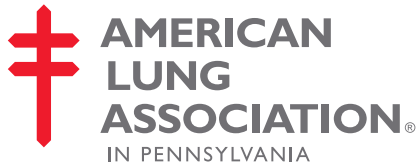


Pennsylvania Tobacco Prevention and Control Program | 2018-2022



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Foreword

This strategic plan for Pennsylvania’s Tobacco Prevention and Control Program 2018–2022 represents a coordinated effort between the Pennsylvania Department of Health (PA DOH), key partners and other stakeholders in tobacco prevention and control in Pennsylvania. The strategic plan for tobacco prevention and control is reflective of a statewide assessment of current trends and activities, as well as defining new and emerging public health priorities. In addition, the strategic plan defines a roadmap for the next five years to significantly decrease tobacco-related morbidity, mortality, and related economic costs in Pennsylvania. By collaborating with our partners to enact this plan, resources can be leveraged to raise awareness, provide comprehensive programs, and improve health equity.



The strategic plan identifies strategies to address these five goals:

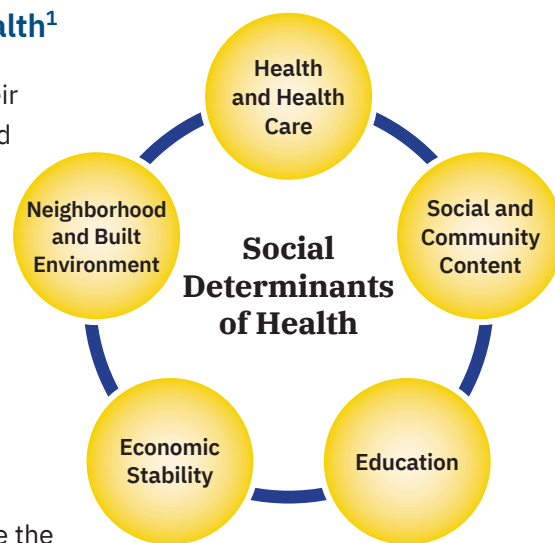
- **PREVENT** initiation of all tobacco product use among youth and young adults;
- **PROMOTE** cessation efforts among adults and youth to address all tobacco product use;
- **ELIMINATE** exposure to secondhand smoke;
- **IDENTIFY AND ELIMINATE** all tobacco product disparities; and
- **ENHANCE** Pennsylvania’s role as a nationally recognized leader in tobacco control programs and policies.

This plan will serve as the framework to inform program goals and activities throughout the Commonwealth. The shared goals and initiatives will foster a comprehensive tobacco control program from which all organizations with vested interest can benefit. Dynamic and coordinated program planning and implementation ensures sustained and positive action.

Best Practices

Making the Case for Health Equity in Public Health¹

Health equity is the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance. Health equity can be achieved in tobacco prevention and control by eliminating differences in tobacco use and exposure to secondhand smoke between certain groups. Well-enforced and comprehensive tobacco control policies (i.e., those not including exceptions or unclear language leaving some population groups unprotected) can reduce these disparities. Unlike traditional direct-service interventions focusing on individual behaviors, tobacco control policies focus on large-scale, population-level changes. They have the potential to influence and change social norms related to tobacco initiation, use, and secondhand smoke exposure.



Source: Healthy People 2020

Comprehensive tobacco control policies help achieve health equity by reducing disparities among groups most affected by tobacco use and secondhand smoke exposure. Multiple, coordinated efforts can reduce tobacco related disparities among groups with the highest rates of use and secondhand smoke exposure. These efforts can include implementing comprehensive smokefree laws, increasing tobacco product prices, reducing targeted tobacco industry advertising, and offering comprehensive cessation services (i.e., including all seven FDA-approved cessation medications along with individual, group, and telephone counseling). Comprehensive policies can reduce smoking initiation, tobacco use, and exposure to secondhand smoke.

Addressing the Factors that Influence Tobacco-Related Disparities²

Tobacco-related disparities are created and affected by a complex mix of factors, including social determinants of health, which include: the conditions in which people are born, grow, live, work and age; tobacco industry influence; a changing U.S. population; and a lack of comprehensive tobacco control policies. Differences in health achievement do not have a single or simple solution. Comprehensive, well-enforced policies help address these factors by changing social norms about tobacco use, increasing protections against exposure to secondhand smoke, and improving access to cessation resources among populations facing the greatest burden of tobacco use and exposure.



Creating a Return on Investment³

Tobacco control policies are a cost-effective way to reduce the health care costs of tobacco use and secondhand smoke exposure. Tobacco control programs can increase their return on investment when populations experiencing tobacco-related disparities are protected by comprehensive policies. Because populations experiencing health disparities make up a significant portion of healthcare costs, policies focused on protecting these groups have the potential to significantly reduce overall health care costs.

Building Support for Tobacco Control Among Diverse Parts of the Community⁴

Policies are interventions which can provide broad community support. Participation from a variety of stakeholders creates a powerful force that can work to eliminate tobacco-related disparities and achieve health equity. For example, coalition efforts can increase awareness of social and cultural differences, challenges facing specific populations, the harms of tobacco use, and the importance of comprehensive tobacco control programs. When developing, implementing, and enforcing tobacco control policies, coalitions can create the sustainable partnerships needed to reduce tobacco use and secondhand smoke exposure in these communities.

Issues



Tobacco Control in Pennsylvania *Policy Priorities*

More than 50 years have passed since the 1964 Surgeon General's report⁵ on Smoking and Health, but tobacco use remains the leading cause of preventable death and disease nationwide, accounting for more deaths than alcohol, AIDS, vehicle fatalities, illegal drugs, murders, and suicides combined.⁶ In Pennsylvania, 18 percent of adults (PA BRFSS, 2016) and 13 percent of high school students are current smokers (YRBS, 2015), representing a combined 1.9 million current smokers.⁷

Cigarette smoking causes 22,000 deaths each year in Pennsylvania.⁸ In addition to these fatalities, smoking leads to increased rates of heart disease, stroke, and emphysema, and lifelong health impacts stemming from smoking-related preterm deliveries, stillbirths, and low birth weights.⁹ Exposure to secondhand smoke also poses serious health threats,

including heart disease, lung cancer, and stroke among adults; and asthma attacks, bronchitis and pneumonia, and sudden infant death syndrome (SIDS) among children.¹⁰ In fact, the Centers for Disease Control and Prevention (CDC) agrees that there is no safe level of exposure to secondhand smoke.¹¹ In Pennsylvania, non-smokers continue to be exposed to life-threatening secondhand smoke at thousands of public spaces across the Commonwealth, such as bars, restaurants and parks. The risks of secondhand smoke are particularly acute for children living with smokers.

Tobacco also has a significant negative impact on Pennsylvania's economy. Annually, cigarette smoking costs Pennsylvania more than \$14 billion in healthcare expenses and lost productivity.¹² While these costs are shared across various stakeholders, they impact all Pennsylvanians; smoking-related government expenditures increase the state and federal tax burden by an average of \$1,023 per household.¹³

Successful implementation of the Strategic Plan for a Comprehensive Tobacco Control Program in Pennsylvania (2018–2022) provides the framework to help protect Pennsylvania's youth from the adverse health impacts of tobacco. This is a critical component of tobacco control, reducing non-smokers' exposure to secondhand smoke, and better assisting current smokers to successfully quit using tobacco. The costs of tobacco use are high in life lost, quality of life, and in cash. Annual health care costs directly caused by smoking in Pennsylvania alone amount to \$6.38 billion.¹⁴

Working with decision makers and elected officials is critical to protecting Pennsylvanians from the harmful impacts of tobacco use. Comprehensive and evidence-based programs and practices will be considered when working with decision makers to address the following public policies:

- **Comprehensive Clean Indoor Air Legislation**

Remove exemptions from the Pennsylvania Clean Indoor Air Act (CIAA), extending full protection from the effects of secondhand smoke to all Pennsylvania workers. Remove preemption from CIAA, enabling any locality to adopt and enforce indoor air regulations that set higher standards than the existing state law to include electronic nicotine delivery systems (ENDS).

- **E-cigarettes and Other Tobacco Products**

Recognize the potential health risks of electronic and other tobacco products and focus on tobacco-free and nicotine-free policies and regulations rather than solely smokefree policies and regulations.

- **Insurance Coverage for Tobacco Cessation**

Adopt legislative or regulatory standards for comprehensive smoking cessation treatment coverage by insurance companies and Medicaid programs in Pennsylvania.

