

Pennsylvania Tobacco Prevention and Control Program

Strategic Plan 2023-2027

**Division of Tobacco
Prevention and
Control**

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pennsylvania
DEPARTMENT OF HEALTH

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Forward

The Strategic Plan for Pennsylvania's Tobacco Prevention and Control Program 2023-2027 represents a coordinated effort between the Pennsylvania Department of Health (PA DOH) and key partners and stakeholders in tobacco prevention and control in Pennsylvania. This strategic plan is reflective of a statewide assessment of current trends and activities, as well as defining new and emerging public health priorities. In addition, this strategic plan provides a roadmap for the next five years to significantly decrease tobacco-related morbidity and mortality in Pennsylvania. By collaborating with partners to enact this plan, resources can be leveraged to raise awareness, provide comprehensive services and improve health equity.

This strategic plan identifies strategies to address the following four goals:

- Prevent initiation of all tobacco product use among youth and young adults
- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Advance health equity by identifying and eliminating commercial tobacco product-related inequalities and disparities

Pennsylvania's 2023-2027 Tobacco Prevention and Control Program Strategic 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.

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Best Practices

Comprehensive tobacco control policies help achieve health equity by reducing disparities among groups most affected by tobacco use, secondhand smoke and secondhand aerosol exposure. Multiple, coordinated efforts can reduce tobacco related disparities among groups with the highest rates of use and 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 Food and Drug Administration (FDA)-approved cessation medications along with individual, group, and telephone counseling). Comprehensive policies can reduce smoking and vaping initiation, tobacco use, and exposure to secondhand smoke and secondhand aerosol.

Addressing the Factors that Influence Tobacco-Related Disparities

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 secondhand aerosol, and improving access to cessation resources among populations facing the greatest burden of tobacco use and exposure.

Creating a Return on Investment

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 a higher burden of tobacco use and exposure are better protected by comprehensive policies. Because these populations contribute to a significant portion of healthcare costs, policies focused on protecting these groups have the potential to significantly reduce overall healthcare costs.

Building Support for Tobacco Control Among Diverse Parts of the Community

Policies are interventions which can provide broad community access and 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 as well as the challenges facing specific populations to more effectively mitigate the harms of tobacco use and promote the importance of comprehensive tobacco control programs. When developing, implementing, and enforcing tobacco control policies, coalitions can create and sustain partnerships needed to reduce tobacco use and secondhand smoke and secondhand aerosol exposure in Pennsylvania communities.

Policy Priorities

In Pennsylvania, 16 percent of adults and 6.6 percent of youth are current smokers; 3 percent of adults and 24.4 percent of youth use e-cigarettes. 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. In addition to these fatalities, smoking leads to increased rates of heart disease, stroke, emphysema, and lifelong health impacts stemming from smoking-related preterm deliveries, stillbirths, and low birth weights. Exposure to secondhand smoke also poses serious health threats, including heart disease, lung cancer, and stroke among adults; and asthma attacks, bronchitis, pneumonia, and sudden infant death syndrome (SIDS) among children. In fact, the Centers for Disease Control and Prevention (CDC) agrees that there is no safe level of exposure to secondhand smoke. In Pennsylvania, non-smokers continue to be exposed to life-threatening secondhand smoke at thousands of public spaces, such as bars and restaurants. The risks of secondhand smoke are particularly acute for children living with smokers.

Successful implementation of this strategic plan will help protect Pennsylvania's youth from the adverse 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 terms of the number of lives lost, decreased quality of life, and healthcare costs. Working with decision makers and elected officials is critical to protecting Pennsylvanians from the harmful practices of tobacco use. Comprehensive and evidence-based programs and practices should be considered when working with decision makers to address the following public policies:

Comprehensive Clean Indoor Air Legislation

Remove exceptions from the Pennsylvania Clean Indoor Air Act (CIAA), extending full protection from the effects of secondhand smoke to all Pennsylvania workers. Remove preemption from the 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 smoke free policies and regulations.

Insurance Coverage for Tobacco Cessation

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

Master Settlement Agreement (MSA) with the Tobacco Industry

Through the MSA, tobacco 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. Allocate funding for comprehensive tobacco control at the levels recommended by the CDC to meet the needs of Pennsylvanians.

Tax Non-Cigarette Tobacco Products at Forty 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. By introducing a tax on cigars and a weight-based tax on smokeless and roll-your-own tobacco, these new taxes would prevent thousands of young Pennsylvanians from becoming addicted to tobacco and save Pennsylvania millions of dollars in averted healthcare expenditures. Pennsylvania remains one of only two states that does not tax cigars.

Goals, Strategies and Action Steps

Goal 1: Prevent Initiation of Tobacco Use Among Youth and Young Adults

Strategy 1: Reduce youth availability and access to tobacco products and ENDS, such as e-cigarettes, e-hookah, chewing tobacco, snuff and snus

Action Steps:

- Continue to monitor and enforce current youth access laws (e.g. Act 112, FDA compliance inspections)
- 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
- Provide updated merchant education materials to include use of tobacco and all other tobacco products
- Implement and enforce point-of-sale restrictions in targeted communities
- Continue to collect data on sales to minors and enforcement of compliance inspections
- Strengthen clean indoor air laws by closing protection gaps
- Expand current partnerships to include outreach to groups such as Parent Teacher Organizations (PTOs), Parent Teacher Associations (PTAs), Athletic Booster Clubs, and Health Centers to educate and inform policymakers of the importance of proven tobacco policies

