



# **Chapter 7 of Act 77**

## **Tobacco Use Prevention and Cessation**

**State Fiscal Year July 1, 2011 - June 30, 2012 Annual Report**

**Bureau of Health Promotion and Risk Reduction  
Division of Tobacco Prevention and Control  
Pennsylvania Department of Health (PADOH)**

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## Executive Summary by the Numbers

Nationally, tobacco use remains the leading preventable cause of death:

- 443,000 Americans die every year from tobacco use.<sup>1</sup>
- \$96 billion is expended in public and private health care for tobacco users.<sup>2</sup>
- \$97 billion in productivity losses is caused by smoking.<sup>2</sup>
- \$2.6 billion is expended annually through Social Security Survivors Insurance for the more than 300,000 children who have lost at least one parent from a smoking-caused death.<sup>2</sup>
- 8.6 million people in the U.S. currently suffer from a smoking-caused illness.<sup>2</sup>

In Pennsylvania:

- \$5.19 billion is expended every year in public and private health care of tobacco users.<sup>3</sup>
- \$1.7 billion in health care costs are covered by the state Medicaid program annually.<sup>3</sup>
- \$4.73 billion in productivity losses occurs in Pennsylvania annually.<sup>3</sup>

Youth are twice as sensitive to tobacco advertising as adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure. One-third of underage experimentation with smoking is attributable to tobacco company advertising:<sup>3</sup>

- \$8.5 billion is spent on marketing nationwide annually by the tobacco industry.<sup>3</sup>
- \$396 million is the estimated portion spent for Pennsylvania marketing each year.<sup>3</sup>

In 2009, the Institute of Medicine (IOM) concluded that:

- Secondhand smoke exposure increases the risk of heart attacks; even brief exposure to secondhand smoke could possibly trigger a heart attack.<sup>4</sup>
- Smoke-free laws result in fewer heart attack hospitalizations.<sup>4</sup>
- Exposure to secondhand smoke at home or work increases the risk of developing heart disease by 25 to 30 percent and increases the risk of developing lung cancer by 20 to 30 percent.<sup>5</sup>

The burden of cigarette smoking and other tobacco use continues to be high, particularly in certain population groups. Nationally, about 29 percent of people living below the poverty level and 45 percent of adults with a GED diploma smoke cigarettes:<sup>1</sup>

- 33 percent of Pennsylvanians with a household income of less than \$25,000 smoke.<sup>6</sup>
- 35 percent of Pennsylvania adults with less than a high school education smoke.<sup>6</sup>

On June 26, 2001, Act 77 of 2001, The Tobacco Settlement Act (Act) was signed into law. Chapter 7 of the Act outlined the requirements for prevention and cessation activities. The Act established a tobacco use prevention and cessation program within the Department of Health (Department). At least 70 percent of the appropriated funds must be provided to Regional Primary Contractors to

<sup>1</sup> CDC Vital Signs <http://www.cdc.gov/vitalsigns/AdultSmoking/index.html>, September 2011

<sup>2</sup> National Campaign for Tobacco Free Kids, *The Toll of Tobacco in the United States of America*, November 2012

<sup>3</sup> National Campaign for Tobacco Free Kids, *The Toll of Tobacco in Pennsylvania*, December 2012

<sup>4</sup> Institute of Medicine, *Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Washington, D.C.: National Academies Press; 2009

<sup>5</sup> U.S. Department of Health and Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, 2006

<http://www.surgeongeneral.gov/library/reports/secondhandsmoke/factsheet6.html> [last updated January 4, 2007]

<sup>6</sup> Behavioral Risk Factor Surveillance System, 2011, see Appendix B

establish tobacco control programs throughout Pennsylvania that are comprehensive, sustainable and accountable, based on key elements defined in the Centers for Disease Control and Prevention (CDC) “Best Practices for Comprehensive Tobacco Control Programs.”

The remaining funds (30 percent) are to be used for statewide efforts consistent with the priorities of the Act; which include Pennsylvania’s Free Quitline, capacity building programs for ethnic and racial minority populations, statewide tobacco free policy campaigns targeting schools and community parks and recreation areas, a web-based management reporting system, and ongoing surveillance and evaluation. No more than half of the 30 percent of funding for statewide initiatives may be used for statewide media.

Pennsylvania adheres to the national Healthy People 2020 objectives established for the nation’s health. Healthy People 2020 Objectives define Pennsylvania’s two overarching long-term goals related to tobacco use, which are to:

- Reduce tobacco-related morbidity and mortality among all Pennsylvanians; and
- Change community norms through state-advised, community driven systems that create environments in which it is uncommon to see, use or be negatively impacted by tobacco products and tobacco smoke pollution (secondhand smoke).

The mission of the Division of Tobacco Prevention and Control (DTPC) is to reduce disease, disability and death related to tobacco use. The DTPC has consistently followed the CDC’s “Best Practices for Comprehensive Tobacco Control Programs” and has implemented an integrated and effective program to maximize outcomes built on the following four CDC goals to affect changes in community norms:

- Prevent the initiation of tobacco use among young people;
- Promote quitting among adults and young people;
- Eliminate nonsmokers’ exposure to tobacco smoke pollution; and
- Identify and eliminate tobacco-related health disparities.

DTPC affected change in community norms through Young Lungs at Play (YLAP). This initiative promotes establishment of tobacco-free parks and playgrounds through educating municipal officials on the risks and dangers of second-hand smoke and tobacco litter. Eligible communities and organizations receive signs to display in tobacco-free areas that feature the tobacco quit line. This year, 88 partners participated in the YLAP initiative affecting 519 public outdoor spaces. In December 2011, Young Lungs at Play (YLAP) was recognized with a Public Policy Award by the National Association of Chronic Disease Directors.

Pennsylvania’s Free Quitline (Quitline) is available 24 hours a day, seven days a week. Callers to the Quitline receive counseling from highly trained intake specialists and cessation counselors. This year, the Quitline completed 15,658 intakes of which 13,010 (84 percent) were tobacco users seeking counseling. In March 2012, tobacco users registering for counseling peaked with over 2,000 adult callers. The peak coincided with the CDC Tips from Former Smokers campaign, which launched during the same month. Beginning February 2012, nicotine replacement therapy (NRT) initiatives took place statewide.

In June 2012, the American Lung Association in Pennsylvania released “A Strategic Plan for a Comprehensive Tobacco Control Program in Pennsylvania (2012-2017).” The strategic plan represents a coordinated effort between the Department, key DTPC partners and other stakeholders

in tobacco prevention control work. The plan serves as a framework to inform decisions and action across Pennsylvania to facilitate sustained, positive change in tobacco prevention and control.

### Key Outcomes

**Smoking by adults cannot be compared to prior years due to changes in methodology. (See Appendix B for explanation.)**

- Twenty-two percent of adults were smokers in 2011 (estimated 2.25 million).<sup>6</sup>
- The number of adults trying to quit for one day or longer cannot be compared to prior years due to changes in methodology:
  - Sixty percent of adult smokers attempted to quit for one day or longer in 2011.<sup>6</sup>

**Smoking by youth remains significantly reduced.**

<b>Has smoked a cigarette in the last 30 days<sup>7</sup></b>				
<b>Grade</b>	<b>2002</b>	<b>2006</b>	<b>2008</b>	<b>2010</b>
12 <sup>th</sup>	28%	23.1%	27.8%	24.0%
9 <sup>th</sup> -12 <sup>th</sup>	23%	17.5%	18.4%	18.6%
6 <sup>th</sup> - 8 <sup>th</sup>	7.8%	4.3%	4.3%	3.4%

<b>Has ever smoked a cigarette, even a puff<sup>7</sup></b>				
<b>Grade</b>	<b>2002</b>	<b>2006</b>	<b>2008</b>	<b>2010</b>
12 <sup>th</sup>	65.0%	53.6%	54.7%	49.5%
9 <sup>th</sup> -12 <sup>th</sup>	55.1%	41.9%	41.2%	38.8%
6 <sup>th</sup> - 8 <sup>th</sup>	25.3%	15.3%	16.0%	11.4%

**Illegal sales of cigarettes to minors have been significantly reduced.**

- Illegal sales of tobacco to minors have remained below 10 percent or less since 2004.<sup>8</sup>
  - The Substance Abuse and Mental Health Services Administration’s (SAMHSA) required goal since 2002 is 20 percent or less.
  - Pennsylvania’s 2011 illegal sales rate was 9.6 percent.

<sup>7</sup> Pennsylvania Youth Tobacco Survey, conducted in the 2002-2003, 2006-2007, 2008-2009, 2010-2011 school years.

<sup>8</sup> Pa. Synar Surveys, see Appendix D.

## Accomplishments

### 1. Pennsylvania Clean Indoor Air Act

In September 2008, Pennsylvania enacted Act 27 of 2008, the Clean Indoor Air Act (CIAA) to provide workers and hospitality industry employees and patrons in Pennsylvania with a smoke-free environment. The Department is the lead agency for implementation and enforcement of the CIAA. The Department's responsibilities related to the CIAA include: 1) educating businesses on how to comply with the CIAA and providing CIAA information to the public; 2) issuing exceptions to businesses that meet specific criteria and monitoring those exceptions; and 3) enforcing the CIAA to ensure public places without exceptions remain tobacco-free and individuals are not wrongfully exposed to secondhand smoke. Eliminating exposure to secondhand smoke and promoting cessation are two evidence-based strategies cited by the U.S. Centers for Disease Control and Prevention (CDC) that can contribute to a reduction in disease, disability and death.<sup>1</sup> Many reports and studies consistently document reductions in tobacco use following the implementation of smoke-free laws and policies.

The Pennsylvania Alliance to Control Tobacco (PACT) collaborated with the DTPC to develop a Worksite Tobacco Policy Initiative to promote and support comprehensive tobacco free policies in worksites statewide. The passage of the Pennsylvania Clean Indoor Air Act significantly decreased the number of worksites in Pennsylvania that permit indoor smoking. However, many worksites remain exempt or permit tobacco use on their campus or in designated areas. Comprehensive tobacco free worksite policies allow businesses to promote healthy, tobacco free environments for employees, patrons and visitors in both indoor and outdoor places. Regional Primary Contractors used Worksite Tobacco Policy Index forms and data collection sheets to track their work with businesses, health care facilities and other worksites to improve tobacco policies in the areas of tobacco free environment, enforcement, cessation treatment services and policy implementation.

Highlights from the Worksite Tobacco Policy Initiative from July 1, 2011 to June 30, 2012 include:

- Regional Primary Contractors and staff assessed 103 worksite tobacco policies, provided technical assistance to 95 worksites and documented strengthening 33 policies. For the 33 worksites, Regional Primary Contractors completed a baseline assessment, provided technical assistance to improve the site's tobacco policy comprehensiveness and coverage, and then completed a follow-up index to reassess the policy. Worksites made incremental improvements in their tobacco policies to the areas of the tobacco free environment, enforcement, cessation treatment services and policy implementation.

Number of Employees	Number (n) and Percentage (%) of Worksites
5-19	12 (13%)
20-99	26 (28%)
100-499	31 (33%)
500 or more	24 (26%)
Total	93 (100%)

Note: The data sheets for two worksites did not indicate worksite size.

- Regional Primary Contractors have worked with a range of worksites including medical/health care facilities, residential treatment facilities, non-medical worksites and multi-use worksites.