- **Master Settlement Agreement (MSA) with the Tobacco Industry**

Allocate funding for comprehensive tobacco control at the levels recommended by the CDC to meet the needs of Pennsylvanians (\$140 million annually). In exchange, the companies agreed to curtail or cease certain tobacco marketing practices, as well as to pay, in perpetuity, various annual payments to the states to compensate them for some of the medical costs of caring for persons with smoking-related illnesses. The industry agreed to pay a minimum of \$206 billion over the first 25 years of the agreement.

In 1998, Pennsylvania and 45 other states entered an MSA with the tobacco industry. The MSA was estimated at \$206 billion dollars nationwide. Pennsylvania was allotted an estimated \$11 billion dollars to be disbursed in perpetuity from 2000 to 2025. Between July 2016 and June 2017, Pennsylvania will receive approximately \$354 million in MSA funding.

Tobacco cessation and prevention funding for FY 17 comprises \$13.7 million from the MSA and \$3.07 million in federal funding, for a total of \$16.77 million. This represents just under 12 percent of the CDC-recommended spending level of \$140 million.

- **Raise the Legal Age of Sale for Tobacco Products in Pennsylvania to 21**

Increase the minimum legal age of sale (MLA) to 21 to significantly reduce youth tobacco use and to prevent related disease and premature death among younger generations.

- **Tax Non-Cigarette Tobacco Products at 40 Percent Wholesale**

Create tax parity, with cigarettes, on all other tobacco products, including cigars, (using percentage of wholesale price) to prevent youth from initiating or switching use due to an uneven tax regime. We applaud the legislature's decision in 2017 to increase cigarette taxes and to join the rest of the country by implementing a first-time tax on other tobacco products, such as smokeless and roll-your-own tobacco. This new tax will prevent thousands of young Pennsylvanians from becoming addicted to tobacco, and will save our state millions of dollars in averted health care expenditures and lost productivity. However, Pennsylvania missed an opportunity to fully protect residents from the health harms of tobacco by introducing the tax as a weight-based tax on smokeless and roll-your-own tobacco, and by not taxing cigars. Pennsylvania remains one of only two states that do not tax cigars.



Goals, Strategies and Action Steps



Prevent initiation of tobacco use among youth and young adults

Strategy: Reduce youth availability and access to tobacco products and electronic nicotine delivery devices (ENDS), such as e-cigarettes, e-hookah, chewing tobacco, snuff, and snus

As evidenced by: Reduce the Pennsylvania Synar rate to less than 5% by 2022.

Implementation of at least two recommended/model statewide tobacco control policies (e.g., comprehensive CIIA, increased minimum purchase age to 21, increased tobacco tax).

ACTION STEPS

1. Raise the minimum age to purchase tobacco products in Pennsylvania to 21.
2. Continue to monitor and enforce current youth access laws (e.g., Act 112, FDA compliance checks).
3. Create tax parity, with cigarettes, on all other tobacco products, including cigars, using percentage of wholesale price to prevent youth from initiating or switching use due to an uneven tax regime.
4. Provide updated merchant education materials to include use of tobacco and all other tobacco products.
5. Implement and enforce point-of-sale restrictions in targeted communities.
6. Continue to collect data on sales to minors and enforcement of compliance checks.
7. Strengthen clean indoor air laws by closing protection gaps.
8. Expand current partnerships to include outreach to groups such as: PTO's, PTA's, Athletic Booster Clubs, and Health Centers to educate and inform policymakers of the importance of proven tobacco policies.

Strategy: Reduce demand for all tobacco products and ENDS among youth and young adults

As evidenced by: Decrease the prevalence of cigarette smoking among young adults (18–29) from 18% (2015) to 14% by 2022 (BRFSS). Decrease the percent of high school students who smoked cigarettes on one or more of the last 30 days from 12.9% (2015) to 9% by 2022 (YRBS). Decrease the percent of high school students who ever used e-cigarettes, e-cigars, or other electronic vaping products from 40.8% (2015) to 25% (2022) (YRBS).

ACTION STEPS

1. Support pricing policies that discourage use of all tobacco products use through community and youth engagement and to include youth empowerment opportunities (e.g., legislative visits, community mobilization, school-based health centers, PTO/PTA, booster clubs).
2. Create tax equity between cigarettes and all other tobacco products using a percent of wholesale tax structure.
3. Continue youth-focused surveillance (e.g., YTS, YRBS).

Strategy: Reduce tobacco industry influence on youth and young adults

As evidenced by: Increase the percent of high school students who never smoked even a puff or two from 65.1% (2015) to 75% by 2022 (YRBS).

ACTION STEPS

1. Identify ways to reach youth and young adults with positive messages, informed by youth themselves.
2. Educate youth on tobacco industry influences and practices (e.g., targeting).
3. Expand current partnerships to include outreach to groups such as: PTO's, PTA's, booster clubs, and Health Centers to educate and inform policy makers of the importance of proven tobacco policies.
4. Identify tobacco industry strategies to formulate effective program/advocacy messaging (e.g., counter-marketing using paid and earned media).
5. Develop and implement a statewide youth-empowerment program that utilizes social media and peer-to-peer education through TRU.
6. Implement and enforce a point-of-sale (POS) policy that restricts sale of all tobacco products near schools.

Strategy: Assist schools, communities and organizations to implement evidence-based programming and policies

As evidenced by: Increase the percent of schools that prohibit all tobacco use at all times in all locations from 60.4% (2014) to 75% by 2022 (CDC School Profile).

ACTION STEPS

1. Support and provide technical assistance for tobacco-free and all other tobacco products free environments for all youth and young adults (e.g., 100% tobacco-free schools, Young Lungs at Play, home policies, worksite policies).
2. Update current 100% tobacco-free school policies to include all other tobacco products. Continue to educate state-level school stakeholders, organizations, and local school administrators and policy makers about the importance of 100% tobacco-free school policies.
3. Provide resources to stakeholders about selecting and implementing evidenced-based prevention programs.





Promote cessation efforts among adults and youth to address use of all tobacco products

Strategy: Increase access to comprehensive tobacco-cessation programs for adults and youth

The U.S. Public Health Service’s Treating Tobacco Use and Dependence Clinical Practice Guideline recommends seven medications and three types of counseling that are scientifically proven to be effective in helping smokers quit. The Guideline, updated in 2008, is a review of decades of research on tobacco cessation, and is widely regarded as the definitive report on effective methods for treating tobacco users.

As evidenced by: Increase the percent of adult smokers who quit smoking at least one day in the past year from 53% (2015) to 70% by 2022 (BRFSS).

ACTION STEPS

1. Promote and market the PA Quitline (1-800-QUIT-NOW), PA QuitLogixPA, and [Free Quitline](#) online.
2. Continue to provide and promote local and statewide cessation programs with Nicotine replacement therapy (NRT)/pharmacotherapy, as appropriate (including the PA Free Quitline).
3. Collaborate with partners to educate current administration and policy makers about the importance and benefits of funding tobacco cessation programs.
4. Integrate current cessation aids/resources and assisted referrals (e.g., text to quit, websites, online quit coach, electronic medical record (EMR)-assisted reminders) into cessation programming.
5. Track quit success and NRT/pharmacological distribution among participants in cessation/tobacco treatment programs.
6. Enhance efforts to educate current partners within Pennsylvania to include: Medicaid, Medicare, PA Insurance Commission, and behavioral and mental health partnerships.

Strategy: Increase the proportion of healthcare providers who routinely advise patients about cessation services and provide follow-up

As evidenced by: Increase the percent of current smokers who were advised to quit smoking by doctor, nurse or other health professional four or more times in the past year from 28% (2015) to 40% by 2022 (BRFSS).

ACTION STEPS

1. Provide cessation resource materials to physicians including: listing of local and regional service providers, Quitline and Quitlogix and Centers for Disease Control resources.
2. Educate healthcare providers on referral and education of patients (e.g., “Ask. Advise. Refer,” AAR and other brief interventions).
3. Provide opportunities to work with healthcare providers (e.g., PA QuitLogix, NRT initiatives).
4. Increase the number of healthcare providers and institutions that adopt U.S. Public Health Service’s Treating Tobacco Use and Dependence Clinical Practice Guideline.
5. Develop cessation education component in coordination with Annual Medical Education (AME) opportunities and similar continuing education requirements.

Strategy: Promote comprehensive smoking/tobacco cessation coverage for all citizens

As evidenced by: Increase the grade on tobacco prevention and cessation funding coverage from the 2017 grade of an F to an A by 2022 in the American Lung Association’s State of Tobacco Control Report.

ACTION STEPS

1. Secure support for comprehensive cessation coverage for private/public insurance and Medicaid.
2. Monitor and address barriers to cessation access.
3. Collaborate with private insurers and Medicaid providers to ensure comprehensive smoking cessation is included on all policies, not a mere option.