Strategy 2: Reduce demand for all tobacco products and ENDS among youth and young adults

Action Steps:

- Support pricing policies that discourage use of all tobacco products through community and youth engagement including youth empowerment opportunities (e.g. legislative visits, community mobilization, school-based health centers, PTO/PTA, booster clubs)
- Create tax equity between cigarettes and all other tobacco products using a percentage of wholesale tax structure
- Continue youth-focused surveillance (e.g. Youth Risk Behavioral Survey)

Strategy 3: Reduce tobacco industry influence on youth and young adults

Action Steps:

- Identify ways to reach youth and young adults with positive messages, informed by youth advocates
- Educate youth on tobacco industry influences and practices (e.g. targeting)
- Expand current partnerships to include outreach to groups such as PTOs, PTAs, Athletic Booster Clubs, and Health Centers to educate and inform policymakers of the importance of proven tobacco policies
- Identify tobacco industry strategies to formulate effective program/advocacy messaging (e.g. counter-marketing using paid and unpaid media)
- Develop and implement a statewide youth-empowerment program that utilizes social media and peer-to-peer education

- Implement and enforce a point-of-sale policy that restricts sale of all tobacco products near schools

Strategy 4: Assist schools, communities, and organizations to implement evidence-based programming and policies

Action Steps:

- Support and provide technical assistance for tobacco-free and all other tobacco product-free environments for youth and young adults (e.g. 100% tobacco-free schools, Young Lungs at Play, home policies, worksite policies)
- Update current 100% tobacco-free schools' 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
- Provide resources to stakeholders about selecting and implementing evidence-based prevention programs

Goal 2: Promote Cessation Efforts Among Adults and Youth to Address Use of All Tobacco Products

Strategy 1: Increase access to comprehensive tobacco cessation programs for adults and youth

Action Steps:

- Promote and market the PA Free Quitline (1-800-QUIT-NOW), PA QuitLogix and My Life, My Quit
- Continue to provide and promote local and statewide cessation programs offering Nicotine Replacement Therapy (NRT)/pharmacotherapy, as appropriate (including the PA Free Quitline)
- Collaborate with partners to educate the current administration and policy makers about the importance and benefits of funding tobacco cessation programs
- 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
- Track quit success and NRT/pharmacotherapy distribution among participants in tobacco cessation treatment programs
- Enhance efforts to educate current partners within Pennsylvania including Medicaid, Medicare, and behavioral healthcare partners

Strategy 2: Increase the proportion of healthcare providers who routinely advise patients about cessation services and provide follow-up

Action Steps:

- Provide cessation resource materials to physicians including a listing of local and regional service providers, Quitline and Quitlogix resources, and Centers for Disease Control and Prevention (CDC) resources
- Educate healthcare providers on referral and education of patients (e.g. “Ask, Advise, Connect” and other brief interventions)
- Provide opportunities to work with healthcare providers and institutions that adopt the U.S. Public Health Service’s Treating Tobacco Use and Dependence Clinical Practice Guideline
- Develop a cessation education component in coordination with Annual Medical Education (AME) opportunities and similar continuing education requirements

Strategy 3: Promote comprehensive smoking/tobacco cessation coverage for all

Action Steps:

- Secure support for comprehensive cessation coverage for private/public insurance and Medicaid
- Monitor and address barriers to cessation access
- Collaborate with private insurers and Medicaid insurers to ensure comprehensive tobacco cessation is required to be included on all policies

Goal 3: Eliminate Exposure to Secondhand Smoke and Secondhand Aerosol

Strategy: Strengthen and enforce policies that protect individuals from exposure to secondhand and thirdhand smoke and ENDS, or vaping, secondhand aerosol emissions

Action Steps:

- Reduce exposure to secondhand smoke and secondhand aerosol by strengthening current clean indoor air legislation
- Promote and support organizational, community, and statewide comprehensive tobacco-free policies that include all tobacco products to prevent exposure to secondhand smoke and secondhand aerosol (e.g. multi-unit housing, behavioral health treatment facilities, private worksites, county/city/state government facilities, grounds and parks)
- Create support for comprehensive tobacco-free policies (which include all tobacco products) by educating healthcare providers, policy makers, and the general public about the health and economic benefits of tobacco-free environments
- Evaluate the effectiveness and reach of tobacco-free policies and current protection coverage and gaps
- Secure funding for enforcement efforts
- Provide adequate resources/tools to promote tobacco-free environments (e.g. communications materials, signage)
- Monitor enforcement efforts and identify and address gaps in enforcement

Goal 4: Identify and Eliminate Tobacco and Other Tobacco Product Disparities

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

Action Steps:

- Use evaluation and surveillance data to identify disparities in tobacco use 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 but not limited to:
 - Individuals with chronic disease (e.g. diabetes, asthma)
 - Rural/urban populations
 - Individuals of low socioeconomic status (SES) (e.g. insurance status, education)
 - Age-based targets (e.g. youth, seniors)
 - Racial and ethnic minorities (e.g. Latino/Latinx, African-American)
 - LGBTQ+ community (lesbian, gay, bisexual, transgender, questioning)
- Ensure a diverse representation of populations disproportionately affected by tobacco use in program planning process and/or in advisory capacities
- Educate markets targeted by the tobacco industry about deceptive advertising to decrease the cultural acceptability of tobacco use

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