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Dr. Robert R. Redfield
Director, Centers for Disease Control and Prevention
Department of Health and Human Services
1600 Clifton Road
Atlanta, GA 30329

Dr. Norman "Ned" Sharpless
Director, National Cancer Institute
Department of Health and Human Services
9609 Medical Center Drive
Bethesda, MD 20892

Re: National Tobacco Cessation Texting/Digital Portal

Dear Dr. Redfield and Dr. Sharpless:

The American Lung Association appreciates the opportunity to provide comments on the Centers for Disease Control and Prevention's (CDC) and National Cancer Institute's (NCI) creation of a national tobacco cessation texting and/or digital portal. The Lung Association is encouraged that CDC and NCI are exploring the creation of a national texting and/or digital portal. It is vital that cessation interventions utilize technology and meet tobacco users where they are at.

The American Lung Association is the oldest voluntary public health organization in the United States and is committed to eliminating tobacco use and tobacco-related disease. Across all 50 states and the District of Columbia, Lung Association volunteers and staff help smokers quit through health education programs and through policy changes. Lung Association staff have also served as tobacco cessation subject matter experts at national conferences and CDC meetings.

The American Lung Association has decades of experience with providing tobacco cessation services. The Lung Association's Helpline has operated the Illinois Tobacco Quitline since 2001 and is staffed by nurses, respiratory therapists and certified tobacco treatment specialists.

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According to the U.S. Surgeon General, almost half a million Americans die each year from a tobacco related illness.¹ While the smoking rate among the general population is falling, 13.7 percent of adults in the United States still smoke.² Additionally, youth use of tobacco products have been increasing at alarming rates since 2014 due to the rise in popularity of electronic cigarettes within this population. In 2018 the U.S. Surgeon General issued an advisory declaring electronic cigarette use among youth an epidemic in the United States.

Among all U.S. adult cigarette smokers in 2015, nearly seven out of ten (68%) reported wanting to quit smoking completely, but fewer than one in ten quit successfully.³ More than half of current youth tobacco product users (57.8%) have reported seriously thinking about quitting the use of all tobacco products in 2019.⁴ Unfortunately, on average, it takes a person more than eight quit attempts to quit for good.⁵

Modalities

It is vital that this portal be easy to for tobacco users to use. The Lung Association proposes that the modality remain consistent during the intervention. For instance, if a person begins the intervention on the computer, it should remain on the computer rather than switching to text messaging but if someone begins on text messaging, they should be able to switch. Utilizing several modalities to enhance the experience for the patient is acceptable, however switching modalities mid-intervention could cause confusion.

The American Lung Association also recommends that the interface of the portal have an adaptive responsive design to work on a desktop, tablet or smartphone; with no need for a separate mobile application. The user experience should be the same regardless of what technology is being used, especially since cell phone use is now commonplace among U.S adults and adolescents.

Ensuring this portal is compatible across a range of devices will increase access to the services available on the portal for Medicaid enrollees and youth - two populations who smoke at significantly higher rates. Approximately 27.8 percent of Medicaid enrollees have reported tobacco product use in 2018, which is much greater than those enrolled in private insurance (17.2%).⁶ In 2019, approximately 31.2 percent of high school students have used a tobacco product during the past 30 days.⁷

Cell phone ownership is widespread among all racial and ethnic groups, regardless of education or income levels.⁸ Most adult Medicaid beneficiaries (86%) own mobile technologies and use them for a variety of health purposes.⁹ Over half of children in the U.S. own a smart phone by the age of 11 and 84 percent have teenagers have their own phones.¹⁰ Additionally, it is important to note that those with lower socio-economic status are less likely to have broadband connections at home and instead use cellphones to access the internet.¹¹

Audience for the Portal

The Lung Association commends CDC and NCI for recognizing the importance of ensuring this portal is inclusive for all people who use tobacco products, especially those under the age of 18.



