



# **MPOWER ANNUAL SUMMARY REPORT**

## **STATE FISCAL YEAR 2018/2019**

**Pennsylvania Tobacco Prevention and Control Program**

Prepared by:



Pennsylvania's Department of Health (PA DOH), Division of Tobacco Prevention and Control (DTPC), leads the Pennsylvania Tobacco Prevention and Control Program (PATPC) that delivers services across the Commonwealth through eight regional primary contractors (RPCs) and three statewide contractors. Funding support comes from Pennsylvania's Master Settlement Agreement (MSA), a cooperative agreement with the Centers for Disease Control and Prevention (CDC), CDC Quitline Capacity funding, and the Food and Drug Administration (FDA).



## REPORT FRAMEWORK

PATPC's programming aligns with CDC goals and incorporates CDC's best practice areas.<sup>1</sup>

### Goals

1. Prevent initiation of tobacco use among young people
2. Eliminate nonsmokers' exposure to secondhand smoke
3. Promote quitting among adults and young people
4. Identify and eliminate tobacco-related disparities

### Best Practices

- State & Community Interventions
- Mass-Reach Health Communication Interventions
- Cessation Interventions
- Surveillance & Evaluation
- Infrastructure Administration & Management

PATPC efforts to address these goals during the 2018/2019 state fiscal year (SFY) are summarized here using a modification of the World Health Organization's (WHO) MPOWER<sup>2</sup> framework: Monitor and Promote Prevention Policies; Protect People from Tobacco Smoke; Offer Help to Quit Tobacco; Warn about the Dangers of Tobacco; Enforce and Inform Policy Compliance; and Raise Community and Legislative Awareness.

## DATA SOURCES

Data from a variety of PATPC partners are summarized in this report. First and foremost are data from DTTPC's RPCs quarterly reporting. RPCs diligently report across all major program areas according to quarterly reporting guidance. SFY 2018/2019 RPCs, in alphabetical order, include:

- [Adagio Health, Inc.](#)
- [American Lung Association of Pennsylvania](#)
- [Erie County Health Department](#)
- [Health Promotion Council of Southeastern PA, Inc.](#)
- [Philadelphia Department of Public Health](#)
- [Tobacco Free Allegheny](#)

Additional data sources include:

- Statewide Contractors:
  - [Pennsylvania Alliance to Control Tobacco \(PACT\)](#)
  - [PA Free Quitline](#) vendor, [National Jewish Health \(NJH\)](#)
- [Bureau of Health Promotion and Risk Reduction](#) and broader [Department of Health](#) partners related to collaborative work.

<sup>1</sup> Centers for Disease Control and Prevention. [Best Practices for Comprehensive Tobacco Control Programs—2014](#). Atlanta, 2014.

<sup>2</sup> This report presents select Pennsylvania data findings using a modified World Health Organization MPOWER framework for global tobacco prevention ([WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package](#)). Geneva, 2008.

## MPower - Monitor and Promote Prevention Policies

PATPC aligns statewide activities with CDC's emphasis on policy and systems change in the area of tobacco prevention. As of October 1, 2013, DTPC prioritized three standing policy initiatives to direct RPC work. These three initiatives include: 1) Young Lungs at Play; 2) Smokefree Multiunit Housing; and 3) Worksite Tobacco Policy. DTPC has also formally identified tobacco use among behavioral health populations as a key health disparities priority. In November 2017, DTPC, in partnership with the Department of Human Services and the Office of Mental Health and Substance Abuse Services, convened state and national tobacco and behavioral health stakeholders in the Pennsylvania State Strategy Session on Tobacco Free Recovery, resulting in a statewide action plan and strategy working groups.

PATPC worked to monitor and promote prevention policies throughout SFY 2018/2019. The following are examples of tobacco prevention and control activities involving youth and youth serving organizations. Additional activities aimed at increasing participation in the Tobacco Resistance Unit (TRU) are detailed in the "Warn" section of this report.

### YOUTH ENGAGEMENT

- Promoted TRU and recruited student members and ambassadors through a variety of mechanisms, including partnerships with schools, churches, youth coalitions, Students Against Drunk Driving (SADD) groups, YMCAs, 4-H youth groups, Girl and Boy Scout troops, and student councils;
- Engaged TRU youth in legislative visits, regional TRU conferences, advocacy events (e.g., Day at the Capitol) and holidays (e.g., Great American Smokeout, Great American Spit Out, Kick Butts Day, Red Ribbon Week, Healthy Kids Day);
- Engaged TRU youth in the #UptheAge online campaign and related events (e.g., the photo contest);
- Promoted TRU and involved youth at tobacco control events with local professional sports teams;
- Engaged TRU youth in conducting point-of-sale tobacco retailer store assessments and in outreach to local and statewide decision makers; and
- Recruited and trained youth to complete Statewide Tobacco Retailer Enforcement Checks.

### Behavioral Health Initiative

In November 2017, DTPC, in partnership with the Department of Human Services and the Office of Mental Health and Substance Abuse Services, convened state and national tobacco and behavioral health stakeholders at the Pennsylvania State Strategy Session on Tobacco Free Recovery. The Strategy Session resulted in a statewide action plan that included a strategy on implementing smokefree policies at state psychiatric hospitals. During SFY 2018/2019, State Strategy Session participants continued to regularly convene and provided updates on the action plan. By December 31, 2018, all six state hospitals had implemented a smokefree policy.

In addition to working on the statewide action plan, in SFY 2018/2019, RPCs continued reporting on regional and local collaborations with behavioral health providers. Beginning in January 2018, the PATPC evaluation team began compiling a list of inpatient and outpatient behavioral health sites with smokefree policies in PA. This list is updated quarterly with the support of Regional Primary Contractors. As of June 30, 2019, RPCs have reported a total of 197 behavioral health sites with smokefree policies. Among these sites, three quarters (75.6%) offer on-site tobacco cessation services.

## ***SCHOOL PARTNERSHIP AND EDUCATION***

- Provided tobacco education workshops to teachers, including those working in rural and lower socioeconomic school districts;
- Offered tobacco education and prevention training for staff and students in participating Power Up preschools and kindergartens. Distributed brochures/pamphlets for parents in Power Up schools;
- Provided technical assistance to colleges and universities seeking smokefree policies, including support with marketing campaigns and distribution of resources to students and staff;
- Offered tobacco prevention and cessation resources to elementary, middle and high schools. Resources included materials on the PA Free Quitline, QuitLogix, and the CDC Tips From Former Smokers campaign;
- Partnered with a career and technical institute to provide tobacco education for youth involved in a summer camp for youth living in low-income areas and involved with the youth criminal justice system;
- Created a social media video on how adolescents are uniquely vulnerable to nicotine addiction and described the rationale behind the Tobacco 21 initiative; and
- Presented to parents, youth, teachers and school nurses on Juul and vaping at events (e.g., high school parent night, peer education trainings, school staff in-service trainings). Distributed materials on vaping, including brochures on electronic nicotine delivery systems (ENDS) and Tobacco 21 information.

# MPOWER - PROTECT People from Tobacco Smoke

## THE WORKSITE POLICY TOBACCO INITIATIVE



### THIS IS A SMOKE FREE WORKPLACE

The Pennsylvania Alliance to Control Tobacco (PACT) collaborated with PATPC in 2011 to develop a Worksite Tobacco Policy Initiative to promote and support **comprehensive tobacco free policies in worksites** across the Commonwealth. The passage of the Pennsylvania Clean Indoor Air Act significantly decreased the number of worksites allowing indoor smoking. However, many worksites remain exempt or permit tobacco use on their campus or in designated areas. Comprehensive tobacco free worksite policies promote healthy, tobacco free environments for employees, patrons and visitors in both indoor and outdoor places.

When the Initiative was first established, a *Worksite Tobacco Policy Index* was developed to assess policy comprehensiveness before and after the provision of technical assistance to worksites. In October 2013, an updated and revised version of this index was implemented—*The Worksite Tobacco and Wellness Policy Index*.<sup>3</sup> This Index assesses

worksites' tobacco policies as well as other wellness components (e.g., nutrition, physical activity) in its policy. In SFY 2016/2017 an additional measure was added to the Index to document worksites with tobacco free policies that explicitly prohibit the use of electronic cigarettes or other "vaping" products. In SFY 2017/2018, the Index and data collection protocol were revised such that contractors complete the baseline assessment portion of the form once the worksite agrees to undergo policy change and the follow-up portion of the form at the end of the fiscal year **OR** when the new or updated policy becomes effective. Revisions to the Index are intended to align with evolving best practices in tobacco free policy and evaluation

Worksite Tobacco and Wellness Policy Index (last updated June 2017)

WORKSITE DEMOGRAPHICS			
Name:	Organization Type: (select best match)	<input type="checkbox"/> Construction	<input type="checkbox"/> Retail/Grocery
Address:	<input type="checkbox"/> Healthcare/Social Assistance	<input type="checkbox"/> Educational Institution/Service	<input type="checkbox"/> Private Office(s)
County & Zip:	<input type="checkbox"/> Transportation	<input type="checkbox"/> Accommodation/Food Services	<input type="checkbox"/> Other: (please specify)
Number of Employees:	<input type="checkbox"/> Warehouse/Manufacturing/Utilities	<input type="checkbox"/> Public Administration/Government	

**BRIEF INSTRUCTION SUMMARY:** Complete the **BASELINE ASSESSMENT** when you initiate the tobacco and wellness policy development or improvement process. Enter BASELINE scores into the Policy Tracking Spreadsheet and submit on a quarterly basis. Complete the **FOLLOW-UP ASSESSMENT** annually for worksites with which you continue to work on policy change. Enter FOLLOW-UP scores into the Policy Tracking Spreadsheet and submit in Q4. Complete the **FINAL ASSESSMENT** when the policy work is complete and the final policy becomes effective (or has an effective date). Enter FINAL scores into the Policy Tracking Spreadsheet and submit with the appropriate quarterly data. Have the **same worksite staff person** complete the form each time. This should be the main point of contact for the initiative.

Name of Worksite Staff:

Policy Component	Baseline (Pre-TA)	Follow-Up (Q4)
	Date:	Date:
<input type="checkbox"/> Policy prohibits indoor tobacco use at all times (3 pts.)	___/3	___/3
<input type="checkbox"/> Policy prohibits outdoor tobacco use at all times (includes worksite and vehicles on site) (3 pts.)	___/3	___/3
<input type="checkbox"/> Signs displayed with information about tobacco-use policy (1 pt.)	___/1	___/1
<b>Environment TOTAL (7 pts)</b>	<b>Env. Total / 7</b>	<b>Env. Total / 7</b>
<input type="checkbox"/> Cessation referral option(s) available/posted (3 pts.)	___/3	___/3
<input type="checkbox"/> Policy prohibits tobacco company sponsorship (1 pt.)	___/1	___/1
<input type="checkbox"/> Policy prohibits on site sale of tobacco products (1 pt.)	___/1	___/1
<b>Program TOTAL (5 pts)</b>	<b>Program Total / 5</b>	<b>Program Total / 5</b>
<input type="checkbox"/> Written and documented tobacco policy (3 pts.)	___/3	___/3
<input type="checkbox"/> Consequences for violation stated in policy (2 pts.)	___/2	___/2
<input type="checkbox"/> Active enforcement plan included in policy (1 pt.)	___/1	___/1
<input type="checkbox"/> Policy prohibits use of e-cigarettes or other "vaping" products (1 pt.)	___/1	___/1
<b>Policy TOTAL (7 pts)</b>	<b>Policy Total / 7</b>	<b>Policy Total / 7</b>
<input type="checkbox"/> Tobacco: incentives to quit/on site cessation services provided (2 pts.)	___/2	___/2
<input type="checkbox"/> Nutrition: supports + encouragement provided for healthier food/beverage choices (1 pt.)	___/1	___/1
<input type="checkbox"/> Physical Activity: supports + encouragement provided for increased physical activity (1 pt.)	___/1	___/1
<input type="checkbox"/> Other Wellness Components: (e.g., Chronic Disease) (1 pt.)	___/1	___/1
<b>Wellness TOTAL (5 pts)</b>	<b>Wellness Total / 5</b>	<b>Wellness Total / 5</b>
<b>OVERALL TOTAL (24 pts)</b>	<b>OVERALL Total / 24</b>	<b>OVERALL Total / 24</b>
<b>Smoke Free vs. Tobacco Free</b> Does the policy language use "smoke free" or "tobacco free" (i.e. are all tobacco products prohibited or only smoking)?	<input type="checkbox"/> Smoke free	<input type="checkbox"/> Smoke free
	<input type="checkbox"/> Tobacco free	<input type="checkbox"/> Tobacco free

PA Tobacco Prevention and Control Program (2017-2018) This Worksite Tobacco and Wellness Policy Index was informed by the CDC Worksite Health Scorecard.

