



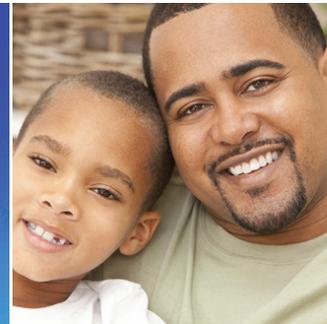
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**A Strategic Plan for a
Comprehensive Tobacco Control
Program in Pennsylvania (2012-2017)**



*“If we can teach children
to understand the real
dangers of tobacco, we
have protected them for life”*

foreword

This strategic plan for Pennsylvania's Tobacco Prevention and Control Program represents a coordinated effort between the Pennsylvania Department of Health (DOH), key partners¹, and other stakeholders in tobacco prevention and control in Pennsylvania. Our vision is to significantly decrease tobacco-related morbidity, mortality, and economic costs in Pennsylvania. By collaborating with our partners to enact this plan, we can leverage resources to raise awareness, provide comprehensive programs, improve health equity, and strengthen tobacco control policies in Pennsylvania.

The following strategic plan identifies strategies to address these five goals:

- Prevent initiation of tobacco use among youth and young adults;
- Promote tobacco-use cessation among adults and youth;
- Eliminate exposure to secondhand smoke;
- Identify and eliminate tobacco-related disparities; and
- Enhance Pennsylvania's role as a nationally recognized leader in tobacco control programs and policies.

This plan is intended to serve as a framework that informs all decisions and initiatives within the DOH and across the Pennsylvania community related to tobacco control.

Each action step identified in this plan is critical to Pennsylvania's goals. As funding levels inevitably change, it is critical for activities to continue, even as responsibilities shift and scope increases and decreases.

Dynamic and coordinated planning and action will support Pennsylvania's goals and facilitate sustained, positive change.

best practices

The Pennsylvania Tobacco Prevention and Control Program is based on the Best Practices for Comprehensive Tobacco Control Programs of the Centers for Disease Control and Prevention (CDC). These methods and processes have been determined to be the most effective way to help people avoid and stop using tobacco. With CDC guidance and our programming, we have generated significant results.

Since 2003, we have seen a significant decline in smoking prevalence among adults and youth. With continued efforts, we will make even greater strides in eliminating the harmful effects of tobacco use and exposure.

State and Community Interventions:

The School Tobacco Policy Initiative has raised awareness and supported policy changes for schools and school districts across the Commonwealth.

Health Communication Interventions:

Earned media was used to successfully promote multiple PA FREE Quitline Nicotine Replacement Therapy (NRT) initiatives.

Cessation Interventions:

The PA FREE Quitline and community-based cessation programs have served over 27,400 clients since July 2010. (July 2010 to September 2011)

Surveillance and Evaluation:

Regular reporting and analysis of program data in combination with surveillance tracking help to inform and support program planning.

Administration and Management:

Collaboration, including work at technical assistance conferences, with statewide and regional partners promotes coordination of tobacco prevention and control efforts and leveraging of resources across Pennsylvania.

¹ Key partners include PA DOH Division of Tobacco Prevention and Control Program (DTPC) funders, contractors, and vendors.



select accomplishments

1. Cigarette sales in Pennsylvania declined by 32 percent between 2002 and 2010 (PA Department of Health (DOH) and Department of Revenue (DOR), 2011).
2. In Pennsylvania, the rate of illegal cigarette sales to minors has fallen dramatically from over 50 percent in 1996 to an estimated 5 percent in 2008 (PA DOH Synar, 2009).
3. More than 90 percent of Pennsylvania adults working indoors report that smoking is not permitted inside their workplace (PA NATS, 2009/2010).
4. Among adults who have children at home, there has been an increase to about 85 percent who report smoking is not permitted in their home as of 2009 (NATS, 2009/2010).
5. In 2008, the Pennsylvania legislature passed the Clean Indoor Air Act, making progress towards addressing the critical issue of secondhand smoke exposure and worker health.
6. Local cessation programs have served tobacco users who were ready to quit in all 67 Pennsylvania counties.
7. The percent of high school students who have never smoked, but who are susceptible to experimentation significantly decreased between 2008 and 2010, to about 19% (Youth Tobacco Survey (YTS), 2010).
8. The gap in smoking rates between all adults and young adults (18-29) in Pennsylvania is closing (Behavioral Risk Factor Surveillance System (BRFSS), 2010).



“Adult smoking in PA has decreased 33% since 1998

(BRFSS)

These accomplishments are important, but more work needs to be done to realize our vision of reducing tobacco-related morbidity, mortality, and economic costs in Pennsylvania.

issues

Prevention

Most adults who use tobacco began as children. Persuading youth not to start using tobacco is a challenge, but one that is necessary to prevent tobacco use. Tobacco use remains the number one preventable cause of death in the U.S. It is important for us to continue our efforts to educate people not to start.