Due to the rise in youth use of tobacco products and no cessation medications that have been approved for those under 18 – guaranteeing that youth interested in quitting have an avenue available to them is crucial.

Within the portal, the Lung Association ask for clarification on how services will be differentiated for youth versus adults. Not all services are necessarily geared to help all age groups. What work will be done to differentiate services and how they will be presented to the person using the portal?

Qualifying Services

The Lung Association strongly supports the work of quitlines and believes that any state quitline offering texting services must be incorporated in the portal. In addition to routing people from states with no texting services to NCI's Smokefree text messaging program, the Lung Association suggests allowing national health organizations the opportunity to submit their texting/digital services for approval to be included in the portal. With this, the Lung Association recommends a strict criterion be developed to determine what services will be included. These services must be evidence-based, user-friendly and be able to reach anyone in the country. Of course, they cannot include any tobacco industry companies or any of their affiliates.

Conclusion

The American Lung Association supports CDC's and NCI's efforts to improve reach and uptake of cessation interventions by linking individuals interested in quitting to existing cessation resources that extend beyond the telephone, including texting services. However, the Lung Association does have several recommendations surrounding:

- Ensuring modality consistency throughout the intervention;
- Increasing access to the portal via several modalities, including mobile technology;
- Differentiating services for youth and adults; and
- Allowing national organizations to submit their texting/digital services for approval to be included in the portal.

The Lung Association encourages CDC and NCI to seek public input once there is a beta site. Thank you for the opportunity to provide comments on this effort.

Sincerely,



Deborah P. Brown
Chief Mission Officer

¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease



Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

² Creamer MR, Wang TW, Babb S, et al. Tobacco Product use and Cessation Indicators Among Adults – United States, 2018. MMWR Morb Mortal Wkly Rep 2019; 68: 1013-1019. DOI: <http://dx.doi.org/10.15585/mmwr.mm6845a2>

³ Centers for Disease Control and Prevention. Quitting Smoking Among Adults—United States, 2000–2015. Morbidity and Mortality Weekly Report 2017;65(52):1457-64

⁴ Wang TW, Gentzke AS, Creamer M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students – United States, 2019. MMWR Surveill Summ 2019;68(No. SS-12):1-22. DOI: <http://dx.doi.org/10.15585/mmwr.ss6812a1>

⁵ American Cancer Society. How to Quit Smoking or Smokeless Tobacco

⁶ Creamer MR, Wang TW, Babb S, et al. Tobacco Product use and Cessation Indicators Among Adults – United States, 2018. MMWR Morb Mortal Wkly Rep 2019; 68: 1013-1019. DOI: <http://dx.doi.org/10.15585/mmwr.mm6845a2>

⁷ Wang TW, Gentzke AS, Creamer MR, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students – United States, 2019. MMWR Surveill Summ 2019;68(No. SS-12):1–22. DOI: <http://dx.doi.org/10.15585/mmwr.ss6812a1>

⁸ Pew Hispanic Center, “Latinos and Digital Technology, 2010,” 9 February 2011 (<http://pewhispanic.org/reports/report.php?ReportID=134>) p.18, Table 4

⁹ Majerol M, Carroll W. “Medicaid and Digital Health – Findings from the Deloitte 2018 Survey of U.S. Health Care Consumers.” Deloitte Insights. September 7, 2018. <https://www2.deloitte.com/us/en/insights/industry/public-sector/mobile-health-care-app-features-for-patients.html>

¹⁰ Kamenetz A. “It’s a Smartphone Life: More than half of U.S. Children now have one.” National Public Radio. October 31, 2019. <https://www.npr.org/2019/10/31/774838891/its-a-smartphone-life-more-than-half-of-u-s-children-now-have-one>

¹¹ Pew Hispanic Center, “Latinos and Digital Technology, 2010,” 9 February 2011 (<http://pewhispanic.org/reports/report.php?ReportID=134>) p.18, Table 4