- Over three-quarters of the non-medical worksites or businesses fell into one of the following two categories: manufacturing/warehouse sites (n=26; 43 percent) or “other” sites (n=22; 36 percent). The most common types of “other” sites included:
  - Child care facilities/daycares
  - Colleges/universities/educational
  - Non-profit organizations/human service agencies
  - YMCAs
  - Fire departments

Worksite Type	Number (n) and Percentage (%)
Medical/health care facility	18 (26%)
Residential treatment facility	5 (7%)
Non-medical	42 (61%)
Multi-use	4 (6%)
Total	69 (100%)

Note: The data sheets for 26 worksites did not indicate worksite type.

- In addition to implementing the Worksite Tobacco Policy Initiative, Regional Primary Contractors provided other education and technical assistance aimed at protecting people from secondhand smoke, including approximately 1,300 activities to educate business owners, establishments and the public about CIAA. Regional Primary Contractor staff also provided information about the harmful effects of secondhand smoke (SHS) at a range of community meetings and events. A number of Regional Primary Contractors reached out to housing authorities in their regions to discuss smoke and tobacco free housing facilities.
- PACT will present findings from the Pennsylvania Clean Indoor Air Act (2008) Economic Impact Study at the American Public Health Association annual conference in fall 2012. The study found that the legislation had no negative economic impact on full/limited service restaurants or drinking establishments.

## 2. Youth

The slowing decline in teen cigarette use suggests that smoking and all the health problems related to smoking will continue as teens become adults.<sup>9</sup>

- Nationwide, youth smoking has declined dramatically since the mid-1990s, but that decline has slowed considerably in recent years. The national smoking rate among high school students (18.1 percent in 2011) increased during 1991-2007 (27.4 - 36.4 percent) and then decreased during 1997-2011 (36.4 - 18.1 percent). The prevalence of current cigarette use did not change significantly from 2009 (19.5 percent) to 2011 (18.1 percent). In addition, 15 percent of all U.S. high school students currently use smokeless tobacco.<sup>10</sup>
- Considering all tobacco products (cigarettes, smokeless, cigars, pipes, bidis and kreteks), approximately 7 percent of middle school students and about 23 percent of high school students used a tobacco product during the previous 30 days.<sup>11</sup> High school boys (28.1 percent) used tobacco at significantly higher rates than girls (18.5 percent).<sup>11</sup>

<sup>9</sup> U.S. Department of Health and Human Services, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012. [http://www.cdc.gov/tobacco/data\\_statistics/sgr/2012/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm) [last updated May 30, 2012]

<sup>10</sup> Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance-United States, 2011*. MMWR 2012;61:[13-17] <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

<sup>11</sup> Centers for Disease Control and Prevention, *Current Tobacco Use Among Middle and High School Students-United States, 2011*. MMWR 2012;61:[581-585] <http://www.cdc.gov/mmwr/pdf/wk/mm6131.pdf>

### **Youth Tobacco Survey**

In 2010, a Pennsylvania Youth Tobacco Survey (YTS) was conducted in middle schools and high schools of Pennsylvania.

- The 2010 YTS found that approximately 18.6 percent of high school students and 3.4 percent of middle school students smoked cigarettes during the previous 30 days.
- These results are similar to the 2008-2009 YTS, which found that approximately 18.4 percent of high school students and 4.3 percent of middle school students smoked cigarettes during the previous 30 days.
- Collaboration and partnership with the Pennsylvania Department of Education are ongoing with a goal to combine the YTS and Youth Risk Behavior Survey (YRBS) to reduce the burden on schools and increase school participation to obtain weighted data for both surveys.

### **Youth Access to Tobacco – Annual Synar Survey**

The Department is responsible for the oversight and conduction of the annual Synar Survey of retail outlets that sell tobacco to determine the rate of illegal sales of tobacco to youth under the age of 18 years. It is a federal requirement of the Substance Abuse Prevention and Treatment Block Grant to conduct the annual Synar Survey.

**Illegal sales of cigarettes to minors have been significantly reduced.** Illegal sales of tobacco to youth under the age of 18 are down and have remained below 10 percent or less since 2004.<sup>9</sup>

- Since 2002, the Substance Abuse and Mental Health Services Administration's required goal for every state is 20 percent or less.
- Pennsylvania's 2011 illegal sales rate was 9.6 percent.

### **FDA Enforcement Initiative**

In 2010, Pennsylvania was one of 15 states selected to contract with the U.S. Food and Drug Administration (FDA) to enforce the Family Smoking Prevention and Tobacco Control Act by conducting inspections of tobacco retail establishments across the state. This act requires the FDA to limit youth and young people's access to tobacco products by imposing age restrictions for the purchase of cigarettes and smokeless tobacco products, as well as setting restrictions on marketing intended to curb the appeal of these products to minors.

Every state is required to identify adults to complete an FDA application and review process to become an FDA Commissioned Officer. Pennsylvania has 31 FDA Commissioned Officers. Under the coordination of the Department, Pennsylvania is required to conduct and report the outcomes of two types of FDA compliance checks on a minimum of 20 percent of Pennsylvania's tobacco retail outlets:

- Youth access compliance checks are conducted by FDA commissioned adults and trained youth age 15 to 16 years to ensure that the retailer is not selling tobacco to youth under age 18 years.
- Advertising and labeling checks are conducted by FDA commissioned adults to ensure that:
  - Tobacco sales are direct, face-to-face transactions;
  - No coupons are offered that may be redeemed by mail for cigarettes;
  - No packages of cigarettes are opened to sell or distribute single cigarettes;
  - Advertising and labeling comply with FDA regulations;
  - No gifts are offered in consideration for cigarette purchase; and

- No advertisements are displayed for tobacco industry sponsored athletic, musical, artistic, or social or cultural events.

As of June 30, 2012, a total of 12,655 youth access to tobacco checks were completed; furthermore; 9,298 FDA advertising/labeling checks were completed, with 196 violations. The FDA is responsible for all disciplinary actions, which include warning letters and seeking civil money penalties or a no-tobacco-sale order. Information on all completed FDA inspections can be found in a database searchable by state, city, zip code, retailer name, decision type and decision date at [http://www.accessdata.fda.gov/scripts/oc/inspections/oc\\_insp\\_searching.cfm](http://www.accessdata.fda.gov/scripts/oc/inspections/oc_insp_searching.cfm).

Pennsylvania was awarded another FDA contract in 2011 to continue conducting the two types of inspections across the state. For the 2012-13 contract and one additional renewal year of 2013-14, compliance checks will be conducted on a minimum of 30 percent of Pennsylvania's tobacco retail outlets each year.

### **Tobacco Free Schools Initiative**

The statewide initiative, Pennsylvania's 100% Tobacco Free Schools Toolkit for Student Assistance Programs, is a multi-agency coordinated effort to provide regional trainings to promote awareness and expansion of tobacco-free school policies across the commonwealth, utilizing the resources of the Department of Education Student Assistance Programs, the Department of Public Welfare, and the Department, Bureau of Drug and Alcohol Programs and the DTPC.

Pennsylvania's 100% Tobacco Free Schools Toolkit incorporates CDC guidelines for schools to implement a 100 percent tobacco-free policy that prohibits the use of tobacco products in any form, by anyone, on any occasion and at any time on school grounds, in school vehicles and at school-sponsored events on or off campus. This policy is enforced 24 hours a day, seven days a week. The CDC guidelines are based on four domains: 1) Tobacco-free environment; 2) Enforcement; 3) Prevention and treatment services; and 4) Policy organization.

Regional Primary Contractors are responsible for targeting and recruiting schools within their respective region. Policy assessments, including cessation policies and interventions, provide baseline information about existing policies among participating schools. Pennsylvania's Regional Primary Contractors and their service providers are working with schools to utilize the School Tobacco Policy Index to evaluate the comprehensiveness of school tobacco policies. Evaluation efforts will be useful in strengthening existing policies and developing new comprehensive policies to protect the health of students, staff, administrators and visitors. Policy changes include, but are not limited to, tobacco free school grounds, including vehicles, for students and staff, tobacco free environment at school sponsored events for staff, referrals to outside cessation services or programs in the policy for students, designation of individual(s) for enforcement of policies, and expansion of the policy to apply to all tobacco products, not just cigarettes/cigars.

Highlights from the School Tobacco Policy Initiative from July 1, 2011 to June 30, 2012 include:

- Regional Primary Contractors used the School Tobacco Policy Index to assess 118 school district tobacco policies to establish a baseline on school tobacco policy for school districts directly involved in this initiative.
- No school policy was assessed as being 100 percent comprehensive. Scores ranged from 7 to 39 out of 40. Policies were most in need of strengthening in the areas of enforcement, and prevention and treatment services. The most commonly identified ongoing school

tobacco policy work was in the areas of: education about the importance of smoke free campus policies (n=106), cessation among students (n=45), enforcement among students (n=40) and tobacco free environment among students (n=40).

- Twenty-seven school districts' school tobacco policies were reassessed after receiving technical assistance aimed at improving the strength of each school tobacco policy. Fourteen school district policies were assessed to be stronger after the receipt of technical assistance. The average School Tobacco Policy Index score went from 23 to 26, with marked improvements in the Tobacco Free Environment (29 points total), Enforcement (26 points) and Policy Organizations (17 points) domains of the School Tobacco Policy Index.

### 3. Cessation

The Department uses data collected from the Adult Tobacco Survey (ATS) and Behavioral Risk Factor Surveillance System (BRFSS) Survey to develop and improve public health programs to help people quit smoking or prevent them from starting to smoke. The ATS is a population survey, conducted by random digit dialing of adults in Pennsylvania. ATS questions provide the estimates of current use of tobacco products, knowledge, attitudes, exposure to secondhand smoke and readiness to quit. The BRFSS is a population-based telephone survey of adults in Pennsylvania, based on probability samples of households with landline and cellular telephones. BRFSS questions provide the estimates of current use of tobacco products and past year quit attempts for adults in the state (and many disparately affected populations as well). The PA BRFSS also provides regional estimates.

In the past few years, all large population health surveys that depend on telephone interviews have had to adjust methodology due to the rapid increase in the proportion of U.S. households with cellular telephones and no landline telephone.<sup>12</sup> To remedy the bias which resulted from this change, a technique of sampling cellular telephone numbers was implemented in the 2011 BRFSS survey. Also in 2011, a new weighting technique was employed for the BRFSS sample responses. Weighting is necessary to ensure that the sample responses obtained in a survey reflect the target population accurately. The cellular telephone users added to the 2011 BRFSS differ in important ways from users of landline telephones. In addition, the new method of weighting places appropriate values on population characteristics that are correlated with health but were not previously included in weights. These characteristics include social stability, marital status and educational accomplishment.

Due to these changes in methodology, BRFSS estimates have transitioned to become more accurate but can no longer be compared to prior years because of new sampling and statistical weighting/raking considerations. These changes cause a discontinuity between estimates before 2011 and the 2011 estimates. It is not possible to distinguish changes caused by changes in methods from real changes. DTPC has collaborated with the Bureau of Health Statistics and Research to explain these changes to policy makers, stakeholders and partners.

The DTPC worked with the Bureau of Health Statistics and Research to ensure that BRFSS results were available to document changes in tobacco use by populations disparately affected by tobacco, as well as by geographical region. In addition, DTPC will continue to conduct the Pennsylvania Adult Tobacco Survey periodically.

<sup>12</sup> Centers for Disease Control and Prevention. *Methodologic Changes in the Behavior Risk Factor Surveillance System in 2011 and Potential Effects on Prevalence Estimates*, 2012  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm?s\\_cid=mm6122a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm?s_cid=mm6122a3_w) [last updated June 8, 2012]

Cessation is a priority program area for the Division of Tobacco Prevention and Control. Pennsylvania’s cessation program includes community level services, both group and individual counseling, offered by Regional Primary Contractors to state residents and telephone counseling cessation services provided by the Pennsylvania Free Quitline (1-800-QUIT-NOW).