Eliminate exposure to secondhand smoke

Strategy: Strengthen and enforce policies that protect citizens from exposure to secondhand and third-hand smoke

As evidenced by: Decrease the number of application-based Clean Indoor Air Act (CIAA) exemptions from 2,323 (Dec. 2016) to zero by 2022 (PA DOH).

ACTION STEPS

1. Reduce exposure to secondhand smoke by strengthening current clean indoor air law.
2. Promote and support organizational, community and statewide comprehensive tobacco-free policies that include all other tobacco products for preventing exposure to secondhand smoke (e.g., tobacco-free housing, smoke-free homes, work site initiatives).
3. Create support for comprehensive tobacco-free policies (which includes all other tobacco products) by educating healthcare providers, policy makers, general public, etc., about the health and economic benefits of tobacco-free environments.
4. Evaluate the effectiveness and reach of tobacco-free policies and current protection coverage and gaps.
5. Secure funding for enforcement efforts.
6. Provide adequate resources/tools to promote tobacco-free environments (e.g., communications materials, signage).
7. Monitor enforcement efforts and identify and address gaps in enforcement.



Identify and eliminate tobacco and all other tobacco products disparities

Strategy: Incorporate efforts to achieve health equity in all areas of a comprehensive tobacco control program

As evidenced by: Elimination of negative significant differences in smoking prevalence across racial, ethnic, sexual orientation, education, and urban/rural groups by 2022 (BRFSS).

ACTION STEPS

1. Use evaluation and surveillance data to identify disparities and knowledge gaps so that tailored messages, programs, and collaborative partnerships can be developed to address those disparities (e.g., demographic and geographic disparities) including:
 - (a) People with chronic disease (e.g., diabetes, asthma)
 - (b) Rural/urban populations
 - (c) Low socioeconomic status (SES) (i.e., insurance status, education)
 - (d) Age-based targets (youth, seniors, etc.)
 - (e) Racial and ethnic (Latino, African-American, e.g.) minorities
 - (f) Lesbian, gay, bisexual, transgender, questioning community
2. Educate markets targeted by the tobacco industry about deceptive advertising to decrease the cultural acceptability of tobacco use.





Enhance Pennsylvania’s role as a nationally recognized leader in tobacco control programs and policies

Strategy: Increase the use of data to make real-time improvements in programming

As evidenced by: Carry out coordinated program planning and goal-setting across statewide, regional, and strategic plans (work plans, evaluation plan, etc.). Hold a minimum of three coalition-based discussions between 2018 and 2022 to modify and inform strategic plan approaches, as well as check in on progress.

ACTION STEPS

1. Maintain surveillance data collection and sharing (key outcome indicator reports).
2. Review and recommend changes to program approaches at least annually.
3. Coordinate evaluation plan with strategic and sustainability plans.
4. Increase use of program-level data to inform program decision making.

Strategy: Increase public availability of program and field information

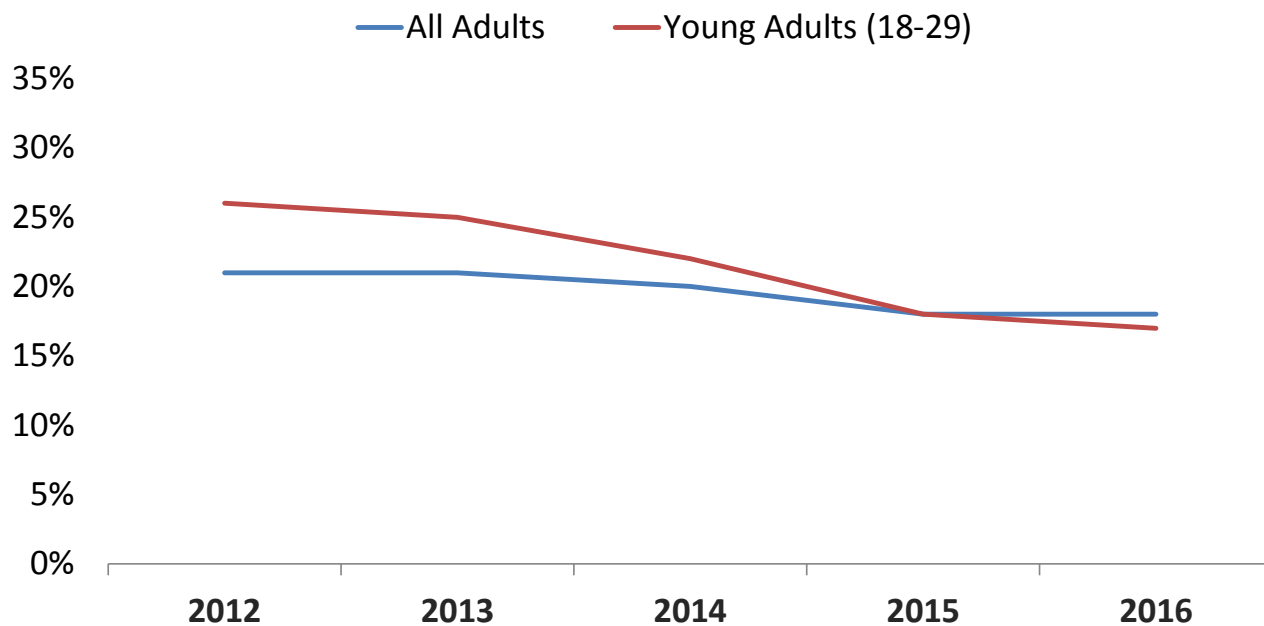
As evidenced by: Maintain Department of Health tobacco pages and PACT website with resource tool updates at least semi-annually.

ACTION STEPS

1. Coordinate data sharing, release and planning with partners.
2. Publicize outcomes to community stakeholders (including media).
3. Publish findings from program evaluations, research studies and surveys.
4. Improve resources and web-based resource housing.
5. Educate policymakers on program outcomes and direction.

