HHS Framework to Support and Accelerate Smoking Cessation 2024

The U.S. Department of Health and Human Services (HHS) is taking action to support and accelerate smoking cessation and reduce smoking- and cessation-related disparities.* Cigarette smoking remains the leading cause of preventable disease, disability, and premature death in the United States, including about 25% of all cardiovascular disease deaths and 30% of all cancer deaths.[1] Cigarette smoking also contributes significantly to persistent health disparities among population groups that have systematically experienced social, economic, or environmental disadvantages.[2] The *HHS Framework to Support and Accelerate Smoking Cessation* uses a health equity lens to provide an organizing set of goals and broad strategies intended to enhance collaboration and coordination to drive further progress in increasing smoking cessation. It will be used by HHS to enhance efforts to support smoking cessation and provide direction for coordinated efforts with others from multiple sectors to advance collective efforts to improve the nation's health.

The Framework focuses specifically on supporting and accelerating the cessation of combusted tobacco products—namely, cigarettes, cigars, little cigars, and cigarillos—for people of all ages across the lifespan. Briefly, the six goals of the Framework (see page 11) focus on reducing disparities, increasing knowledge, strengthening and sustaining cessation services, increasing access to and coverage of cessation treatment, advancing and sustaining surveillance and strengthening evaluation, and promoting research. These goals, and the broad strategies associated with them (see page 12), are underpinned by four cross-cutting principles: advancing health equity; community engagement; coordination, collaboration, and integration; and evidence-based approaches (see page 8). These principles serve as a lens to guide the implementation of the Framework goals and strategies.

Background

Population Impact of Commercial Tobacco Use

Substantial progress has been made over the last 60 years in reducing rates of cigarette smoking. In 1965, 43% of U.S. adults smoked cigarettes.[1] In 2021, 11.5% of U.S. adults smoked cigarettes[3] and 66.5% of adults who had ever smoked cigarettes had quit smoking.[1] Despite this progress, cigarette smoking and secondhand smoke exposure still claim nearly half a million lives in the United States every year.[1] Furthermore, the gains that have been made over the past several decades have not occurred equally for all population groups.

*HHS recognizes a distinction between commercial tobacco products and the cultural and traditional use of tobacco by some Indigenous communities. References to "tobacco" and "tobacco products" in this Framework refer to commercial products that are made and sold by tobacco companies. These terms do not include traditional tobacco used by some Indigenous communities for religious or ceremonial purposes.

Tobacco use is not a lifestyle choice, a habit, or a personal failing. Tobacco dependence is a chronic, relapsing disorder driven by addiction to nicotine.[4] Most tobacco use is initiated and established during adolescence or young adulthood, when the brain is particularly sensitive to the effects of nicotine, including addiction.[1,5,6] Further, cigarettes are designed to create and sustain nicotine addiction and their marketing is targeted to specific population groups, including youth.[1,5,7] Like many substance use disorders, tobacco dependence often requires repeated intervention, multiple attempts at quitting, and long-term support to help people quit successfully and stay quit.[8] Quitting smoking, or smoking cessation, has many health benefits, including decreased risk of heart disease, stroke, COPD (chronic obstructive pulmonary disease), and at least 12 types of cancer.[4] In addition, quitting smoking after a cancer diagnosis can improve outcomes.[4,9] While most adults who smoke want to quit, and more than half try to quit each year, few successfully quit each year.[10] Proven treatments are available to help people quit smoking, including behavioral counseling and cessation medications approved by the U.S. Food and Drug Administration (FDA).[4] However, these treatments are underutilized, and disparities exist in both use and access.[10]

Encouraging and assisting every person in America who smokes to quit is critical to ensuring a healthier future for all and to achieving public health goals for reducing chronic disease, including achieving the Biden Cancer Moonshot goal of reducing the cancer death rate by at least half over 25 years. To support all people in attaining their highest level of health, and thereby advance health equity, tobacco-related disparities must be addressed.

Tobacco-Related Disparities

Tobacco-related disparities are preventable differences in tobacco product use, secondhand smoke exposure, cessation behaviors, and related health outcomes experienced by population groups that have systematically experienced social, economic, or environmental disadvantages on the basis of race, ethnicity, age, gender identity, sexual orientation, disability, level of education or income, behavioral health condition, geographic location, type of employment, and other social and demographic factors.[11-13] The intersection of these factors—belonging to two or more groups with higher risks for health disparities—may worsen disparities in tobacco use, exposure to secondhand smoke, and tobacco-related health outcomes.[2,14,15] A commitment to health equity involves understanding tobacco-related disparities and the factors that cause them.

Tobacco use and its consequences can be conceptualized as occurring along a spectrum, from smoking initiation through chronic disease outcomes. Tobacco-related disparities exist both across the life course as well as at each point in the spectrum of tobacco use (see Figure 1). For example, cigarette smoking remains higher among certain groups of adults than others (see Box 1).[16-21] Among youth,

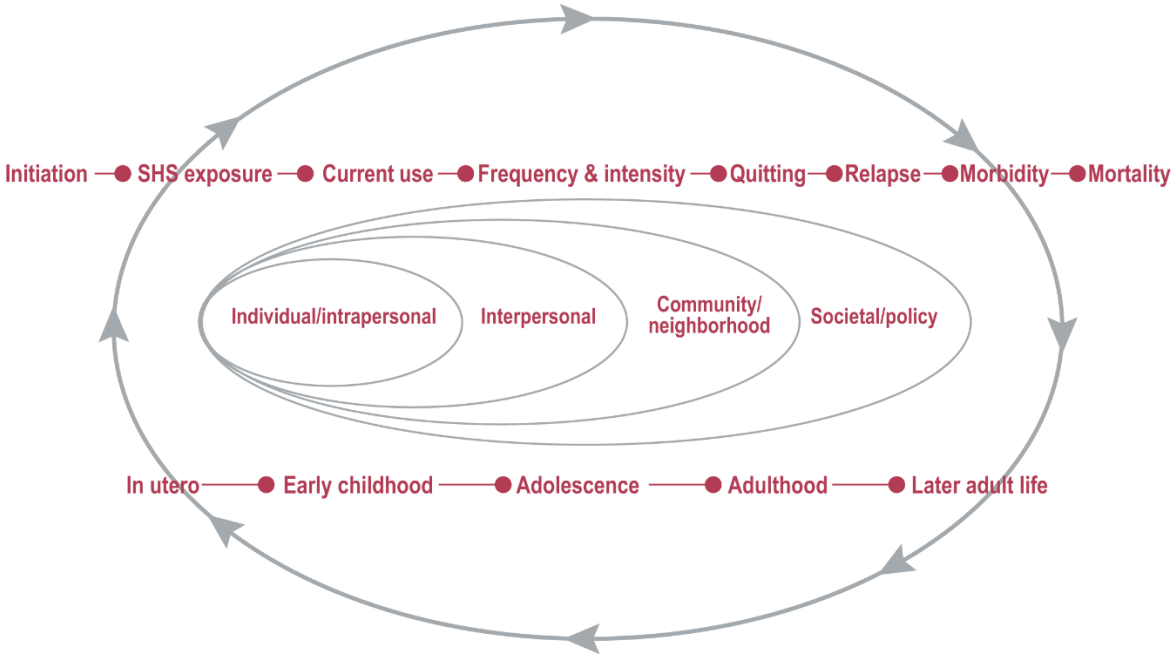
Box 1: Cigarette Smoking Disparities Among Adults