Highlights from the Department’s Cessation Program from July 1, 2011 to June 30, 2012 include:

- Regional Primary Contractors enrolled 7,271 participants in group (n=3,875), individual (n=3,343), and combination (n=53) cessation counseling.
- Regional cessation treatment participants were most likely to be female, age 45-64, white, non-Hispanic, have at least a high school education and have health insurance (Figure 1).

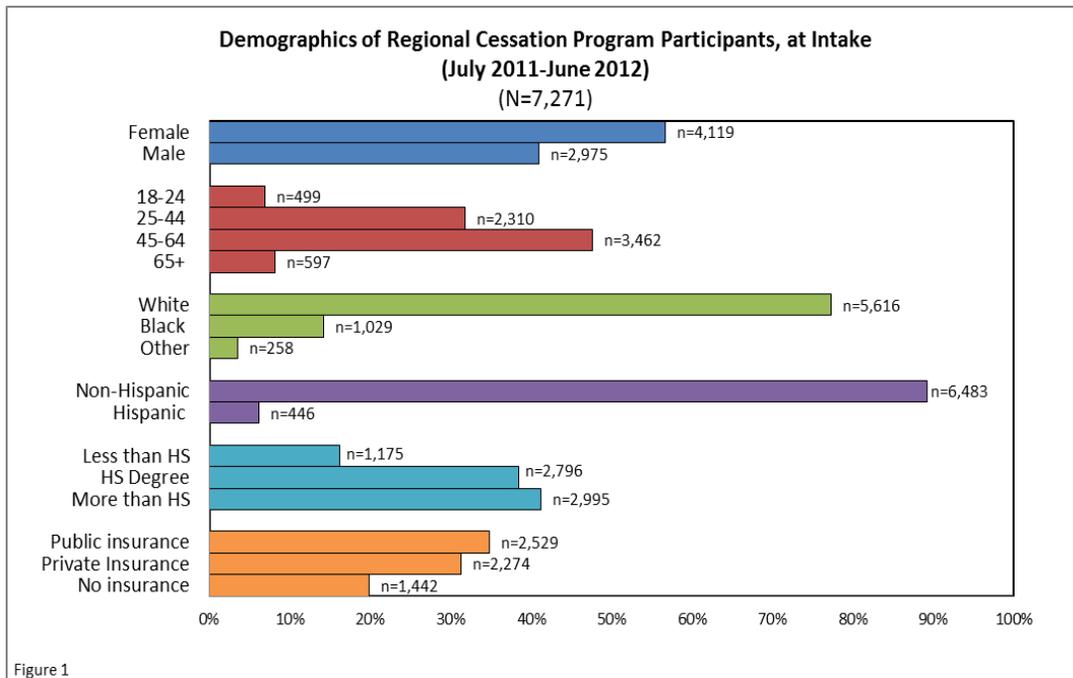


Figure 1

Note: This graph summarizes key intake data, presenting most common responses for demographic characteristics. Percentages shown were calculated from the full set of responses provided, which includes additional categories, such as “unknown” and “other” responses. The percentages shown in this graph represent a minimum response. Not everyone who completed an intake survey responded to each question.

- Approximately two out of five cessation program participants had not used any assistance to help them quit prior to enrolling in the current cessation program (Figure 2).

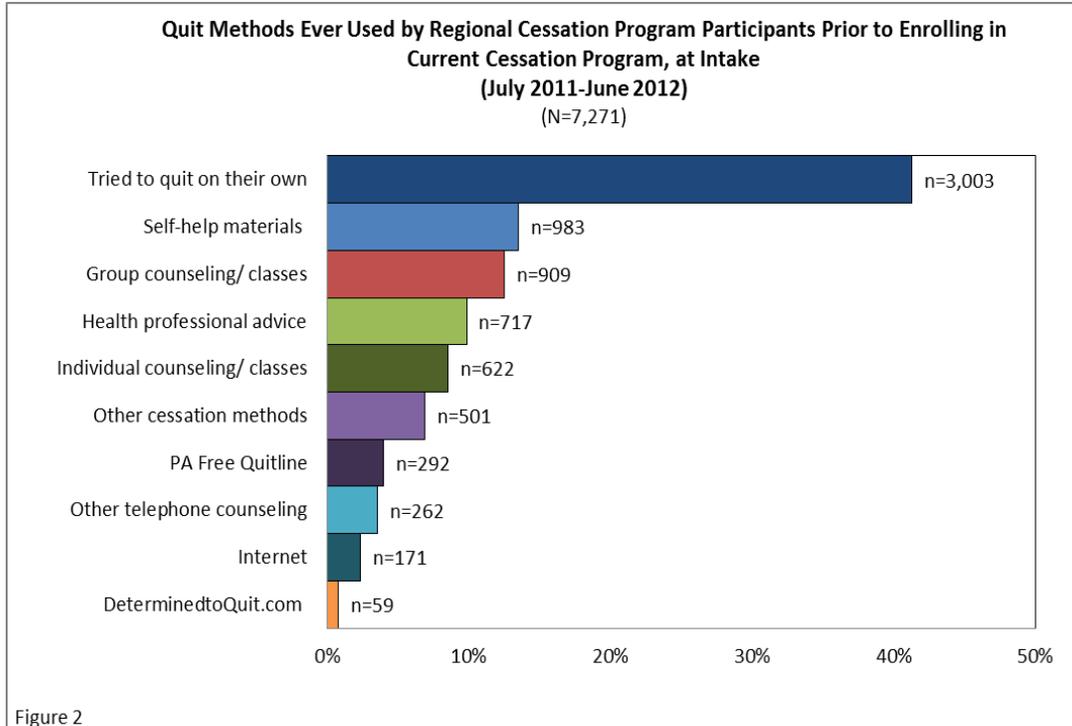


Figure 2

Note: The percentages shown in this graph represent a minimum response. Not everyone who completed an intake survey responded to this question and respondents were allowed to select more than one method. Many participants had not used any methods to help them quit or had not tried to quit at all prior to enrolling in the cessation program.

- One out of three (33%) cessation program participants learned of the cessation program through a health care provider referral (Figure 3).

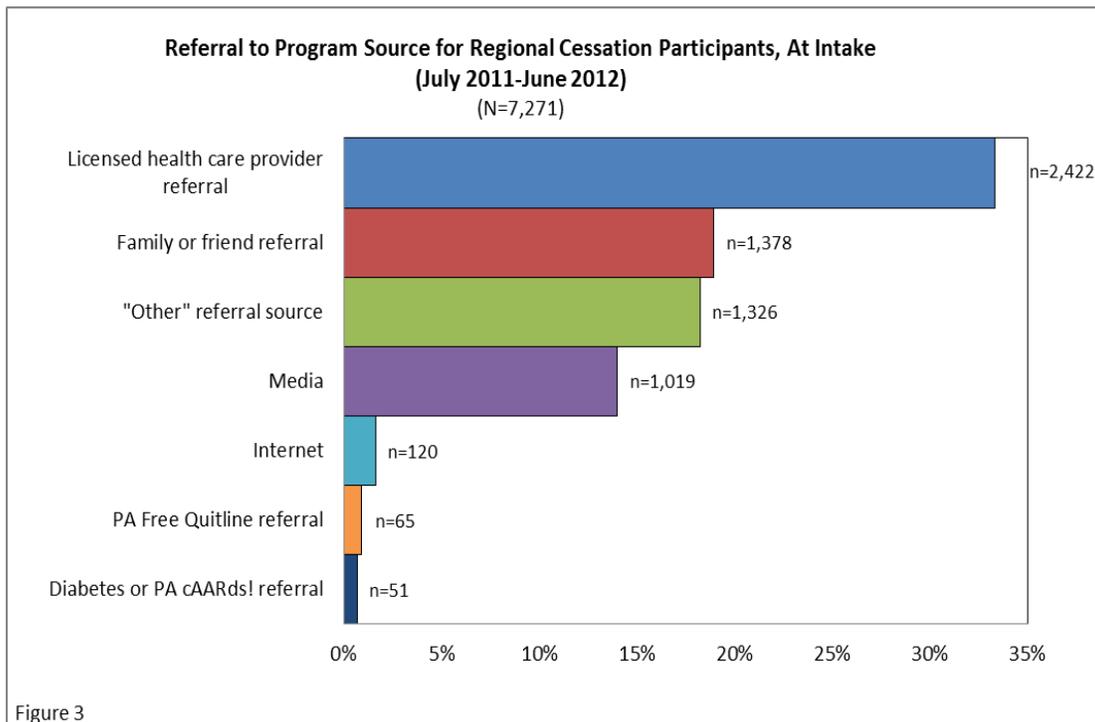


Figure 3

Notes: The percentages shown in this graph represent a minimum response. Not everyone who completed an intake survey responded to this question. Respondents were allowed to select more than one source for how they learned of the cessation program. PA cAARds! is a PA DOH program to address the dual risk of tobacco and diabetes.

- During this reporting period, in addition to intake surveys, cessation program participants completed 4,167 end-of-treatment surveys, 2,561 30-day follow-up surveys and 1,357 six-month follow-up surveys.
  - A total of 85 percent (n=3,533) of regional cessation program participants who completed treatment reported having made a quit attempt (voluntarily stopped smoking/using tobacco for one day or longer).
  - At 30-day follow-up, 50 percent (n=1,269) of those successfully contacted reported having quit using tobacco (not having smoked or used tobacco at all in the past 30 days).
  - At six-month follow-up, 47 percent (n=638) of those completing a survey report having quit.
- Among the 4,167 cessation program participants who responded to questions of program helpfulness, the vast majority (92 percent) found the program they attended to be helpful (n=3,817). More than 3,800 would recommend the program they attended to a friend or family member.

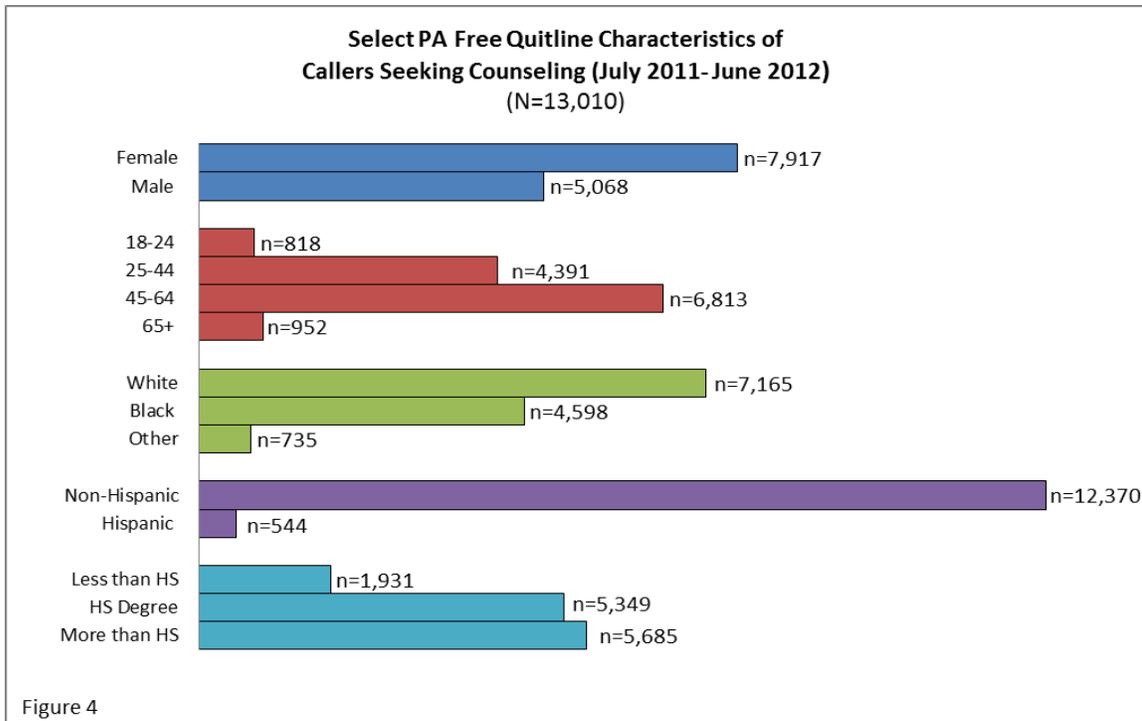
### **Pennsylvania's Free Quitline – 1-800-QUIT NOW**

Pennsylvania's Free Quitline (Quitline) is available 24 hours a day, seven days a week. English- and Spanish-speaking counselors are available at all times, with other languages available as needed. The Quitline provides enrollment for coaching services to facilitate the reduction in the adult tobacco prevalence rate. Each Regional Primary Contractor is required to promote the Quitline and the Department's tobacco cessation resource website, [www.determinedtoquit.com](http://www.determinedtoquit.com). Promotion includes, but is not limited, to trainings targeting health care providers to conduct brief tobacco cessation interventions, as well as businesses interested in helping their employees quit tobacco use through utilization of the Quitline services.

