

Youth Tobacco Cessation Collaborative and National Blueprint for Action

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Objectives: To describe the formation of the Youth Tobacco Cessation Collaborative (YTCC), a voluntary collaborative of leading funders of youth tobacco cessation research and services. **Methods:** The long-term goal and specific short-term (2-year) goals, strategies, and accomplishments are briefly described with reference to its guiding action plan: *National Blueprint for Action: Youth and Young Adult Tobacco-Use Cessa-*

tion. Results: Aiming to accelerate the pace of discovery and application, YTCC efforts have created a strategic vision for making progress toward filling key knowledge and intervention gaps. **Conclusions:** Lessons learned about effective partnership are reviewed, and future directions are described.

Key words: adolescent/young adult tobacco cessation

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Because over 80% of adult tobacco users in the United States begin using tobacco regularly before the age of 18, most of the past decade's tobacco control efforts have focused on preventing youth tobacco use.¹ Prevention strategies launched as part of compre-

hensive national or statewide/provincial antitobacco initiatives have included raising cigarette prices, expanding clean indoor-air laws, airing effective youth-targeted counteradvertising, restricting youth-focused tobacco advertising, enforcing laws governing youth access to to-

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bacco, and implementing school-based programs to restrict and prevent tobacco use. As a result, the initiation of tobacco use among youth has declined significantly from the mid-1990s to the present.²⁻⁴ Even with these declines, however, the prevalence of smoking and smokeless tobacco use among teens and young adults remains as high as or higher than among all older population groups.⁵

For example, the 2002 US Monitoring the Future survey found that 10.7% of 8th graders, 17.7% of 10th graders, 26.7% of 12th graders, and 26.7% of college students reported smoking one or more cigarettes in the past 30 days. The highest prevalence was found among Native American, white, and Hispanic students; high school students who were not college bound; and young adults who were not college students.² In 2000, the highest rates of smoking among US pregnant women were found among those aged 18-19 (19.2%), followed only by those among women aged 20-24 (16.8%).⁴

Not only is the prevalence of tobacco use higher among teens and young adults than among other adult populations, but the prevalence of quitting (ie, the percentage of those who have ever smoked who are former smokers) is also lower among these younger age groups.⁵ Most teen and young adult smokers want to quit and try to do so,^{1,6} but most who try do so on their own, without outside help, and very few succeed.^{1,7} In the United States, 60% of current smokers in high school and 59% of current smokers in middle school reported one or more attempts to quit in the previous year.⁸ In a recent survey of US college students, half of current smokers said they had tried to quit in the past year, including 18% who had made 5 or more attempts to quit.⁹ Similarly, in 2001, 70% of current smokers aged 15-19 in Canada reported one or more attempts to quit in the past 12 months.³ Young smokers consistently overrate their ability to quit. For instance, among 12th graders who had been daily smokers in 1995, only 3% thought that they definitely would be smoking in 5 years, but nearly two thirds (63%) were in fact still smoking daily 7-9 years later.²

Current high rates of youth tobacco use, combined with low quitting success rates, indicate a compelling need for effective youth-oriented cessation and prevention efforts. Responding to this need, the Cen-

ters for Disease Control and Prevention (CDC) organized a conference in 1997 to systematically explore what was and was not known about effective cessation interventions for youth and to chart directions for future research and action.¹⁰ Conference presentations confirmed that, in stunning contrast to abundant, rigorous research on strategies for adult tobacco dependence and cessation, research on youth cessation interventions is limited in both quantity and quality. In 1997, fewer than 20 controlled research trials were published, and they collectively indicated that teens did not achieve expected outcomes from the counseling treatments (eg, primary care, clinic based, telephone quit-line) and pharmacotherapies that had proven effective with adults.¹¹ Conference participants concluded that these findings reflect important, understudied differences between older and younger groups in tobacco-use and addiction patterns and in the processes and determinants of quitting. Several new teen-oriented programs were described (eg, self-help, quit-line and clinic programs, novel interactive computer- and Internet-based services), but none at that point had been rigorously evaluated, so very little could be said about their reach, appeal, or impact.¹²

The CDC conference dramatically raised awareness within the tobacco control research and practice communities. As a result, it was recognized that there is a need for more basic biobehavioral research to clarify the processes of tobacco addiction and cessation among teens and young adults; developmentally appropriate measures of tobacco dependence, quitting intentions, motives, barriers, and outcomes; innovative clinical and population-wide youth cessation strategies; and mechanisms to facilitate the translation of research into practice, so that effective treatments and interventions could be more rapidly applied once identified.¹⁰ Spurred by these recommendations and by the urgency of the need to find ways to interrupt the cycle of addiction that would otherwise lead to lifelong tobacco dependence, the Youth Tobacco Cessation Collaborative (YTCC) was formed within a year of the CDC conference.