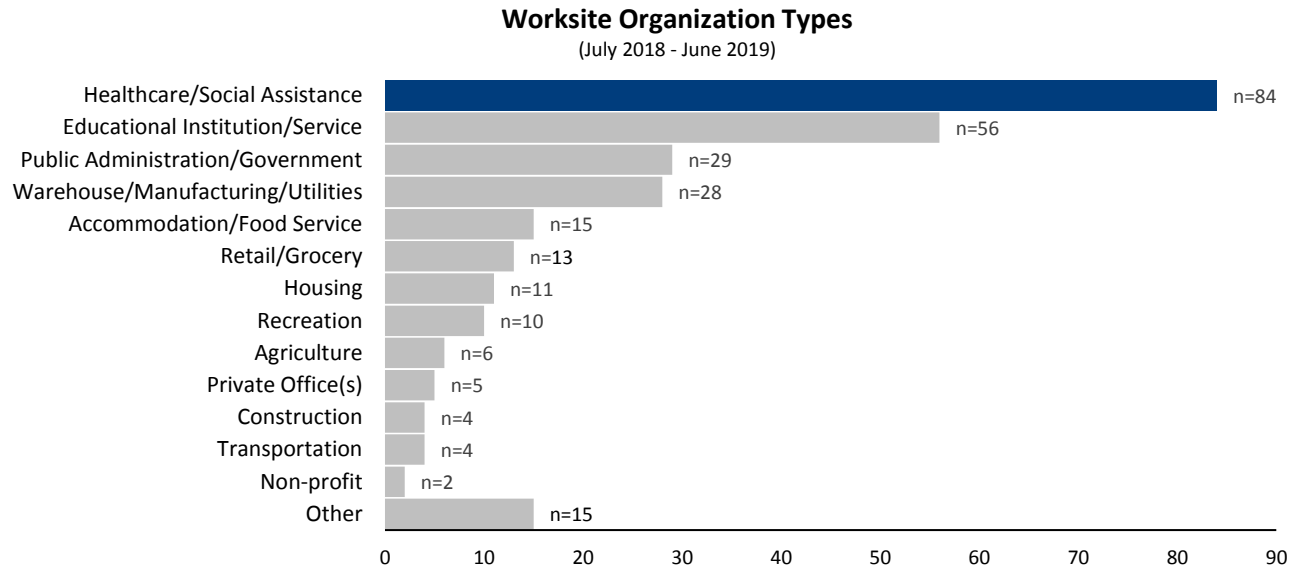
methodology.

In addition, PATPC recommended focus on small to mid-size worksites with fewer than 500 employees. Program guidance included the following suggestions for providing technical assistance to worksites: prepare workplaces for strengthened tobacco regulation; create opportunities to work via a peer-led model in which strong worksites communicate the benefits of smokefree policy to newer worksites; educate small to mid-size employers in groups (e.g., workshops); and promote referrals to the PA Free Quitline. Furthermore, RPCs were encouraged to provide technical assistance to help worksites draft comprehensive policies, maintain momentum in policy negotiations, and celebrate successes through media.

<sup>3</sup> The Worksite Tobacco and Wellness Policy Index was informed by the CDC Worksite Health Scorecard.

RPCs utilized the *Worksite Tobacco and Wellness Policy Index (Index)* and the Policy Tracking Spreadsheet to document ongoing and completed work with different types of worksites. Select highlights from the Worksite Tobacco Policy Initiative from July 1, 2018 to June 30, 2019 are listed below.

- Between July 1, 2018 and June 30, 2019, RPCs and service provider staff helped to implement new or strengthened policies at **282 worksites** across the Commonwealth, reaching **approximately 97,717 employees**.<sup>4</sup> Among these worksites, **198 completed Worksite Tobacco and Wellness Policy Index Forms** to give a full picture of the types of policy change implemented. Technical assistance focused primarily on creating and improving policy language to more explicitly state the consequences of tobacco use and include tobacco cessation initiatives, but also included providing education/resources and increasing provision of cessation services. Primary Contractors worked with a variety of different types of worksites, highlighted in the chart below.



Data Source: SFY2018-2019 Quarters 1-4 Worksite Policy Index Data.

- Worksites categorized as “Other,” included the following: salons and grooming (4); automobile parking and repairs (3); and animal amenities (2). Note: some reported worksite types were re-categorized.
- Of the 186 worksites with completed *Index* forms, 86 percent had an improved score,<sup>5</sup> indicating an improvement in policy comprehensiveness. **On average, worksites’ total index ratings improved by about nine points.** Program improvements were most accessible – 72 percent of worksites improved in these areas. Cessation referral option(s) available/posted was the most commonly utilized programmatic sub-category for improving worksite policies.

<sup>4</sup> This count includes two very large employers: Lehigh Valley Health Network (n=18,000), and UPMC (n=40,000).

<sup>5</sup> There is some variation in how RPCs use *Index* at follow up, for example some fully re-score and others update prior *Index* score.

<b>Worksite Policy Improvement, by Index Category/Topic</b> (July 2018 – June 2019)	<b>% of Worksites with Improved Index Score*</b>
<b>Environment (total)</b>	<b>59%</b>
Indoor tobacco use prohibited	31%
Outdoor tobacco use prohibited	40%
Signs about tobacco-use policy displayed	46%
<b>Program (total)</b>	<b>72%</b>
Cessation referral available/posted	68%
Tobacco company sponsorship prohibited	29%
On site sale of tobacco products prohibited	29%
<b>Policy (total)</b>	<b>55%</b>
Written and documented tobacco policy	31%
Consequences for violation stated in policy	35%
Active enforcement plan included in policy	38%
Prohibits use of e-cigarettes or other “vaping” products (n=192)	49%
<b>Wellness (total)</b>	<b>57%</b>
Tobacco: incentives to quit/on site cessation services provided	49%
Nutrition: supports + encouragement for healthier food and beverage choices	11%
Physical Activity: supports + encouragement for increased physical activity	14%
Other Wellness Components: including chronic disease	15%

\*Unless otherwise stated, % based on n=198 worksites that completed subcategories in addition to providing total pre/post scores.  
Data Source: SFY2018-2019 Quarters 1-4 Worksite Policy Index Data.

- **RPC and service provider staff predominantly focused on providing support around content of new policy language at worksites. However, they also provided the following types of technical assistance and services to worksites around their tobacco and wellness services and policies:**
  - Educated staff and residents on the harms of tobacco smoking;
  - Supported press events;
  - Facilitated networking with other smokefree worksites and organizations; and
  - Provided cessation services at worksites.
- **Worksites improved their tobacco and wellness policies in the following ways:**
  - Implemented model policies when no policy existed previously;
  - Strengthened policy language and plans regarding enforcement;
  - Incorporated e-cigarettes into policy language on prohibited tobacco products;
  - Prohibited outdoor smoking for employees in addition to indoor smoking;
  - Trained staff in Freedom From Smoking (cessation services) and Fax to Quit; and
  - Promoted cessation services/tobacco treatment flyers and resources, including referrals to the PA Free Quitline.

## THE SMOKEFREE MULTIUNIT HOUSING INITIATIVE



RPC staff members have worked on multiunit housing tobacco policy change for many years and have made important connections and inroads with multiunit housing sites and systems across the Commonwealth. These efforts, along with the Department of Health's prioritization of smokefree multiunit housing policy change, resulted in the natural development of a statewide initiative. In October 2013, DTCP implemented a standardized smokefree multiunit housing policy initiative with an initial focus on public housing. The goal of the Smokefree Multiunit Housing Initiative (MUH) is to **increase the number of people newly protected by smokefree policies in multiunit housing.**

As part of this initiative, the Division supplied RPCs with Smokefree MUH Guidance as well as a Smokefree MUH Checklist. The primary reporting tool for this initiative is the Smokefree Multiunit Housing Policy Initiative Tracking Sheet, which captures completed and ongoing policy work on a quarterly basis.

The following findings reflect completed multiunit housing policy work over the course of the fiscal year:

- **Approximately 15,914 more residents** received protection from secondhand smoke by the implementation of smokefree multiunit housing policies in **over 10,799 units.**
- RPCs reached out to at least **93 different multiunit housing sites** during this time period, including: **51** section 8/mixed-finance sites and **42** private/market rate sites.
- Of these 93 sites, **70** adopted new multiunit housing, smokefree policies. As of June 2019, a total of **353** sites are listed on the MUH Honor Roll.
- **67** newly implemented policies prohibiting smoking indoors only, **32** newly implemented policies prohibit smoking outside within 25 feet of the building, and **15** new policies prohibit smoking indoors and outdoors with an exception of a designated smoking area.
- **At least 47** newly implemented policies include restrictions on e-cigarette use.
- Cessation services are offered at **29** sites with newly implemented policies.
- Between July 2018 and June 2019, RPCs facilitated and maintained relationships with these multiunit housing sites and will continue to work to improve the comprehensiveness of their policies through the upcoming reporting period(s).

Similar to previous policy work, RPCs have approached smokefree multiunit housing policy change and related support in a number of different ways, including but not limited to:

- Added smoking cessation and referral resources on site;
- Worked with municipalities to implement smokefree policy for Public Housing Authority;
- Provided technical assistance for cessation services, including offering quitline resources and smokefree housing signage;
- Held onsite meeting with residents and implemented *Freedom From Smoking* classes;
- Provided information on Department of Housing smokefree housing initiative as well as reviews of smoking policies;
- Provided technical assistance with the site manager and conducted cessation services and suggestions on strengthening the policy by adding ENDS to the policy; and
- Completed a written policy for a tobacco-free environment.

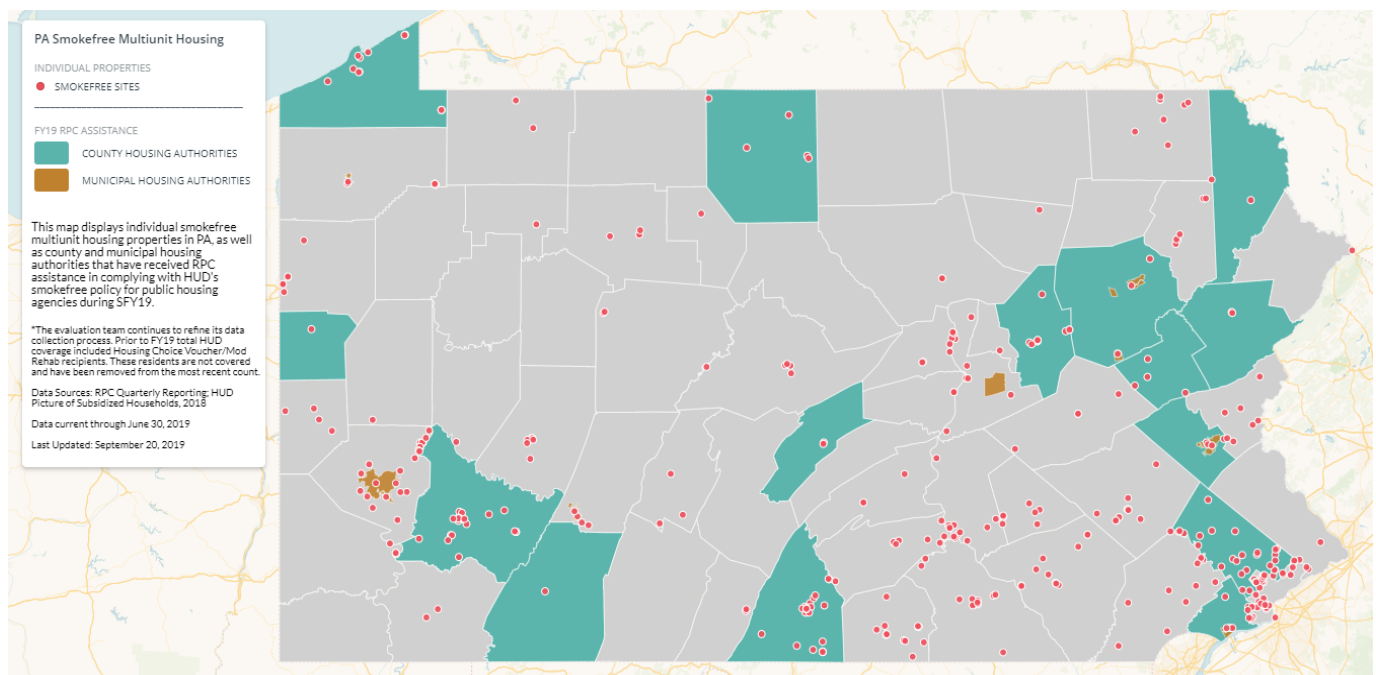


Over the course of a year, RPCs provided technical assistance to **28** Public Housing Authorities (PHAs), including **15** county housing authorities and **13** municipal housing authorities. RPCs have provided technical assistance to PHAs in a number of different ways, including but not limited to:

- Provided smokefree signage;
- Provided technical assistance with the site manager and conducted cessation services and suggestions on strengthening the policy by adding ENDS to the policy; and
- Attended meeting with resident directors to discuss implementation of updated smokefree policies, including advising designated smoking area placement at facilities.