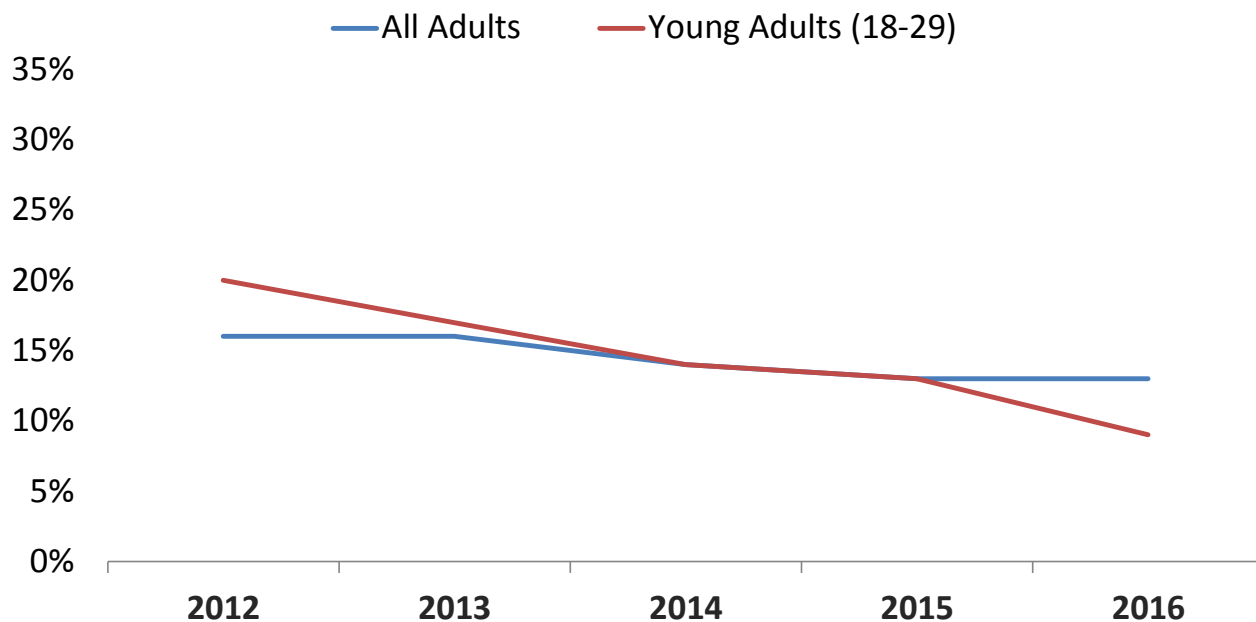
Appendix—Charts

Current Adult Smokers, Pennsylvania



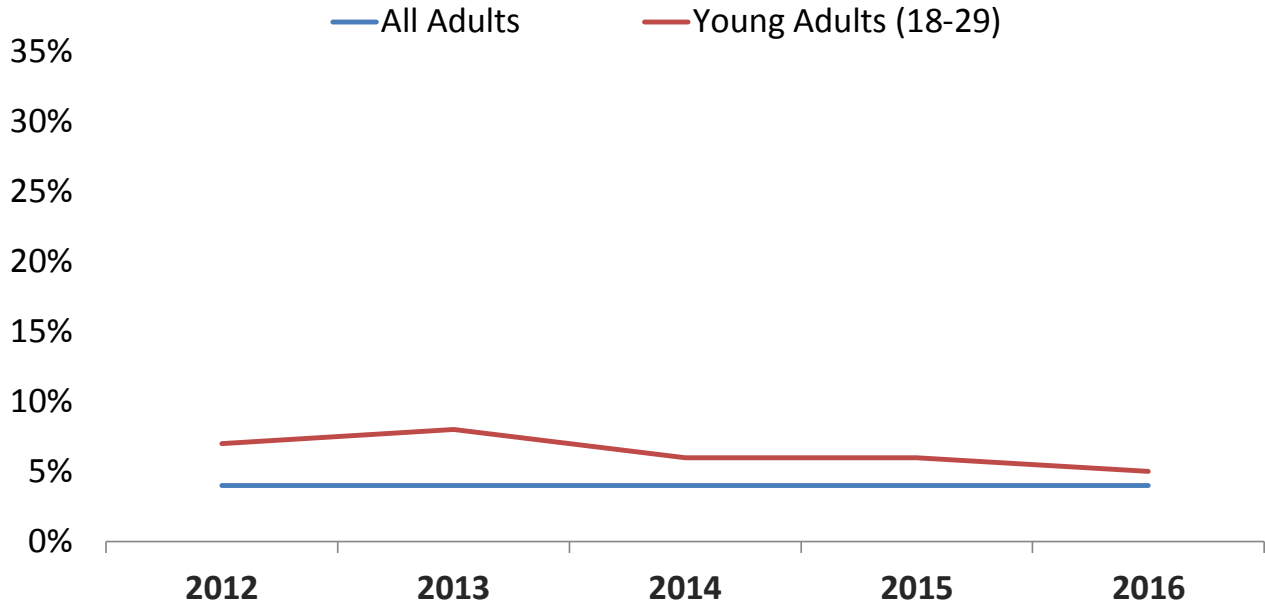
Source: PA DOH, EDDIE BRFSS data

Everyday Adult Smokers, Pennsylvania



Source: PA DOH, EDDIE BRFSS data

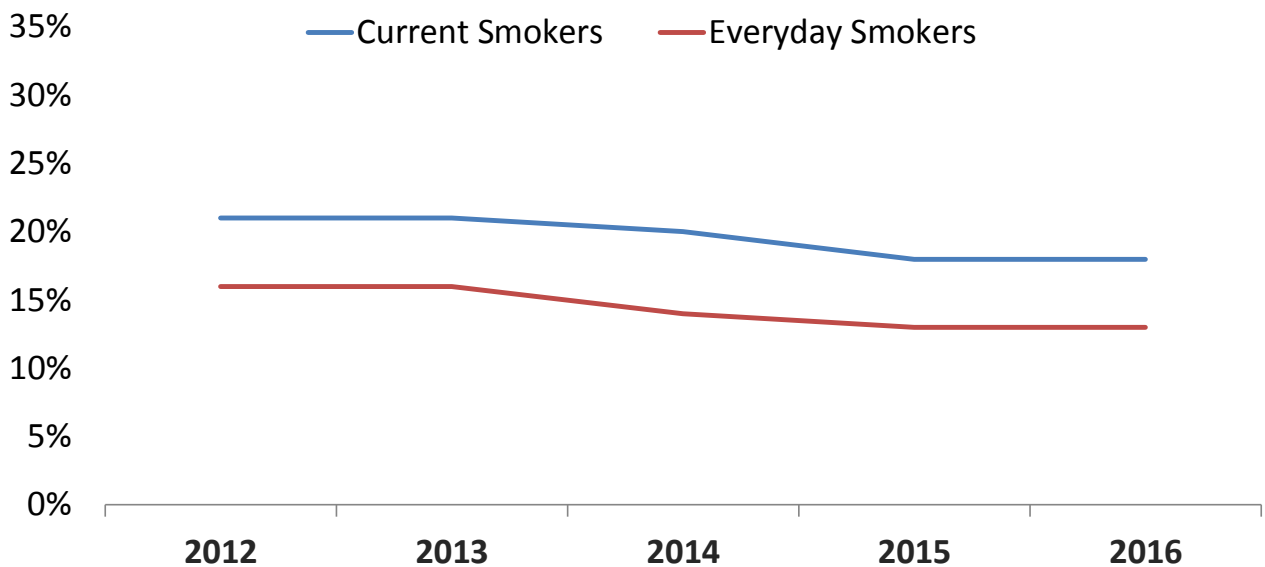
Current Adult Smokeless* Tobacco Users, PA