Formation of the Youth Tobacco Cessation Collaborative: Rationale and Description

Launched in 1998, the YTCC was orga-

nized to enable the leading public, private and voluntary health organizations in the United States and Canada that are involved in funding youth tobacco addiction or cessation research, cessation services and broader public health initiatives, to eliminate unplanned duplication of effort and to ensure, through their collective efforts, that the full range of key gaps would be addressed. The 10 YTCC member organizations are as follows:

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

These organizations have unique but interrelated roles to play in the discovery, development, and delivery of effective strategies for youth tobacco cessation. Some of these strategies focus on research and surveillance, and others on programs, policies and services. This diversity is seen as a strength because YTCC members believe that accelerating the pace of discovery and application will require strategically linking efforts not only among their organizations, but also across the full research continuum, from discovery to development to delivery.¹³ One of the aims of this linkage is to strengthen the mechanisms for translating research into effective practice and public policy so that basic science discoveries can be more rapidly communicated to those funding and conducting applied research on intervention development. It is hoped that effective breakthrough treatments and strategies for tobacco cessation will be more quickly identified and that, in turn, YTCC efforts can accelerate their dissemination and adoption. YTCC members also recognized that “getting research into practice” more quickly requires doing a better job of “getting practice into research.” This would be accomplished by learning as much as possible

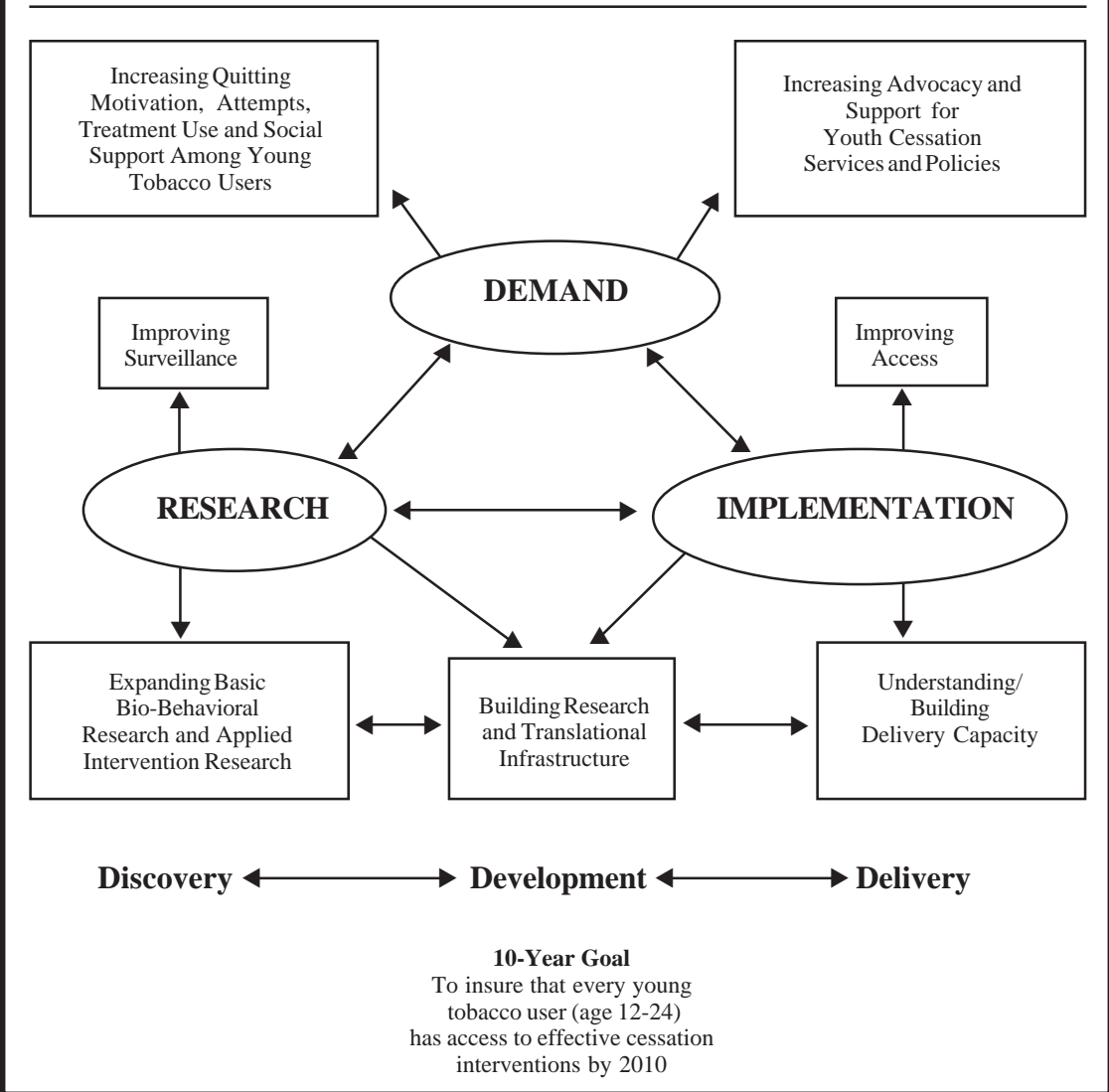
from key intervention end users (eg, voluntary health organization clinics, schools, service and health care providers, policy makers, and youth) about the research questions they saw as most important for their work and about how best to design interventions that would be feasible and appealing. Initially, an emphasis would be placed on adolescent smokers. The participation of US and Canadian organizations stemmed from existing transnational collaborations on broader issues of cancer prevention and tobacco control. This involvement afforded a unique opportunity to capitalize on Canada’s leadership in efforts to translate research into practice¹⁴ and to learn from the differences and similarities in youth cessation problems and efforts of both countries.