Teen and adult tobacco users receive counseling from highly trained intake specialists and cessation counselors. After the initial call to the Quitline, callers who are ready to quit determine a quit date and are offered up to five free one-on-one counseling calls to assist them through the quitting process. The sessions are tailored to the individual needs of the caller, focusing on specific strategies and actions for that caller. If a caller is not ready to quit, the caller is provided with self-help materials and tailored fact sheets.

Tobacco users registering for counseling peaked in March 2012 with over 2,000 adult callers enrolling in counseling. April and May were similarly high, with over 1,600 adult callers enrolling in counseling each month. These peak months coincided with the CDC Tips from Former Smokers campaign, which launched in March 2012, as well as Pennsylvania-wide and Philadelphia Nicotine Replacement Therapy (NRT) initiatives (both ending June 30, 2012).

- Between July 1, 2011 and June 30, 2012, the Quitline completed 15,658 intakes of which 13,010 (84 percent) were tobacco users seeking counseling (Figure 4).
- The following graph illustrates selected caller characteristics of Quitline callers who were tobacco users seeking counseling.



The fourth annual statewide NRT initiative, Quit for Love, began on Feb. 14, 2012, and ended on June 30, 2012. The 2012 Pennsylvania NRT initiative resulted in 4,083 callers who enrolled in counseling. The initiative ran longer than intended, as the NRT kits were not distributed in the expected time. Overall, 3,258 kits were delivered to Quit for Love participants. About half of participants received one call and half received more than one counseling call. The average call time was between 15 and 29 minutes.

<b>2012 Quit for Love</b>		
<b>February 14, 2012 – June 30, 2012</b>		
	<b>Number and percentage of callers</b>	
	<b>(N=4,083)</b>	
	<b>#</b>	<b>%</b>
<b>Number of counseling calls</b>		
1 call	1,959	48.0
2 calls	1,077	26.4
3 calls	490	12.0
4 calls	273	6.7
5 or more calls	284	6.9
<b>Average call length</b>		
Less than 2 minutes	1	0.0
2-14 minutes	1,296	31.7
15-29 minutes	2,164	53.0
30-44 minutes	506	12.4
45-59 minutes	100	2.4
More than 1 hour	16	0.4
<b>NRT shipped</b>		
Yes	3,258	79.8
No	825	20.2

## Fax to Quit

In March 2012, the DTPC implemented a statewide fax referral program, Fax to Quit. Increasing fax-based referral is a strategy that many states have used to increase the sustainability of their quitlines, as it is less reliant on costly media promotions and more reliant on health care provider awareness and action. Fax referrals may be particularly effective because, as explained in the 2008 "Treating Tobacco Use and Dependence: Clinical Practice Guideline",<sup>13</sup> health care provider advice to quit and assistance in cessation service referral better supports patients in making a quit attempt than advice alone. In addition, fax referral results in a proactive call to those ready to quit, removing one potential barrier for tobacco users considering cessation services. The success of the program depends on improved partnerships with health care providers (including Medicaid, federally qualified health centers, Chronic Care Initiative providers, etc.). To enhance partnerships Fax to Quit includes online provider trainings with free continuing medical education (CME) credits through the Penn State College of Medicine. Fax to Quit follows a successful fax referral pilot completed in June 2011.

The primary goal of Fax to Quit is to increase the number of successful fax referrals to the Quitline, made by health care providers on behalf of their patients. To achieve this goal, Fax to Quit currently includes:

- Web-based provider training with continuing education credits;
- Tailored fax referral tools;
- Free nicotine replacement therapy (NRT patch, specifically) for medically eligible enrollees; and
- Patient outcome feedback to referring providers.

Fax to Quit is a potential tool to reach disparately impacted populations who may not call the Quitline on their own, especially low income and rural tobacco users. DTPC continues to work with other states, national partners, including the North American Quitline Consortium (NAQC), and Regional Primary Contractors to identify best practices to improve both enrollment and seven month quit rates.

### Key outcomes:

- As part of Fax to Quit, 108 individuals participated in the web-based provider training, Every Smoker, Every Time.
- The goal of maintaining at least a 40 percent enrollment rate was met, with 56 percent of all faxes received resulting in enrollment and at least one counseling call.

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<sup>13</sup> U.S. Department of Health and Human Services, *Treating Tobacco Use and Dependence: Clinical Practice Guideline*, May 2008

#### 4. Regional Primary Contractor Goals and Accomplishments

The Department transitioned from local programming at the county level to a regional level administrative structure consisting of eight regions and eight primary contractors, beginning October 2007. Six regions reflected the Department’s six community health districts, while two additional service areas were created to cover Allegheny and Philadelphia counties for the contract period Oct. 1, 2007 through June 30, 2010. The contracts of existing Regional Primary Contractors were extended through Sept. 30, 2010, to ensure a smooth transition. During 2010, a Request for Proposals for Regional Primary Contractors was issued. The following Regional Primary Contractors were selected for the contract period October 1, 2010 through June 30, 2013:

### Regional Primary Contractors 2010—2013

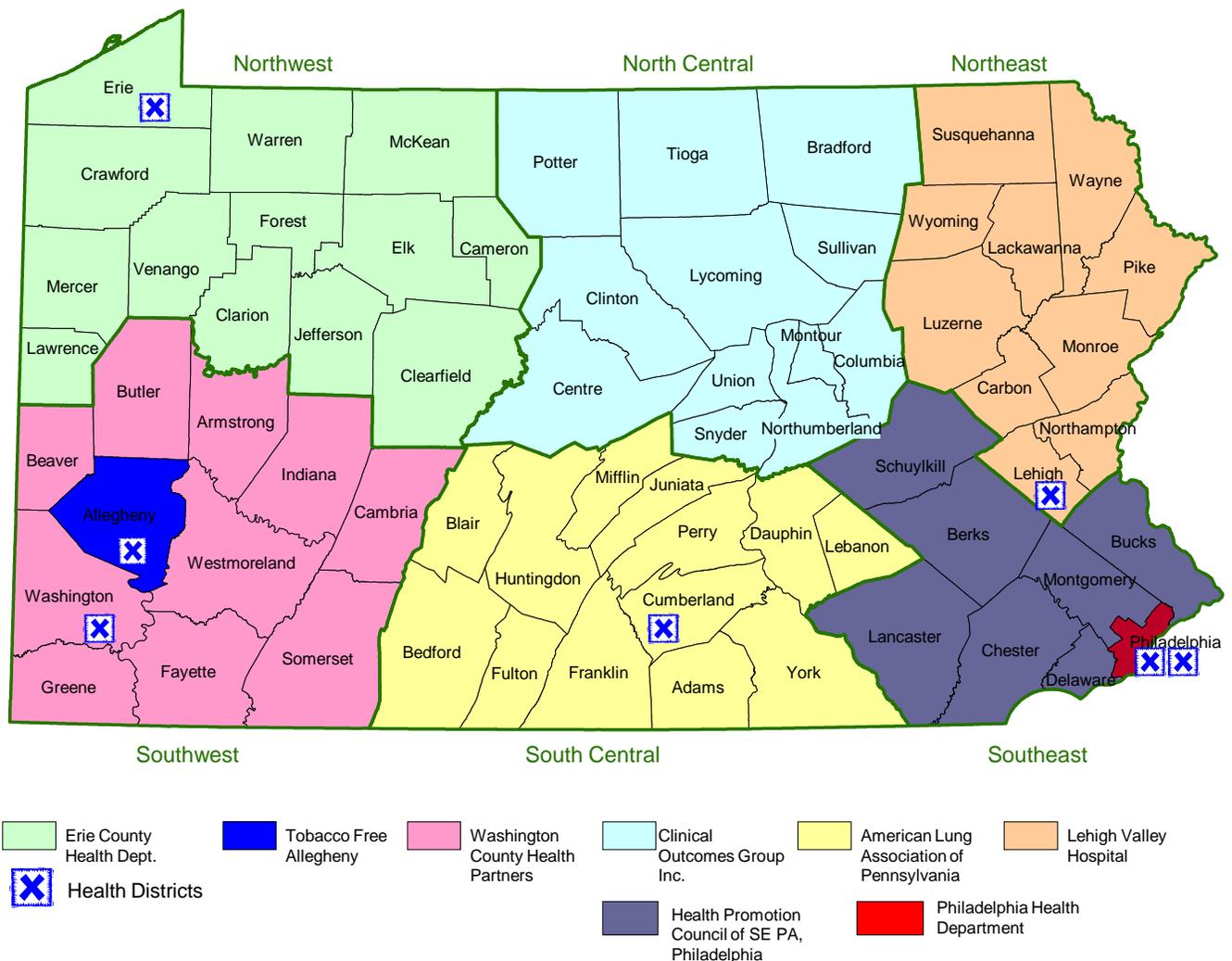


Figure 5

Regional Primary Contractors convened meetings with their regional coalitions, collaborating with service providers and non-service provider coalition members. Coalitions include the representatives of colleges/universities, health care agencies, local businesses, local government, private citizens and social service agencies. Regional coalitions provided and promoted conference calls, webinars, face-to-face trainings, and skill building presentations to coalition members. One region focused on working towards offering continuing education units (CEUs) for future coalition trainings. One regional coalition has begun to share PA Free Quitline data reports and CIAA exception information with coalition members. Examples of other information and resources shared with coalition members include PACT Notes, media stories, evidence-based program information, research, self-help materials (e.g., "Enough Snuff") and service provider presentations on the work they are doing. Some regional coalitions have identified specific strategies they plan to use to advance their work, including: increasing diversity of coalition membership; identifying new community partners and resources to engage in joint programs around chronic disease health risk reduction; increasing the number of municipalities with tobacco free playgrounds (Young Lungs at Play); exploring mandatory point-of-sale health warnings for tobacco products; increasing demand and availability for all cessation services; and mobilizing constituents and stakeholders in support of tobacco legislative education efforts.

### **Outcome Summary of Regional Primary Contractor Goals**

These selected findings provide a summary of the work of the Regional Primary Contractors, both at regional and state levels, in the four CDC goal areas.