As previously mentioned, RPCs have worked on tobacco policy change in the setting of multiunit housing for many years before the implementation of a standardized statewide initiative. Using adaptive reporting tools, regions were able to document policy efforts and accomplishments prior to October 2013 and since the beginning of the Smokefree Multiunit Housing Initiative. Using data from RPCs, as well as data from Americans for Nonsmokers' Rights' (ANR) and the U.S. Department of Housing and Urban Development (HUD), it is evident as of June 2019, at least **125,237 individuals have been impacted by smokefree multiunit housing policies in both public and private housing settings throughout Pennsylvania**. With a standardized initiative in place, the work to protect Pennsylvanians from secondhand smoke in multiunit housing settings will continue to be clearly documented.

HUD's Smokefree Public Housing Rule, finalized in December 2016, requires all Public Housing Authorities comply with the rule and implement smokefree policies by July 31, 2018. DTPC and RPCs have worked diligently to provide support and technical assistance to all PHAs across the Commonwealth to meet this deadline. The map below is a snapshot of an interactive map (accessible at [http://bit.ly/PA\\_SF\\_Housing](http://bit.ly/PA_SF_Housing)) developed to highlight public and market rate multiunit housing properties that have implemented or strengthened smokefree policies. These properties include sites that RPCs worked with directly (i.e. those reported in the text above) and other properties reported by RPCs as independently implementing or strengthening policy.



## EDUCATION ABOUT THE CLEAN INDOOR AIR ACT



**NO SMOKING**

In addition to implementing the Worksite Tobacco Policy Initiative, RPCs provided other education and technical assistance aimed at protecting people from secondhand smoke. Specifically, **RPC staff completed 5,021 activities to educate business owners and the public about the Clean Indoor Air Act (CIAA) from July 1, 2018 to June 30, 2019.** These activities include but are not limited to the following:

- Worked directly with businesses and organizations, such as restaurants, warehouses, private clubs, The Veterans of Foreign Wars (VFWs), churches, food banks, dental offices, coalitions, community support programs, housing complexes, Head Starts, PA CareerLink, colleges/universities, managed care providers, physicians, youth leadership councils, an animal shelter, entertainment venues, behavioral health providers, Drug Free Communities, Choices Pregnancy Centers, Community Support Program, Suicide Task Forces, Aging Services, to inform about CIAA requirements;
- Presented and provided educational materials at community-based events, including township fairs, employer health fairs, an Earth Day event, a farmer's market, a children's health fair, coalition meetings and a community forum;
- Conducted establishment checks with businesses with exemptions and inspections with establishments without current exemptions;
- Participated in a press conference with legislators and public health organizations to celebrate the 10-year anniversary of CIAA in Pennsylvania;
- Participated in an interview with a local radio station on CIAA and what further steps can be taken;
- Distributed informational mailings on CIAA and local health department electronic cigarette regulations;
- Conducted legislative visits to discuss the importance of MSA funding, including CIAA-related work;
- Responded to questions, complaints, and requests for technical assistance from business owners and the general public regarding CIAA; and
- Integrated CIAA into other policy initiatives, including Young Lungs At Play, Smokefree Multiunit Housing, and Worksite Policy Initiatives.

## YOUNG LUNGS AT PLAY



Young Lungs at Play is a statewide public health program adapted from successful initiatives in Rockland County, New York and Luzerne County, Pennsylvania. The program promotes establishment of tobacco free parks and playgrounds by educating municipal officials and organizational leadership on the risks and dangers of secondhand smoke and tobacco litter. Communities and organizations with 1) a tobacco free park and/or playground resolution, ordinance or policy and 2) a policy communication and enforcement plan are eligible to be part of the program. Eligible communities and organizations receive signs featuring the PA Free Quitline as a resource to display in tobacco free areas. Beginning in SFY 2018/2019, communities with policies that also prohibit vaping may request signs that include a “no vaping” symbol.

In October 2013, RPCs began to report all Young Lungs at Play policy activities on a quarterly basis to the PA Department of Health and the Statewide Evaluation Team. RPC staff continue to report both their successes with Young Lungs at Play partners and new communities/organizations for the PA Young Lungs at Play Honor Roll, along with their ongoing policy efforts with other municipalities and organizations. The table below demonstrates the variety of potential Young Lungs at Play partner types.

### Young Lungs at Play Potential Partner Types

(July 2018 – June 2019)

**Municipalities** – townships, boroughs, towns, cities, counties that have adopted tobacco free ordinances, resolutions, or policies and posted Young Lungs at Play signs at all parks/playgrounds owned or operated by the municipal or local government.

**School Districts** – school districts that have adopted tobacco free policies and posted Young Lungs at Play signs at all school district operated playgrounds and school campuses.

**Organizations** – individual organizations that have adopted tobacco free policies and posted Young Lungs at Play signs at some or all parks/playgrounds or play spaces operated by the organization.

Childcare (e.g., daycare and early child care centers with outdoor spaces/playgrounds)

Education (e.g., non-childcare institutions or individual schools with outdoor spaces/playgrounds that have adopted policies outside of full school district policy)

Faith-based institutions (e.g. churches, synagogues with outdoor spaces/playgrounds)

Housing (e.g., housing authorities and apartment buildings with outdoor spaces/playgrounds)

Recreational facilities (e.g., community recreation centers, YMCAs, sports fields)

Other organizations with outdoor spaces (e.g., restaurants, older adult centers)

- Between July 1, 2018 and June 30, 2019, **34 new municipal-level participants<sup>6</sup>**, including one county comprised of 49 distinct municipalities, met the criteria to participate in the Young Lungs at Play program by establishing tobacco free ordinances, policies, or resolutions. An additional **four school districts** and **57 organizations<sup>5</sup>**, including local groups/organizations, parks and little leagues, childcare centers, housing properties/agencies, and individual schools, implemented tobacco free policies. Policies, resolutions, and ordinances were implemented across the new YLAP partners this fiscal year.
- Since the implementation of Young Lungs at Play in June 2010 through this fiscal year, **a total of 579 municipalities (including five counties), 99 school districts, and 453 organizations** have participated in the initiative and created tobacco free spaces by implementing ordinances, resolutions, and/or policy actions. During SFY19, new Young Lungs at Play partners utilized a variety of resolution, ordinance, and policy actions, but there were differences based on partner type, as shown in the chart below.

<sup>6</sup> RPCs also worked with seventeen municipalities already listed on the Young Lung at Play Honor Roll to implement new or improved ordinances, policies, or resolutions; cover additional parks or playgrounds; or distribute additional signs. These are not included in the annual counts, but are described in more detail on the following page.

### Resolution, Ordinance, and Policy Actions, by Partner Type

(July 2018 - June 2019)



Data Source: Policy Tracking Spreadsheet SFY19.

■ Ordinance ■ Policy ■ Resolution

- In SFY18, RPCs began collecting data about inclusion of e-cigarettes (i.e. vaping) among the tobacco products prohibited by Young Lungs at Play ordinances, policies, and resolutions. The chart below shows differences by Young Lungs at Play partner type in the percentage of new SFY19 partners that prohibited e-cigarettes in addition to traditional tobacco products.

### E-cigarette Prohibition, by Partner Type

(July 2018 - June 2019)



Data Source: Policy Tracking Spreadsheet SFY19.

■ E-cigarettes also prohibited ■ E-cigarettes not prohibited

- Through Young Lungs at Play, *new* communities and organizations protected **363 parks, playgrounds, recreational areas, and/or other outdoor spaces** through tobacco free policies, ordinances, and resolutions. These new communities and organizations **distributed 638 Young Lungs at Play signs** –566 English signs and 72 Spanish signs.
- Through Young Lungs at Play, RPCs worked with **seven existing community partners** (municipalities) in SFY19 to implement new or improved policies, ordinances, and resolutions. RPCs added a total of 102 signs – 99 English and 3 Spanish – to 41 new parks within 17 communities (municipalities) already participating in Young Lungs at Play.
- In total, since the start of the initiative, over 3,535 outdoor spaces have been affected and nearly 9,500 signs distributed, including approximately 670 Spanish signs, to support smokefree and tobacco free outdoor spaces and social change that helps reduce exposure of children to tobacco use and smoking.
- **Eighty-two percent** of children under the age of 15 in Pennsylvania live in municipalities/counties participating in Young Lungs at Play.<sup>7,8</sup>

<sup>7</sup> Estimates based on U.S. Census Bureau population counts/projection.

<sup>8</sup> For the purposes of tracking, municipality-level and county-level participants are counted SEPARATELY. Each municipality within the county is NOT counted as a separate participant. However, when calculating under 15 population coverage/reach, each municipality in the county IS counted toward the “reach” calculation, as demonstrated by the light blue shading in the map.



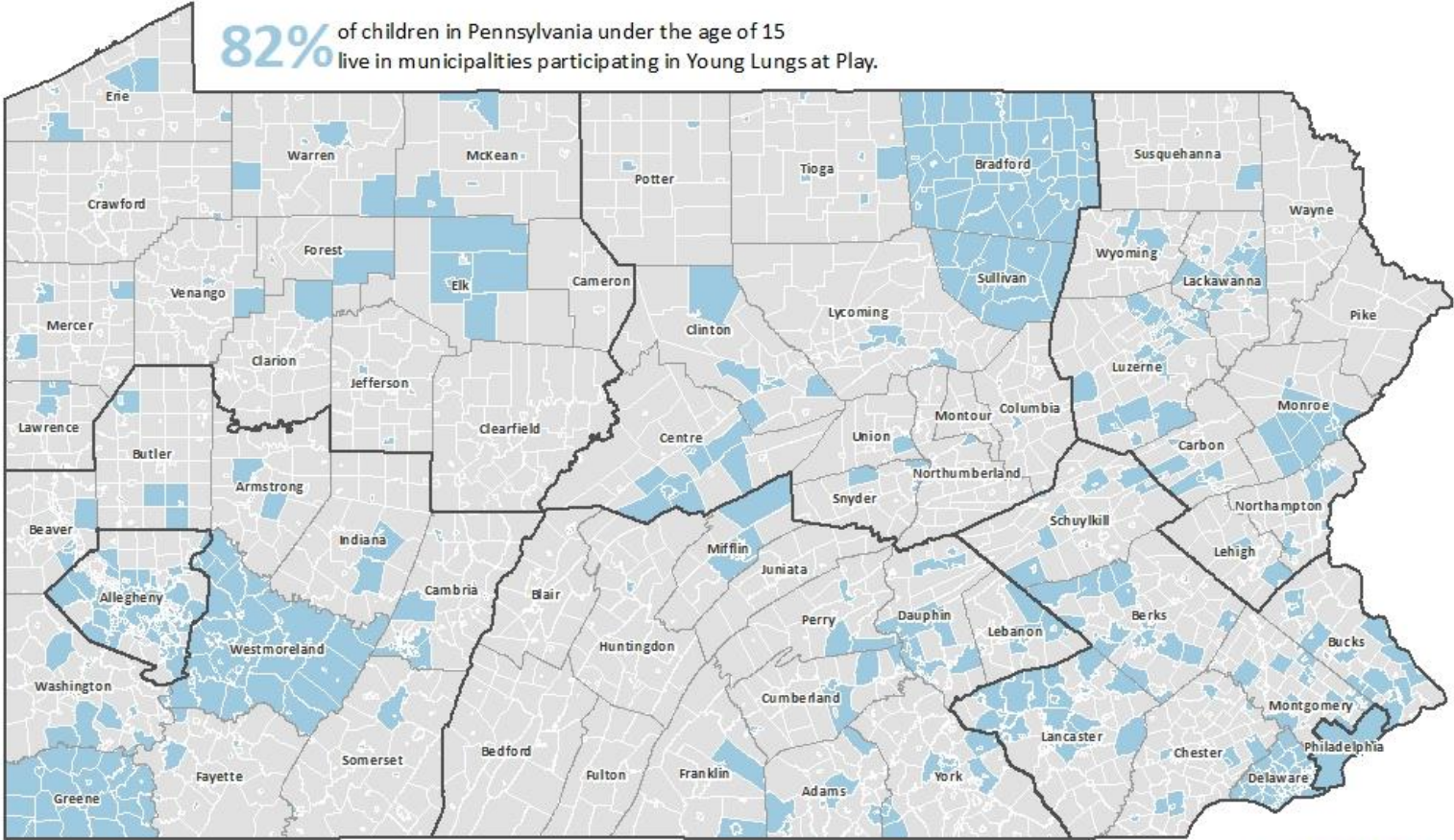
### Young Lungs at Play Participation, June 2019

Municipalities with ordinances, policies, or resolutions banning tobacco use in parks, playgrounds, and recreational areas for children

Municipalities Participating in Young Lungs at Play, SFY19 Q4

Yes No

82% of children in Pennsylvania under the age of 15 live in municipalities participating in Young Lungs at Play.