Cessation

Quitting tobacco use is an important step to take to improve health, but it is not easy. Quitting successfully often requires multiple attempts. Chances of success increase with support and help. It is critical to offer and publicize services for tobacco users who want to quit. It is also important to offer referral training to health care providers so that they can effectively advise and encourage their clients to quit tobacco and reduce exposure to secondhand smoke

Tobacco Industry

Through targeted websites and other technology-driven methods, the tobacco industry is moving into new channels to market its products to younger and newer audiences. Marketing in the digital space offers tobacco companies a way to take advantage of a loophole in the rules that limit tobacco advertising. Even vintage cigarette commercials that are banned on TV are now available for viewing on YouTube. Prevention and cessation efforts, to be successful, have to go where the audiences are and operate more routinely in the online space. Countering the enormous marketing efforts of big tobacco companies and working with partners to make sure people understand the substantial health risks associated with tobacco products is vital.

Health Equity

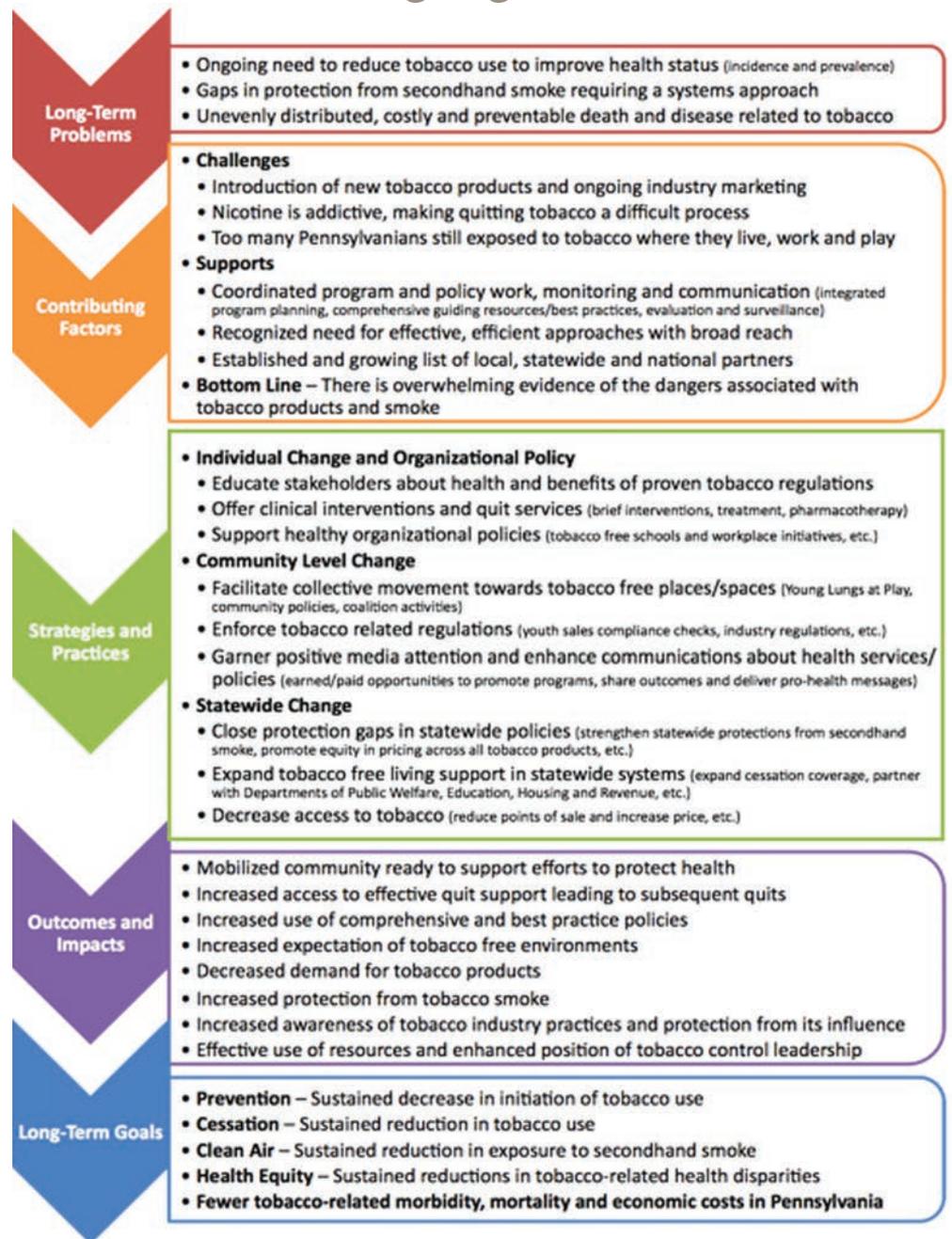
While tobacco use has decreased in Pennsylvania, use has not decreased equally across all communities and populations. Many communities and populations are disproportionately affected by tobacco use. Tobacco control services and education must offer tailored solutions to

ensure that all Pennsylvania citizens have access to programs and healthy environments; as well, tobacco control policies must be inclusive to protect all Pennsylvanians equally.