Some groups of U.S. adults have higher smoking prevalence than others, including:

- American Indian and Alaska Native adults
- Black men
- Adults who identify as LGBT
- Adults who work in blue collar or service occupations
- Adults with lower socioeconomic status
- Adults with mental health or substance use disorders
- Adults living in rural areas
- Adults living in the U.S. South or Midwest

there are differences in tobacco product use by race and ethnicity; for example, non-Hispanic Black youth disproportionately use combusted tobacco products, which has been driven by cigar use (including cigarillos and little cigars).[22]

Figure 1. Factors Influencing Tobacco-Related Disparities Across the Spectrum of Tobacco Use and Life Course, the Socioecological Model



Source: NCI Tobacco Control Monograph 22 [2]
Note: SHS = Secondhand smoke

There are also significant disparities in cessation-related behaviors, access to cessation treatments, and interactions with health care providers.[10] Overall, the prevalence of long-term cessation is lower among American Indian and Alaska Native, Black, Hispanic, and multiple race adults than Asian and White adults;[20] men working in manual and service occupations compared with men working in office and management occupations;[23] adults living in the Midwest than those living in the West;[19] adults with mental health conditions or substance use disorders than adults with no such conditions;[20] and others. In addition, there is evidence that Black and Hispanic adults who smoke may be less likely to be asked about tobacco use during a health care visit, be advised to quit, or have used cessation aids in recent quit attempts.[24,25]

Disparities in tobacco use are multifaceted, with influences that go beyond individual and interpersonal factors including social, structural, and commercial drivers of tobacco use (see Figure 1). For example, the tobacco industry's aggressive marketing of their products to specific population groups,[26-30] greater density of tobacco retailers in urban neighborhoods with higher percentages of Black or African American residents[31-38] and residents with lower income,[31-33,36-44] and the promotion of flavored tobacco products, including mentholated products, have contributed to disparities in patterns of tobacco product use and initiation. The tobacco industry has also used various promotional tactics, such as provision of sponsorships and charitable contributions to community organizations, to target various population groups

including American Indian and Alaska Native and rural communities.[45-47] Furthermore, the overlap of these and other factors, including housing discrimination and residential segregation, along with inequities in education, employment opportunities, wages, and access to quality health care, contribute to present-day socioeconomic and health disparities, including tobacco-related disparities.[48]

Commercial Tobacco Prevention and Control

Comprehensive commercial tobacco prevention and control is a multifaceted and cross-sector collection of synergistic strategies aimed at multiple points in the spectrum of tobacco use (see Box 2). These strategies, and the evidence for their effectiveness, are fully described elsewhere.[1,4,49-53] Each strategy by itself is a valuable tool in reducing the public health impact of commercial tobacco. The synergistic combination of these strategies, coupled with sustained funding of comprehensive statewide tobacco prevention and control programs as well as FDA's regulation of tobacco products, can best drive progress towards ending tobacco-related disease, disability, and death.[1,49]

Box 2: Commercial Tobacco Prevention and Control Strategies

Strategies proven to reduce tobacco use, prevent initiation, increase cessation, and decrease secondhand exposure include:

- Increasing the price of tobacco products
- Enacting comprehensive smoke-free policies in public places and workplaces and adopting smoke-free policies in private settings like multi-unit housing
- Ensuring all people have access to evidence-based cessation treatments, including through widely promoted, comprehensive insurance coverage with no barriers or cost sharing
- Conducting public education campaigns, including those promoting cessation services

Supporting people to quit tobacco product use is a core component of comprehensive efforts to reduce tobacco-related disease, disability, and death.[1,53,54] Ensuring access to, and awareness of, cessation supports is particularly important as tobacco control policies and interventions are implemented. Coupling cessation services with tobacco control interventions can help ensure assistance for people attempting to quit in response to program and policy interventions, maximize the impact of such interventions, and avoid the perception that such interventions are intended to punish rather than assist people who smoke.[49,54] Furthermore, many strategies that primarily focus on other components of tobacco use (e.g., preventing initiation, decreasing secondhand smoke exposure) are known to drive increases in smoking cessation, further highlighting the synergistic effects of comprehensive approaches.[4]

HHS has a long-standing history of supporting comprehensive commercial tobacco prevention and control. This includes funding, conducting, and synthesizing research to provide the scientific basis of prevention and control strategies, supporting programmatic infrastructure for strategy implementation, and providing coverage of and delivering cessation services. In addition, HHS has a long history of focusing on supporting people to quit tobacco use (see Figure 2). Together with decades of efforts made by state, local, and tribal governments as well as by many in the private sector, these efforts have produced substantial reductions in the burden of the nation's tobacco use.

Figure 2: Highlights of HHS Milestones Aimed at Supporting and Accelerating Smoking Cessation

1980	• *Healthy People 1990* addresses smoking and tobacco use, noting the importance of smoking cessation. Future iterations of *Healthy People* also address smoking cessation.
1982	• NIH launches the Smoking, Tobacco, and Cancer Program, which funds numerous trials focused on developing and implementing effective smoking cessation interventions.
1984	• Nicotine gum, available by prescription only, becomes the first FDA-approved cessation medication.
1986	• NIH launches the Community Intervention Trial for Smoking Cessation (COMMIT), a 4-year intervention trial in 11 U.S. communities, to test smoking cessation methods.
1988	• The Surgeon General's Report, *The Health Consequences of Smoking—Nicotine Addiction*, concludes that "cigarettes and other forms of tobacco are addicting" and that "nicotine is the drug in tobacco that causes addiction."
1990	• The first Surgeon General's Report to focus specifically on smoking cessation, *The Health Benefits of Smoking Cessation,* is released.
1991	• NIH launches the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST), a 17-state demonstration project aimed at delivering tobacco prevention and control interventions, including smoking cessation service provision.
1993	• CDC launches Initiatives to Mobilize for the Prevention and Control of Tobacco Use (IMPACT) which funds 32 states and DC to undertake tobacco prevention and control activities. • CDC begins promotion of Pathways to Freedom, a smoking cessation resource tailored for African American adults developed at the Fox Chase Cancer Center with funding from NIH.
1996	• FDA approves the nicotine patch and gum for over-the-counter use and the nicotine nasal spray for prescription use. • U.S. Public Health Service issues the first clinical practice guideline on *Treating Tobacco Use and Dependence.*
1997	• FDA approves the nicotine inhaler and bupropion for prescription use for smoking cessation.
1998	• The Surgeon General's Report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups,* which calls attention to the need to address tobacco-related disparities, is released.
1999	• CDC begins funding the National Tobacco Control Program, which supports tobacco prevention and control work in health departments in all 50 states, DC, and U.S. territories. • CDC releases *Best Practices for Comprehensive Tobacco Control* with recommendations for state-level tobacco prevention and control activities, including those related to cessation.
2000	• U.S. Public Health Service issues its second clinical practice guideline on *Treating Tobacco Use and Dependence.*
2002	• FDA approves the nicotine lozenge for over-the-counter use. • HHS Interagency Committee on Smoking and Health (ICSH) cessation subcommittee releases the National Action Plan for Tobacco Cessation.
2003	• NIH launches the Smokfree.gov Initiative, providing web-based resources to help people quit smoking.
2004	• HHS announces the National Network of Tobacco Cessation Quitlines. • NIH's 1-800-QUIT-NOW national portal becomes operational. • CDC launches dedicated funding for state tobacco quitlines in all states and DC.
2006	• FDA approves varenicline for prescription use for smoking cessation.
2008	• U.S. Public Health Service issues its third clinical practice guideline on *Treating Tobacco Use and Dependence.*
2009	• The *Family Smoking Prevention and Tobacco Control Act* passes, giving FDA broad authority to regulate the manufacture, marketing, distribution, and sale of tobacco products.