*Includes chewing tobacco, snuff or snus

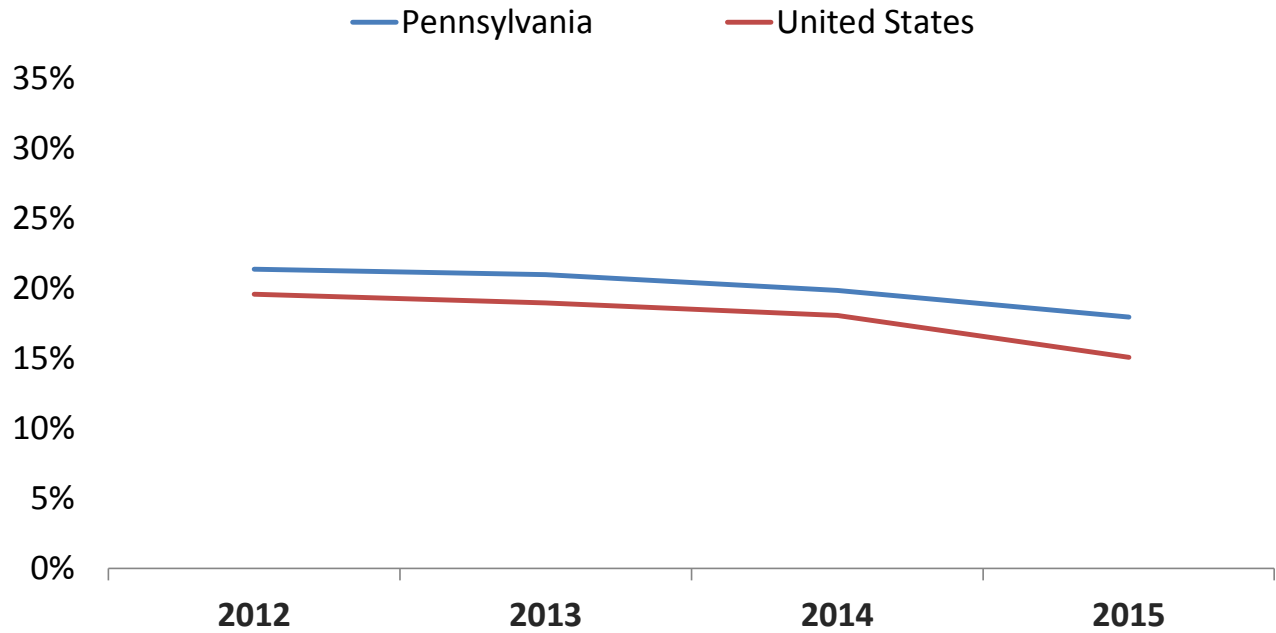
Source: PA DOH, EDDIE BRFSS data

Current and Everyday Adult Smokers, Pennsylvania



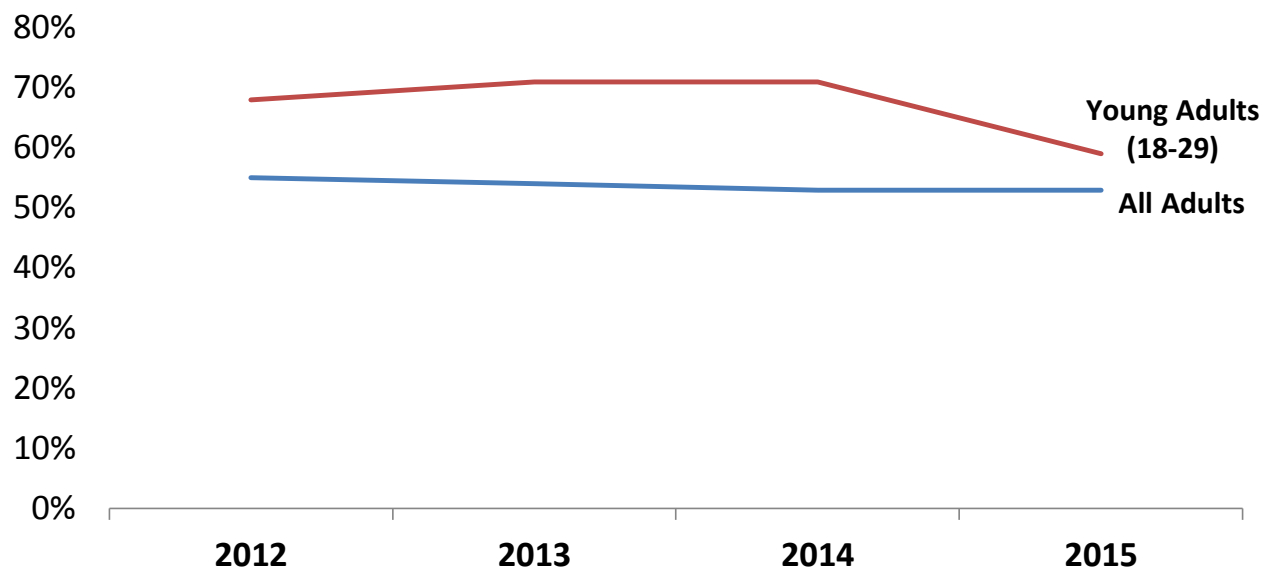
Source: PA DOH, EDDIE BRFSS data

Current Adult Smokers, PA and National



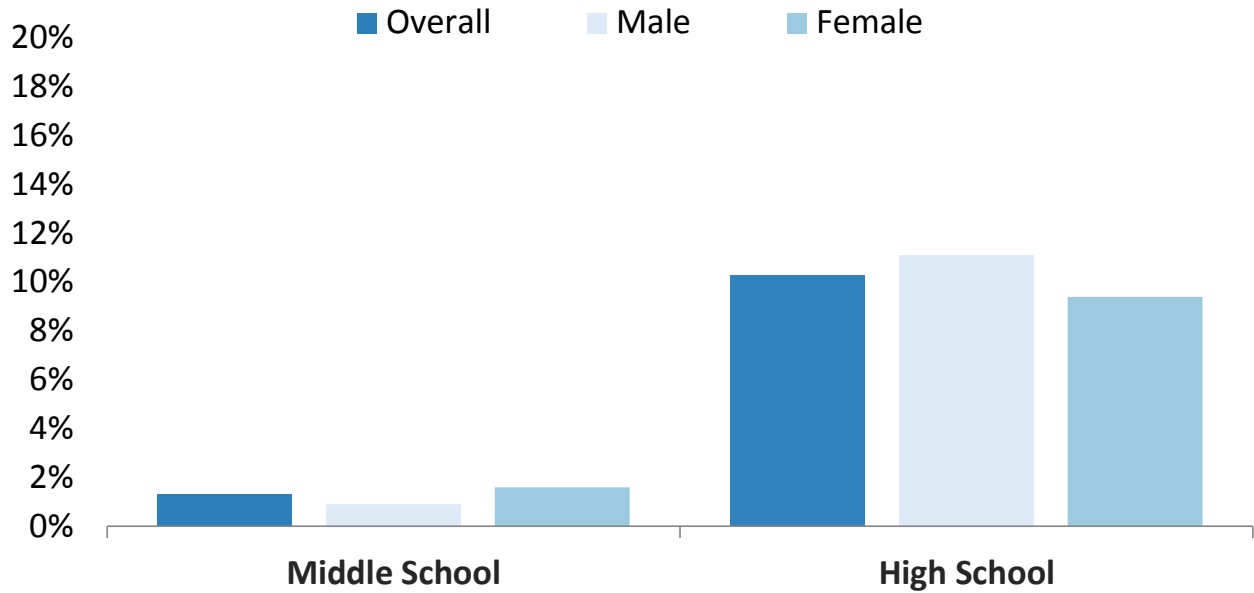
Sources: CDC BRFSS; PA DOH BRFSS; NHIS

Adults who quit smoking at least 1 day in the past year (out of adults who smoke every day)



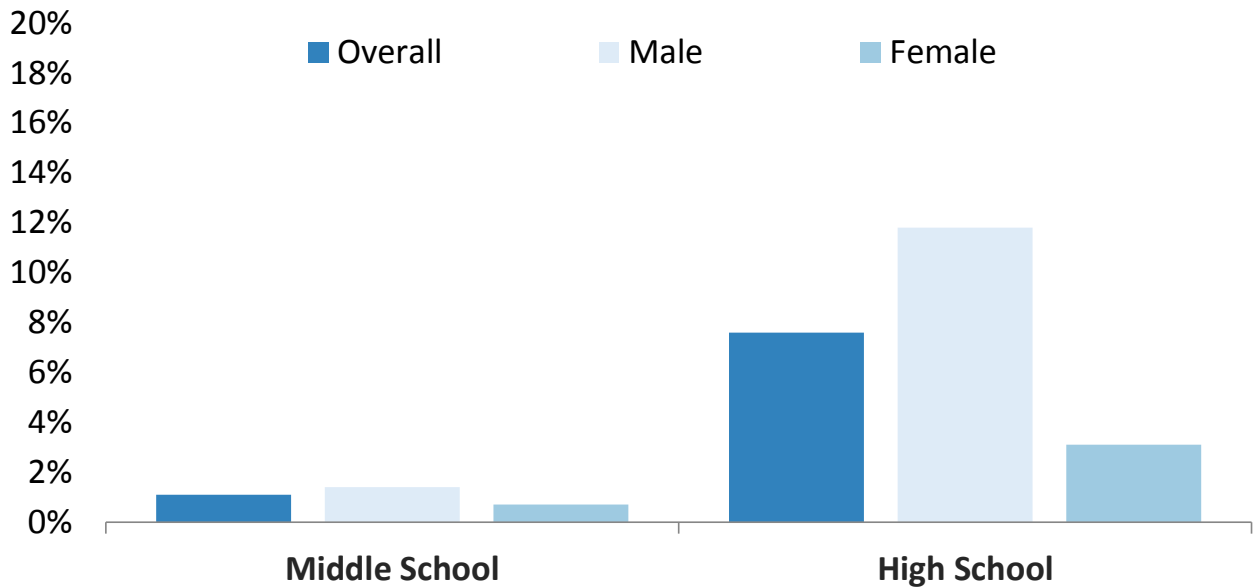
Source: PA DOH, EDDIE BRFSS data

Current PA Youth Cigarette Use, 2015



Source: YTS, CDC STATE

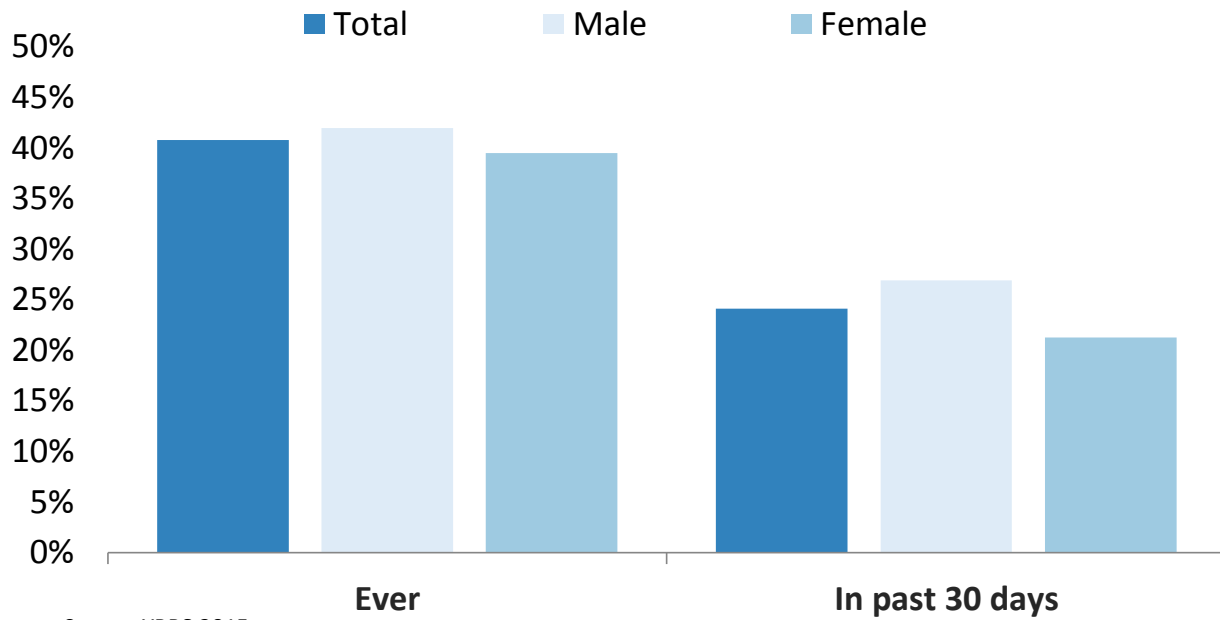
Current PA Youth Smokeless* Tobacco Use, 2015



