Infrastructure, Administration, and Management

Best practices for comprehensive Tobacco Control programs recommends that 5% of program funds be used for infrastructure, administration, and management.

Public Health Infrastructure Is About People

Public health practitioners work with people across government, in business, in medicine, in schools, and in communities to help make everyone healthier. This work depends on talented, experienced people with deep relationships with the communities they serve.

Building strong public health infrastructure ensures that Comprehensive Tobacco Control Programs[1] have the resources — including the people with the right skillsets — needed to be strategic, efficient, and sustainable. Strong infrastructure also makes it more likely we will see better health for everyone over the long run.[2]

Comprehensive Tobacco Control Staff Offerings

Leadership and Strategic Planning

- Identify strategy and goals.
- Use data to make decisions and measure if the program is achieving its goals.
- Align investments and grantee work to a unified plan.

Fiscal and Asset Management

- Award contracts and grants to local communities.
- Ensure funds are spent efficiently on activities that we know work; avoid duplication; and prevent waste, fraud, and abuse.
- Assess grantee performance.
- Work on day-to-day program operations.
- Provide technical assistance to support scope of work implementation.

Coordination

- Coordinate program implementation between local and state partners across the state so those investments improve health for everyone.
- Work with other public health initiatives to make programs efficient and even more effective.

Training and Providing Expert Guidance

- Train local staff on the best available science.
- Recruit and train new staff so the work is sustainable.

Education

- Educate the public and policymakers about the burden of tobacco use, and the impact of the program's work to reduce this burden for everyone.

Program Staffing

Comprehensive Tobacco Control Program staffing should include:

- Program Director
- Policy Coordinator
- Communication Specialist
- Prevention or Youth Coordinator
- Cessation Specialist
- Community Coordinator
- Surveillance and Evaluation Staff
- Fiscal Management Staff
- Administrative Staff

Program Sustainability Is Key

Strong programmatic infrastructure requires time, resources, and continued support to sustain.[2] Sustained support allows programs to accelerate the impact, learning and adjusting, implementing even more efficient processes, and building on successes as they achieve strategic goals.[1,3,4,5]

> The longer states invest in comprehensive Tobacco Control programs, the faster and the greater the impact on improving everyone's health.

Challenges to Infrastructure, Administration, and Management Capacity

Loss of Core Federal Funding and Access to Expert Guidance

- For 25 years, CDC's Office on Smoking and Health supported the National Tobacco Control Program, which provided funding to all 50 states for comprehensive tobacco control programs, as well as access to experts to learn what works best and to coordinate so states can learn from each other.
- In April 2025, CDC's Office on Smoking and Health was closed.
- States have historically used this source of funding to support core state tobacco control program infrastructure (including staff). This allowed programs to retain capacity and institutional knowledge, despite any fluctuations in state funding. Without federal funds, state programs must readjust.

Staff Retention, Reduced Capacity, and Burnout

- Retaining qualified staff is a perennial challenge, as turnover is expensive and reduces overall organizational capacity and effectiveness.[1,6]
- The most common reasons for public health staff to consider leaving their job are low pay, burnout, lack of advancement opportunities, and overall workplace environment.[6]
- Public health staff report significant challenges with stress and burnout.[6]

Emerging Technologies and Data Modernization

- Open data initiatives, faster communication, and other emerging technologies can greatly enhance our public health infrastructure.[6] For tobacco control, this could look like using sales data to better understand what products are sold in a community.
- Program staff have the skillsets to leverage these tools, such as making it easier and faster for government to make decisions.
- Program staff can also draw on their leadership and relationship-building skills to help communities understand how new technologies impact their health.

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[1] Adapted from: Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs. Atlanta, GA: 2014. Evidence-Based Guides for States | Smoking and Tobacco Use | CDC

[2] Lavinghouse SR, Snyder K, Rieker PP. The Component Model of Infrastructure: A Practical Approach to Understanding Public Health Program Infrastructure. American Journal of Public Health 2014 Aug;104(8):e14-24. doi: 10.2105/AJPH.2014.302033. Epub 2014 Jun 12. PMID: 24922125; PMCID: PMC4103204.

[3] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress—A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention; 2014.

[4] Lightwood JM, Anderson S, Glantz SA. Smoking and Healthcare Expenditure Reductions Associated with the California Tobacco Control Program, 1989 to 2019: A Predictive Validation. PLOS One 2023 https://doi.org/10.1371/journal.pone.0263579.

[5] Maciosek MV, LaFrance AB, St Claire A, Xu Z, Brown M, Schillo BA. Twenty-Year Health and Economic Impact of Reducing Cigarette Use: Minnesota 1998–2017. Tobacco Control 2020;29:564–9.

[6] Fraser MR, Castrucci BC, eds. Building Strategic Skills for Better Health: A Primer for Public Health Professionals. Washington, DC: 2023.

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