2010	• The first tobacco control strategic action plan for the United States, *Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the U.S. Department of Health and Human Services*, is published.
2011	• NIH launches SmokefreeTXT, a cessation program administered via mobile text messaging.
2012	• CDC launches *Tips From Former Smokers®*, the first federally funded national tobacco education campaign.
2013	• NIH and CDC launch the 1-855-DEJELO-YA quitline portal for Spanish speakers.
2014	• CDC publishes a new edition of *Best Practices for Comprehensive Tobacco Control Programs* that includes updated recommendations for tobacco cessation activities at the state level. • The U.S. departments of Health and Human Services, Labor, and the Treasury issue sub-regulatory guidance that clarifies the tobacco cessation coverage requirements in the *Patient Protection and Affordable Care Act*.
2018	• FDA launches *Every Try Counts*, a media campaign that encourages adults to quit smoking.
2020	• The Surgeon General's Report, *Smoking Cessation,* is released, updating the evidence review and synthesis regarding smoking cessation.
2021	• The U.S. Preventive Services Task Force issues updated clinical recommendations for adult tobacco cessation.
2022	• NIH publishes Tobacco Control Monograph 23, *Treating Smoking in Cancer Patients: An Essential Component of Cancer Care.*

Source: Adapted from *Smoking Cessation, A Report of the Surgeon General* [4]

HHS Framework to Support and Accelerate Smoking Cessation

The HHS Office of the Assistant Secretary for Health (OASH) is leading a coordinated effort to enhance HHS's focus on advancing smoking cessation, with an emphasis on supporting and accelerating smoking cessation in populations and communities disproportionately impacted by smoking-related disease, disability, and death.

The initial product of this effort is the *HHS Framework to Support and Accelerate Smoking Cessation* (hereafter the Framework). The Framework provides an organizing set of goals and broad strategies intended to enhance collaboration and coordination to drive further progress towards smoking cessation. The Framework will be used by HHS and provides direction for coordinated efforts with other federal partner agencies and other public and private sector partners, including state, local, jurisdictional, and tribal governments, to advance our collective efforts to improve the nation's health.

The Framework uses an equity lens that emphasizes the importance of addressing long standing tobacco-related disparities, specifically smoking- and cessation-related disparities, and meaningfully engaging with communities most at risk to ensure that cessation programs and policies meet their needs. It builds on HHS's long history of efforts to reduce tobacco use, including a strong and sustained focus on helping people quit smoking (see Figure 2).

HHS's past efforts in this area have established a solid foundation, but there is more work to be done. Through this Framework, HHS seeks to foster an expanded level of collaboration and commitment across HHS and other partners across all sectors to equitably support and accelerate smoking cessation.

Scope

The Framework is part of a broader HHS-wide effort to tackle tobacco use and advance the Biden Cancer Moonshot goal of reducing the death rate from cancer by at least half over 25 years. Combusted tobacco products are responsible for the majority of tobacco-related cancers and are significant drivers of tobacco-related health disparities.[1] The Framework is focused specifically on supporting and accelerating the cessation of combusted tobacco products—namely, cigarettes, cigars, little cigars, and cigarillos—for people of all ages across the lifespan. For the purposes of the Framework, cessation refers to the range of tobacco cessation behaviors, including quitting and relapse to smoking (see Figure 1).

Importantly, all tobacco products are addictive and pose health risks; there is no safe tobacco product. Although the focus of this Framework is on cessation of cigarettes, cigars, little cigars, and cigarillos, HHS recognizes the importance of a comprehensive approach to commercial tobacco prevention and control that addresses all tobacco product use and includes strategies targeted to each point along the spectrum of tobacco use. HHS does not intend to diminish the critical work it does in supporting these strategies. For example, HHS recognizes the importance of preventing tobacco initiation among youth and young adults and is actively engaged in work to advance this priority. Also, HHS recognizes that other tobacco products additionally contribute to initiation, nicotine addiction, and tobacco-related disparities. HHS is committed to a coordinated, sustained, and comprehensive tobacco control strategy to reduce tobacco related disease, disability, and death.[55]

Framework Development

The Framework was developed with input from subject matter experts across HHS operating divisions, as well as from external partners and members of the public. As part of the initial engagement on this effort, OASH brought together leaders and subject matter experts from across HHS to form an Expert Advisory Group (see Appendix A). This group was engaged in the development and finalization of the Framework. OASH published a Request for Information (RFI) in the Federal Register in June 2023 to solicit public input on the draft Framework. OASH received comments representing a range of perspectives, including those of communities disproportionately impacted by smoking and those with lived experience. OASH also conducted a series of listening sessions to gather additional information from RFI respondents as needed to clarify specific topics including recommendations for incorporating community engagement into the Framework and its implementation.

The comments received in response to the RFI and the information gathered during the listening sessions were considered in the finalization of the Framework and will continue to inform future phases of this work, including Framework implementation.

Vision

Ensure that every person in the United States has equitable access to comprehensive, evidence-based cessation treatment and can benefit from HHS cessation supports, programs, and policies.

This vision is aligned with HHS's unwavering commitment to advancing health equity and ensuring a healthier future for all.

Cross-Cutting Principles

The Framework is underpinned by four cross-cutting guiding principles that apply across all its goals and their respective strategies. These cross-cutting principles reflect HHS's commitment to leveraging the best available smoking cessation science, programs, and policies to reach diverse populations and all communities across America:

1. **Advancing Health Equity**—Employing culturally- and community-appropriate and -responsive strategies that support and accelerate cessation, focusing especially on population groups experiencing smoking- and cessation-related disparities.
2. **Community Engagement**—Ensuring that the public, especially communities experiencing smoking- and cessation-related disparities, are engaged in the development and implementation of cessation programs, policies, and infrastructure.
3. **Coordination, Collaboration, and Integration**—Promoting coordination, collaboration, and integration of programs and activities to support the implementation and sustainability of effective cessation practices, programs, and policies.
4. **Evidence-Based Approaches**—Leveraging the strongest evidence base to guide actions for cessation treatment and messaging, while identifying research gaps and needs.