\*Municipalities within counties participating in Young Lungs at Play are shaded blue and counted toward the population total. However, for the purposes of tracking, municipality-level and county-level participants are counted SEPARATELY.

Sources: PA DOH Tobacco Prevention and Control Program Policy Tracking Spreadsheet; U.S. Census Bureau (ACS 2013 5-year estimates) Map produced September 2019



## MPOWER - OFFER Help to Quit Tobacco: Local Cessation Services

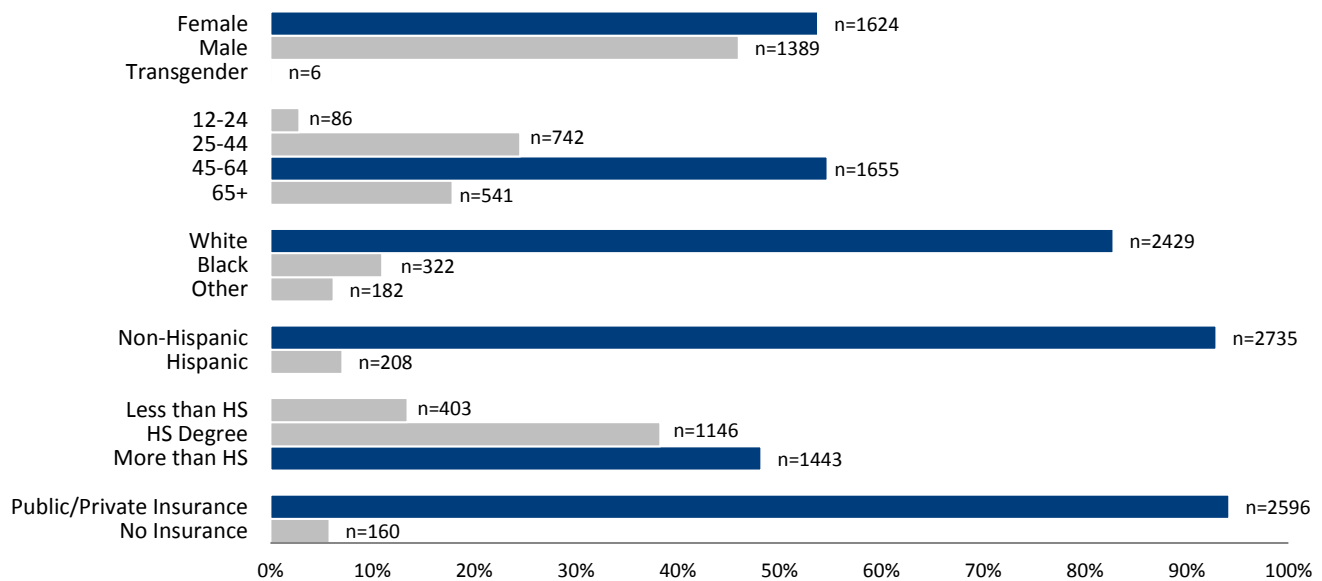
### REGIONAL AND STATE CORRECTIONAL INSTITUTION CESSATION

Cessation support continues to be 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 RPCs to state residents and telephone counseling cessation services provided by the Pennsylvania (PA) Free Quitline (1-800-QUIT-NOW or 1-855-DEJELLO-YA).

- Seven of the eight RPCs enrolled **3,042 participants in group (n=2,416) and individual (n=509) cessation counseling services** during fiscal year 2018/2019.<sup>9</sup>
- Overall, regional cessation treatment participants were most commonly **female, age 45-64, white, non-Hispanic, have at least a high school education, and have health insurance.**
- As part of their regional cessation programs, RPCs worked with **16 state correctional institutions (SCIs) in quarter 4 to provide cessation services to 207 incarcerated persons.**<sup>10</sup> SCI cessation treatment participants were most commonly **male, age 25-44, white, non-Hispanic, and have at least a high school education.**

**Demographics of Cessation Program Participants, at Intake**

(July 2018 - June 2019)



Data Source: SFY2018-2019 Quarters 1-4 Regional and SCI Primary Contractor Data.

Note: This graph summarizes key intake data, presenting most common responses for demographic characteristics. Percentages displayed were

- About 10 percent of cessation program participants (10%; n=254) had not used any assistance<sup>11</sup> OR had never tried to quit prior to enrolling in the current cessation program.**
- The most frequently reported prior quit method was **“tried to quit on my own” (47%; n=1189). Group counseling (20%; n=509) and self-help materials (17%; n=428) were also frequently reported.**

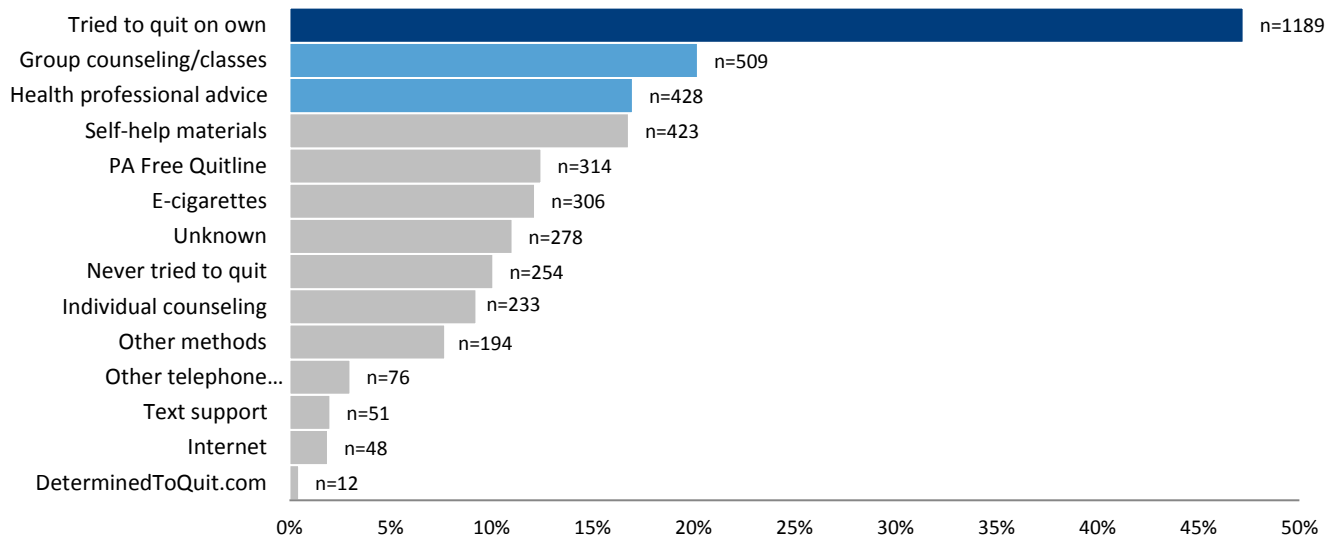
<sup>9</sup> Type of cessation setting is unknown in 96 cases (72 in Allegheny; 1 in Northeast region; 23 in Southwest region). Number of completed surveys may include duplicate cases (i.e., participants who completed more than one of any type of survey, or who enrolled in cessation services more than one time during the year). Totals do not include any cessation program participants in Philadelphia.

<sup>10</sup> This represents a subset of the 3,042 individuals who participated in all community level cessation services offered by RPCs. SCI cessation participant counts (n=207) may be underrepresented due to missing intake data.

<sup>11</sup> Assistance does not include tobacco quitting products/medications, which were asked about separately.

## Quit Methods Ever Used by Cessation Program Participants Prior to Enrolling in Current Cessation Program, at Intake

(July 2018 - June 2019)  
(N=2381)



Data Source: SFY2018-2019 Quarters 1-4 Regional and SCI Primary Contractor Data.

Note: The percentages displayed in this group represent a minimum response. Respondents were allowed to select more than one quit method.

- During this reporting period, in addition to intake surveys, cessation program participants completed **1,559 end-of-treatment surveys, 926 30-day follow-up surveys, and 600 six-month follow-up surveys.**
  - As reported in end-of-treatment surveys, **one-fourth (25%, n=382)** of cessation program participants who completed treatment reported **not using tobacco at all in the past 30 days.**
  - Among participants who had not quit at the end of treatment, **approximately 80 percent (n=877)** who answered a quit attempt question reported **having made a quit attempt.**<sup>12,13</sup>
  - At 30-day follow-up, **about four in ten (41%, n=373)** survey respondents who answered a tobacco use question reported **not using tobacco at all in the past 30 days.**
  - At 6-month follow-up, **40 percent (n=239)** of survey respondents who answered a tobacco use question reported **not using tobacco at all in the past 30 days.**
- Of the 1,529 cessation program participants who completed an end-of-treatment survey and responded to at least one question related to program satisfaction, **almost all (99%, n=1,488) found the**

### State Correctional Institution Initiative

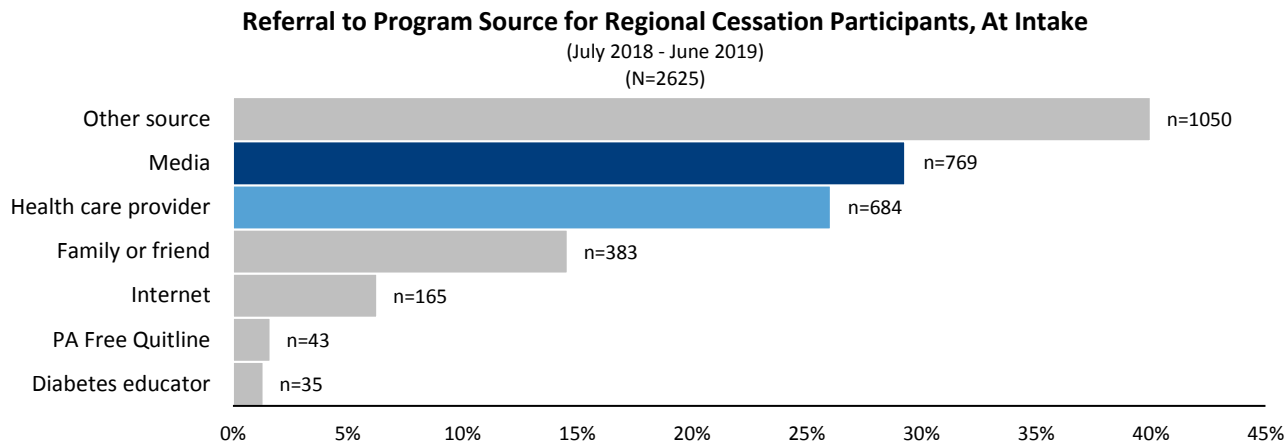
In 2015 DTPC, PA Free Quitline vendor National Jewish Health (NJH), and the PA Department of Corrections (DOC) partnered to enact a pilot program extending treatment services to incarcerated women at one of 24 state correctional institutions (SCIs) across the state. After evaluating this pilot, DTPC assembled a team consisting of staff from DOC, NJH, the PA Department of Drug and Alcohol Programs, and external evaluators to develop a toolkit for reference when expanding the program. In March 2019, the PA Secretary of Corrections announced that all PA SCIs would enact a tobacco-free policy effective July 1, 2019. During SFY 2018/2019, DTPC and RPCs supported the tobacco-free policy implementation by providing a series of tobacco cessation classes to incarcerated individuals across Pennsylvania. The PATPC evaluation team is collecting and analyzing cessation feedback surveys in addition to SCI counselor, medical contact and primary contact feedback surveys.

<sup>12</sup> "Quit attempt" is defined as an individual intentionally stopping smoking/using tobacco for one day or longer because they were trying to quit. Only participants who smoked every day or some days were asked if they made a quit attempt.

<sup>13</sup> This percentage only reflects participants completing an end-of-treatment survey who responded that they smoked every day or some days. Of all participants completing an end-of-treatment survey, 82 percent (n=1,259) made a quit attempt.

program they attended to be helpful.<sup>14</sup> Similarly, nearly all participants (98%, n=1,405) answering a question about program referral would recommend the program they attended to a friend or family member.