The YTCC recruited the Center for Advancement of Health (CAH), a non-profit organization based in Washington, DC, to serve as its secretariat. This organization was responsible for organizing the conferences, conference calls, and annual meetings that were the venues for YTCC efforts and fulfilling other administrative responsibilities of the neutral convener. First, Catherine Maule, then Tracy Marshall, from the Center for Advancement of Health, assumed primary responsibility for oversight of these vital organizational and executive functions. Allan Best and Elaine Bratic Arkin were recruited as formal facilitators for the YTCC because of their unique expertise in youth smoking cessation and their experience in the coordination of national research and program strategies. RWJF remained the primary funder of the YTCC secretariat through its first 4 years, during which all YTCC members contributed substantial direct and in-kind support.

Defining Key Gaps, Goals, and a Blueprint for Action

The YTCC’s primary focus during its first year (1998-1999) was to achieve consensus on a long-term goal for its efforts and to develop a comprehensive framework for the coordinated work needed to discover, develop, and disseminate effective strategies for youth tobacco cessation. Immediate objectives were to define key intermediate benchmarks and long-term goals and to set a timeline. This work began with compiling and analyzing

Figure 1
National Youth Tobacco Cessation Blueprint:
10-year Goal and Strategies



the existing objectives, investments, and action plans of individual YTCC members, looking for areas of alignment and potential synergy, and identifying major gaps in knowledge and effort. It culminated with the publication of the *National Blueprint for Action*.¹³ The *National Blueprint* has been applied primarily to US efforts but has also served as a model for parallel Canadian initiatives.

The *National Blueprint* was designed to guide discussions within and among YTCC member organizations funding research or programs related to youth tobacco cessation, to reflect common goals and objectives resulting from intensive discussions among YTCC members, and to help ensure that funding plans and programs across varied organizations systematically addressed the full spectrum of re-

search and practice gaps that had been identified. YTCC members adopted the 10-year goal “to ensure that every young tobacco user (aged 12–24) has access to appropriate and effective cessation interventions by the year 2010.”^{13,p.4} Reflecting the diversity of YTCC members, the *National Blueprint* is based roughly on a 3-part model for translating research into practice^{15,16} and outlines interrelated objectives and activities in 3 domains: research, implementation, and demand (Figure 1).

Separate working groups were formed to identify short-term (2-year) and intermediate (5-year) goals and strategies required to reach the Collaborative’s ambitious 10-year goal. Although not precisely linear, these interrelated goals reflect the belief that research to *identify* effective interventions must precede substantial investments in efforts to *implement* interventions or *build demand* for them. As a result, most attention to date has been given to the “research” objectives, recognizing that progress on many of the “implementation” and “demand” objectives requires the identification of effective interventions to be disseminated. However, the YTCC continues to work across all 3 domains so that, as effective interventions emerge for helping young tobacco users quit, the architecture will be in place to support the adoption and use of those interventions.

In the summaries that follow, we present chief short-term goals, strategies, and accomplishments in each area. Goals have been distilled and simplified from the *National Blueprint* document.¹³ Highlights are only illustrative, providing more of a snapshot than a summary of YTCC activities. Most YTCC activities addressed goals and strategies in more than one domain. Not every activity was jointly sponsored, and some would very likely have taken place without YTCC advocacy, support, or direction. All, however, were supported by collaborative members and grew out of early joint analytic work to define the key needs in the field. Moreover, the YTCC has provided an active forum for strategic planning and for sharing and integrating the results and findings.

The individuals who were active in the YTCC from 1998 to 2003 and who worked to set and achieve the 2-year *National Blueprint* goals are listed in the Appendix.

YTCC members and member organizations were aided, particularly in their work on the research objectives, by a panel of research consultants on youth tobacco cessation. These consultants provided invaluable guidance and often played central roles in conducting the activities and workshops convened and supported by YTCC members. Although the collaborative has benefited greatly from the stable commitment and active participation of many core members, its membership has been fluid; new representatives of YTCC organizations have joined and are expected to join. Efforts are under way to recruit additional member organizations, and research and practice consultants to help ensure success in reaching the YTCC’s 5-year and 10-year goals.

Short-term Research Goals, Strategies, and Accomplishments

The short-term goals in the research domain focus on identifying priority research needs, facilitating plans for collaborative research, and building a shared infrastructure to support and link researchers in the field. These goals span the discovery-development-delivery continuum, from bio-behavioral research on the processes of youth tobacco addiction and cessation; to more applied research on intervention development; to research focused on understanding, monitoring, and improving the delivery of effective strategies. As a result, synergies were recommended to advance related progress in the domains of implementation and demand. The achievement of group consensus on research priorities was aided by a series of workshops aimed at addressing key gaps in research and developing agreement on common definitions and standards. These early efforts laid the foundation for achieving an ongoing, orchestrated program of interlocking research initiatives supported by multiple funding agencies.