#### **Goal Area 1: Prevent initiation of tobacco use among young people**

- Regional Primary Contractors promoted the School Tobacco Policy Initiative and used the School Tobacco Policy Index to assess 118 school districts statewide.
- After receiving technical assistance, 52 percent of the school district policies were reassessed and were found to be stronger.
- The annual survey of tobacco outlets conducted in 2012 reported an illegal sale rate of 9.5 percent. Regional Primary Contractors have established community-based relationships with tobacco retailers and continue to educate them about Pennsylvania's youth access to tobacco law, which is demonstrated in the continued low rate of illegal sales.
- Pennsylvania continues to work with the FDA to allow the eight Regional Primary Contractors to assist in the education of retailers and the public about the FDA's regulations and youth access to tobacco. Additionally, enforcement efforts on behalf of the FDA have helped to increase enforcement activities throughout the commonwealth.
- From July 2011 to June 2012, Regional Primary Contractors conducted 9,298 FDA checks, 1,101 Syнар checks and 8,036 Act 112 checks across the state.

#### **Goal Area 2: Promote quitting among adults and young people**

<b>Program Type</b>	<b>NW</b>	<b>SW</b>	<b>Alleg</b>	<b>NC</b>	<b>SC</b>	<b>NE</b>	<b>SE</b>	<b>Phila</b>	<b>Pa. Total</b>
<b>Number of individual tobacco users enrolled in <u>group</u> cessation programs</b>	<b>123</b>	<b>310</b>	<b>331</b>	<b>60</b>	<b>585</b>	<b>136</b>	<b>1,485</b>	<b>845</b>	<b>3,875</b>

Program Type	NW	SW	Alleg	NC	SC	NE	SE	Phila	Pa. Total
Number of individual tobacco users enrolled in <u>one-on-one</u> counseling sessions	26	149	55	700	325	1,181	838	69	3,343
Program Type	NW	SW	Alleg	NC	SC	NE	SE	Phila	Pa. Total
Number of individual tobacco users enrolled in <u>both</u> program types	0	0	50	0	0	0	3	0	53

At six month follow-up, 638 (47 percent) former cessation program participants reported having successfully quit using tobacco.

	NW	SW	Alleg	NC	SC	NE	SE	Phila	Pa. Total
Number of tobacco users who quit <sup>14</sup>	3	59	7	33	186	111	185	54	638

**Goal Area 3: Eliminate nonsmokers’ exposure to secondhand smoke**

- Regional Primary Contractors are responsible for providing services relating to the CIAA. All Regional Primary Contractors provided technical assistance to establishments and workplaces as needed, including assisting the DTTPC in the verification of exception requests.
- Regional Primary Contractors are diligent in conducting site visits to establishments that apply for a CIAA exception in order to check for structural compliance with the CIAA and to submit results to the DTTPC.

**Goal Area 4: Identify and eliminate tobacco-related health disparities**

- The fax referral program, Fax to Quit, was developed to implement a Quitline fax referral system among health care facilities that serve disparately affected populations and identify best practices statewide.
  - Three key components of Fax to Quit are:
    - Health care providers receive trainings on brief interventions and the fax referral process to include continuing medical education credits and continuing education units, along with pre- and post-testing.
    - Patients who enroll in the Quitline will receive a four week supply of NRT patches.
    - Providers utilizing the fax referral system will receive an outcome feedback fax for each patient to advise them if the patient has been enrolled in Quitline services.
  - Statewide expansion of Fax to Quit was launched in March 2012.

<sup>14</sup> Quit is defined as voluntarily abstaining from tobacco use for a minimum of 30 days. Quit data reported in this table were collected via the 30-day follow-up survey.

- During this reporting period, the Department hosted national and local speakers at two technical assistance conferences. The first conference was held in November 2011 and the second one in May 2012. At the November conference, several speakers presented information from the U.S. Food and Drug Administration, National Jewish Health (NJH, Quitline vendor), the Pennsylvania Department of Public Welfare (DPW), the Pennsylvania Alliance to Control Tobacco (PACT), Public Health Management Corporation (PHMC, external evaluator), Coalitions Work and DTPC staff. The May 2012 conference included presentations from Americans for Nonsmokers' Rights, PHMC, PACT and DTPC staff. A range of topics covered during these conferences included cessation, the PA Free Quitline, the Worksite Tobacco Policy Initiative, enforcement, coalition building, sustainability and other contract requirements for Regional Primary Contractors. These important conferences offered opportunities for networking, resource sharing and brainstorming. Approximately 90-100 attendees participated in each of the conferences, which yielded very positive feedback.
- DTPC and the Diabetes Prevention and Control Program partnered to implement the PA cAARds training initiative. PA cAARds is an integrated collaborative effort to train diabetes and tobacco professionals to use a brief "Ask, Advise, Refer" intervention to increase interdisciplinary referral and reduce the dual impact of tobacco use and diabetes. By June 2012, PA cAARds has trained over 370 individuals across the commonwealth, including Regional Primary Contractors and their service providers. Trainees are actively engaged in cross-referring, and over 2,042 referrals have been reported.

### **Statewide Evaluation**

Evaluation is used to assess the implementation and outcomes of the DTPC program, to increase the program's efficiency and impact over time. Accountability is assessed by documenting the effectiveness of programs, measuring program outcomes, documenting implementation and cost effectiveness, and increasing the impact of programs.

The Department has used an independent evaluation component to measure short-term, intermediate and long-term outcomes since 2005. The activities of the Department and the statewide evaluation team are guided by four major and interrelated priorities:

- Increasing standardization of programs and evaluation;
- Utilizing data for program improvement and decision-making;
- Assessing program outcomes as well as process outcomes; and
- Improving internal and external communications.

### **Data Collection and Process Evaluation Accomplishments**

Accomplishments of the Department's statewide evaluation team from July 1, 2011 to June 30, 2012 include:

- The statewide evaluation team has continued to organize and present quarterly data from regional and statewide programs using the MPOWER framework: Monitoring Prevention Policies, Protecting People from Tobacco Smoke, Offering Help to Quit Tobacco, Warning About the Dangers of Tobacco, Enforcing and Informing Policy Compliance, and Raising Community and Legislative Awareness. Since it encompasses all aspects of a comprehensive tobacco program and addresses all program goal areas, MPOWER is an ideal framework for comprehensive and integrated reporting of activities and outcomes across the program. The MPOWER framework for global tobacco prevention was developed by the World Health

Organization (WHO) and has been adopted by the CDC.<sup>15</sup> This format encourages Regional Primary Contractors to regularly discuss their regional evaluation activities and findings with their local and statewide partners.

- The statewide evaluation team has also continued to be involved in the development of the Tobacco Reduction, Education and Enforcement System (TREES), a comprehensive, centralized web-based reporting and management information system that will house all required program data. Evaluation staff have advised and supported staff from DTPC, specifically in the areas of system planning and troubleshooting. The statewide evaluation team also has ongoing communication with system users and provides their feedback and recommendations to DTPC staff.
- To help guide the efforts of the DTPC for state fiscal years 2011 to 2013 (July 1, 2011-June 30, 2014), the statewide evaluation team has developed a comprehensive evaluation plan for the DTPC program. This evaluation plan identifies the long/mid/short term goals of the program and the key ways that progress towards those goals will be monitored.
- During the past year, the statewide evaluation team has led several discussions about program targets and challenging objectives with CDC partners, the evaluation technical working group and DTPC staff. The evaluation plan informed the development of the Regional Primary Contractor work plans including statewide objectives and target outcomes. The plan will be updated on an annual basis so that it can continue to guide program planning and assessment of program progress and outcomes.
- The statewide evaluation team completed work in four main areas including: planning for a seven-month follow-up evaluation to meet American Recovery and Reinvestment Act (ARRA) funding requirements, evaluating a fax referral pilot program and planning for a statewide program, collecting feedback on the reality-television style documentary, “Breathing Room”, and regular reporting and data analysis for DTPC and Regional Primary Contractors.
- To expand the policy focus of the DTPC during the past year, DTPC staff collaborated with PACT and the statewide evaluation team to create the Worksite Policy Initiative. The statewide evaluation team has been closely involved in the design of both school and worksite policy initiatives, including developing assessment tools and forms that contractors can use to document their activities and outcomes in these new areas.
- During state fiscal year 2011/2012, the technical assistance included developing regional contractor work plan templates based on the objectives in the DTPC Program logic model and statewide evaluation plan, supporting site visits to monitor Regional Primary Contractors, and participating in strategic planning activities. The statewide evaluation team also facilitated sessions and gave presentations at statewide technical assistance conferences in November 2011 and May 2012.

## 5. Counter Marketing

The Department is proud to collaborate with Christine Brader of CDC’s Tips from Former Smokers campaign to promote Pennsylvania’s tobacco prevention and cessation programs. Ms. Brader, a Pennsylvania resident, is a tremendous partner to the Department and its Regional Primary Contractors by devoting her time to help bring awareness of tobacco issues to individuals across Pennsylvania.

<sup>15</sup> World Health Organization, *WHO Report on the Global Tobacco Epidemic, 2011: Warning About the Dangers of Tobacco*, 2011. Available at [http://whqlibdoc.who.int/publications/2011/9789240687813\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240687813_eng.pdf)

Below is a summary of how Ms. Brader has partnered with regional contractors in various areas of the state and how contractors have worked to further promote the CDC's national campaign:

- **Southcentral Region:** Ms. Brader attended the regional coalition meeting and scheduled additional dates in 2013 to speak to fourth and fifth graders at Sporting Hill Elementary School, as well as to students in the Northern Dauphin School District.
- **Northwest Region:** This regional contractor worked with Harmelin Media, Pennsylvania's media placement firm, to promote Ms. Brader's story starting in June 2012. CDC-created radio advertisements ran throughout the region and personal interviews with Ms. Brader for broadcast on radio stations have been scheduled later in 2013.
- **Northeast Region:** This regional contractor worked with Ms. Brader to distribute an email blast to 40,000 email opt-in smokers in May 2012 for World No Tobacco Day (WNTD) and purchased radio spots for advertisements to run in several radio outlets during the week of WNTD. The radio spots ran from May 28 through June 1, 2012 on four stations in the region. The combined reach and frequency of two stations was 21 percent to the 18-49 age group, which heard it 3.2 times, and the other two stations reached 109,600 persons, which heard the advertisement 4.1 times. Ms. Brader was also featured on the contractor's website.
- **Southwest Region:** Ms. Brader is scheduled to speak at events later in 2013 for this regional contractor.
- **Philadelphia County:** This regional contractor featured the CDC's Tips from Former Smokers campaign on their website and Facebook page.

## 6. Collaborative Initiatives with Chronic Disease Programs

The Bureau of Health Promotion and Risk Reduction (Bureau) has adopted an integrated, collaborative approach to program planning, implementation and evaluation. Understanding that tobacco use is a leading risk factor for many chronic diseases, the Bureau has integrated tobacco prevention and control into several key program areas.

During 2011-2012, the DTTPC has participated in the following statewide collaborative initiatives:

### PA cAARds!

To address the dual risk of tobacco use and diabetes, the DTTPC and the Diabetes Prevention and Control Program developed and implemented the PA cAARds! initiative as a collaborative capacity-building program. The purpose of PA cAARds! is to train health professionals from both fields to ask patients about diabetes and smoking status, to advise them on behaviors that will improve their health and to refer them to appropriate resources. PA cAARds! builds on the Ask, Advise, Refer (AAR) brief intervention model and a California program called "Do You cAARd?," in which diabetes educators encourage clients who smoke to call the state Quitline.