*Includes chewing tobacco, snuff, or dip

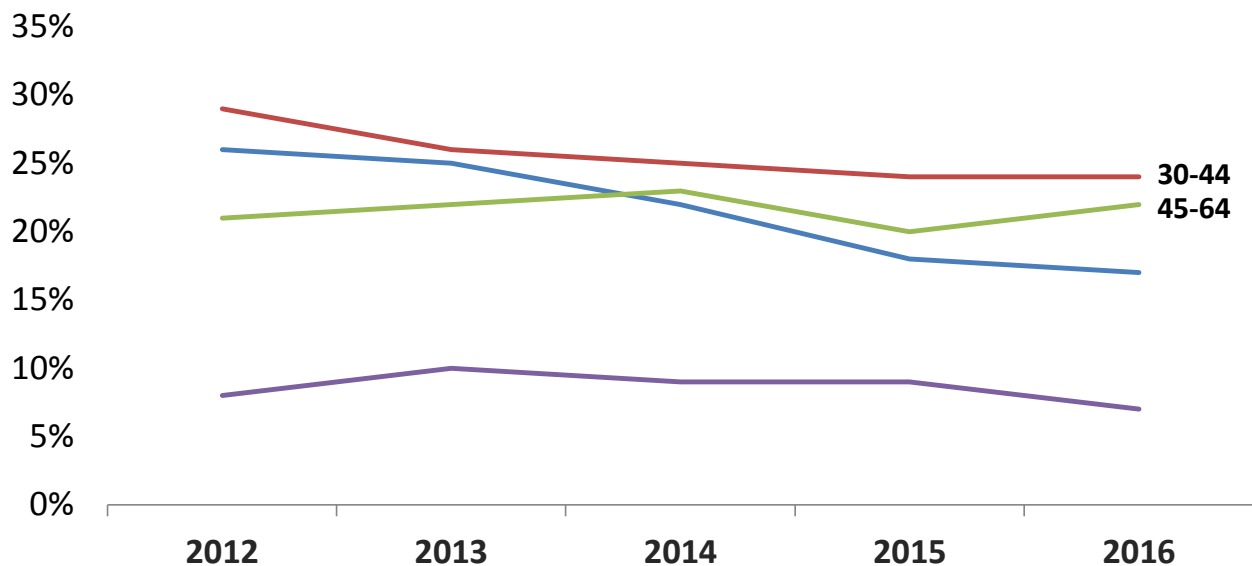
Source: YTS, CDC STATE

PA HS students who have used e-cigarettes, e-cigars or other electronic vaping products



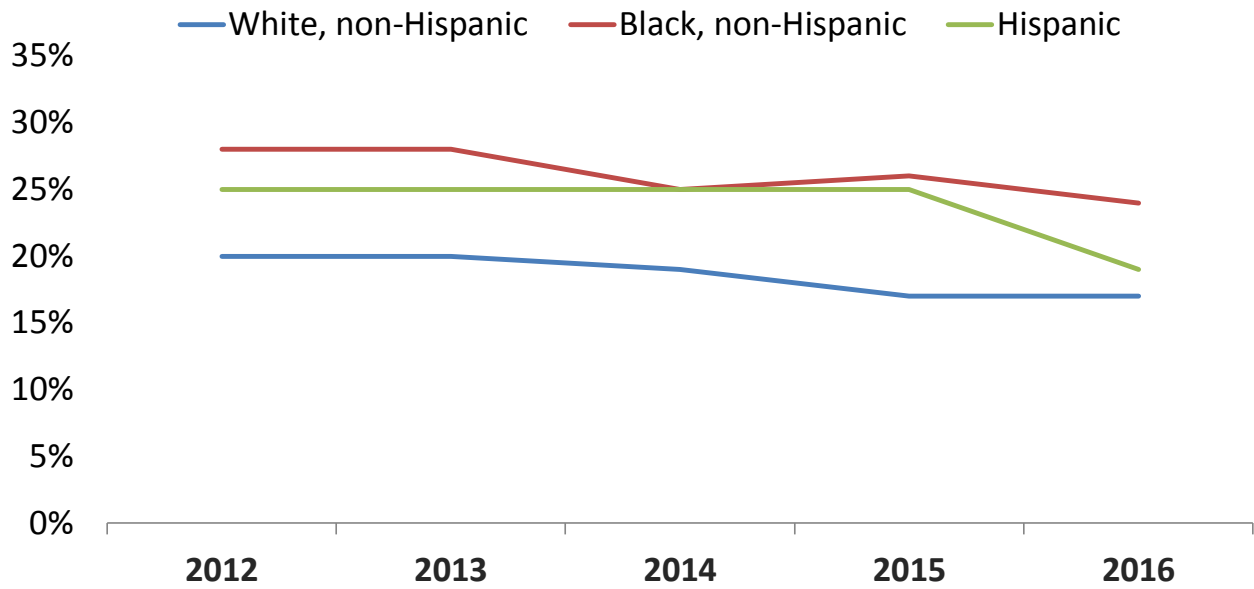
Source: YRBS 2015
 *Not for distribution