Following are the 4 overarching short-term research goals:

1. Improve the understanding of youth tobacco experimentation, use, addiction, and cessation, including in important demographic subgroups (eg, age, racial/ethnic group, and socioeconomic status).
2. Improve national and state/provincial surveillance of motivation and behavior regarding youth tobacco cessa-

Table 1
Youth and Young Adult Tobacco-Use Cessation
Short-term Research Goals and Strategies

Goals	Strategies
Expand Biobehavioral Research on Models of Addiction and Cessation	Develop and validate common measures of tobacco use and nicotine dependence among youth.
	Mine ongoing studies of the etiology and progression of tobacco use and dependence to learn more about cessation.
	Develop and evaluate a biobehavioral model of predictors for youth cessation.
Improve Surveillance of Youth Quitting Practices and Influences	Conduct periodic national and state/provincial surveys of youth tobacco-use and cessation behaviors, as well as programs and policies that might affect youth cessation and quitting motivation.
	Assess the evolving needs and preferences of youth for cessation interventions, including among varied ethnic/racial, socioeconomic, cultural groups.
Increase Intervention Research	Conduct literature reviews and meta-analyses to identify best practices (clinical and public health) in helping young smokers quit.
	Evaluate the efficacy of innovative and promising pharmacological and behavioral interventions for youth.
	Design and evaluate procedures for recruiting and retaining youth in cessation programs.
	Determine the effects of required parental or other consent on program enrollment, retention, and success.
	Develop standard program evaluation methods; evaluate the efficacy of various types of existing services, supports, and policy interventions.
	Define and prioritize research questions around methods for moving youth cessation research findings and information into widespread application.
Build Research and Translational Infrastructure	Promote funding for youth cessation intervention replication research, and support and coordinate replication and dissemination research as a priority with YTCC member agencies and within multiple scientific and national tobacco control forums.
	Develop and validate standard cessation outcome measures appropriate for adolescent and young adult tobacco users.
	Develop and evaluate new methods to deliver cessation interventions tailored to the needs of diverse populations of young tobacco users.

tion, use of treatments and services, and changes in state and national policies that are likely to affect youth quitting behaviors and use of available treatments.

3. Develop and test interventions for tobacco cessation (behavioral, pharmacological, policy) for adolescents and young

adults.

4. Strengthen the infrastructure for coordinated research on youth tobacco cessation and the translation of this research into practice. This included developing common tools for use by researchers (common definitions, outcome mea-

asures, standards for effectiveness); creating opportunities for effective networking among youth cessation researchers funded by different YTCC member organizations; and integrating input from funders, researchers, and end users (practitioners, decision makers, and service organizations) to develop a prioritized research agenda.

Principal 2-year strategies for achieving these goals are detailed in Table 1.

Highlights of accomplishments in the research domain are summarized below.

- The NCI turned its annual youth cessation grantee meetings into forums for broad sharing of early and final research results, methods and measures, and for networking among youth cessation researchers, including YTCC research consultants.

- In 1999, Legacy, CDC, NCI, and RWJF cofunded a Society for Research on Nicotine & Tobacco workshop to provide recommendations on research methodology for youth tobacco cessation. These recently published recommendations address baseline measurement of smoking, inclusion criteria, recruitment and retention, self-reporting of smoking, outcome measures, biochemical validation, follow-up data collection, relapse, and use of other tobacco products.¹⁷

- The NCI funded Suzanne Colby to develop a guide to provide researchers and practitioners with standardized and psychometrically sound measures of tobacco use. The report is now being prepared for publication.

- Several YTCC member organizations, led by CDC and NCI, and including ACS, ALA and RWJF, developed a questionnaire and formal protocol for evaluating existing programs. This protocol was used to assess more than 100 existing programs and services¹⁸ and was later adapted for the joint CDC, Legacy, CTCRI, and NCI *Guide for Making Informed Decisions*, described below.¹⁹

- Legacy, CDC, and Health Canada (a CTCRI partner) have expanded their youth tobacco surveys to include similar cessation items.

- CDC and CTCRI cofunded a workshop, "Best Practices in Youth Tobacco Cessation Methodology, Interventions, and Research," convening researchers, practitioners, and decision makers to update the 1997 CDC conference review. A literature review was commissioned, which

unfortunately found little new evidence for treatment efficacy based on 66 trials.²⁰ Workshop participants recommended 2 follow-up activities, both of which are now under way: the formation of an evidence review panel to expand on Sussman's findings by systematically assessing the quality of evidence;²¹ and the development of an interim best principles guide for decision makers needing to design, implement, and evaluate youth cessation programs while awaiting best-practice evidence.¹⁹

- RWJF funded Gary Giovino and Dianne Barker to plan a longitudinal survey to fill critical gaps in national surveillance of cessation (eg, to furnish natural estimates of quitting activity and to clarify quitting practices and preferences of adolescents and young adults, their use of existing services, and their exposure and reactions to new tobacco marketing practices aimed at young adults, including so-called reduced exposure products). A ground breaking, large-scale, 2-year panel study of smokers aged 16 to 20, funded by RWJF and NCI, will be launched in 2003. Initial results to will be reported in 2004.

- Between 1998 and 2002, NCI and NIDA funded 43 innovative extramural research projects on youth tobacco cessation to evaluate promising behavioral, pharmacological, and self-help interventions for adolescent and young adult smokers and smokeless tobacco users. These projects numbered almost twice that of controlled trials available for review in 1997.¹¹ In addition, NIDA launched a youth cessation clinic as an intramural laboratory for research on intervention development.

- RWJF funded Susan Curry to organize an Expert Workshop on Human Subjects and Ethical Issues Related to Treatment Research in the Area of Youth Smoking Cessation in October 2002. The workshop brought together experts in human subjects, informed consent and ethics, as well as practitioners and researchers in youth smoking cessation. Proceedings and manuscripts are in preparation.