I. Advancing Health Equity

Employing culturally- and community-appropriate and -responsive strategies that support and accelerate cessation, focusing especially on population groups experiencing smoking- and cessation-related disparities.

Health equity is defined as the attainment of the highest level of health for all people.[11] Commitment to advancing health equity involves understanding tobacco-related disparities and the factors that cause them. The existence of these disparities is rooted in the inequitable distribution of resources, opportunities, or conditions for population groups based on multiple social and demographic characteristics.[11] Social and structural inequities affect the full spectrum of tobacco product use (see Figure 1) including smoking cessation-related intermediaries such as quit attempts, cessation treatment seeking and utilization, relapse, and ultimately successful cessation and improved health outcomes.[2] A focus on reducing smoking- and cessation-related disparities while improving health outcomes for all should underpin efforts to advance the goals and strategies of the Framework.

To fully achieve health equity and support smoking cessation, it is critical to not further marginalize individuals based on their use of tobacco products and recognize the factors, both

historical and current, that drive tobacco product use and related disparities. Acknowledging and addressing the causes of these disparities, including those related to social, structural, and commercial determinants of health will be crucial for success. This work requires taking a comprehensive and whole-person approach, including use of culturally and community appropriate and responsive strategies that support and accelerate cessation.

II. Community Engagement

Ensuring that the public, especially communities experiencing smoking- and cessation-related disparities, are engaged in the development and implementation of cessation programs, policies, and infrastructure.

As cessation programs, policies, and infrastructure are developed and implemented, it is critical to incorporate community engagement in the process, particularly with those communities experiencing smoking- and cessation-related disparities. Community engagement is an intentional process that should be thoughtfully planned and implemented at the earliest possible phase of work. Community engagement may occur with a variety of entities. Terms such as community, stakeholder, and partner are often used interchangeably, but each should be clearly defined when planning for engagement activities.

Priority considerations for community engagement include:[56-59]

- **Define the purpose of the engagement**. Communities may be engaged at varying times for different strategic purposes. For example, community engagement can:
  - *Inform*—Provide communities information on decisions that affect them.
  - *Consult*—Give communities opportunity to provide feedback on potential options and decisions.
  - *Involve*—Give communities opportunity to participate in the development of potential options.
  - *Collaborate*—Partner with communities to identify potential alternatives and solutions.
  - *Empower*—Empower communities to make specified decisions.
- **Determine the objective of the engagement.** Determining the objective, including defining success, needs to occur before any community engagement. Identify the factors that communities can inform versus those that have already been determined. This understanding will inform the level of engagement needed and engagement methods to consider.
- **Identify who will be engaged**. Once the objectives of engagement are determined, identify relevant communities to engage for each objective. The initial identification of those to engage should be as broad as possible and consider all who might be relevant, including those with lived experience and partners that may not have been engaged in the past.
- **Select the method of engagement.** Based on the engagement objectives and the characteristics of communities and individuals to be engaged, select appropriate methods and tools for the engagement. For example, written notifications, public information, personal interviews, focus groups, partner meetings, ongoing community panels, or some combination of methods may be best suited to achieve the objective. When possible and appropriate, consider compensating participants for their contributions.

- **Evaluate the engagement activity.** Community engagement efforts should be evaluated to determine whether the process of developing, implementing, and monitoring the work was participatory in nature, including assessment of how community members and partners were involved throughout the entire process. Evaluating engagement activities involves collecting and analyzing information about how the community's input was solicited and responded to, what was learned, and the community's response to and satisfaction with the engagement. Evaluation results should be used to inform future engagement activities.

Numerous resources and tools are available from HHS and its agencies and operating divisions to assist in effective and appropriate community engagement.[57,58] Additionally, the HHS Tribal Consultation Policy can guide engagement with tribes and tribal agencies to ensure that they have meaningful and timely input in the development of policies that may have tribal implications.

III. Coordination, Collaboration, and Integration

Promoting coordination, collaboration, and integration of programs and activities to support the implementation and sustainability of effective cessation practices, programs, and policies.

Efforts to implement the Framework require continuation and strengthening of the coordination, collaboration, and integration of activities intended to advance and accelerate smoking cessation. While these three principles are interrelated, a shared understanding of each will help define and evaluate progress.

- **Coordination** includes undertaking similar work that remains separate and at different organizations.[60] Coordinated efforts typically aim to achieve outcomes, objectives, and goals that are either similar or complementary. Inter-organizational communication and information sharing regarding progress and challenges are important.
- **Collaboration** includes working together on activities that aim to achieve a shared goal.[60] Collaborative efforts typically include long-term relationships between organizations and contributions based on each organization's individual strength or expertise. Organizations work closely together, especially if progress for one is contingent on the success of another.
- **Integration** includes organizations working together in a framework of shared work on a common goal or set of goals.[61] As organizations integrate work, staff from multiple organizations can be assigned to projects or teams, working side-by-side with common goals and activities.

Opportunities for coordination, collaboration, and integration exist not just across federal entities, but also across state, local, jurisdictional, and tribal governments, as well as non-governmental and community partners. By coordinating, collaborating, and integrating cessation-related efforts, organizations can work toward shared goals and benefit from complementary expertise, shared accountability, increased efficiency, improved reach, and expanded partnerships.

IV. Evidence-Based Approaches

Leveraging the strongest evidence base to guide actions for cessation treatment and messaging, while identifying research gaps and needs.

Decades of research on interventions to help people quit smoking have resulted in an understanding of the core components of treating tobacco use and dependence.[4] Both behavioral counseling (via in-person, telephone, web, and text modalities) and cessation pharmacotherapy (seven FDA-approved medications as of publication) are known to increase the likelihood of successful smoking cessation, particularly when used in combination.[4] In addition, population-level commercial tobacco control strategies such as increased pricing, comprehensive smoke-free policies, and mass media campaigns, are known to support and increase smoking cessation.[4]

Despite this strong evidence base, research gaps remain. For example, few empirically validated tobacco cessation interventions currently exist to help adolescents quit using tobacco.[54] In addition, social and structural barriers to cessation, including barriers to treatment access, contribute to disparities in cessation behaviors, treatment access and utilization, and successful cessation among some population groups.[2,4] While it is critical to continue to implement and advance proven population-level strategies, efforts to advance health equity will require exploration of new and promising practices, such as endgame strategies and culturally appropriate interventions that can reach and support cessation in population groups impacted by tobacco-related disparities.[1,2,62] Further, as tobacco control strategies are implemented, it is critical to evaluate their impact on tobacco-related disparities and consider how existing practices can be tailored or augmented to ensure their reach and impact improves, and does not worsen, disparities and health outcomes.[2]

Framework Goals

The Framework is organized around six goals that serve as a foundation for long-standing HHS efforts to support and promote smoking cessation. Moving forward, these goals will guide future HHS actions, building on the work that is already underway to achieve the Framework vision.