- **Over one quarter (29%, n=769) of regional participants learned of the cessation program through a media source (1-800-Quit Now TV/radio ad, other TV ad, other radio ad, newspaper, or other ads). A similar percentage (26%, n=684) learned of the program from a health care professional referral. Program referral data was not collected for SCI cessation participants.**



Data Source: SFY2018-2019 Quarters 1-4 Regional and SCI Primary Contractor Data.

Note: Percentages displayed in this group represent a minimum response. Respondents were allowed to select more than one quit method.

<sup>14</sup> "Helpful" responses include "very helpful" and "somewhat helpful."

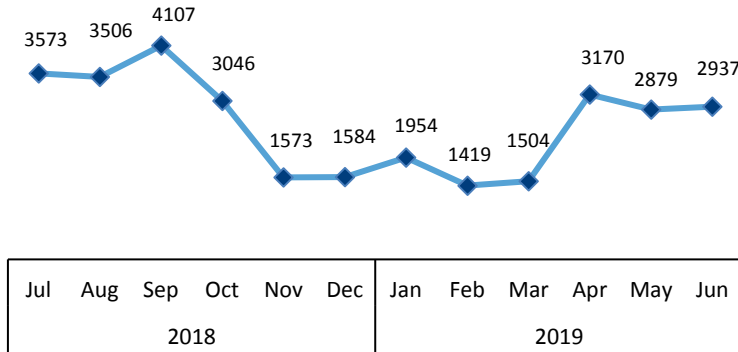


# MPOWER - OFFER Help to Quit Tobacco: PA Quitline Services

## 1-800-QUIT-NOW REACH IN PENNSYLVANIA

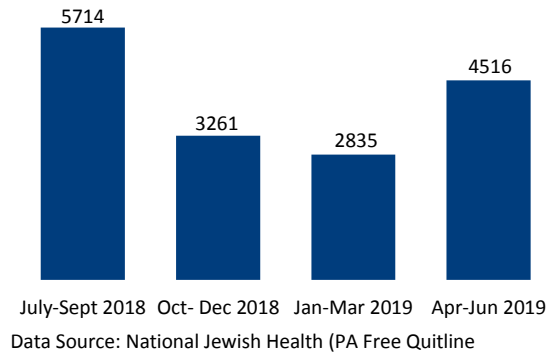
- Between July 1, 2018 and June 30, 2019, **31,252 calls** were made to 1-800-QUIT-NOW from Pennsylvania phone numbers

**Pennsylvania Call Attempts to 1-800-QUIT-NOW**  
(July 2018 - June 2019)  
(N=31,252)



Data Source: NAQC.

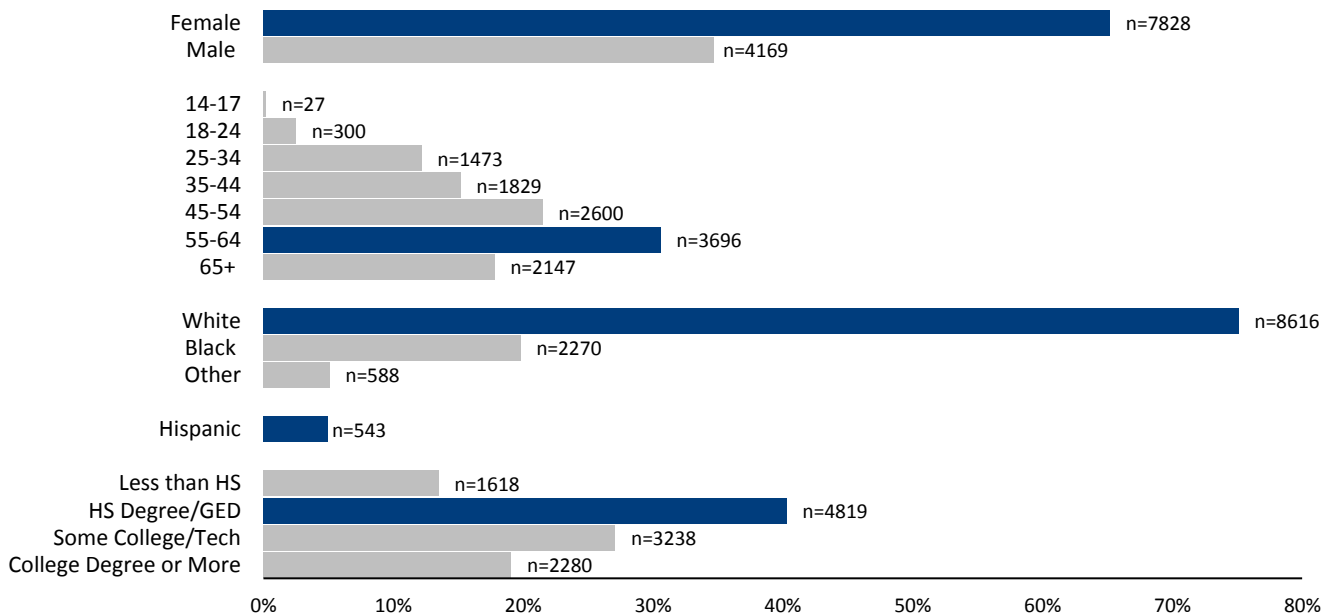
**Tobacco Users Requesting Services from PA Free Quitline, by Quarter**  
(July 2018 - June 2019)  
(N=16,326)



Data Source: National Jewish Health (PA Free Quitline)

- Between July 1, 2018 and June 30, 2019, **16,326 users requested services from the PA Free Quitline**. During this same time period, **12,072 callers completed intakes** and **9,957 tobacco users enrolled in the PA Free Quitline**, receiving at least one counseling call (83% of callers who completed intake). An additional 727 existing clients who had completed intake in previous fiscal years continued to receive services.

**Select Characteristics of PA Free Quitline Callers Completing Intake**  
(July 2018 - June 2019)  
(N=12,072)



Data Source: National Jewish Health (PA Free Quitline Vendor).

- There was no interruption in the availability of NRT for enrollees for the 2019 fiscal year. All medically eligible enrollees over the age of 18 were offered at least a four-week supply of patches, gum, lozenges, or given the option of combination therapy (a four-week supply of patches and a two-week supply of either gum or lozenges). Slightly more than three-quarters (76.0%, n=8,118) of enrollees received NRT and of those that received NRT, more than 17 percent received combination therapy (17.7%, n=1,440).
- During this year, the PA Free Quitline supported the Text Messaging Initiative in which participants<sup>15</sup> could opt in to receive motivational and informational messages generated automatically based on participant-specific information. Messages were sent based on a variety of prompts including enrollment date, quit date, NRT order and number of completed coaching calls. Messages also included information related to relapse- prevention, motivation and encouragement, messages customized by tobacco type, messages assessing mood/craving, appointment reminders, and congratulatory messages in English or Spanish. **7,443 Quitline participants in SFY 2018/2019 and 53,549 since the program's inception opted into the Text Message Program.**
- In March 2014, the PA Free Quitline launched Quitlogix, a web-based cessation intervention tool.  Quitlogix provides enrollees with the opportunity to view upcoming appointments, order and track NRT shipments, engage in chat rooms and message boards, and access quizzes, calculators, and content based on their stage of change. To enroll, visitors to the Quitlogix website completed a brief intake questionnaire and were given the option to enroll in web-based services through Quitlogix only or to use Quitlogix in conjunction with telephone counseling. **In FY2018/2019 2,238 tobacco users enrolled in Quitlogix services** (24.4% of enrollees in that time period).
- Since 2013, the PA Free Quitline has used a Pregnancy Protocol offering as many as nine counseling calls to pregnant women; this includes up to five calls before the birth of a child and four postpartum. Small monetary incentives were provided to participating pregnant women for calls completed before birth (\$5 per call) and postpartum (\$10 per call). **From July 2018 to June 2019, 70 pregnant women and post-partum women opted to enroll in the Pregnancy Protocol.**<sup>16</sup>

### LGBTQ Needs Assessment and Conference

The Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center, and Public Health Management Corporation

partnered to disseminate data from the first statewide LGBT health needs assessment.

**4, 679 people participated in the needs assessment.** Community-based needs assessments provide valuable information to LGBTQ+ individuals, public health professionals, and care teams. Data were disseminated in a public report, regional meetings, national conferences, and Pennsylvania's LGBTQA Health Conference.

As part of their commitment to addressing health disparities, the 3<sup>rd</sup> Annual Conference on LGBTQA health was held in June 2019. The event was co-sponsored by the Pennsylvania Departments of Health and Human Services, Adagio Health, Northwest Pennsylvania Tobacco Control Coalition, Health Promotion Council, and Tobacco Free Allegheny. Conference topics and skill-based sessions included focus on: behavioral health; clinical competency; older adults and long-term care; HIV prevention; suicide risk; welcoming services; and tobacco use.

<sup>15</sup> Enrollment was not required to participate in the text messaging program. All callers that completed an intake were provided the opportunity to enroll in the text messaging program, prior to receiving a counseling call.

<sup>16</sup> Total includes only pregnant or postpartum women who completed a counseling call.

- **Fax to Quit**

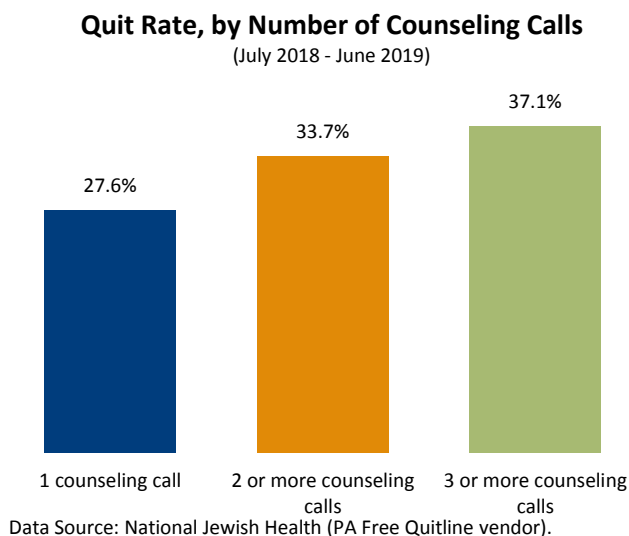
- From July 2018 to June 2019, there were **2,983 Fax to Quit** referrals received in the Commonwealth. During this time period, **31 percent (n=919)** of these individuals were successfully contacted by National Jewish Health and **67% (n=612)** of fax referred individuals contacted by NJH enrolled in counseling services.
- Overall, **21 percent of fax referrals received resulted in enrollment**, falling short of the 40 percent goal established for PA.

- **E-referral**

- From July 2018 to June 2019, there were **433 bi-directional e-referrals** received in the Commonwealth. During this time period, **22 percent (n=97)** of these individuals were successfully contacted by National Jewish Health and **55 percent (n=53)** of e-referred individuals contacted by NJH enrolled in counseling services.
- Overall, **12 percent of e-referrals received resulted in enrollment.**

- **PA Free Quitline Quit Rate<sup>17</sup>**

- At six-month follow-up, 79 percent (n=1,804) of respondents reported being very or mostly satisfied overall with the Quitline and 84 percent (n=1,712) reported being very or mostly satisfied with their counselor.
- Pennsylvania’s PA Free Quitline **six-month quit rate reached 31.3 percent** in SFY 2018/2019.<sup>18</sup>
- The conventional tobacco plus ENDS quit rate of 28.9 percent is slightly lower, indicating that some who report being quit at six-month follow-up are still using ENDS.
- The six-month quit rate for those completing more than **one counseling session is 33.7 percent.**
- **Provision of NRT as part of services significantly increased six-month quit rates (32.4%)** compared to individuals that did not receive NRT from the PA Free Quitline (26.6%).<sup>19</sup>
- Completing more than one counseling call also had a positive, significant influence on quit success at six-month follow-up, with a **quit rate of 37.1 percent for those completing three or more calls.**<sup>20</sup>



<sup>17</sup> Follow-up data reported for callers who completed intake in FY2017/2018. Follow-up data for these callers was collected in FY2018/2019.

<sup>18</sup> Reported quit rate is a responder rate, based on an overall 61.6% survey response rate.

<sup>19</sup> Significant at p<.05 at six-month follow up.

<sup>20</sup> Significant at p<.001 at six-month follow up.