These highlights illustrate that most of the 2-year research goals were addressed in some fashion, generating unprecedented visibility and joint funding for research on youth tobacco cessation. Many of the studies and activities launched have not yet been completed, and unfortunately (but not unexpectedly),

hoped-for breakthroughs have not yet emerged. For these reasons, short-term opportunities for research-to-practice translation, and for meeting some of the short-term objectives proposed for the domains of implementation and demand have been limited. However, the foundation for an integrated research agenda has been laid, and many important gaps have been or are being closed. Vibrant informal networks of youth cessation researchers have been created, recommended measures have been developed with the understanding that further research and refinement will be needed, and initial steps have been taken to define standard procedures for informed consent, and methods and protocols for program evaluation. These steps will lay the groundwork for a broad programmatic research effort that could help link the findings of diverse research teams across the United States and Canada.

Five-year research goals include: regularly reassessing the status of scientific understanding of youth tobacco use, addiction, and cessation; revising the research priorities accordingly; promoting the widespread use of newly developed measures of youth addiction and cessation, and common definitions and standards for cessation research with teens and young adults; continuing to develop mechanisms to support the transfer of effective cessation methods and programs to widespread practice; and strengthening and monitoring a youth cessation surveillance system to track problems and progress. The potential to achieve these intermediate research goals and the 10-year YTCC goal will be enhanced by networks, collaborations, and infrastructures that have been created.

Short-term Implementation Goals, Strategies, and Accomplishments

The Collaborative's short-term "implementation" goals address the pressing need to provide appropriate "interim" youth-oriented quitting programs while awaiting the development of more effective, evidence-based intervention strategies. This challenge was felt most keenly by the YTCC organizations that are directly responsible for program and service delivery (eg, ACS, ALA, and CDC). Thus, chief implementation goals and activities include efforts to identify "interim best practices" and to understand

and strengthen the capacity of current delivery systems. These efforts will prepare the way for the delivery of more effective future interventions. To date, efforts have focused mainly on individual treatment programs rather than on broader population-level policy and environmental strategies. The 2 major short-term implementation goals are as follows:

1. Increase access to developmentally appropriate and effective tobacco-use cessation services and interventions for adolescents and young adults.
2. Improve the capacity to deliver effective tobacco-use cessation services and interventions and current delivery channels and resources, and provide existing program leaders with guidance and tools for self-assessment and continuous quality improvement.

Principal short-term implementation strategies are listed in Table 2.

YTCC members working in close collaboration launched a number of creative projects to more systematically assess and learn from programs in the field. Selected highlights are as follows:

- The CDC, ACS, ALA, NCI, CTCRI, and RWJF collaborated in designing and conducting an assessment of 115 existing programs for youth tobacco cessation. A diverse range of programs (group and individual counseling, self-help materials, telephone and Internet services, and pharmacological treatments) were identified. Although few programs conducted objective evaluations, most reported that they were eager for help to do so.¹⁸

- CDC, Legacy, CTCRI, and NCI collaborated in developing a guide, *Youth Tobacco Cessation: A Guide for Making Informed Decisions*, described by Milton et al.¹⁹ One byproduct of this work was an explicit set of criteria for judging whether programs can be considered to be recommended, promising or not recommended, or as having insufficient evidence for any recommendation.

- RWJF funded Lloyd Johnston to conduct the Youth Education and Society (YES) school administrator survey in conjunction with NIDA's Monitoring the Future survey, including items about school-based cessation programs. A manuscript presenting results is in preparation, and these measures will continue to be administered annually.

- RWJF, CDC, and NCI combined funds

Table 2
Youth and Young Adult Tobacco-Use Cessation
Short-term Implementation Goals and Strategies

Goals	Strategies
<p>Improve Access to “Best Practice” and Effective Interventions</p>	<p>Advocate for funding evaluation of existing cessation interventions to define “best practices” and “worst practices” and to apply findings to the discovery and development of more effective interventions.</p> <p>Identify existing and promising delivery channels, including schools, colleges, afterschool and community-based settings, work places, telephone quit-lines, and health care providers, to gain a better understanding of typical program resources and resource constraints and barriers to delivery (eg, systems-level changes needed, such as reimbursement to health care providers for the delivery of cessation treatment, support for school-based services).</p> <p>Assemble and promote a menu of available, effective cessation tools, policies, services, and interventions appropriate for a variety of settings; analyze this menu to identify gaps and advocate for intervention and replication research to fill the gaps.</p> <p>Develop and promote the use of quality control strategies in the delivery of cessation interventions. Investigate the value and process for establishing accreditation programs.</p> <p>Promote the use of school health programs that include tobacco-use cessation. Build upon mandated services to young tobacco users in various settings, including schools.</p>
<p>Understand and Build Delivery Capacity and Infrastructure</p>	<p>Begin to identify and disseminate “best practices” and “worst practices” in existing youth cessation through literature reviews, meta-analyses, and program reviews; disseminate findings.</p> <p>Develop self-evaluation instruments and tools that existing programs can use for self-assessment and quality improvement.</p> <p>Develop interim criteria for assessing effectiveness of existing cessation interventions until guidelines become available. Develop a strategic approach for the creation of formal guidelines on youth cessation.</p> <p>Establish criteria for moving an intervention from research into broad dissemination. Establish and continue to support mechanisms and partnerships to infuse new interventions into the marketplace as they become available.</p> <p>Establish a network (incorporating existing mechanisms where possible) to provide technical assistance, training, incentives (if needed), and access to effective, appropriate cessation programs to ensure availability in a variety of settings.</p>

to launch a major new initiative, directed by Susan Curry, Sherry Emery and Amy Sporer, to identify, survey, and evaluate existing youth cessation programs. Phase I, now under way, will identify and characterize existing smoking cessation programs for youth in a representative sample of more than 400 US communities. In Phase II, standard measures and meth-

odological approaches will be used to conduct evaluations of a strategic mix of potential best and worst practices being used by youth cessation programs across the United States to treat a variety of adolescent populations, including traditionally underserved and high-risk groups (eg, low income and minority populations). Programmatic and local policy and envi-

ronmental determinants of quitting outcomes will be studied, and evaluation tools and technical assistance resources for youth tobacco cessation programs will be developed. A similar, linked Canadian initiative is now being planned by the NCIC and CTCRI.