Sustained Funding

We have accomplished a great deal in regards to tobacco prevention and control, causing many to believe the problem is solved. However, tobacco use continues to be the number one cause of preventable death in the U.S. and Pennsylvania. We must continue to support tobacco control, which has great implications for the health of Pennsylvanians—not just now, but for years to come. Pennsylvania was one of only a few states to initially use the Master Settlement Agreement (MSA) for health-specific programs and services. However, recently Pennsylvania has begun using the funding to aid other areas within state government. We are now investing only \$13.9 million annually in tobacco control and prevention programs. The CDC recommends, based on population, that \$155.5 million should be invested each year to overcome tobacco use and exposure in Pennsylvania.

Working Logic Model



goals, strategies, and action steps

- Goal 1: Prevent initiation of tobacco use among youth and young adults
- Goal 2: Promote tobacco use cessation among adults and youth
- Goal 3: Eliminate exposure to secondhand smoke
- Goal 4: Identify and eliminate tobacco-related disparities
- Goal 5: Enhance Pennsylvania's role as a nationally recognized leader in tobacco control programs and policies

Goal 1: Prevent initiation of tobacco use among youth and young adults

Strategy

Reduce youth access to tobacco products

As evidenced by: Reduce the Pennsylvania Synar rate to less than 5% by 2017.

Action Steps

1. Enforce current tobacco laws related to sale of tobacco to minors
2. Strengthen youth access restrictions
3. Provide merchant education
4. Implement point-of-sale restrictions
5. Continue to collect data on sales to minors and enforcement compliance checks
6. Strengthen clean indoor air laws by closing protection gaps
7. Work with partners (local, state, and national) to educate and inform policy makers of the importance of proven tobacco policies.



Strategy

Reduce demand for tobacco among youth and young adults

As evidenced by: Decrease the prevalence of cigarette smoking among young adults (18-29) from 22% (2010) to 17% by 2017 (BRFSS). Decrease the percent of high school students who smoked cigarettes on one or more of the last 30 days from 19% (2010) to 16% by 2017(YTS). Secure policy change in Pennsylvania to create other tobacco product (OTP) tax that directly parallels the state's tax rate on cigarettes, which is currently 55 percent of wholesale price.

Action Steps

1. Support pricing policies that discourage tobacco use through community engagement (e.g., legislative visits, community mobilization, youth empowerment)
2. Create tax equity between cigarettes and other tobacco products (% of wholesale)
3. Continue youth-focused surveillance, e.g., YTS
4. Collaborate with partners (local, state, and national) to educate stakeholders on the health and economic benefits of implementing and maintaining excise taxes on tobacco products

Strategy

Reduce tobacco industry influence on youth and young adults

As evidenced by: Decrease the percent of never-smoking high school students who are susceptible to smoking from 19% (2010) to 16% by 2017(YTS). Increase the percent of high school students who never smoked even a puff or two from 61% (2010) to 67% by 2017(YTS). Decrease the percent of high school students who would ever use or wear something with a tobacco company name or picture on it from 23% (2010) to 19% by 2017(YTS).

Action Steps

1. Identify ways to reach youth and young adults with positive messages, informed by youth themselves
2. Educate youth on tobacco industry influences and practices (e.g., targeting)
3. Collaborate with partners (local, state, and national) to share effective messaging and communications and inform earned/paid media efforts
4. Identify tobacco industry strategies to formulate effective program/advocacy messaging (e.g., counter marketing using paid and earned media)
5. Develop and implement a statewide youth-empowerment program that utilizes social media and peer-to-peer education

Strategy

Assist schools, community and organizations to implement evidence-based programming and policies
As evidenced by: Increase the percent of schools that prohibit all tobacco use at all times in all locations from 53% (2008) to 75% by 2017 (CDC School Profile).