Current Smokers by Age, Pennsylvania



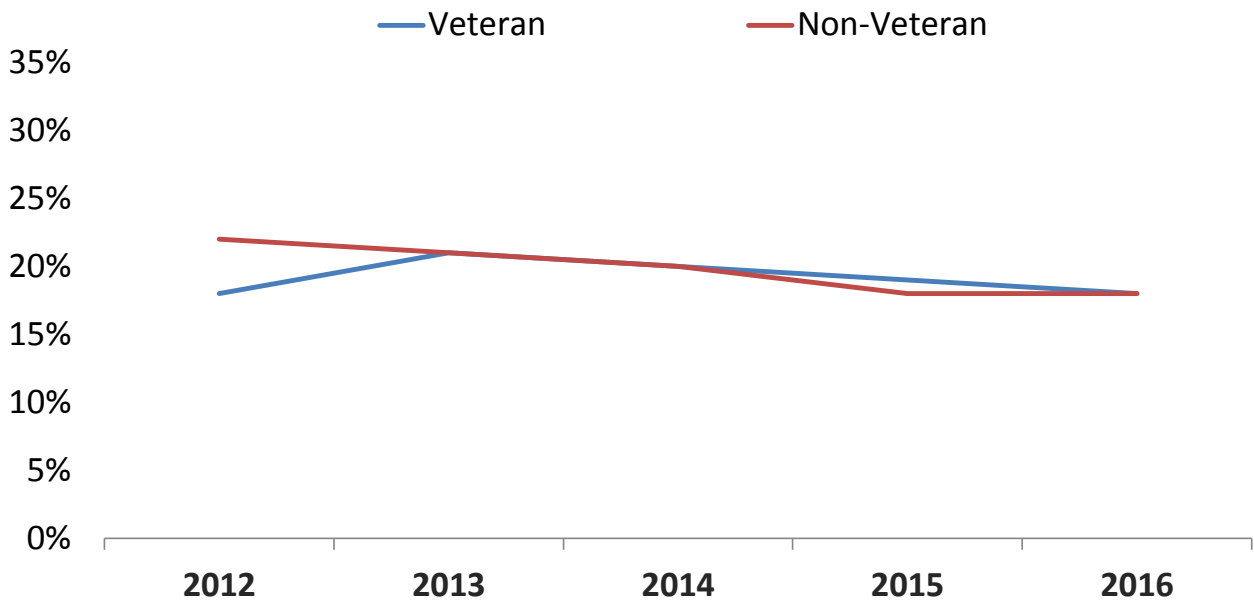
Source: PA DOH, EDDIE BRFSS data

Current Smokers by Race/Ethnicity, Pennsylvania



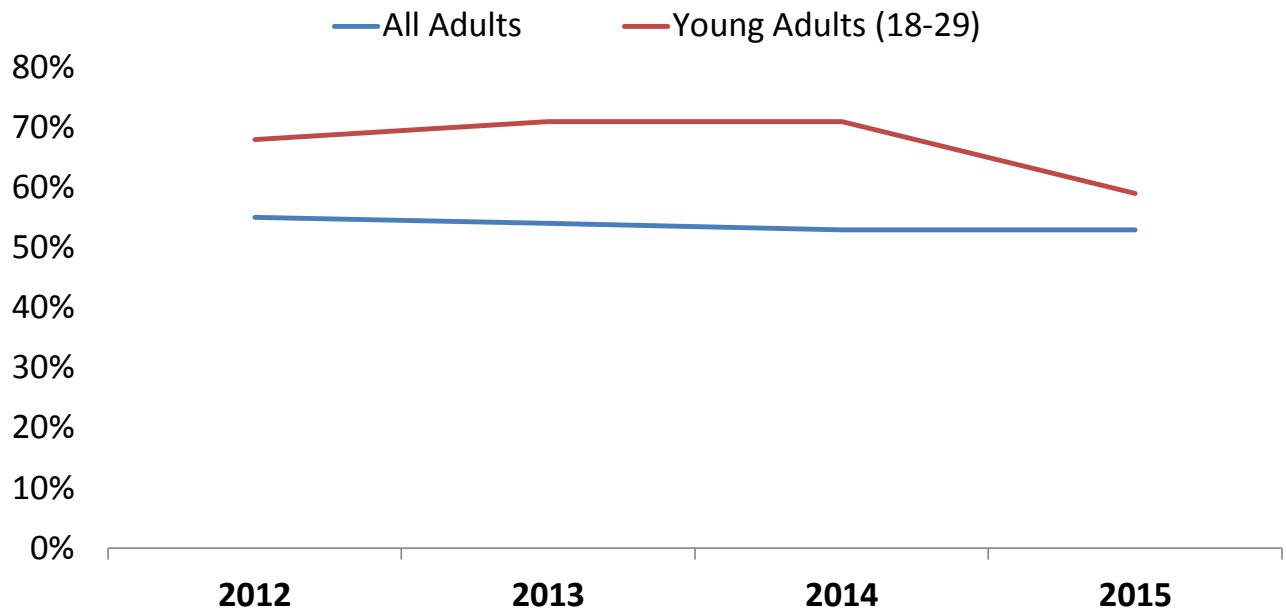
Source: PA DOH, EDDIE BRFSS data

Current Smokers by Veteran Status, Pennsylvania



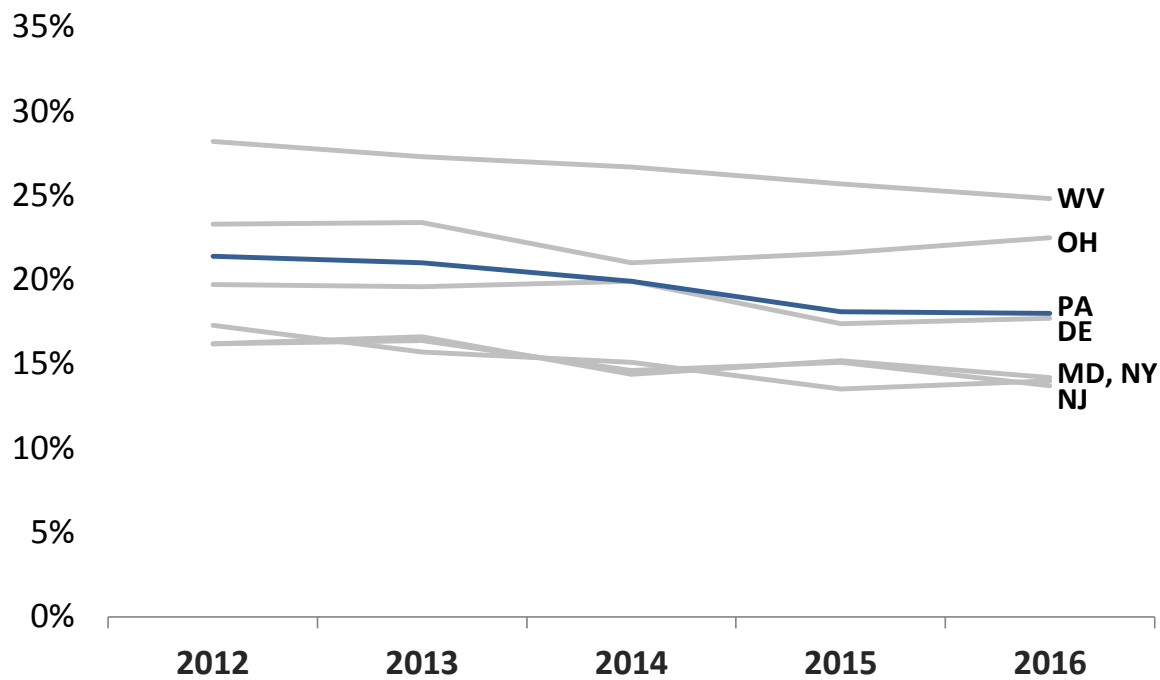
Source: PA DOH, EDDIE BRFSS data

Adults who quit smoking at least 1 day in the past year (out of adults who smoke every day)