· Legacy, CDC, and RWJF joined forces to fund a national Tobacco Technical Assistance Center, directed by Dearell Niemeyer, to offer technical assistance training on a range of tobacco control strategies to community-based organizations, drawing from the CDC's *Guide to Making Informed Decisions*.¹⁹

The greatest accomplishment of the YTCC's short-term implementation efforts has been successful YTCC advocacy and funding for surveys and studies to learn more about existing interventions and delivery channels and about the current status of their self-assessment and quality improvement practices. It is hoped that findings will accelerate the development and delivery of more effective interventions by identifying existing best and worst practices, gaining insights into the real world channels and resources that are realistically available to deliver youth tobacco cessation programs and strategies, and building the capacity of community-based programs to improve their self-evaluation and intervention practices.

Two important limitations of implementation efforts to date have been the YTCC's almost exclusive focus on adolescents (much less attention has been given to young adults) and its much greater focus on treatment programs rather than on broader population-wide policy and environmental cessation strategies. Five-year goals and strategies must seek to balance efforts across these varied youth populations and interventions. In addition, planned 2-year efforts to develop formal youth-oriented cessation practice guidelines and to boost advocacy for accreditation and funding of youth cessation programs will need to be incorporated into 5-year goals, awaiting the identification of effective interventions.

Short-term Demand Goals, Strategies, and Accomplishments

The short-term goals proposed for the demand domain focus on increasing consumer and market demand for proven interventions. To increase *consumer demand*, it was seen as essential to directly

engage youth, as well as current youth cessation service providers and program directors, in the design of more appealing, feasible, and replicable programs. Also seen as essential is the implementation of far-reaching policy and environmental changes to bolster motivation and support for quitting. To increase *market demand*, it was seen as essential to stimulate advocacy, support, and demand for youth cessation services among decision makers in multiple sectors. These include legislators, health care and health plan decision makers, employers, health care practitioners, and a variety of community decision makers, providers, and gatekeepers — from middle and high schools, vocational-technical schools, colleges, health plans, voluntary health care organizations, and various community-based youth-oriented agencies and programs.

Three related short-term demand goals were adopted:

1. Identify and advocate for policies and environments that motivate and support youth tobacco cessation.

2. Increase quitting motivation and attempts among young smokers, and generate increased youth interest and participation in effective cessation programs and services.

3. Increase advocacy and support for youth tobacco cessation among peers, providers, decision makers and community gatekeepers, the public, and youth themselves.

These goals were seen as requiring applied research to identify optimal strategies. The principal 2-year demand strategies are summarized in Table 3.

Short-term strategies in the demand domain are broader and more complex than those proposed for the research and implementation domains. Many of these strategies depend on identifying effective science-based interventions that can be widely promoted. Nevertheless, a number of YTCC activities were launched, include the following:

· RWJF funded the "Bridging the Gap" initiative, which builds on the NIDA-funded Monitoring the Future survey to collect data annually (from 1999 to 2005) on state-, community- and school-level policies and environmental influences (eg, exposure to tobacco retail advertising, exposure to tobacco counter advertising, clean indoor-air laws, and tobacco

Table 3
Youth and Young Adult Tobacco-Use Cessation
Short-term Demand Goals and Strategies

Goals	Strategies
Identify and advocate for policies and environmental changes that encourage young smokers to quit	Conduct applied research to identify policies that increase quitting motivation, and support quit attempts and successes (eg, taxation, school policies, tobacco-free college campus policies, health plan reimbursement policies, tobacco-free workplace policies, state and local tobacco control initiatives). Advocate for making tobacco cessation programs available as alternatives to suspension or other punitive measures for youth caught using tobacco products.
Increase quitting motivation, attempts, and use of/demand for effective cessation services	Conduct research to identify natural transitions in adolescence (eg, from school to work force) and other opportunities (eg, during sports physicals) where youth might be more likely to consider quitting. Conduct applied research to identify parental, familial, and peer roles in motivating youth quit attempts, and to identify what motivational approaches work best among different types of tobacco users and under different circumstances. Market effective cessation programs and services through the establishment and support of mechanisms directed at youth in a variety of settings and through mechanisms directed at stakeholders and partners. Synthesize and disseminate findings from market research (surveys) to guide demand strategy development.
Increase support and advocacy for tobacco cessation treatments and intervention	Conduct needs assessments for youth tobacco cessation interventions and services among decision makers, health care providers, community gatekeepers, and youth, paying particular attention to differences among youth by age, sex, race/ethnicity, geographic location, social group, type of tobacco use, and so on. Raise awareness of the importance of youth tobacco cessation, focusing on the identification of salient messages targeted separately for youth, the general public, health care providers, community gatekeepers, and decision makers. Identify community and professional organizations in contact with youth and establish partnerships.

prices) and to document their effects on youth tobacco-use initiation *and* cessation. This project is directed by Frank Chaloupka, Lloyd Johnston, Gary Giovino and Dianne Barker, and several manuscripts are now in development.