The Framework's six goals are:

1. Reduce smoking- and cessation-related disparities.
2. Increase awareness and knowledge related to smoking and cessation.
3. Strengthen, expand, and sustain cessation services and supports.
4. Increase access to and coverage of comprehensive, evidence-based cessation treatment.
5. Advance, expand, and sustain surveillance and strengthen performance measurement and evaluation.
6. Promote ongoing and innovative research to support and accelerate smoking cessation.

Broad Strategies

Each of the six goals are supported by broad strategies to drive progress in advancing smoking cessation at the population and individual levels. These strategies are also underpinned by the cross-cutting principles, which serve as a lens to guide the implementation of each strategy.

In addition to the strategies for each goal, there is an accompanying list of example activities that HHS is currently undertaking to advance the Framework. The activities highlighted are not an exhaustive list of HHS's efforts to accelerate smoking cessation but do represent many efforts that are expected to yield measurable results. Moving forward, HHS will continue to advance the Framework goals through coordinated strategies that leverage the full capacity and resources of HHS, including continued support for the ongoing activities that serve these goals.

Goal 1. Reduce Smoking- and Cessation-Related Disparities

Addressing disparities in smoking prevalence rates and cessation outcomes is essential to achieving equitable progress in reducing smoking-related disease, disability, and death. A commitment to health equity involves understanding disparities related to smoking and the factors that cause these disparities. Using the cross-cutting principles as a lens, HHS seeks to advance the Framework through the implementation of broad strategies that will reach all communities, with particular focus on addressing cessation-related barriers experienced by disparately impacted population groups.

Examples of broad strategies to advance this goal include:

- Expanding the development, implementation, and promotion of cessation resources that are culturally and linguistically appropriate and community responsive.
- Engaging communities, including people with lived experience and community partners, in the development and implementation of cessation-related activities such as communications, outreach, and service delivery.
- Promoting and delivering cessation services in partnership with communities in the places where people live, learn, work, play, shop, and worship.
- Building capacity within communities for cessation services and supports, including in public health and health care sectors.
- Regulating the manufacturing, marketing, and distribution of tobacco products to protect public health.

Examples of current HHS programs and activities that support this goal include, but are not limited to:

- **CDC's (Centers for Disease Control and Prevention) National Networks Driving Action: Preventing Tobacco- and Cancer-Related Health Disparities by Building Equitable Communities** funds a consortium of national networks to advance the prevention of commercial tobacco use and cancer in populations experiencing tobacco- and cancer-related health disparities. Focus population groups include American Indian and Alaska Native people; Black or African American people; Asian American, Pacific Islander, and

Native Hawaiian people; Hispanic or Latino people; LGBTQI+ people; people with lower socioeconomic status; people with mental health or substance use disorders; people with disabilities; and geographically defined population groups.

- **FDA** regulates the manufacturing, marketing, distribution, and sale of tobacco products. Agency activities include: developing regulations, including those to reduce initiation among youth and to increase tobacco cessation; reviewing applications before new tobacco products can be legally marketed; taking compliance and enforcement actions across the supply chain; and educating the public about the dangers of tobacco products.
- **SAMHSA's (Substance Abuse and Mental Health Services Administration)** **National Center of Excellence for Tobacco-Free Recovery** works to reduce the high rate of commercial tobacco use among persons with mental health conditions, substance use disorders, or both. The Center provides technical assistance, training, educational resources, and leadership academies. The primary focus is to promote the adoption of tobacco-free facility and grounds policies and the integration of tobacco treatment into behavioral health care.
- **NIH (National Institutes of Health)-NCI (National Cancer Institute)** funds a research initiative focused on **improving smoking cessation interventions among persons living with HIV.** The goal of this research initiative is to support research to systematically test evidence-based smoking cessation interventions and develop and test new adaptations of these interventions among persons living with HIV.

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

Raising knowledge and awareness about the harmful effects of smoking, the immediate and long-term benefits of smoking cessation, and the availability and effectiveness of evidence-based cessation interventions can drive attempts to quit and promote treatment utilization. Using the cross-cutting principles as a lens, HHS seeks to advance the Framework through the implementation of broad strategies that will increase awareness and knowledge related to smoking and cessation.

Examples of broad strategies to advance this goal include:

- Expanding public education campaigns to increase knowledge about the harms of smoking; address misperceptions, which may serve as barriers to cessation; and increase awareness of the availability and effectiveness of cessation services.
- Increasing public awareness of the causes of smoking- and cessation-related disparities, including the social, structural, and commercial drivers of these disparities.
- Coordinating with federal and non-federal partners to share cessation communication and education resources to amplify their reach.
- Promoting covered cessation treatments to insurance beneficiaries and their health care providers.

Examples of current HHS programs and activities that support this goal include, but are not limited to:

- **CDC's *Tips From Former Smokers*® (*Tips*®) campaign** profiles real people from many different backgrounds living with serious long-term health effects from smoking and secondhand smoke exposure. Tips also features compelling stories of the toll these

smoking-related conditions have taken on family members. The people whose stories arehighlighted in *Tips* share a single message: quit smoking. *Tips* increases awareness of free quit-smoking resources among adults and uses approaches to address health disparities by increasing the reach, representation, receptivity, and accessibility of smoking cessation messages. CDC estimates that more than one million people have quit smoking because of the campaign.

- **CDC's Media Campaign Resource Center** provides free and low-cost tobacco education campaign materials to the tobacco control community and partners to support their communication efforts.
- **FDA's Tobacco Education Resource Center** provides tobacco cessation resources for diverse teen and adult audiences in English and Spanish. The materials are free to order or download and can be customized.

Goal 3. Strengthen, Expand, and Sustain Cessation Services and Supports

To help people quit smoking, it is important to have strong cessation supports in place with sustainable capacity and infrastructure. Using the cross-cutting principles as a lens, HHS seeks to advance the Framework through the implementation of broad strategies that will support the implementation of services that are evidence-based, engaging, optimally effective, and sustainable.

Examples of broad strategies to advance this goal include:

- Strengthening, expanding, and sustaining state, tribal, and local cessation programs and activities.
- Working to ensure a baseline level of service for tobacco quitlines for all who engage with their services.
- Promoting connectivity and interoperability among HHS programs and partnerships with other federal and non-federal partners.

Examples of current HHS programs and activities that support this goal include, but are not limited to:

- **NIH and CDC** support **national portals** to connect people to evidence-based cessation services through **1-800-QUIT-NOW** and the **National Texting Portal**, accessed by texting QUITNOW to 333888. Using these portals, individuals living in the United States can access free phone and text message-based cessation support in both English and Spanish. In addition, CDC supports a national quitline service that provides cessation services in Mandarin, Cantonese, Vietnamese, and Korean languages.
- **NIH-NCI's Smokefree.gov Initiative (SFGI)** is a suite of public-facing web and mobile-based cessation resources designed to provide free, evidence-based cessation information and on-demand support. SFGI includes six mobile-optimized websites, nine SMS text programs, two smartphone apps, and six social media platforms. SFGI also has population-specific resources for adolescents, women, people who speak Spanish, veterans, and older adults.
- **HRSA (Health Resources and Services Administration)-supported health centers** deliver affordable, accessible, high-quality, and cost-effective primary health care services to medically underserved communities, including communities which may be impacted by

tobacco-related disparities, and may provide tobacco use screening and cessation interventions to their patient populations.