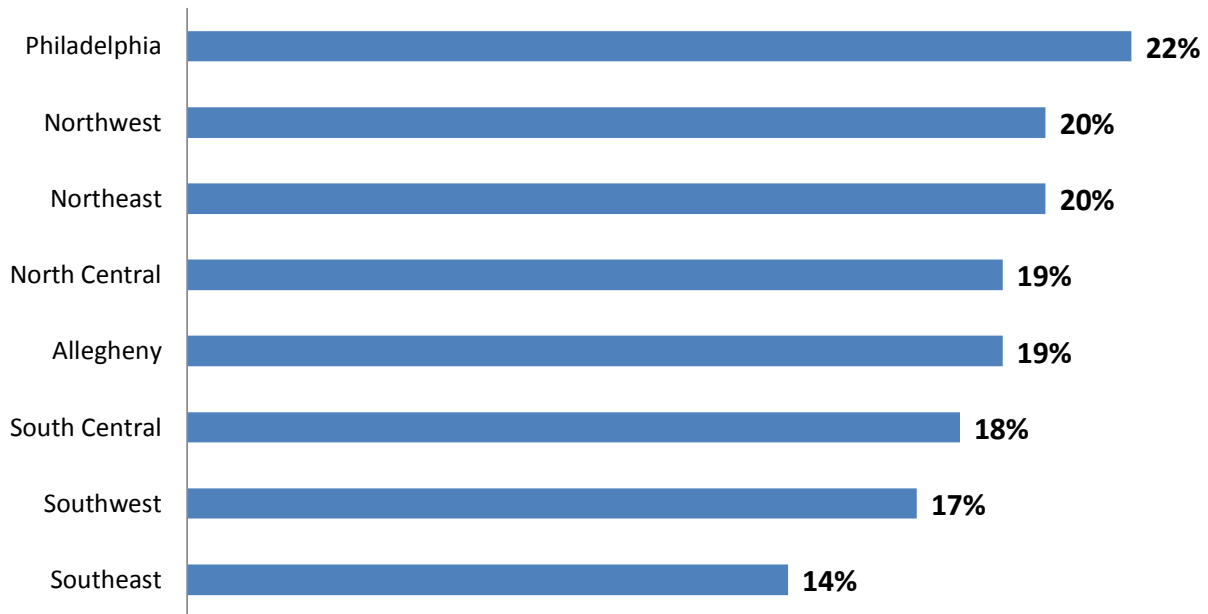
Source: PA DOH, EDDIE BRFSS data

Current Adult Smokers in PA Area by State



Source: CDC STATE BRFSS data

Current Adult Smokers by District, PA 2016



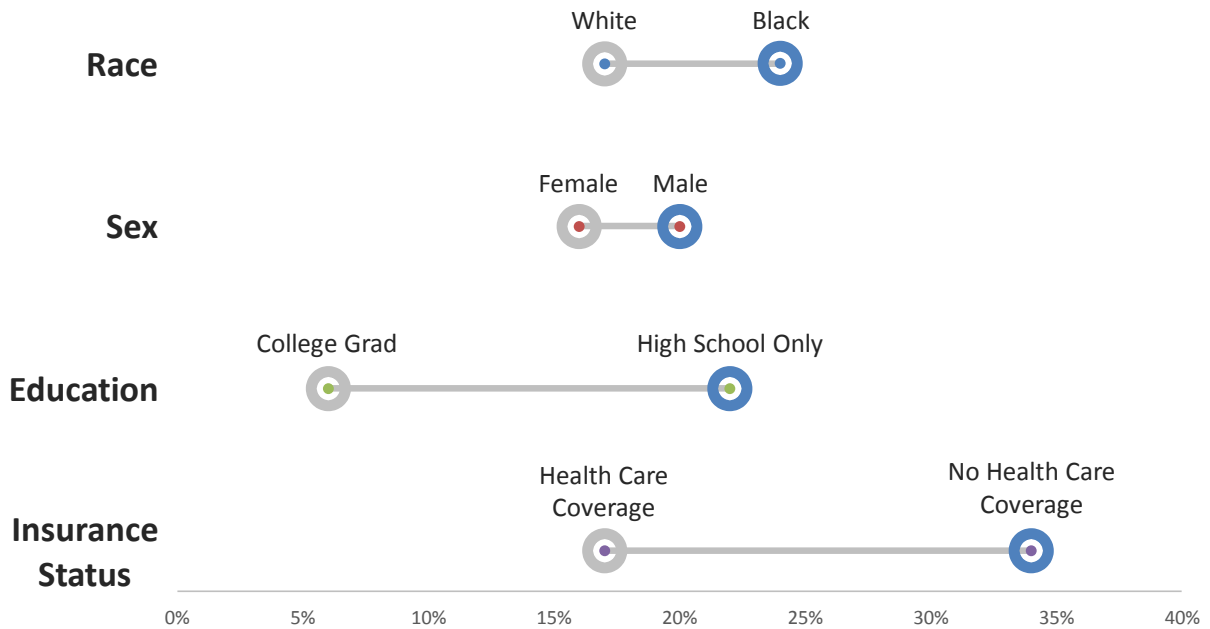
Source: PA DOH, EDDIE BRFSS data

CIAA Exceptions

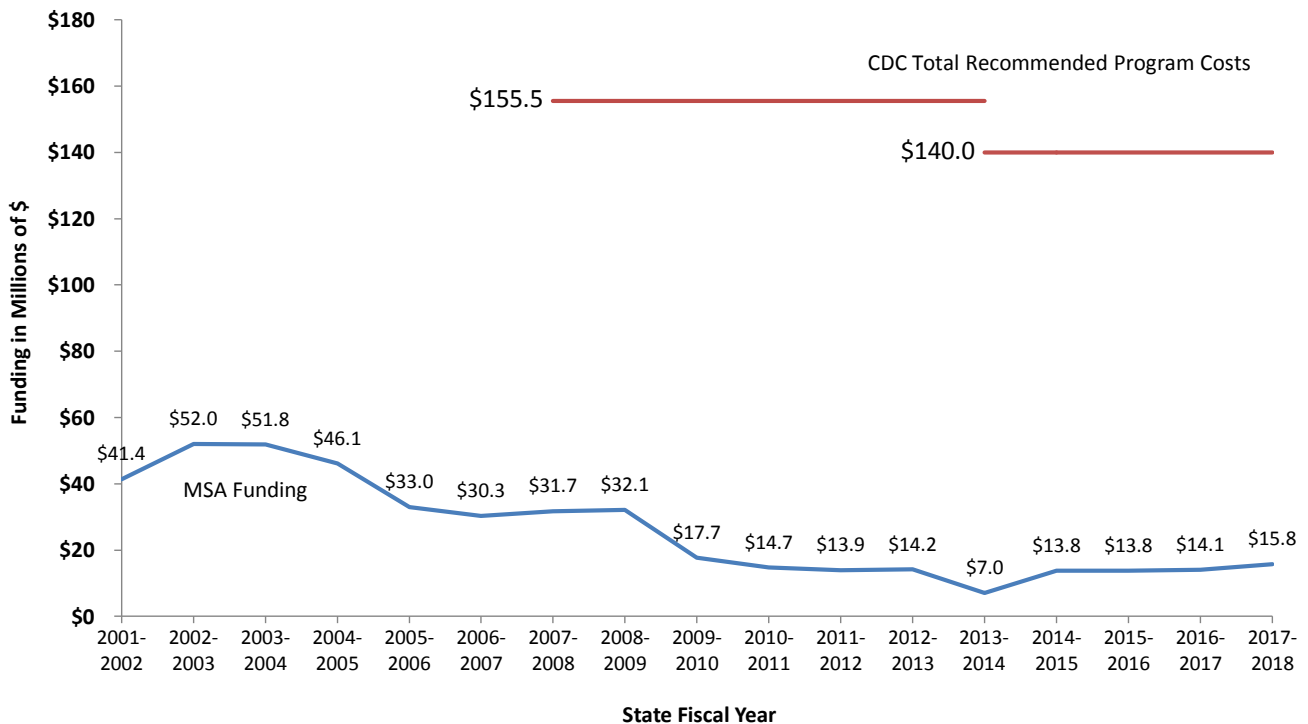


Source: PA DOH Clean Indoor Air Act Annual Legislative Reports
(years run from Dec 1 of previous year to Nov 30)

Disparities in Current Smoking Prevalence Rates, PA 2016

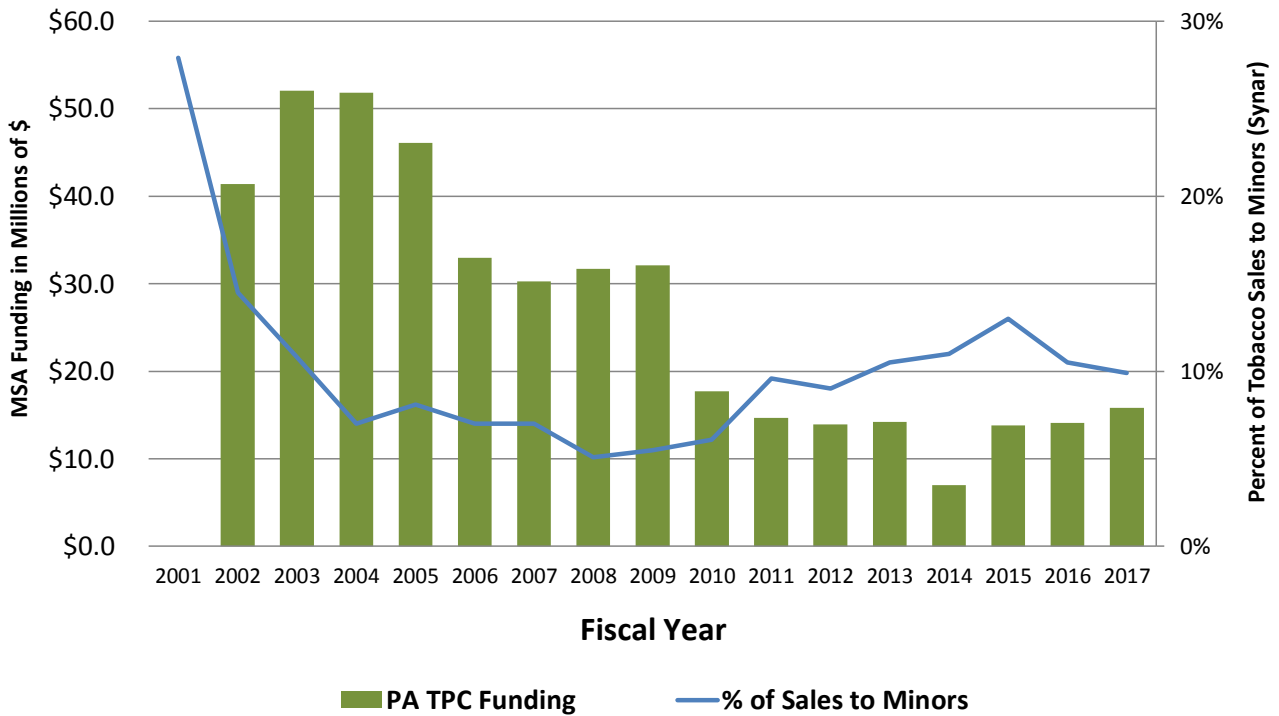


Pennsylvania Tobacco Prevention and Control MSA Funding



Sources: PA DOH, Act 77 Annual Report, SFY2002 to SFY2008; PA DOH 2009-2010 Budget; PA DOH 2010-2011 Budget; PA Appropriations Committee 2011-2012 Budget; PA DOH 1/7/13 email; PACT email 7/17/13; PA Office of the Budget 2013-14 Mid-Year Budget Briefing; PA DOH email 7/18/2014; PACT email 2/10/16; PA DOH email 11/7/17.

PATPC MSA Funding vs. Percent of Tobacco Sales to Minors



Source: PA DOH, Annual Synar Report, 2009 to 2017; PA DOH, Bureau of Health Statistics and Research, Division of Tobacco Prevention and Control (PA TPC), Pennsylvania Tobacco Facts, 2009-2010; PA DOH, Act 77 Annual Report, SFY2002 to SYF2009; PA DOH 2009-2010 Budget to 2017-2018 Budget.

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