· Surveys cofunded by RWJF examined the impact of smoke-free campus residences on attempts to quit among students at 4-year US colleges.²² A large longitudinal survey of adolescents in California studied the relative effects of parental and peer influences and exposure to tobacco advertising on adolescent initiation and cessation.²³

· In 2000, Legacy launched a nationwide *truth* television counteradvertising, grassroots, and Internet campaign to reduce smoking among young people aged 12-17. Although their primary aim was to deter tobacco use, it was hoped that these efforts would also promote cessation. The Legacy Media Tracking Survey is evaluating *truth* ads and related state- and tobacco industry-run counteradvertising campaigns. Results will be published in 2003. Also planned is a follow-up manuscript reporting results for 18- to 24-year-olds.

· In 2002, Legacy launched its Great

Start Campaign to help women, including teens and young women, quit smoking during pregnancy. This is the one area in which there is an evidence-based treatment that appears to apply to younger as well as to older pregnant smokers.²⁴ The campaign educates pregnant women about the harms of smoking during pregnancy and encourages them to call the Great Start quit-line for help to quit. Several YTCC members contributed to Legacy's innovative initiative. The ACS manages the campaign's national telephone quit-line, and RWJF's Smoke-Free Families national program co-designed its quit-line counseling protocols and materials for callers and their providers. A manuscript presenting the results of 3- and 6-month follow-up studies is in preparation.

· Focus groups were conducted in 1999 to help plan the RWJF-NCI 2-year longitudinal study of youth cessation practices (highlighted earlier under "Short-term Research Goals, Strategies, and Accomplishments." Results underscored the power of adolescents' social environments (parents, family, school) to discourage or encourage quitting.²⁵

· To spark antitobacco youth activism, in 2001 Legacy awarded \$35 million in grants to 19 states and the District of Columbia to support coalitions building statewide youth movements against tobacco use. These grants, which were matched by state Master Settlement Agreement funds, spurred new antitobacco initiatives developed and led by young people. Building on these efforts, Legacy will shortly launch a novel web site (street.theory.org) that will include strategies to help young smokers quit themselves and to help their friends to do so.

These highlights illustrate that significant progress has been made on the YTCC's 2-year demand goals, despite the fact that parallel research efforts have not yet identified strong science-based cessation strategies. Marketing objectives have advanced only in the area for which there is already a strong evidence base – primary care and counseling treatments for young pregnant smokers. Research has recently been published and is still under way to clarify the effects of counteradvertising, policy, and environmental influences on quit attempts, motivation, and success among teen and

young adult smokers. This research will go a long way toward filling knowledge gaps and will provide new evidence for science-based tobacco control advocacy. Likewise, marketing research conducted among youth and efforts to foster youth antitobacco activism will help researchers and program developers to create more appealing programs. It will also help to lay the groundwork for the kind of grassroots advocacy the YTCC envisioned as a long-term demand goal. However, efforts to forge partnerships with community and professional organizations and to widely market a range of effective programs and services must await research that identifies effective strategies. Going forward, the YTCC will also need to develop meaningful 5-year goals and to devote more attention to young adults, especially to populations with limited educational and economic resources.

Lessons Learned: Effective Partnerships and Collaboration

The early performance of the YTCC must be judged not only by its progress in meeting the 2-year goals set in 2000, but also by its ability to sustain an active and productive partnership among the 10 diverse organizations and agencies involved. The missions, cultures, and constituencies of these organizations vary greatly. A great deal of effort has gone into creating an effective forum for communication, joint learning, and joint action. This effort focused first on developing a blueprint and goals for shared action, and then on launching collaborative and complementary strategies for achieving short-term blueprint goals. Public-private partnerships, like those forged through the YTCC, increasingly will be needed to maintain and advance progress in tobacco control through pooling of intellectual and financial resources. Therefore, it may be useful to share some of the early lessons learned through YTCC efforts about the challenges and requirements for successful collaboration.

The YTCC faced many of the barriers and challenges that others have described as obstacles to effective partnership and collaboration. These include the following barriers identified by Grantmakers in Health,²⁶ and Isaacs and Rogers:²⁷

· *Differences in institutional time frames and cultures, including in the ways partners earmark funds for specific initiatives, solicit*

and make grants, monitor grantees, disburse funds, and evaluate activities. YTCC members developed a greater understanding of these differences over time and found creative ways to work around or capitalize on them. For instance, because foundation members were able to move more quickly than government agencies, they took the lead on a number of jointly funded YTCC projects, and government agencies contributed later in the process.

- *Reward systems in which public visibility and appreciation is seen as depending on organizational "ownership" of accomplishments and successes.* As one YTCC member put it; "It's a challenge with any group addressing issues of ownership and leadership. However, through the learning-to-trust process, we could see the value of having us all participate, rather than any one organization doing it alone. I think we came to see the whole as greater than the sum of the parts and that we could all work together to share the glory." Another observed that "strong personal and organizational commitment to collaboration allowed people to move beyond turf." The choice of a neutral convener and facilitators for YTCC efforts, and the mix of jointly and independently funded efforts, helped as well.