- Quit rates did not differ when comparing callers on the basis of gender, race, ethnicity, sexual orientation, insurance status, or veteran status. With regards to **education level, chronic disease status, and public housing status, quit rates significantly differed at six-month follow up.**

<b>Quit Success for Selected Demographics</b> (July 2018 - June 2019)	<b>Quit Rate % at 6-month follow-up</b>	
Overall Conventional Tobacco Quit Rate	(n=2,228)	31.3%
<b>Overall Conventional Tobacco Plus ENDS Quit Rate</b>	<b>(n=2,219)</b>	<b>28.9%</b>
<b>Gender</b>		
Male	(n=844)	33.3%
Female	(n=1447)	30.2%
<b>Education Level*</b>		
Less than High School	(n=335)	26.9%
High School	(n=935)	32.7%
Some College/Tech School	(n=582)	28.7%
College Degree	(n=434)	35.0%
<b>Race</b>		
White	(n=1488)	32.1%
Black	(n=580)	29.5%
Other	(n=138)	33.3%
<b>Ethnicity</b>		
Hispanic	(n=84)	23.8%
Non-Hispanic	(n=2185)	31.6%
<b>Sexual Orientation</b>		
Heterosexual	(n=2194)	31.8%
LGBT	(n=89)	21.3%
<b>Housing Situation**</b>		
Public Housing	(n=364)	26.4%
Live Elsewhere	(n=1900)	32.3%
<b>Chronic Disease*^</b>		
Positive for Chronic Disease	(n=1037)	29.4%
No Chronic Disease	(n=453)	35.5%

\*p<.05; \*\*p<.01; \*\*\*p<.001 by Chi Square Test.

^Chronic diseases include: Asthma, COPD, cancer, diabetes, heart disease, and high blood pressure

Data Source: National Jewish Health (PA Free Quitline vendor).

## MPOWER - **W**ARN about the Dangers of Tobacco

### *PENNSYLVANIA ALLIANCE TO CONTROL TOBACCO*



During SFY 2018/2019, the Pennsylvania Alliance to Control Tobacco (PACT) continued to work with PATPC. PACT is a statewide coalition dedicated to strengthening tobacco control laws across the Commonwealth. By working with local coalitions, regional contractors, and national health organizations, PACT focuses its work on advocacy and education around tobacco control. This past fiscal year, PACT engaged in variety of tasks including: maintaining/growing the statewide coalition, providing technical assistance, educating stakeholders and decision makers, and addressing health inequalities. PACT also continued to produce and supply tools for RPCs and their stakeholders and coalitions. These tools are used to educate legislators and other stakeholders on the dangers of tobacco and tobacco-related policies proven to influence prevalence of tobacco use. PACT legislative outreach activities during SFY 2018/2019 focused on maintaining state funding for tobacco prevention and control programming and Tobacco 21 (i.e., increasing the minimum legal sales age of tobacco from 18 to 21).

By the end of SFY 2018/2019, there were **970 PACT members** and over 2,000 users are PACTonline.org. In SFY 2018/2019, **PACT facilitated visits with 217 legislators** (representing at least 86 percent of Pennsylvania's State Legislature). PACT organized another successful Day at The Capitol in May 2019 with nearly **700 advocates** from across the Commonwealth completing **126 legislative visits**. Ninety-eight respondents who participated in Day at the Capitol completed the end of day survey. Nearly two thirds of respondents self-identified as proficient or expert in legislative advocacy (65%).

In addition, PACT leads the TRU (Tobacco Resistance Unit) youth movement and point-of-sale (POS) strategy to reduce tobacco use in Pennsylvania. By the end of the fiscal year, there were **3,185 youth members participating in TRU** and **101 advisors**. PADOH and PACT continued coordinating the statewide point of sale initiative, which includes regular point of sale workgroup convenings. In SFY 2019, **TRU youth completed 36 point of sale store assessments in Pittsburgh and 38 store assessments in Williamsport**. RPCs and TRU youth have used data from these store assessments to educate local decision makers in an effort to change tobacco point of sale policy. In Scranton, TRU students participated in a social media campaign to promote the pilot, co-producing and sharing a video about point of sale advocacy. Some youth who conducted assessments also spoke at a public city council meeting. Local health and youth organizations also generated community buy-in for POS legislation; for example, a letter to the editor was published in the Scranton-Times Tribune from a local resident.

The PACT team presented at both local and national conferences including the Pennsylvania Public Health Association Annual Conference, the American Public Health Association Annual Conference, the Society for Public Health Education (SOPHE) Annual Conference, and the Xavier University Pharmacy Health Disparities Conference.

## LUNG FORCE EXPOS



During this year, PACT and the American Lung Association (ALA) partnered with the Department of Health and the RPCs to host a LUNG FORCE Expo to raise awareness and educate on lung cancer and lung disease. The American Lung Association held one **LUNG FORCE Expo in Pittsburgh, PA in May 2019; another Expo was held in Cherry Hill, NJ in April 2019.** ALA staff and RPCs participated as

event advisors, attendees, exhibitors, and presenters. **Over 259 people attended the Cherry Hill Expo** to learn about the latest trends, resources and research surrounding lung cancer, COPD, asthma and other lung diseases (61 patients/caregivers and 126 healthcare professionals). Lung Association staff distributed surveys to attendees to gather feedback on their participation. All of the surveyed patients and caregivers and over 90 percent (93%) of professionals who participated rated the Expo as useful. All surveyed patients, caregivers and professionals would recommend LUNG FORCE events to others. **Over 206 people attended the Pittsburgh Expo** (51 patients/caregivers and 80 health care professionals). All surveyed patients/caregivers and 99 percent of professionals rated the Expo and useful. All surveyed patients, caregivers and professionals of this Expo would also recommend the LUNG FORCE events to others.

## MPOWER - ENFORCE and Inform Policy Compliance



DTPC works to prevent the initiation of tobacco use among young people through enforcement of tobacco retailer laws in Pennsylvania. These laws prevent the sale of tobacco products to individuals under the age of 18 and are enforced through several regulatory mechanisms, which include the training of youth to assist with inspections. In SFY 2018/2019, RPCs held 60 trainings on Act 112 and FDA enforcement with a total of 196 youth.

### STATEWIDE RETAIL ENFORCEMENT PROGRAM

Act 112 is a law that regulates and enforces the sale of tobacco products to youth. Youth, with adult supervisors, perform enforcement checks in tobacco retail outlets throughout Pennsylvania.

- 12,149 Statewide Retail Enforcement checks were completed across the Commonwealth for the period July 1, 2018 to June 30, 2019. Of those enforcement checks, **19 percent resulted in a sale.**
- Philadelphia had the highest reported sales rate among the eight regions, at 36 percent.
- Across the state, **45 percent of reported sales occurred at convenience-grocery stores** (no gas sold), followed by restaurants/deli (19%) and convenience stores (gas sold) (14%).
- The majority of sales citations were issued to both the clerk and the business (53%).
- The majority of sales to youth were large cigars (85%).

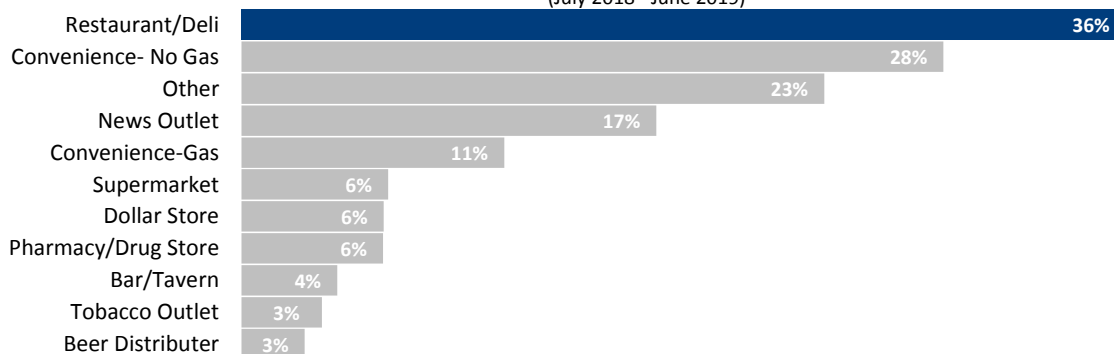
### Every Smoker Every Time

The *Every Smoker, Every Time* brief intervention training was revamped and relaunched in 2018. Individuals may complete the 45-minute training from work or home and receive a completion email after passing a post-test with a score of at least 80%. The training is based on effective, validated tobacco dependence treatments and practices found in the AHRQ guidelines, *Treating Tobacco Use and Dependence: 2008 Update - Clinical Practice Guide*.

The *Every Smoker, Every Time* training is used by direct service providers new to tobacco cessation/ recovery, as well as those who want a refresher to stay informed about a changing tobacco use landscape (e.g., electronic cigarettes, new smokeless products). Engaging a wide range of direct service providers in tobacco cessation/ recovery expands reach, supporting those who are disparately impacted by tobacco use.

### Reported Sales Rate, by Outlet Type

(July 2018 - June 2019)



Data Source: State Tobacco Retail Enforcement Program SFY19 Report.



FDA has regulatory authority over the manufacture, distribution, and marketing of covered tobacco products. This includes oversight of minimum age of purchase regulations and the authority to inspect tobacco retailers under the Tobacco Control Act. FDA, or FDA contracted entities, conduct tobacco retailer compliance inspections annually to assess compliance with regulations.

- There were 4,858 compliance check inspection results reported to FDA between July 1, 2018 and June 30, 2019. During this same time period, 553 warning letters were issued. The public FDA database is available here: [http://www.accessdata.fda.gov/scripts/oc/inspections/oc\\_insp\\_searching.cfm](http://www.accessdata.fda.gov/scripts/oc/inspections/oc_insp_searching.cfm). The image on the page below shows a sample warning letter issued by the FDA regarding tobacco retailer compliance check violations.

**Example Warning Letter from FDA Compliance Check:**



Food and Drug Administration  
Center for Tobacco Products  
10903 New Hampshire Avenue  
Silver Spring, MD 20993

**WARNING LETTER**  
June 30, 2016

VIA UPS



Re: **FDA Warning Letter Regarding Tobacco Retailer Inspection Violations**  
Reference Number: [Redacted]

Dear Sir or Madam:

This Warning Letter is notification from the United States Food and Drug Administration (FDA) advising you that [Redacted] was observed to be in violation of federal tobacco laws and regulations. Failure to correct these violations may lead to federal enforcement actions, including monetary penalties. Your response is requested in 15 working days.

On June 16, 2016, an inspector representing the FDA completed an inspection of the establishment, located at [Redacted]. During this inspection the establishment was in violation because you or your employee sold cigarettes to a minor and failed to check identification to verify purchaser's age.

This inspection revealed that the establishment sells, distributes, and/or advertises cigarettes, cigarette tobacco, and/or smokeless tobacco, which requires that the establishment and its owners comply with federal laws and regulations governing such practices. The violations observed during the June 16, 2016, inspection include the following:

1. A minor was able to buy Marlboro 100's cigarettes on June 16, 2016, at approximately 5:33 PM in the establishment.

A retailer must NOT sell cigarettes, cigarette tobacco, and/or smokeless tobacco to a person younger than 18 years of age. Doing so violates 21 C.F.R. § 1140.14(a).

2. No one in the establishment checked the minor's identification before the sale of Marlboro 100's cigarettes on June 16, 2016, at approximately 5:33 PM.

A retailer MUST check a photographic identification that includes a date of birth for any person under the age of 27 who attempts to purchase cigarettes, cigarette tobacco, and/or smokeless tobacco. Failure to do so violates 21 C.F.R. § 1140.14(b)(1).

The listed violations cause your cigarettes to be "misbranded" under 903 of the FD&C Act (21 U.S.C. § 387c).

You should immediately correct the violations listed above. Failure to correct the violations may result in FDA taking regulatory action without further notice. These actions may include, but are not limited to, civil money penalty, no-tobacco-sale order, seizure, and/or injunction.

The violations indicated in this letter may not be a complete list of violations at the establishment.

We will periodically inspect your establishment and review your promotional activities (e.g., website(s)) related to FDA-regulated tobacco products to assess your compliance with all applicable laws and regulations, including access, marketing, labeling, and advertising restrictions. For more information on these requirements, helpful resources for retailers, a database of inspections, and free Break the Chain of Tobacco Addiction materials, visit our website at <http://www.fda.gov/TobaccoProducts>. Specifically, Guidance for Industry: Compliance with Regulations Restricting the Sale and Distribution of Cigarettes and Smokeless Tobacco to Protect Children and Adolescents provides additional information on compliance with retailer responsibilities <http://www.fda.gov/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm252758.htm>.

You have 15 working days from the date you receive this letter to respond. In your response, explain your plan for correcting the listed violations and preventing future violations. Include a telephone number and address. Note your reference number of [Redacted] in your response and mail it to:

Food and Drug Administration  
Center for Tobacco Products  
Document Control Center  
Building 71, Room G335  
10903 New Hampshire Avenue  
Silver Spring, MD 20993-0002

If you have any questions, contact the Center for Tobacco Products at 1-877-CTP-1373, option 6, or via email at [CTP-Compliance-WL-Correspondence@fda.hhs.gov](mailto:CTP-Compliance-WL-Correspondence@fda.hhs.gov). Have your reference number ready when you call and include it with any email communications.