At the end of state fiscal year 2011/2012, the statewide PA cAARds! initiative has trained over 370 tobacco, diabetes, and other professionals, representing more than 188 organizations, in the Ask, Advise, Refer brief intervention. Trainees facilitate and promote the use of available local and statewide resources to manage diabetes, quit tobacco and reduce exposure to secondhand smoke. More than 2,042 clients/patients have been cross-referred for services by PA cAARds! trainees. PA cAARds! now utilizes both face-to-face and web-based trainings to enhance reach and already has trainees from 54 of Pennsylvania's 67 counties.

## Young Lungs at Play

The Pennsylvania Department of Health supports the Young Lungs at Play (YLAP) initiative to support tobacco-free outdoor policies for parks and playgrounds. Young Lungs at Play (YLAP) is an evidence-based, statewide program adapted from successful initiatives in Rockland County, New York and Luzerne County, Pennsylvania. Pennsylvania State University Cooperative Extension (PSU-CE) began Young Lungs at Play in July 2010, funded by the Department through a Communities Putting Prevention to Work (CPPW) grant. This initiative promotes establishment of tobacco-free parks and playgrounds through educating municipal officials on the risks and dangers of second-hand smoke and tobacco litter. Eligible communities and organizations receive signs to display in tobacco-free areas that feature the tobacco quit line.



This year's YLAP participants include:

- Municipalities (city, township, borough, town, village);
- County governments (board of county commissioners);
- Municipal parks and recreational authorities;
- Recreation agencies (parks, trails, conservancies);
- Athletic organizations (sports leagues);
- School districts; and
- Community health centers and agencies with outdoor public spaces or playgrounds.

Highlights from the YLAP initiative from July 1, 2011 to June 30, 2012 include:

- In December 2011, the National Association of Chronic Disease Directors (NACDD) issued a Public Policy Award to the PSU-CE in recognition of its success in implementing the Young Lungs at Play tobacco prevention initiative.
- PSU-CE developed effective relationships and provided resources and technical assistance to the eight Regional Primary Contractors serving all of Pennsylvania's 67 counties. PSU-CE assisted these contractors to work effectively with regional municipal officials.
- The technical assistance, consultation and resources provided to the Regional Primary Contractors has resulted in leveraging of state tobacco settlement funds, CDC grant funds and resources to expand YLAP to Pennsylvania's 67 counties.

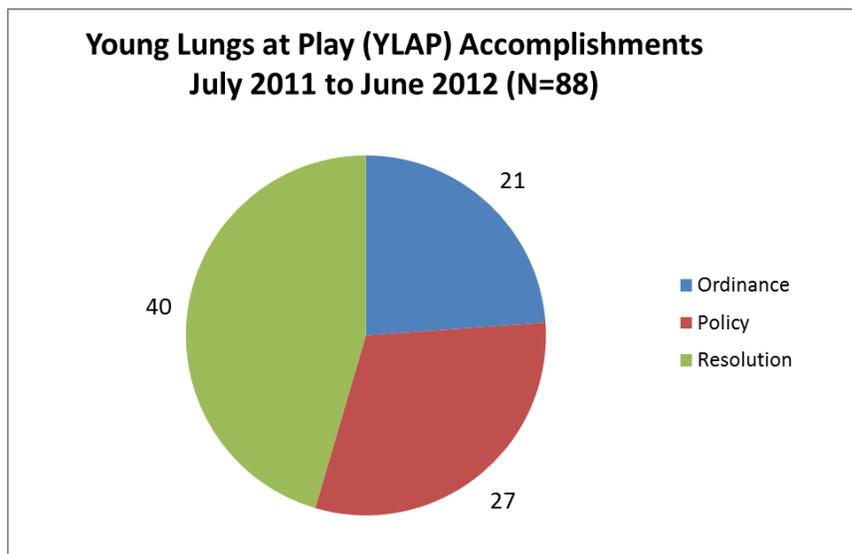


Figure 6

- Substantial spin-off effects include increased normalization of non-smoking behavior; decreased toxic litter in parks, playgrounds and outdoor recreation areas; and empowered non-smokers assertively promoting clean outdoor air in over 519 public outdoor spaces.
- During this reporting period, the YLAP initiative focused on “Awareness, Education, and Outreach,” with education as the primary emphasis of the program. Regional Primary Contractors educated their communities about the benefits of tobacco free playgrounds, parks, and recreational areas to encourage policymakers to make changes in local ordinances, resolutions, and policies through distribution of YLAP information packets and posting YLAP signs in areas that have agreed to be tobacco-free. This year, 88 partners joined YLAP (see Figure 6).
- The Department and PSU-CE worked collaboratively to transition administration of YLAP to DTPC.

**FUNDING ALLOCATIONS  
STATE FISCAL YEAR 2011-2012**

Tobacco Master Settlement Agreement	\$	13,945,000
General Government Operations	\$	33,851
Centers for Disease Control and Prevention Cooperative Agreement (includes carryover funding)	\$	1,442,298
Centers for Disease Control and Prevention American Reinvestment and Recovery Act (ARRA) – Component III (1)	\$	1,535,931
Centers for Disease Control and Prevention Affordable Care Act (ACA) Supplement 1 (2)	\$	114,853
Centers for Disease Control and Prevention Affordable Care Act (ACA) Supplement 2 (3)	\$	162,708
Food and Drug Administration (FDA) Enforcement (4)	\$	431,154
Food and Drug Administration (FDA) Enforcement (5)	\$	662,106
<b>TOTAL:</b>	<b>\$</b>	<b>18,327,901</b>

- (1) ARRA funds were awarded for a 29-month grant period (2/4/10 – 7/3/12) to promote the PA Free Quitline.
- (2) ACA Supplemental 1 funds were awarded for a 24-month grant period (9/30/10 – 9/29/12) to enhance the PA Free Quitline's fax referral system to increase health care provider referrals to the quitline.
- (3) ACA Supplemental 2 funds were awarded for a 12-month grant period (9/30/11 – 9/29/12) to enhance the PA Free Quitline's fax referral system to increase health care provider referrals to the quitline.
- (4) FDA funds were awarded for a 14-month grant period, including an extension (7/29/10 – 9/29/11) to conduct tobacco retailer compliance checks.
- (5) FDA funds were awarded for a 12-month grant period (9/30/11 – 9/29/12) to conduct tobacco retailer compliance checks.

**STATEWIDE CONTRACTORS  
STATE FISCAL YEAR 2011-2012  
July 1, 2011– June 30, 2012**

Contractor	Service	MSA Budget 7/01/11-06/30/12
National Jewish Health	Quitline operations and maintenance	\$ 1,899,921
American Lung Association of Pennsylvania	Technical assistance services through statewide coalition – Pennsylvania Alliance to Control Tobacco	\$ 475,197
Health Promotion Council of Southeastern Pennsylvania, Inc.	Partnership with the Diabetes Program, their statewide contractor, tobacco cessation providers and diabetes clinicians to provide training for cross-directional referrals through the PA cAARds! initiative	\$ 20,000
Harmelin Media	Marketing and creative media services	\$ 410,803
Public Health Management Corporation	Comprehensive independent evaluation of state and local tobacco prevention and cessation programs	\$ 280,000
Pennsylvania Medical Society	Development and distribution of online and hard copy “Counter Details” publication, which provides resources and continuing educational credits to health care professionals	\$ 30,000
Pennsylvania Department of Public Welfare, Office of Medical Assistance	Augment Department of Health funding for the existing Healthy Home Environment program	\$ 20,000
<b>TOTAL</b>		<b>\$ 3,135,921</b>

**REGIONAL PRIMARY CONTRACTORS  
STATE FISCAL YEAR 2011-2012  
July 1, 2011– June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Contractor Name</b>	<b>MSA Budget 7/01/11- 06/30/12</b>	<b>% of Total</b>
Allegheny	Allegheny	Tobacco Free Allegheny	\$ 963,317	9.4%
Northcentral	Bradford, Centre, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union	Clinical Outcomes Group, Inc.	\$ 695,160	6.8%
Northeast	Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne, Wyoming	Burn Prevention Foundation	\$ 1,274,736	12.4%
Northwest	Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango	Erie County Department of Health	\$ 883,101	8.6%
Philadelphia	Philadelphia	Philadelphia County Department of Health	\$ 1,147,770	11.1%
Southcentral	Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntington Juniata, Lebanon, Mifflin, Perry, York	American Lung Association of the Mid-Atlantic dba American Lung Association of Pa.	\$ 1,384,803	13.5%
Southeast	Berks, Bucks, Chester, Delaware, Lancaster, Montgomery, Schuylkill	Health Promotion Council of Southeastern Pa., Inc.	\$ 2,766,821	26.9%
Southwest	Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland	Washington County Health Partners, Inc.	\$ 1,179,892	11.5%
	<b>TOTAL</b>		<b>\$ 10,295,600</b>	

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Allegheny County	Allegheny	Addiction Medicine Services	Training for and implementation of 100% Tobacco Free Schools Toolkit	\$ 110,428
Allegheny County	Allegheny	Consortium for Public Education	Integration of LifeSkills training into elementary, middle and high school curricula	\$ 81,820
Allegheny County	Allegheny	Jill Fine	Individual cessation counseling	\$ 4,592
Allegheny County	Allegheny	Metro Family Practice	Individual cessation counseling	\$ 10,000
Allegheny County	Allegheny	Mercy Behavioral Health	Individual and group cessation counseling and tobacco education for priority populations	\$ 73,162
Allegheny County	Allegheny	Olszak Management Consulting	Evaluation and data management system	\$ 40,500
Allegheny County	Allegheny	St. Clair Hospital	Cessation services and tobacco education for pregnant and postpartum women	\$ 26,011
Northcentral	All counties in service area	Temple University	Evaluation and data management system	\$ 20,000
Northcentral	All counties in service area	Clean Air Council	Coalition development and building	\$ 15,000
Northeast	All counties in service area	Northeast Area Health Education Center (AHEC)	Adult and youth cessation services including adult nicotine replacement therapy	\$ 51,485
Northeast	Carbon, Monroe, Pike	Carbon/Monroe/Pike Drug and Alcohol Commission	Advocacy, Prevention and Education in Monroe, Pike and Wayne counties	\$ 3,900
Northeast	Carbon, Lehigh, Luzerne, Northampton, Pike, Wayne and Wyoming	PA Regional Center for Public Safety and Innovation	Youth prevention initiatives; promotion of quitting among adults and young people	\$ 61,890
Northeast	Carbon, Lehigh and Northampton	St. Luke's Hospital	Cessation; assist Northeast Area Health Education Center (AHEC) with training coordination for hospital staff	\$ 89,700
Northeast	Lackawanna	Drug and Alcohol Treatment Services, Inc.	Adult and youth cessation services including adult nicotine replacement therapy	\$ 40,920