- *Staff turnover, which can slow the momentum of a partnership.* Although the YTCC lost some of the members who played vital early roles, a core of committed, stable members has provided the continuity and unflagging effort needed to sustain momentum and achievement.

- *Requirements of major time commitments and face-to-face meetings.* As Isaacs and Rogers²⁷ note, effective partnerships are quite time consuming, and there is with no substitute for regular face-to-face meetings. Annual and sometimes semi-annual YTCC meetings were supplemented with more frequent conference calls. Still, as one member put it, "People simply don't have enough time." A challenge to moving forward will be to sustain interest, linkages, and progress among very busy members.

- *The need for a shared vision.* The CDC conference¹⁰ created urgency around the need to come together to address the major gaps in knowledge and practice that stood in the way of helping more young smokers quit. Working on the blueprint helped to forge a common vi-

sion. As one YTCC member commented, "I consider the process by which we developed the *Blueprint* to be a success, since we were able to reach consensus on the various goals and objectives through a shared vision." Another noted, "The YTCC really has functioned as a think tank – sharpening our thinking about the issues and our ability to see the big picture, and the larger solutions required."

- *Relationships are important.* As the Grantmakers in Health report put it, "Developing successful partnerships is all about the people. Successful collaborations start from strong relationships.... Honesty, candor and trust are the essential building blocks."^{26,p.16} The YTCC benefited from the fact that many of its members had prior longstanding and positive personal, professional, and organizational relationships built up over years of working in the field of tobacco control. In addition, YTCC members and facilitators strove to create a supportive environment in which different individual strengths could be melded. Reflecting recently on this process, YTCC members offered these observations: "We respect and work well with each other, largely because of effective leadership, facilitation, and commitment;" and "The YTCC created a supportive environment for people to collaborate."

- *Partners must be valued as equals, valued for what each brings to the table.* Diversity in YTCC member missions helped to pave the way for this valuing. It was clear from the start that the members were much better equipped as a collaborative than as individual organizations to work effectively across the full discovery-development-delivery continuum. As one YTCC member put it, "We have shared the load, so to speak, and have been successful in building on each other's individual and organizational strengths to accomplish objectives, including the funding of specific activities and projects." Several noted that, in advocating to make tobacco-use cessation a higher priority in their own organizations, YTCC members often benefited from being able to show broad support across multiple leading funding agencies, as well as from being able to bring in cofunders for their efforts.

- *Having clear, limited, and achievable objectives and the resources to achieve them is essential to building momentum and sus-*

taining the partnership. The short-term *National Blueprint* goals served this purpose for the YTCC, and the partners were able to bring considerable effort, resources, and dollars to the table to help achieve these goals. One member noted that it was important for YTCC members to include those able both to influence institutional commitments and to personally advance or lead the work: "The representatives of the YTCC are hard workers and committed to the mission. We are fortunate in that we have both the 'thinkers' and the 'doers' to accomplish things and make gains." The collaborative's future momentum will depend on its ability to set and meet similarly achievable 5-year goals.

In sum, although YTCC efforts have faced the usual challenges and barriers, the first 2 years of effort and achievement forged a highly productive alliance and collaboration aiding in the design and funding of research, surveillance, and programmatic initiatives totaling well over \$150 million. In fact, the YTCC has provided a compelling model for 2 related national collaborations, the National Adult Cessation Blueprint²⁸ and the National Partnership to Help Pregnant Smokers Quit,²⁹ both of which involve many of the same organizations and agencies, as well as others.

Future Directions

YTCC efforts to date have been successful in creating a shared strategic vision and in setting and achieving a range of interrelated short-term goals to ensure progress toward this vision. In the process, a robust, vibrant partnership has been created. Although hoped-for breakthroughs in intervention technology have not yet emerged, the YTCC has brought new resources, vitality, and visibility to the problem of youth tobacco cessation. YTCC implementation and demand activities have begun to build an architecture for more rapid dissemination once effective strategies are identified. The YTCC has also enhanced the commitment of many partners to remain involved over the long term. This commitment will be especially important as the funds available for tobacco control become more limited, and the need for close coordination is intensified.

Next steps for the YTCC must start with revising the 5-year goals adopted in 2000,

based on the lessons and accomplishments of the first 2 years. This will require continuing to reexamine the basic assumptions about knowledge development and transfer that were at the heart of the blueprint development process. It will also require working to preserve the effective working partnership among original members and consultants, and widening the membership. Beginning in 2003, YTCC secretariat functions transitioned to the Center for Tobacco Cessation, (directed by YTCC member Linda Bailey), and received cofunding from many YTCC partners. YTCC activities will be linked with those of the *National Cessation Blueprint* (which emphasizes adult tobacco cessation)²⁸ and the National Partnership to Help Pregnant Smokers Quit²⁹ to ensure cross-fertilization across these similar efforts.

It is hoped that the YTCC will remain successful in keeping youth tobacco cessation high on the radar screens of US and Canadian tobacco control efforts and will bring both countries closer to the 10-year goal of giving every teen or young adult smoker access to effective tools, services, and supports to help them quit by 2010. It is by this measure that the YTCC must ultimately be judged. As Steve Schroeder put it in describing lessons learned about effective grant making, "at the end of the day, what matters is the strength and usefulness of what has been built, not how elegant was the blueprint."^{30, p.29}

Acknowledgments

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**Appendix
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Appendix (continued)
Youth Tobacco Cessation Collaborative
Members and Research Consultants

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