- **IHS (Indian Health Service) health care facilities***,* as a part of their role in providing health services to American Indian and Alaska Native people, assess (and document in the electronic health record) commercial tobacco use and exposure to secondhand smoke and refer patients who are ready to quit to cessation services.
- **CDC supports states, tribes, territories, and affiliated jurisdictions to advance commercial tobacco prevention and control**. Integral to this work is the support of cessation infrastructure and services, such as tobacco cessation quitlines. CDC also supports the incorporation of cessation-related activities into other chronic disease prevention and management programs, such as those for cancer, asthma, and diabetes.

Goal 4. Increase Access to and Coverage of Comprehensive Evidence-Based Cessation Treatment

Ensuring that high-quality, comprehensive cessation support is accessible and affordable for all people who smoke is essential for advancing smoking cessation. Using the cross-cutting principles as a lens, HHS seeks to advance the Framework through the implementation of broad strategies that will increase access to cessation treatment, especially in settings serving population groups that experience barriers to cessation and cessation-related disparities.

Examples of broad strategies to advance this goal include:

- Working with health insurers, payors, states, health care facilities, community providers, and others to remove coverage barriers to treatment.
- Ensuring that smoking assessment and treatment delivery and referral are integrated into health care systems and connected to care for other health conditions.
- Increasing health care providers' knowledge of and ability to deliver effective cessation-related treatments.
- Supporting, reimbursing, and evaluating innovative health care delivery methods that support cessation and provide long-term support to prevent and address relapse.
- Promoting person-centered approaches and ensuring that cessation protocols are evidence-based.

Examples of current HHS programs and activities that support this goal include, but are not limited to:

- **SAMHSA's National Center of Excellence for Tobacco-Free Recovery's *Tobacco-free Toolkit for Behavioral Health Agencies*** is a step-by-step guide to becoming a tobacco-free behavioral health facility and treating tobacco use in clients and staff. It serves as a resource and guide for behavioral health agencies in the adoption of tobacco-free wellness policies for their facilities and campuses and includes suggestions of ways to incorporate such policies into a larger, whole-person program of wellness.
- **NIH-NCI's Cancer Center Cessation Initiative (C3I)** is one of the many successes of the initial phase of the Biden Cancer Moonshot. C3I supported the development and expansion of tobacco cessation treatment for cancer patients and survivors in 52 of the nation's NCI-

Designated Cancer Centers. NIH supports ongoing resource sharing via a coordinating center, the curation of a public-use data set, and grant-funded research on the sustainability of the initiative. More than 100,000 patients with cancer have received smoking cessation treatment as part of C3I.

- **NIH-NCI's Smoking Cessation at Lung Examination (SCALE) Collaboration** involves a set of eight grant-funded research projects to develop and test smoking cessation interventions in the lung cancer screening context. The trials enrolled nearly 6,500 participants at 70 clinic sites. Three trials have published primary outcomes; the remaining trials are anticipated to do so in 2024.
- **CDC and CMS's (Centers for Medicare & Medicaid Services) Million Hearts®** is a national initiative whose goal is preventing acute cardiovascular events by building healthy communities and optimizing clinical care, including by increasing smoking cessation. Multiple clinical tools from Million Hearts® support tobacco cessation treatment provision, including the Tobacco Cessation Change Package which is a clinical quality improvement tool intended to help health systems and practices increase the reach and effectiveness of tobacco cessation interventions.
- **CDC** has a funded partnership with the American Academy of Pediatrics to support the development of resources to **assist pediatric health clinicians in helping youth quit tobacco use**. Resources developed under this partnership include a clinician consideration guide, a suite of training case studies for clinicians, and a digital clinical decision support tool. This set of resources promote patient centered approaches to help prepare and guide providers in identifying youth tobacco product use and providing treatment to support successful cessation.
- **HRSA** provides **training and technical assistance** to HRSA-supported health centers to support centers in advancing their delivery of tobacco cessation treatment. This includes facilitating peer-to-peer learning, offering web-based training opportunities, and providing technical assistance using a variety of formats.
- **AHRQ (Agency for Healthcare Research and Quality)** provides scientific and programmatic support to the U.S. Preventive Services Task Force (USPSTF), an independent panel of national experts in disease prevention and evidence-based medicine who make evidence-based recommendations about clinical preventive services. In January 2021, the USPSTF published a final recommendation statement on Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions. In April 2020, the USPSTF published a final recommendation statement on Tobacco Use in Children and Adolescents: Primary Care Interventions, which included a call for additional research regarding effective interventions for tobacco cessation among youth.
- **CMS** has developed **quality improvement tools and technical assistance** for states to help more people with Medicaid and CHIP (Children's Health Insurance Program) coverage gain access to evidence-based tobacco cessation services and be successful in their efforts to quit.
- **CMS** administers the Medicare, Medicaid, and CHIP programs. The Medicare program covers tobacco use cessation counseling—recommended by the USPSTF with a grade of "A"—for certain beneficiaries with no cost sharing obligations (i.e., deductibles or coinsurance). Separately, all recommended tobacco cessation services—including

individual, group and telephone counseling and all seven FDA-approved cessation medications—are Medicaid or CHIP-coverable services. CMS has previously released guidance on which cessation services are required and which are optional for certain enrollment groups.

Goal 5. Advance, Expand, and Sustain Surveillance and Strengthen Performance Measurement and Evaluation

Expanding capacity for timely surveillance and evaluation of smoking and cessation behaviors is critical for measuring progress, understanding barriers to cessation success, and rewarding effective service delivery. Similarly, strengthening performance measurement and evaluation is critical to improving the delivery of cessation services. In addition, ensuring adequate representation of disparately impacted population groups in surveillance and evaluation data is foundational to understanding and accurately reporting tobacco-related disparities. Using the cross-cutting principles as a lens, HHS seeks to advance the Framework through the implementation of broad strategies that will support the measurement, monitoring, tracking, and dissemination of patterns, trends, and progress.

Examples of broad strategies to advance this goal include:

- Ensuring that surveillances systems can capture diverse tobacco use patterns, cessation behaviors, and associated health outcomes across the lifespan with an ability to examine disparities and inequities, particularly among diverse population groups.
- Promoting development and use of common data elements and standards to support interoperability and data linkages between public health, community, and health care entities, including through electronic health records.
- Encouraging development, strengthening, and use of performance measures for smoking assessment and treatment delivery, including the use of such measures to evaluate and incentivize treatment provision.
- Supporting program evaluation to ensure the provision of high-quality smoking cessation and related services.

Examples of current HHS programs and activities that support this goal include, but are not limited to:

- **CMS** has implemented reporting of **quality measures** assessing tobacco cessation in multiple programs including the Core Set of Adult Health Care Quality Measures for Medicaid and CHIP (assessment of state-level performance), the Merit-Based Incentive Payment System (MIPS) program, and the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program.
- **AHRQ's National Healthcare Quality and Disparities Report (NHQDR)** tracks measures related to quality and disparities in the delivery of health care in the United States, including measures of smoking cessation counseling and treatment delivery and cessation-related outcomes. These data can assist in focusing efforts on identifying areas for improvement in health care delivery, including gaps among population groups impacted by tobacco-related disparities.