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Northeast	Lackawanna	Northeast Regional Cancer Institute	Comprehensive provider services in Lackawanna and Susquehanna counties	\$ 34,300
Northeast	Lehigh, Northampton	Latinos for Healthy Communities	Bilingual and bicultural outpatient cessation services; strategic planning for disparate populations	\$ 27,000
Northeast	Lehigh, Northampton	Lehigh Valley Physicians Group Tobacco Treatment Program	Cessation; assist Northeast Area Health Education Center (AHEC) with training coordination for hospital staff	\$ 75,300
Northeast	Lehigh, Northampton	Valley Youth House	Prevention and education in Lehigh and Northampton counties	\$ 38,986
Northeast	Luzerne	Serento Gardens	Youth prevention initiatives; promotion of quitting among adults and young people	\$ 40,230
Northeast	Luzerne	Wyoming Valley Alcohol and Drug Services	Youth prevention initiatives; promotion of quitting among adults and young people in Luzerne County	\$ 70,555
Northeast	Luzerne, Wyoming	Rural Health Corporation	Promotion of quitting among adults and young people in Luzerne and Wyoming counties	\$ 4,125
Northeast	Monroe	Pocono Medical Center	Cessation; assist Northeast Area Health Education Center (AHEC) with training coordination for hospital staff	\$ 24,000
Northeast	Monroe	Youth Infusion	Youth prevention initiatives; promotion of quitting among adults and young people	\$ 15,190
Northeast	Pike and Wayne	Pike County Cooperative Extension Association	Prevention and Education in Pike and Wayne counties	\$ 32,268
Northeast	Susquehanna	Susquehanna County Drug and Alcohol	Enforcement	\$ 2,400

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Northeast	Susquehanna	TREHAB	Prevention and Education in Susquehanna County	\$ 16,350
Northwest	Cameron, Elk, Forest, McKean, Warren counties	Beacon Light Behavioral Health Systems	Provide comprehensive direct tobacco prevention and cessation services that include: Tobacco Free Schools Toolkit (TFST), community based organizations (CBO), Cessation, FDA Compliance checks and Synar	\$ 71,158
Northwest	Clarion, Clearfield and Jefferson counties	Armstrong-Indiana Drug and Alcohol Commission	Provide comprehensive direct tobacco prevention and cessation services that include: Tobacco Free Schools Toolkit (TFST), community based organizations (CBO), Cessation, FDA Compliance checks and Synar	\$ 81,355
Northwest	Crawford and Venango counties	Titusville Area Hospital	Hospital-based cessation programs that include Fax to Quit	\$ 77,652
Northwest	Erie	Community Health Net	Community education programs for tobacco prevention and cessation; development of partnerships with tobacco-related chronic disease programs; smoking cessation classes and support groups; tracking of client smoking status	\$ 15,838
Northwest	Erie	Coalition Pathways	Synar	\$ 2,000
Northwest	Lawrence, Mercer and Venango counties	Mercer County Behavioral Health Commission	Provide comprehensive direct tobacco prevention and cessation services that include: Tobacco Free Schools Toolkit (TFST), community based organizations (CBO), Cessation, FDA Compliance checks and Synar. Oversight of enforcement contracts for NWPA	\$ 134,880
Northwest	Venango	UPMC Northwest	Provide pharmacotherapy to cessation participants in Venango County	\$ 3,000
Northwest	Venango	Venango County Substance Abuse	Conduct annual survey of retail tobacco outlets	\$ 600

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Northwest	All counties in service area	Moore Research	Tobacco use-related research in the region	\$ 20,000
Northwest	All counties in service area	Olszak Management Consultants	Development and maintenance of a fiscal management and evaluation system in NWPA	\$ 30,000
Northwest	All counties in service area	Healthways/Quitnet	Provision of internet cessation services for NWPA	\$ 15,000
Philadelphia County	Philadelphia	Branch Associates	Evaluation of cessation providers' services	\$ 22,000
Philadelphia County	Philadelphia	Health Federation	Community-based cessation; cessation and prevention training; fax-to-quit program support	\$ 214,174
Philadelphia County	Philadelphia	Health Promotion Council	Youth sales prevention, including compliance checks	\$ 260,236
Philadelphia County	Philadelphia	Mercy Hospital	Community-based cessation	\$ 141,400
Philadelphia County	Philadelphia	MEE Production, Inc.	Counter-marketing	\$ 23,000
Philadelphia County	Philadelphia	PHMC	Contract staff and program support	\$ 102,567
Philadelphia County	Philadelphia	Shalom, Inc	School assistance program	\$ 18,000
Philadelphia County	Philadelphia	Temple University	Community-based cessation	\$ 97,500
Philadelphia County	Philadelphia	University of Pennsylvania – Comprehensive Tobacco Treatment Program	Community-based cessation and public health detailing	\$ 103,919

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Southcentral	Adams	Gettysburg Hospital	Adult and youth cessation services including adult nicotine replacement therapy	\$ 88,049
Southcentral	Adams	Hanover Hospital	Adult and youth cessation services including adult nicotine replacement therapy	\$ 12,000
Southcentral	Bedford	Personal Solutions	Adult and youth cessation services including nicotine replacement therapy	\$ 31,868
Southcentral	Blair	Blair County Drug and Alcohol	Adult and youth cessation services including adult nicotine replacement therapy	\$ 69,097
Southcentral	Cumberland	Cumberland/Perry Drug and Alcohol	Adult and youth cessation services including adult nicotine replacement therapy	\$ 32,043
Southcentral	Cumberland	Sadler Health	Adult and youth cessation services including adult nicotine replacement therapy	\$ 87,921
Southcentral	Cumberland	Tapestry of Health	Adult and youth cessation services including adult nicotine replacement therapy	\$ 8,667
Southcentral	Dauphin	YMCA Northern Dauphin	Adult and youth cessation services including adult nicotine replacement therapy	\$ 32,000
Southcentral	Dauphin	Clean Air Council	Recruitment of worksites to promote quitline services	\$ 12,000
Southcentral	Dauphin	Pinnacle Health	Adult and youth cessation services including adult nicotine replacement therapy	\$ 86,580
Southcentral	Dauphin	Tapestry of Health	Adult and youth cessation services including adult nicotine replacement therapy	\$ 9,916
Southcentral	Franklin	Healthy Communities of Franklin County	Adult and youth cessation services including adult nicotine replacement therapy	\$ 77,091
Southcentral	Fulton	Fulton County Partnership	Adult and youth cessation services including adult nicotine replacement therapy	\$ 18,659
Southcentral	Huntingdon	IBHMS	Adult and youth cessation services including adult nicotine replacement therapy	\$ 24,544
Southcentral	Huntingdon	Juniata Tri-County Drug and Alcohol	Advocacy, prevention and education	\$ 21,947
Southcentral	Juniata	Juniata Tri-County Drug and Alcohol	Adult and youth cessation services including adult nicotine replacement therapy	\$ 6,733
Southcentral	Lebanon	Lebanon Family Services	Adult and youth cessation services including adult nicotine replacement therapy	\$ 67,451

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Southcentral	Mifflin	IBHMS	Adult and youth cessation services including adult nicotine replacement therapy	\$ 21,868
Southcentral	Mifflin	Juniata Tri-County Drug and Alcohol	Adult and youth cessation services including adult nicotine replacement therapy	\$ 6,413
Southcentral	Perry	Cumberland/ Perry Drug and Alcohol	Adult and youth cessation services including adult nicotine replacement therapy	\$ 10,500
Southcentral	Perry	Sadler Health	Adult and youth cessation services including adult nicotine replacement therapy	\$ 21,868
Southcentral	York	Clean Air Council	Recruitment of worksites to promote quitline services	\$ 20,358
Southcentral	York	Hanover Hospital	Adult and youth cessation services including adult nicotine replacement therapy	\$ 85,000
Southcentral	York	Memorial Hospital	Adult and youth cessation services including adult nicotine replacement therapy	\$ 120,000
Southeast	Berks	Council on Chemical Abuse	Prevention of initiation of tobacco use among youth; enforcement checks	\$ 51,126
Southeast	Berks	Latinos for Healthy Communities	Promotion of quitting; elimination of disparities	\$ 44,979
Southeast	Berks	Reading Hospital and Medical Center	Cessation; promotion of quitting	\$ 85,476
Southeast	Bucks	Council of Southeast Pennsylvania, Incorporated	Prevention of initiation of tobacco use among youth; enforcement checks	\$ 67,839
Southeast	Bucks	Bucks County Health Improvement Partnership	Cessation services; promotion of quitting; elimination of disparities	\$ 87,838
Southeast	Bucks, Delaware	Planned Parenthood of Bucks County	Cessation; promotion of quitting	\$ 73,326
Southeast	Chester	Chester Penn Health Services, Inc.	Cessation; promotion of quitting; elimination of disparities	\$ 44,157
Southeast	Chester	Chester County Health Department	Prevention of initiation of tobacco use among youth; enforcement checks	\$ 69,419
Southeast	Chester	Phoenixville Hospital	Cessation; promotion of quitting; elimination of disparities	\$ 108,824
Southeast	Chester	Southeast Pennsylvania Area Health Education Center (SE PA AHEC)	Cessation services; promotion of quitting; elimination of disparities	\$ 32,711
Southeast	Delaware	Holcomb Behavioral Health Systems	Prevention; promotion of quitting; elimination of disparities	\$ 115,216

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Southeast	Delaware	Main Line Health - Riddle Memorial Hospital	Cessation services; promotion of quitting	\$ 135,913
Southeast	Delaware	Family Services of Delaware County	Community cessation and youth advocacy programs	\$ 34,074
Southeast	Lancaster	Lancaster General Health Wellness Center	Cessation services; promotion of quitting	\$ 86,361
Southeast	Lancaster	YWCA Lancaster	Prevention services. Promotion of quitting among youth	\$ 25,543
Southeast	Montgomery	Mercy Suburban Hospital	Cessation services; promotion of quitting; elimination of disparities	\$ 59,210
Southeast	Montgomery	Montgomery Hospital Medical Center	Cessation services; promotion of quitting; elimination of disparities	\$ 38,787
Southeast	Montgomery	Vance Enterprises, Inc.	Community enforcement programs	\$ 65,252
Southeast	Montgomery, Bucks, Chester, Delaware	The Wellness Connection	Cessation services; promotion of quitting; elimination of disparities	\$ 83,057
Southeast	Schuylkill	Clinical Outcomes Group, Inc.	Prevention of initiation of tobacco use among youth; enforcement checks	\$ 29,433
Southeast	Schuylkill	Schuylkill Medical Center	Cessation and prevention services; promotion of quitting; elimination of disparities; prevention of tobacco use among youth	\$ 81,512
Southeast	All counties in service area	University of Pennsylvania	Cessation programs	\$ 307,778
Southeast	All counties in service area	Public Health Management Corporation	Research, evaluation, fiscal management services, communications, and coalition website development	\$ 239,990
Southeast	All counties in service area	Praxis Consulting	Regional planning and development consulting	\$ 8,515
Southeast	All counties in service area	Harmelin Media	Tobacco cessation services media and publicity campaign	\$ 32,681
Southeast	All counties in service area	JCW Research and Evaluation	Regional planning and development consulting	\$ 4,000
Southeast	All counties in service area	Drexelbrook	Regional coalition event administration service	\$ 4,410
Southwest	Armstrong, Indiana	Armstrong/Indiana Drug and Alcohol Commission, Incorporated	Tobacco control services in Armstrong and Indiana counties based on need as determined through service area needs assessments	\$ 5,774