**SYNAR**

In 1992, the Synar Amendment established requirements that states conduct random, unannounced inspections of tobacco retailers to address youth tobacco access and enforce tobacco retailer laws. Pennsylvania administers the Synar survey annually to meet these federal requirements and estimate the rate at which outlets sell cigarettes to minors. Data is collected via youth buyers, ages 15-17, who attempt to purchase cigarettes from a sample of Pennsylvania cigarette retailers. The outcome of each attempt is recorded and a rate is calculated from the eligible outlets attempted. The 2018 survey was conducted during the summer of 2018 and the report was issued in August 2019. In 2018, an estimated 9.1 percent (CI: 7.2% - 11%) of Pennsylvania retailers sold cigarettes to minors.<sup>21</sup>

<sup>21</sup> Pennsylvania Department of Health. Division of Health Informatics. (2019). *2018 Annual Synar Report*. Harrisburg, PA.



## MPOWER - RAISE Community and Legislative Awareness

### COLLABORATIVE ACTIVITIES

PATPC's work was not limited to tobacco prevention and control. During this time period, PATPC continued to expand their role in addressing chronic disease by collaborating with other divisions within PADOH to raise awareness about tobacco comorbidities and exacerbation of other chronic conditions. Through its relationships with tobacco contractors, PATPC helped raise community member and community-based organization awareness about health and wellness more broadly. This work included utilizing existing partnerships and service providers to:

- Address diabetes prevention through the expansion of the **Diabetes Prevention Program**;
- Increase awareness about lung health and cancer through promotion of the *Pennsylvania Cancer Control Plan* and other resources and educational events, such as **LUNG FORCE**;
- Integrate tobacco prevention with healthy lifestyle support via the **Healthy Corner Store Initiative**;
- Improve the health of older adults through the **A Matter of Balance Initiative**;
- Incorporate tobacco prevention and cessation into asthma education and management through participation in the **Pennsylvania Asthma Partnership**;
- Promote improved heart health and reduce risk of stroke through the **Million Hearts Initiative**;
- Support the **PA Oral Health initiative** by promoting good oral health as a key part of a healthy lifestyle; and
- Decrease the risk of cardiovascular disease among low-income, underinsured women through the **WISEWOMAN Program**.

The synergistic outcomes of these collaborative efforts are described in more detail in the accompanying **Collaboration Multiplier Analysis** report.

During SFY 2018/2019 PADOH's Division of Nutrition and Physical Activity (DNPA) continued implementation of a program focused on increasing the number of Diabetes Prevention Programs (DPP) in Pennsylvania. Throughout the year, select RPCs facilitated the CDC recognition application process for qualified Pennsylvania organizations and broadened the availability of trained Lifestyle Coaches and Master Trainers. By July 2019, there were 70 PADOH-partner DPP sites in Pennsylvania, including 11 new pharmacy sites from a collaboration with the Pennsylvania Pharmacists Association. PADOH-partner sites are located in 40 of Pennsylvania's 67 counties. RPCs have reported collaborations between DPP programs and tobacco cessation programs, local libraries, senior centers, community gyms, and nutrition services.



**A MATTER OF  
BALANCE**  
MANAGING CONCERNS ABOUT FALLS

During SFY 2018/2019 RPCs continued their work on **A Matter of Balance: Managing Concerns about Falls (MOB)**, an initiative designed to reduce the fear of falling and increase activity levels among older adults. RPCs in the Northwest, Northcentral, Northeast, Southwest, Philadelphia, and Southcentral regions reported MOB collaboration work via quarterly reporting. MOB classes were conducted at retirement communities, hospitals, and a YMCA. The

Northwest region established a partnership with an outpatient physical rehabilitation center and a recreation complex to facilitate future scheduling of classes. Northwest also discussed the program at a health improvement coalition meeting. The Lung Association focused on program innovation, additional resources, and recruitment methods (e.g., outreach to rural communities). MOB providers regularly met with Lung Association staff to discuss successes and challenges. The Southwest region offered a presentation to a county aging association. RPCs worked to cross promote activities, including MOB, across programs.

## LEGISLATIVE ACTION

PACT works with statewide partners to strengthen tobacco control laws across Pennsylvania. In SFY 2018/2019, PACT made **efforts to increase PACT membership** through social media posts, recruiting through regional and local tobacco-free coalitions, requiring membership at all PACT trainings, and sending PACT membership information to the Day at the Capitol and LUNG FORCE Expo in Pennsylvania registrants. The PACT team **provided advocacy trainings, developed advocacy toolkits, and delivered information and technical assistance** on PACT and TRU websites, social media accounts, PACT Notes, and the TRU e-newsletter. PACT successfully facilitated visits with 217 legislators and organized another successful Day at The Capitol in May 2019 with nearly 700 advocates from across the Commonwealth completing 126 legislative visits.

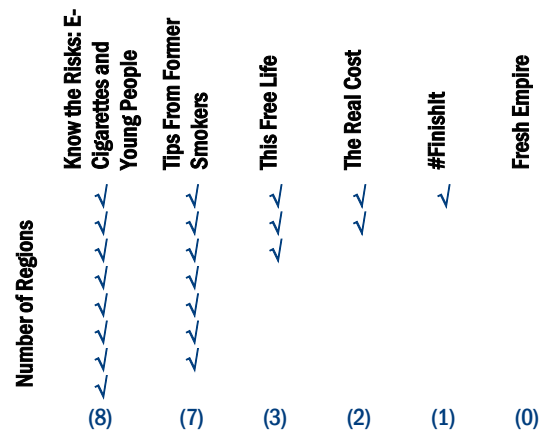


During this fiscal year, PACT and the American Lung Association continued coordination of the **Tobacco Resistance Unit (TRU)**, the youth tobacco prevention and control movement in Pennsylvania. **Approximately 500 youth**, ages 10-19, attended Day at the Capitol in Harrisburg on May 7, 2019. At the end of SFY 2018/2019, TRU had **3,185 youth members, 101 mentors, and 120 groups** statewide. PACT worked

with RPCs to support youth recruitment; communication strategies included e-blasts and sharing monthly infographic reports and updated RPCs on TRU initiatives like Tobacco 21 and point of sale. PACT also disseminated e-newsletters for advisors and RPCs. Through PACT’s Regional Tobacco 21 campaign, **four TRU members served as Tobacco 21 Ambassadors.**

## NATIONAL AND REGIONAL MEDIA CAMPAIGNS

Through its network of RPCs, PATPC promotes a variety of national anti-tobacco media campaigns and marketing materials, including CDC’s Tips From Former Smokers; the Food and Drug Administration’s (FDA) The Real Cost, This Free Life, and Fresh Empire; the Truth Initiative’s #FinishIt; and the U.S. Surgeon General’s Know the Risks: E-Cigarettes and Young People. The chart to the right shows the number of regions that utilized each of these national media and marketing campaigns in local or regional media events during SFY 2018/2019. All regions utilizing the Tips From Former Smokers, The Real Cost, This Free Life, and #FinishIt also promoted the PA Quitline at media events for these campaigns. Six of the eight regions promoted the PA Quitline at media events utilizing the Surgeon General’s Know the Risks campaign.



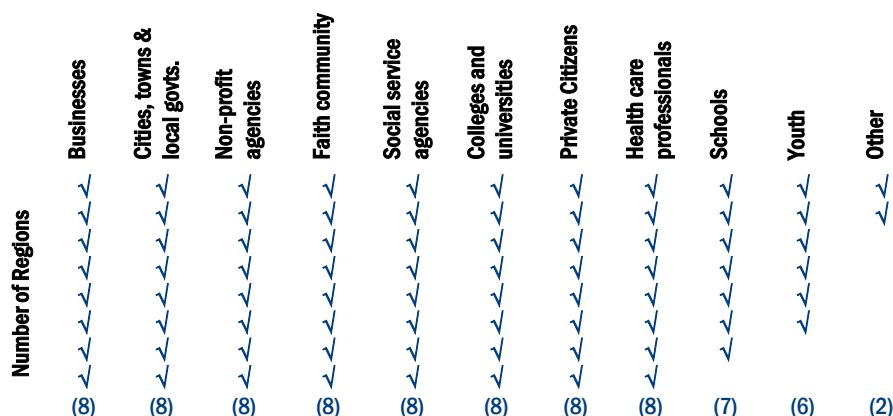
RPCs also developed and implemented local and regional media campaigns to raise awareness, including campaigns focused on the following topics and audiences:

- Encouraging adult smokers to quit for their family and/or children;
- Encouraging rural youth to live a tobacco free life;
- Promoting tobacco dependence treatment within the LGBT community;
- E-cigarette counter marketing directed toward parents;
- Encouraging pregnant women and women of childbearing age to quit smoking (Healthy Choices, Healthy Children: Smoke Free Moms);
- Raising awareness about flavored tobacco among youth; and
- Raising awareness about combustible tobacco.

RPCs promoted these campaigns through social media; billboard, bus, local newspaper and other print advertisements; radio and Pandora advertisements; and other paid and earned media opportunities.

## REGIONAL COALITION ACTIVITIES

RPCs work with coalitions, made up of local community members and stakeholders, to enhance tobacco prevention and control programming. Coalition members include representatives from local businesses; cities, townships, and local government; area non-profits, the faith community; social service agencies; colleges/universities; schools; youth, private citizens; and health care providers.<sup>22</sup> The chart below shows representation by category. Regional coalition efforts include training, education, advocacy, and organizational development activities in a variety of tobacco prevention and control and wellness areas.



From July 2018 to June 2019, RPCs convened **16 coalition meetings**, averaging 25 non-RPC staff attendees per meeting. During this time period, **regional coalitions held or attended 17 trainings**. The topics of reported trainings included Housing as a Social Determinant of Health (3)<sup>23</sup>; vaping, e-cigarettes, and/or Juul (3); LGBTQ health and tobacco disparities (2); youth prevention (2); point of sale (2); advocacy (2); tobacco cessation and pregnancy (1); brain wellness (1); and the CHIC annual meeting (1). Across these trainings, RPCs reached nearly 552 coalition members and stakeholders.<sup>24</sup>

Many regional coalitions organized into workgroups to cover relevant issues within tobacco prevention and control, including:

- Multiunit housing
- Cessation
- Chronic disease
- TRU
- LGBTQA health
- Advocacy
- Prevention
- Tobacco retailers
- Access to healthcare
- Behavioral health
- Physical activity/nutrition
- Brain health

Other regional coalitions organized themselves geographically, joined with other local health coalitions to improve sustainability and increase engagement, and others did not utilize a workgroup structure.

Regional coalitions utilize a variety of different strategies to improve program effectiveness and cost efficiency. The following are examples of these strategies:

- Dividing into subgroups based on areas of similar focus;
- Surveying relevant stakeholders to assess policy needs and determine next steps;
- Offering mini-grants and utilizing other strategies to engage community partners;

<sup>22</sup> Data Source: Regional Primary Contractor quarterly regional coalition reporting. Regions reporting “other” types of coalition members did not specify.

<sup>23</sup> Three other regions reported attending the same training, Housing as a Social Determinant of Health.”