- **HRSA's Uniform Data System (UDS)** is an integrated performance reporting system. It facilitates reporting of annual performance data for HRSA-supported health centers. As part of UDS, health centers report the percentage of patients aged 18 years and older who were screened for tobacco use and who received tobacco cessation intervention if identified as using tobacco.
- **CDC** supports and administers several surveillance systems, including the **National Health Interview Survey (NHIS)**, the **Behavioral Risk Factor Surveillance System (BRFSS)**, and the **Pregnancy Risk Assessment Monitoring System (PRAMS)**, which monitor tobacco use and cessation behaviors across the nation. Together, these systems provide data at state and national levels for a variety of population groups, including adults and pregnant persons.
- **CDC and FDA** support and administer the **National Youth Tobacco Survey (NYTS)**, which monitors tobacco use and cessation behaviors among youth across the nation.
- **SAMHSA's National Survey on Drug Use and Health (NSDUH)** provides estimates of tobacco use among the general population and various population groups, including those with mental health or substance use disorders. In addition, SAMHSA's **National Substance Use and Mental Health Services Survey (N-SUMHSS)** provides information about tobacco-related services provided by behavioral health care facilities.
- **NIH-NCI's Tobacco Use Supplement to the Current Population Survey (TUS-CPS)**, administered every 3 to 4 years by the U.S. Census Bureau, collects extensive data on tobacco product use and cessation among U.S. adults. With a large sample size, TUS-CPS can capture tobacco use- and cessation-related disparities among some demographic groups that are typically too small to study in other surveys. The large size of TUS-CPS enables the monitoring of trends and tracking of tobacco use patterns within states and some large counties.

Goal 6. Promote Ongoing and Innovative Research to Support and Accelerate Smoking Cessation

A robust evidence base exists to inform smoking cessation programs, policies, and treatments. At the same time, it is essential to identify gaps in current understanding of what works to effectively address smoking cessation, and how best to support implementation of cessation interventions and ensure their effectiveness and sustainability. Using the cross-cutting principles as a lens, HHS seeks to advance the Framework through the implementation of broad strategies that will support research efforts to continually build the evidence base, address smoking- and cessation-related disparities, and promote health equity.

Examples of broad strategies to advance this goal include:

- Increasing understanding of how to optimize existing smoking cessation interventions to maximize their effectiveness.
- Increasing understanding of strategies for maximizing the reach of and engagement with cessation interventions.
- Supporting research on new cessation interventions and treatment approaches, including research on culturally appropriate and responsive interventions, interventions for those with non-daily use patterns, and interventions for relapse prevention.

- Supporting research to promote the adoption, implementation, and sustainability of evidence-based smoking cessation interventions.
- Promoting sharing of data and resources generated by federally funded research.
- Identifying research gaps.

Examples of current HHS programs and activities that support this goal include, but are not limited to:

- **The Population Assessment of Tobacco and Health (PATH) Study** is a collaboration between **FDA** and **NIH-NIDA (National Institute on Drug Abuse)**. This longitudinal cohort study, launched in 2011 and ongoing, provides data on tobacco use behaviors, attitudes and beliefs, and tobacco-related outcomes.
- **NIH-NCI and NIH-NIDA's "Advancing Adolescent Tobacco Cessation Intervention Research"** is a funding opportunity intended to support studies that develop, test, implement, and evaluate behavioral tobacco cessation interventions for adolescents, with a focus on the critical developmental risk period of mid- to late adolescence (approximately 14–20 years old). This funding opportunity aims to address the critical need for empirically validated tobacco cessation interventions for adolescents.
- **NIH-NIDA's "Health Services and Economic Research on Treatment of Drug, Alcohol and Tobacco Use Disorders"** Notice of Special Interest supports efforts in health services research and economic studies to help inform policies that could promote and maximize the availability and delivery of efficient and effective substance treatment and recovery services, including those for tobacco use disorder.
- **NIH Office of Disease Prevention's ADVANCE** (Advancing Prevention Research for Health Equity) aims to develop interventions and delivery strategies for preventive services in population groups experiencing health disparities. A recent ADVANCE funding opportunity focuses on prevention and cessation of menthol cigarette smoking in population groups with a disparate prevalence of menthol cigarette smoking.
- **FDA** issued a **final guidance** in May 2023 intended to assist sponsors in the clinical development of nicotine replacement therapy (NRT) drug products. This guidance is intended to encourage innovation in NRT development by providing detail and clarity on product development strategies.
- **NIH's Intramural Research Program** supports tobacco control and prevention research, including **studies focused on tobacco-related health disparities**. For example, NIH intramural scientists are currently studying the factors that influence smoking behaviors among populations that experience health disparities, the potential for digital technologies to advance smoking cessation among people of limited educational attainment who smoke, and biomarkers of tobacco use and the genetics of smoking among Hispanic or Latino populations.

HHS Actions and Next Steps

The HHS Framework to Support and Accelerate Smoking Cessation represents a renewed HHS commitment to advancing smoking cessation, one that applies an equity lens to help ensure that future actions will drive progress towards cessation, especially in populations and communities that experience smoking- and cessation-related disparities. To realize the

Framework's vision, HHS will work strategically across the department to implement additional coordinated actions that can be accomplished under current statutory authorities and funding, as well as develop future initiatives to build on these efforts. These actions will build on HHS's longstanding work and investments in smoking cessation, with an emphasis on leveraging existing policies, programs, and resources to create synergies across HHS. There are also a number of established federal interagency workgroups and committees that can help support the coordination and implementation of the Framework. HHS will continuously monitor its progress towards realizing the Framework vision, including by measuring against Healthy People 2030 objectives related to smoking cessation and treatment utilization.

As this Framework rolls out, work is underway across the HHS Operating Divisions to support and accelerate smoking cessation. Highlights of recent and upcoming HHS actions and commitments that support the Framework include, but are not limited to:

- **CDC's *Tips*® 2024** will include several new ads containing messaging about the harms of smoking menthol cigarettes. The campaign will also feature new people living with serious, long-term health effects from smoking. In addition to TV ads, print, radio, and digital advertisements will be available.
- **CDC's "Building Capacity to Reduce the Burden of Menthol and Other Flavored Commercial Tobacco Products in Communities that Experience Health Disparities"** 5-year, $15 million program supports 8 recipient organizations to address health disparities caused by menthol and other flavored tobacco product marketing and use.
- **CDC** is currently developing an update of **Best Practices for Comprehensive Tobacco Control Programs**. This resource is an evidence-based guide to help states build and maintain effective tobacco control programs to prevent and reduce tobacco use, including cessation interventions.
- **CDC's Advancing Health Equity in Asthma Control through EXHALE Strategies** is a new FY24 funding opportunity designed to improve the health and quality of life for people living with asthma with a focus on addressing systems-level, environmental, and social drivers of asthma-related disparities. EXHALE is a set of six evidence-based strategies that contribute to better asthma control, including smoking cessation and reduction of secondhand smoke exposure.
- **NIH-NCI's Smokefree.gov Initiative (SFGI)** is launching new digital resources to encourage and assist people who smoke menthol cigarettes to quit. These resources were created to address barriers to quitting in communities that experience disparities associated with menthol cigarette use, with a particular focus on Black or African American communities.
- **IHS** and **NIH-NCI** recently partnered with the University of Minnesota School of Public Health and the American Indian Cancer Foundation to launch the **SmokefreeNATIVE text messaging program** to help American Indian and Alaska Native adolescents and adults to quit smoking.
- **FDA** continues to engage in actions to reduce tobacco-related death and disease in the United States. Such actions include tobacco product application review, compliance and enforcement, issuance of rules and guidance, and public education campaigns. FDA also conducts and funds research to inform these tobacco product regulatory activities.