**Programs Offered by Region and County**  
**July 1, 2011 – June 30, 2012**

Region	County	Name of Service Provider	Brief Description of Service Providers Role	Contract Amount
Southwest	Beaver	Beaver County Commissioners Drug and Alcohol	Tobacco control services in Beaver county based on need as determined through service area needs assessments	\$ 118,294
Southwest	Butler	Butler County Drug and Alcohol Programs	Tobacco control services in Butler county based on need as determined through service area needs assessments	\$ 123,219
Southwest	Butler, Fayette	Gruen VonBehrens	School activities for Butler and Fayette counties	\$ 4,500
Southwest	Cambria	Alternative Community Resource Program	Tobacco control services in Cambria county based on need as determined through service area needs assessments	\$ 99,223
Southwest	Fayette	Fayette County Drug and Alcohol Commission, Inc.	Tobacco control services in Fayette county based on need as determined through needs assessments	\$ 96,740
Southwest	Greene	Greene County Human Services	Tobacco control services in Greene County based on need as determined through service area needs assessments	\$ 41,895
Southwest	Somerset	Somerset Health Services, Inc.	Tobacco control services in Somerset County based on need as determined through service area assessments	\$ 53,603
Southwest	Washington	Gateway Vision: Comprehensive Prevention Services	School prevention programs for Washington County	\$ 41,630
Southwest	Washington	The Washington Hospital Teen Outreach Academy for Adolescent Health	School cessation programs and support of the anti-tobacco youth group for Washington County	\$ 7,150
Southwest	Washington	The Washington Hospital	Tobacco control services in Washington County based on need as determined through service area assessments	\$ 11,560
Southwest	Washington	Washington County Drug and Alcohol	Prevention of initiation of tobacco use among youth; enforcement checks	\$ 10,000
Southwest	Westmoreland	Westmoreland Drug and Alcohol Commission, Inc.	Tobacco control services in Westmoreland County based on need as determined through service area assessments	\$ 229,991
Southwest	Westmoreland	HPW Associates	Tobacco control services in Westmoreland County based on need as determined through service area assessments	\$ 18,000
Southwest	All counties	CEEVA	Support tobacco control services in the SWPA Region	\$ 32,000

**Programs Offered by Region and County  
July 1, 2011 – June 30, 2012**

<b>Region</b>	<b>County</b>	<b>Name of Service Provider</b>	<b>Brief Description of Service Providers Role</b>	<b>Contract Amount</b>
Southwest	All counties	Giant Eagle	Tobacco control services in Washington County based on need as determined through service area assessments	\$ 6,402
Southwest	All counties	Lindsey Smith	Tobacco control counter marketing services in the SWPA Region	\$ 300

**PENNSYLVANIA 2011  
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM  
PREVALENCE OF ADULT CIGARETTE SMOKING**

Beginning in 2011-12, the BRFSS methodology has changed and the Centers for Disease Control and Prevention has advised that comparisons to prior years cannot be made. To maintain survey coverage and validity, large population health surveys have had to add cellular telephone households to their samples in order to account for the rapid rise in the proportion of U.S. households that have a cellular telephone but no landline telephone. In addition, telephone surveys have had to make adjustments in weighting to account for declining response rates by adopting new methods of weighting to adjust survey data for differences between the demographic characteristics of respondents and the target population. For several years, BRFSS has been planning and testing the addition of cellular telephone households and improvements in its methods of statistical weighting. These new methods were implemented during the fielding of the 2011 BRFSS. Pennsylvania and other states that have been able to show a steady decrease in current smoking prevalence are seeing a higher smoking prevalence in the 2011-12 BRFSS data. Shifts in the estimates for 2011-12 actually reflect better representation of the state population because of improved methods of reaching higher-risk groups. Because of this, no valid conclusions should be made about the effectiveness of public health programs and policies by comparing 2011 BRFSS estimates to those from earlier years.

**Basic Data:**

- Prevalence estimate of current cigarette smokers in 2011: **22%** (CI<sup>16</sup> 21% to 24%).
- Among Pennsylvania adults, approximately 2.1 to 2.4 million were current smokers in 2011.
- Prevalence of current smokers who were trying to quit in 2011: All ages **60%** (CI 57% to 62%).
  - 18-29: **69%** (CI 62% to 75%)
  - 30-44: **62%** (CI 57% to 67%)
  - 45-64: **53%** (CI 49% to 57%)
  - 65+ : **52%** (CI 45% to 59%)
- Among Pennsylvania adults, approximately 2.4 to 2.6 million were former smokers in 2011.
  - **25%** (CI 24% to 26%) of Pa. adults are former cigarette smokers
  - **29%** (CI 27% to 31%) of male adults are former smokers
  - **22%** (CI 20% to 23%) of female adults are former smokers
- Of those who ever smoked 100 cigarettes, **16%** (CI 14% to 18%) stopped smoking in the past year.
  - **15%** (CI 13% to 18%) of non-Hispanic white ever smokers quit in the past year
  - **20%** (CI 11% to 33%) of non-Hispanic black ever smokers quit in the past year
- Prevalence estimate of current use of chewing tobacco, snuff, or snus in 2011: **4%** (CI 4%-5%).
  - **8%** (CI 7% to 9%) of Pa. male adults
  - **1%** (CI 1% to 1%) of Pa. female adults

**Demographics for Current smokers**

**Sex**

- Male: **23%** (CI 22% to 25%)
- Female: **21%** (CI 20% to 23%)

<sup>16</sup> CI identifies the 95% confidence interval for the estimate.

**Race/ethnic origin:**

- White non-Hispanic: **21%** (CI 20% to 23%)
- African-American non-Hispanic: **29%** (CI 25% to 33%)
- Hispanic: **27%** (CI 21% to 34%)

**Education:**

- Less than a HS ed. (age 25+): **35%** (CI 31% to 40%)
- HS grad. (age 25+): **26%** (CI 24% to 27%)
- Some college (age 25+): **23%** (CI 21% to 25%)
- College grad. (age 25+): **9%** (CI 8% to 11%)

**Household Income:**

- Less than \$25,000: **33%** (CI 30% to 35%)
- \$25,000 to \$49,999: **24%** (CI 21% to 26%)
- \$50,000 or more: **15%** (CI 14% to 17%)

**Age:**

- 18-29: **29%** (CI 25% to 32%)
- 30-44: **27%** (CI 24% to 30%)
- 45-64: **24%** (CI 22% to 26%)
- 65 + : **9%** (CI 8% to 10%)

**PENNSYLVANIA 2005, 2007, 2008  
ADULT TOBACCO SURVEY  
INDICATORS FOR ELIMINATING NONSMOKERS EXPOSURE**

Short Term	2005		2007		2008	
	P.E. <sup>1</sup>	95% C.I. <sup>2</sup>	P.E. <sup>1</sup>	95% C.I. <sup>2</sup>	P.E. <sup>1</sup>	95% C.I. <sup>2</sup>
Percent of Pa. adults who think breathing second hand smoke is at least somewhat harmful	<b>92%</b>	90%-93%	<b>94%</b>	92%-95%	<b>92%</b>	91%-93%
Percent of Pa. adults who think breathing second hand smoke causes lung cancer in adults	<b>88%</b>	86%-89%	<b>92%</b>	90%-93%	<b>91%</b>	90%-92%
Percent of Pa. adults who think breathing second hand smoke causes heart disease in adults	<b>82%</b>	80%-84%	<b>85%</b>	83%-86%	<b>86%</b>	84%-88%
Percent of Pa. adults who think breathing second hand smoke causes colon cancer in adults	<b>44%</b>	42%-47%	<b>49%</b>	46%-52%	<b>53%</b>	50%-56%
Percent of Pa. adults who think breathing secondhand smoke causes respiratory problems in children	<b>95%</b>	93%-96%	<b>95%</b>	94%-96%	<b>95%</b>	95%-96%
Percent of Pa. adults who think breathing second hand smoke causes Sudden Infant Death Syndrome	<b>56%</b>	53%-59%	<b>60%</b>	56%-62%	<b>60%</b>	57%-63%
Percent of Pa. adults who think smoking should not be allowed in any indoor work areas	<b>71%</b>	69%-73%	<b>74%</b>	71%-75%	<b>78%</b>	76%-80%
Percent of Pa. adults who think smoking should not be allowed in any dining areas of restaurants	<b>54%</b>	52%-56%	<b>63%</b>	61%-66%	<b>69%</b>	67%-71%
Percent of Pa. adults who think smoking should not be allowed in any indoor shopping malls	<b>68%</b>	66%-70%	<b>75%</b>	74%-77%	<b>80%</b>	78%-81%
Percent of Pa. adults who have been in a car where someone was smoking in past seven days	<b>24%</b>	23%-26%	<b>24%</b>	22%-26%	<b>20%</b>	18%-22%
Percent of indoor workers who work in a place where smoking is not permitted anywhere inside	<b>77%</b>	74%-80%	<b>78%</b>	75%-81%	<b>86%</b>	84%-88%
<b>Intermediate Term</b>						
Percent of indoor workers who work in an area where someone has smoked in past seven days	<b>16%</b>	14%-19%	<b>12%</b>	10%-14%	<b>8%</b>	6%-10%
<b>Long Term</b>						
Percent of Pa. adults who live with at least one smoker and smoking is not allowed inside home	<b>38%</b>	33%-43%	<b>47%</b>	42%-53%	<b>56%</b>	51%-62%

Notes: Statistical significance is defined as non-overlapping 95 percent confidence intervals. 2005 PA ATS was conducted in January through June of 2005. 2007 PA ATS was conducted in October 2007 through May 2008. 2008 PA ATS was conducted in October 2008 through June 2009. P.E. is prevalence estimate. C.I. is the 95 percent confidence interval. Source: Bureau of Health Statistics and Research; July 2010.



Indicates that differences between 2007 and 2008 survey results are statistically significant.



Indicates that differences between 2005 and 2007 survey results are statistically significant.



Indicates that differences between both two-year comparisons of survey results are statistically significant.

## Synar Survey Summary Report

**In 2010, Pennsylvania's illegal sales rate (6.1%) was well below the 2010 national average of 9.3% percent and ranked 17<sup>th</sup> in the lowest percent of illegal sales in the nation in 2010.**

Year	Federal Target Rate	Pa. Synar Survey Results
1996	baseline	50.2%
1997	42%	29.5% (CDC funding only – could not use funds for enforcement – retailer education only)
1998	31%	30% (no enforcement; retailer education only)
1999	30%	41%
2000	29%	26.7%
2001	25%	27.9%
<b>2002</b>	<b>20%</b>	<b>14.5% (MSA funding contracts and on-going enforcement established)</b>
2003	20%	10.8%
2004	20%	7%
2005	20%	8.1%
2006	20%	7%
2007	20%	7%
2008	20%	5%
2009	20%	5.5%
2010	20%	6.1%
2011	20%	9.6%

**Tobacco Use Prevention and Cessation  
Advisory Committee as of June 30, 2012**

**Chair:** Dr. Eli N. Avila, MD, JD, MPH, FCLM  
Secretary

**Members:** Donald S. Burke, MD, Dean  
Graduate School of Public Health  
University of Pittsburgh

Sharon Czabafy, MSS, LSW, CAC, NCTAS  
Ephrata Community Hospital Wellness Center

Michele Denk, Executive Director  
PA Association of County Drug & Alcohol Administrators

Lisette Lahoz, Program Director  
Neighborhood Health Centers of the Lehigh Valley

Frank T. Leone, MD, MS, FCCP  
Assistant Professor of Medicine  
Director, Center for Tobacco Research and Treatment  
Jefferson Medical College

Eugene Mochan, DO, PhD, FACOFP  
Professor of Family Medicine  
Philadelphia College of Osteopathic Medicine

Garry L. Pincock  
Chief Executive Officer  
American Cancer Society  
Pennsylvania Division, Inc.

**Acknowledgement**

The Annual Report of the Pennsylvania Tobacco Use Prevention and Cessation Program is submitted annually to the chair and minority chair of the Public Health and Welfare Committee of the Senate and the chair and minority chair of the Health and Human Services Committee of the House of Representatives. The Annual Report describes the activities of the Department of Health to implement Chapter 7 of Act 2001-77, the Tobacco Settlement Act, and is available on the Department of Health's publicly accessible website.