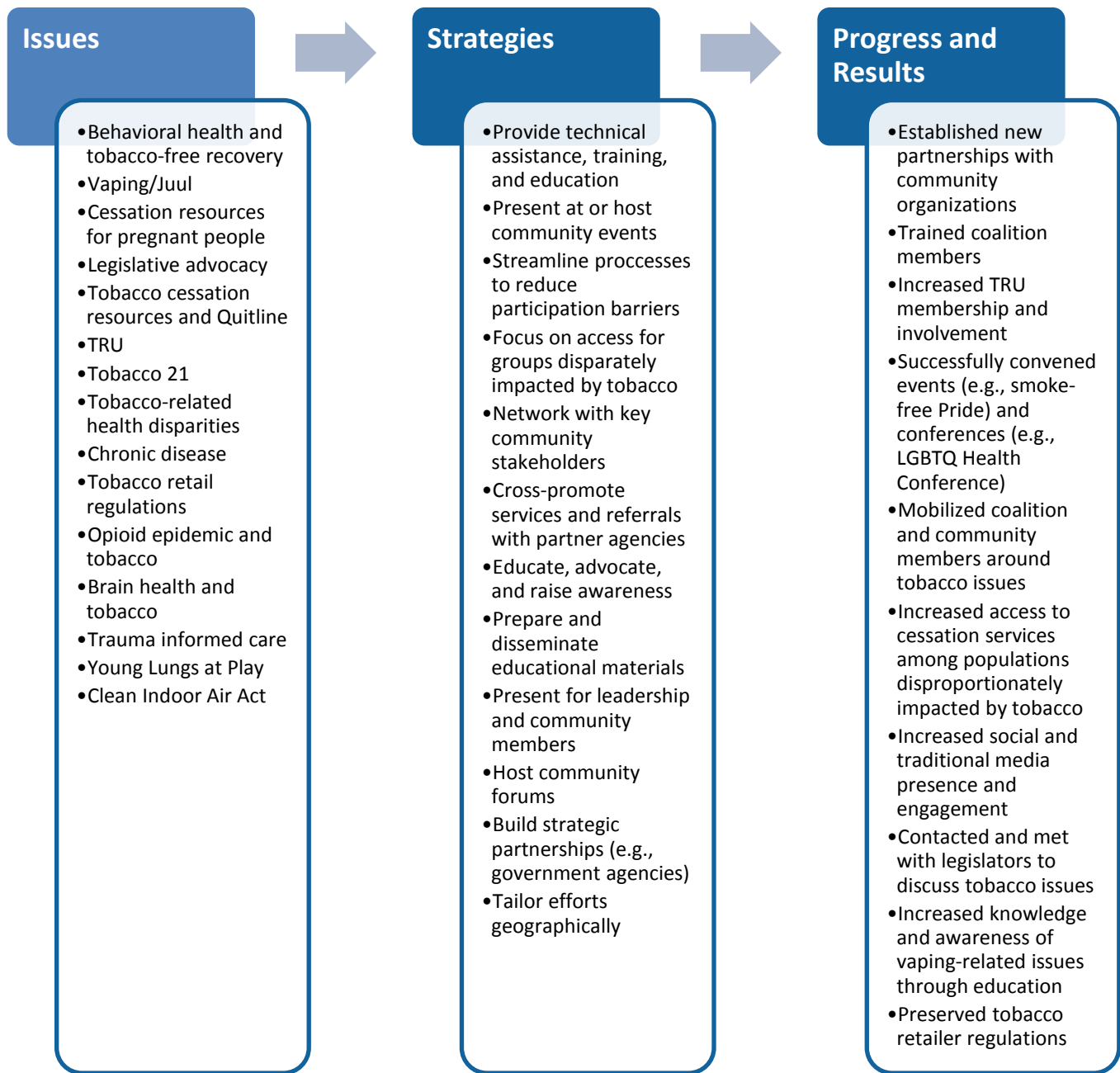
<sup>24</sup> Some coalition members may have attended multiple trainings and are counted once for each training attended.

- Integrating work with existing community-based coalitions/groups in related health sectors (e.g., drug and alcohol prevention, mental and/or behavioral health) to diversify meeting locations and broaden coalition membership;
- Developing informational content that can be disseminated via different channels (e.g., newsletters, webinars, trainings, hand-outs and one-pagers, toolkits and templates);
- Promoting coalition work through media and public relations, including use of social media;
- Broadening the scope of stakeholders engaged (e.g., include probation officers); and
- Providing technical assistance to local organizations and service providers to increase capacity (e.g., around inclusive care for LGBTQA individuals).

Regional coalitions **utilize community resources and/or collaborate with community partners** in a variety of ways to further tobacco prevention and control goals, including:

- Raising awareness about the need for tobacco control within behavioral health settings by working with community organizations to provide trainings, technical assistance, and tobacco dependence treatment (TDT) programming;
- Cross promoting services to increase utilization and increase awareness;
- Presenting about coalition progress/goals/objectives at community events;
- Including varied stakeholders in coalition groups (e.g., service providers, insurers, local health departments, managed care organizations, behavioral health organizations);
- Engaging with high school and college students and staff through competitions, presentations, and national tobacco holidays;
- Utilizing professional and personal connections throughout the community;
- Combining resources from educational events and disseminating to the full coalition via listserv (e.g., webinar recordings, CDC fact sheets); and
- Holding events, including conferences and trainings, within the community.

Regional coalitions focused on a wide array of local, state, and national tobacco-related issues. Three of eight regional coalitions identified tobacco-free recovery and behavioral health, vaping/Juul, and cessation resources for pregnant people as issues of focus. Other issues varied across regions. The diagram below outlines the 15 key issues reported by regional coalitions, the strategies they utilized to address those issues, and the progress and results achieved.



**MPOWER REPORT – REGIONAL CESSATION DATA BREAKDOWNS (July 1, 2018 – June 30, 2019)**

The following tables display July 1, 2018 – June 30, 2019 program data by region, to inform programmatic decision-making and conversations about program reach and effectiveness across the Commonwealth.

**Cessation Participant Surveys**

RPCs enrolled 3,042 cessation program participants in counseling between July 1, 2018 and June 30, 2019 (Table 1). In addition, cessation program participants completed 1,559 end-of-treatment surveys, 926 30-day follow-up surveys and 600 six-month follow-up surveys (Table 2).

**Table 1: Number of Newly Enrolled Cessation Participants, by Region and Program Type (July 2018 – June 2019)**

Program Type	Alleg	NC	NE	NW	Phila	SC	SE	SW	Total PA
<b>Group</b>	0	181	481	85	N/A	513	1,042	114	<b>2,416</b>
<b>One-on-one</b>	0	10	37	13	N/A	154	273	22	<b>509</b>
<b>Unknown</b>	72	0	2	0	N/A	0	0	43	<b>117</b>
<b>Regional Total</b>	72	191	520	98	N/A	667	1,315	179	<b>3,042</b>

Data Source: RPC Quarterly Data Reports

**Table 2: Number of End of Treatment and Follow-up Surveys Completed by Cessation Program Participants, by Region and Point in Time (July 2018 – June 2019)**

Time Frame	Alleg	NC	NE	NW	Phila	SC	SE	SW	Total PA
<b>End of Treatment</b>	48	65	284	68	N/A	362	682	50	<b>1,559</b>
<b>30-Day Follow-Up</b>	0	37	178	46	N/A	238	396	31	<b>926</b>
<b>6-Month Follow-up</b>	0	16	81	38	N/A	142	316	7	<b>600</b>

Data Source: RPC Quarterly Data Reports

Note: Due to rolling enrollment, not all clients who enroll in cessation programming complete that series of treatment and/or are ready for additional follow-up within the same reporting year.

### Cessation Participant Quit Attempts and Quits

By the end of treatment, 82 percent (n=1,259) of regional cessation program participants who completed treatment and answered a quit attempt question reported having made a quit attempt<sup>25</sup> (Table 3). At 30-day follow-up, 40 percent (n=373) of participants who answered a tobacco use question reported having quit using tobacco or stayed quit. Similarly, at six-month follow-up, 40 percent (n=239) of participants who answered a tobacco use question reported having quit or stayed quit<sup>26</sup> (Table 4).

**Table 3: Cessation Programming Participants Who Reported Having Stopped Smoking/Using Tobacco for One Day or Longer During Program Participation (Made a Known Quit Attempt\*) by Region (July 2018 – June 2019)**

	Alleg	NC	NE	NW	Phila	SC	SE	SW	Total PA N (%)
<b>End of Treatment</b>	47 (98%)	45 (69%)	250 (88%)	56 (82%)	N/A	294 (81%)	542 (80%)	25 (50%)	<b>1,259 (81%)</b>

Data Source: RPC Quarterly Data Reports

\*Quit attempt—stopped smoking/using tobacco for at least one day or longer during program participation because they were trying to quit. Quit attempt rate is calculated as follows: total number of participants reporting a quit attempt plus those who reported not smoking at all in last 30 days over total number of participants completing the End of Treatment survey.

Note: Quit rates are conservative, as cases with missing data for quit questions (n=85) are assumed to not have made a quit.

**Table 4: Cessation Programming Participants Who Reported Having Abstained from Tobacco Use for a Minimum of 30 Days or More (Quit\*), by Region and Follow-up Survey Time Frame (July 2018 – June 2019)**

	Alleg	NC	NE	NW	Phila	SC	SE	SW	Total PA N (%)
<b>30-Day Follow-Up</b>	N/A	13 (35%)	75 (42%)	15 (33%)	N/A	100 (42%)	159 (40%)	11 (36%)	<b>373 (40%)</b>
<b>6-Month Follow-up</b>	N/A	5 (31%)	24 (30%)	14 (37%)	N/A	62 (44%)	130 (41%)	4 (57%)	<b>239 (40%)</b>

Data Source: RPC Quarterly Data Reports

\*Quit—Intentional abstinence from tobacco use for a minimum of 30 days or more. Quit rate is defined as follows: total number of participants who report not having used tobacco at all in the past 30 days over number survey respondents.

Note: Quit rates are conservative, as cases with missing data for quit questions (30-day follow-up: n=5; 6-month follow-up: n=6) are assumed to not have made a quit attempt.

<sup>25</sup> “Quit attempt” is defined as an individual intentionally stopping smoking/using tobacco for one day or longer because they were trying to quit. Only participants who smoked every day or some days were asked if they made a quit attempt. However, those who enrolled quit and stayed quit are included here as their quit attempt continued during treatment.

<sup>26</sup> “Quit” is defined as the intentional abstinence from tobacco use for a minimum of 30 days or more. Both those who newly quit and those who stayed quit were included.

## Pennsylvania Tobacco Prevention and Control Program - Chronic Disease Collaboration

State Fiscal Year 2019

### Collaboration Multiplier Analysis



Through chronic disease collaboration, the Division of Tobacco Prevention and Control seeks to: (1) Reduce the burden and exacerbation of chronic disease due to tobacco use; (2) improve awareness of tobacco prevention and cessation resources across sectors; (3) expand program reach via cross-referral; and (4) reduce chronic disease health disparities.

#### Healthy Food Access

**Desired Outcome:**

Increased availability of healthy food choices and elimination of tobacco products at corner stores

**Key Partners:**

Organizations serving low-income populations, storeowners, community members, and other health department staff

**Key Strategy:**

Provide technical assistance support to corner store owners about food access and tobacco cessation

#### Diabetes Prevention

**Desired Outcomes:**

Decreased tobacco use rates and increased knowledge of tobacco cessation resources among diabetes prevention participants

**Key Partners:**

Health education agencies, trained health education facilitators, and providers

**Key Strategy:**

Provide tobacco cessation opportunities for diabetes prevention program participants and technical assistance to diabetes prevention providers

#### Health Maintenance

**Desired Outcome:**

Decreased falls among program participants and reduced tobacco use among oral health clients

**Key Partners:**

Community organizations

**Key Strategies:**

Provide technical assistance and training to Matter of Balance and oral health program providers

#### Shared Partner Strengths

- **Tobacco expertise** in health impact of tobacco use, cessation and prevention strategies, and policy development
- **Strong coalitions and networks**
- **Technical assistance** strategies to change organizational practices
- **Provider relationships** and educational material

#### Joint Strategies

- **Strengthen referrals** among health promotion providers and programs to tobacco prevention and cessation services
- **Provide technical assistance** to businesses and providers to improve their tobacco knowledge, policies, programs, and messaging
- **Build diverse tobacco coalitions** of providers, health systems, residents, community programs, businesses, health departments, national associations, and more

#### Tobacco Control Benefits

- **Cross promotion** of cessation services and PA Free Quitline through chronic disease programs
- **Mechanism for coeducation** of disparately impacted or high needs populations; expansion of population reach
- **Comprehensive policies** strengthened through collaboration across disease sectors
- **Increased awareness** of tobacco control resources

#### Cardiovascular Disease Prevention

**Desired Outcome:**

Decreased incidence of cardiovascular disease and decreased tobacco use rates among Million Heart Initiative participants

**Key Partners:**

Sister coalition members, community organizations

**Key Strategy:**

Provide tobacco cessation opportunities to initiative participants and increase the spread of information through collaborative events

#### Asthma Prevention

**Desired Outcome:**

Reduced incidence of asthma through tobacco prevention and cessation

**Key Partners:**

Coalition members and service providers

**Key Strategies:**

Provide technical assistance to asthma and lung disease support groups

#### Cancer Prevention

**Desired Outcomes:**

Decreased incidence of lung cancer through increased cancer screening and increased participation in tobacco cessation programs and resources

**Key Partners:**

Coalition members, COPD support groups

**Key Strategies:**

Distribute information about lung cancer screening and tobacco cessation services through outreach initiatives and educational events

Work was done to address disparities in highly impacted populations. The targeted audience of these population based initiatives included LGBTQ populations, behavioral health populations, incarcerated individuals, rural youth, and college students. These efforts primarily focused on policy and training rather than direct services.





If you have any questions about this report, please contact:  
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