- **CMS** is developing new resources and guidance that share promising practices, change ideas, and other strategies to support states in reducing the burden of tobacco-related disease in Medicaid and CHIP.
- **CMS** will begin requiring reporting of the tobacco cessation quality measure in the Core Set of Adult Health Care Quality Measures for Medicaid in 2024. This measure is part the behavioral health quality measures that will be mandatory for state reporting beginning in 2024 and will provide valuable information to assess state-level performance and drive quality improvement.
- **CMS** with the **departments of the Treasury and Labor** published an RFI on coverage of over-the-counter preventive services in October 2023. The objective of the RFI is to gather input from the public regarding the potential benefits and costs of requiring health plans and health insurance issuers to cover recommended over-the-counter preventive items and services (such as certain tobacco cessation products) without cost sharing and without requiring a prescription by a health care provider.
- **NIH Office of Disease Prevention's ADVANCE** (Advancing Prevention Research for Health Equity) aims to develop interventions and delivery strategies for preventive services in population groups experiencing health disparities. A new ADVANCE funding opportunity released in August 2023 focuses on substance use screening, brief intervention, and referral to treatment or prevention (SBIRT/P), including for tobacco product use. The PAR seeks research to explore SBIRT/P methods, outcome evaluations, and strategies for implementation and scale in population groups experiencing health disparities.
- The **NIH C3I Public Use Data Set** will provide site-level information about the reach and efficacy of smoking cessation interventions employed in the 52 funded C3I programs, for 6-month intervals from 2017 to 2022.
- **IHS** is collaborating with Native Americans for Community Action and the Arizona Department of Health Services to implement bilateral electronic referrals to connect patients who are ready to quit with the state tobacco cessation quitline.
- **HRSA** will continue taking actions to improve smoking cessation uptake in the nation's health centers, including implementing reporting measures to more precisely capture tobacco screening and treatment services delivered within the nearly 1,400 HRSA-supported health centers, and leveraging these data to identify opportunities for quality improvement.
- **NIH-NIDA** is committed to treatment development for smoking cessation. While effective treatments exist, there remains a need for new cessation treatments—such as medications, brain stimulation approaches, and digitally-delivered therapeutics. For example, an innovative NIDA-supported research project is testing the efficacy of psilocybin for smoking cessation; this project also promotes equity in treatment development through the use of participant recruitment strategies that emphasize the accrual of a study sample that is racially, ethnically, and socioeconomically diverse.
- **NIH-NIMHD** and **NIH-NIDA** will work to incorporate improved smoking cessation into research policy. Ideally, all interventions or treatments to improve health among NIH-designated populations with health disparities and persons with substance use disorders would emphasize smoking cessation and offer appropriate resources. To that end, NIMHD

and NIDA will work towards systematizing offering of targeted and tailored smoking cessation support to participants in NIMHD- and NIDA-funded research.

- **AHRQ** has an in-progress systematic review that will identify barriers and facilitators to the receipt of clinical preventive services, including screening and behavioral interventions for smoking cessation among people with disabilities, and synthesize the literature on the effectiveness of interventions to improve the receipt of clinical preventive services among people with disabilities.
- **ACL's (Administration for Community Living) Aging and Disability Networks** are made up of local, state, and national organizations and committed advocates working to support older adults and people with disabilities. Through these networks, ACL will work to increase knowledge and awareness of smoking cessation resources and enhance their capacity to provide information and assistance to people who want to quit smoking.
- The **U.S. Office of the Surgeon General (OSG)** chartered the **Smoking and Tobacco Use Advisory Committee (STUAC)** in May 2023 to advise the OSG on emerging and critical tobacco use issues, including implementation of evidence-based tobacco use prevention and cessation interventions in communities and health systems. STUAC employs the voluntary service of the U.S. Public Health Service Commissioned Corps (PHS) officers. STUAC also provides tobacco use cessation resources to PHS officers and individuals who use tobacco products.

Guided by this Framework, HHS will continue to work across the department and across government to identify additional opportunities to drive progress towards smoking cessation and pursue the Biden-Harris Administration's priorities of advancing health equity and achieving the goals of the Biden Cancer Moonshot. In addition, HHS calls on its partners, both within and outside of the federal government, to leverage the Framework in their own work to optimize its implementation and spur collective action to support and accelerate smoking cessation.

Appendix A

HHS Smoking Cessation Initiative, Expert Advisory Group

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Glossary of Abbreviations

ACL	Administration for Community Living
ADVANCE	Advancing Prevention Research for Health Equity
AHRQ	Agency for Healthcare Research and Quality
ASSIST	American Stop Smoking Intervention Study for Cancer Prevention
BPHC	Bureau of Primary Health Care
BRFSS	Behavioral Risk Factor Surveillance System
C3I	Cancer Center Cessation Initiative
CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
COMMIT	Community Intervention Trial for Smoking Cessation
COPD	Chronic Obstructive Pulmonary Disease
FDA	U.S. Food and Drug Administration
HHS	U.S. Department of Health and Human Service
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
IMPACT	Initiatives to Mobilize for the Prevention and Control of Tobacco Use
IPFQR	Inpatient Psychiatric Facility Quality Reporting
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MIPS	Merit-Based Incentive Payment System
NCI	National Cancer Institute
NHIS	National Health Interview Survey
NHQDR	National Healthcare Quality and Disparities Report
NIDA	National Institute on Drug Abuse
NIMHD	National Institute on Minority Health and Health Disparities
NIH	National Institutes of Health
NRT	Nicotine Replacement Therapy
NSDUH	National Survey on Drug Use and Health
N-SUMHSS	National Substance Use and Mental Health Services Survey
NYTS	National Youth Tobacco Survey
OASH	Office of the Assistant Secretary for Health
PATH	Population Assessment of Tobacco and Health
PRAMS	Pregnancy Risk Assessment Monitoring System
RFI	Request for Information
SAMHSA	Substance Abuse and Mental Health Services Administration
SCALE	Smoking Cessation at Lung Examination
SFGI	Smokefree.gov Initiative
STUAC	Smoking and Tobacco Use Advisory Committee
TUS-CPS	Tobacco Use Supplement to the Current Population Survey
UDS	Uniform Data System
USPSTF	U.S. Preventive Services Task Force

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