Action Steps

1. Support and provide technical assistance for tobacco-free environments for all youth and young adults (e.g., 100% tobacco-free schools, Young Lungs at Play (YLAP), home policies, worksite policies)
2. Educate state-level school stakeholders, organizations, and local school administrators and policy makers about the importance of 100% tobacco-free school policies
3. Provide resources to stakeholders about selecting and implementing evidenced-based prevention programs in tobacco control
4. Pilot practice-informed programming to build the evidence base

Goal 2: Promote tobacco use cessation among adults and youth

Strategy

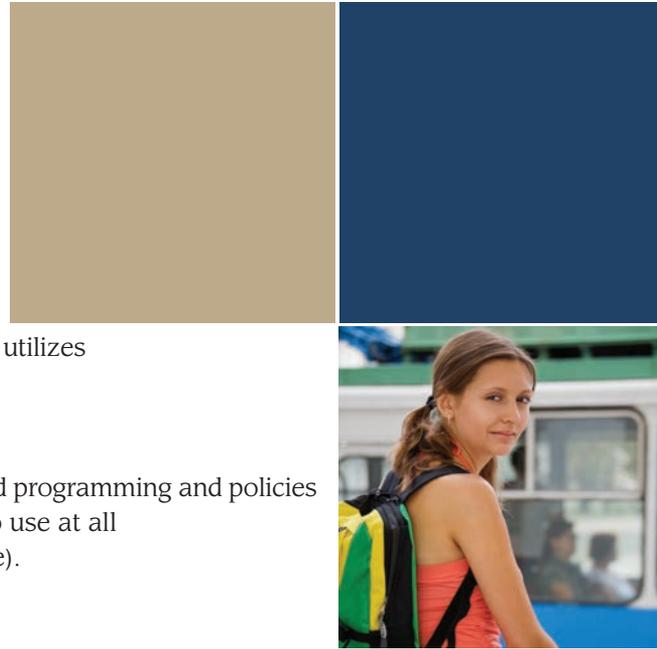
Increase access to comprehensive tobacco-cessation programs for adults and youth

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

As evidenced by: Increase the percent of adults who smoke who quit smoking at least one day in the past year from 55% (2010) to 70% by 2017 (BRFSS). Decrease the prevalence of adult smoking from 18% (2010) to 16% by 2017 (BRFSS). Decrease the percent of high school students who are current smokers from 19% (2010) to 14% by 2017 (YTS). Decrease the prevalence of adult smokeless tobacco use from 3% to 2% by 2017 (BRFSS).

Action Steps

1. Continue to provide and promote local and statewide cessation programs with NRT/pharmacotherapy, as appropriate (including the PA Free Quitline)
2. Collaborate with partners to educate the Corbett administration and policy makers about the importance and benefits of funding tobacco cessation programs, locally and statewide
3. Review and incorporate additional cessation aids/resources (e.g., text to quit, websites, online quit coach, electronic medical record (EMR)-assisted reminders) into cessation programming
4. Track quit success and NRT/pharmacological distribution among participants



Strategy

Increase the proportion of health care providers who routinely advise patients about cessation services and provide follow-up

As evidenced by: Increase the percent of current smokers who were advised to quit smoking at least once from 66% (2010) to 75% by 2017 (BRFSS).

Action Steps

1. Educate health care providers on referral and education of patients (e.g., "Ask. Advise. Refer." (AAR) and other brief interventions)
2. Provide opportunities to work with health care providers (e.g., fax to quit, NRT initiatives)
3. Increase the number of health care providers and institutions that adopt U.S. Public Health Service's Treating Tobacco Use and Dependence Clinical Practice Guideline
4. Develop cessation education component in coordination with Annual Medical Education (AME) opportunities and similar continuing education requirements



Strategy

Promote comprehensive smoking/tobacco cessation coverage for all citizens

As evidenced by: Increase the American Lung Association grade on cessation coverage from F (2012) to A by 2017 (ALA).

Action Steps

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



Goal 3: Eliminate exposure to secondhand smoke

Strategy

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

As evidenced by: Increase the percent of adults who report their worksite has a written policy prohibiting smoking at the workplace from 75% to 80% by 2017 (BRFSS). Decrease the number of application-based Clean Indoor Air Act (CIAA) exemptions from 2,800 (Dec 2011) to zero by 2017 (PA DOH).

Action Steps

1. Reduce exposure to secondhand smoke by strengthening current clean indoor air laws
2. Promote and support organizational, community and statewide comprehensive tobacco-free policies for preventing exposure to secondhand smoke (e.g., tobacco-free housing, smoke-free homes, work site initiatives)
3. Create support for comprehensive tobacco-free policies by educating health care providers, policy makers, general public, etc., about the health and economic benefits of tobacco-free environments
4. Evaluate the effectiveness and reach of tobacco-free policies and current protection coverage and gaps

Strategy

Enforce existing smoke-free/tobacco-free policies

As evidenced by: Of working adults employed in a workplace with rules in at least some areas that do not permit smoking or smokeless tobacco use, increase the percent of those who demonstrate complete compliance with those rules from 91% (2010) to 100% by 2017 (ATS update when final).

Action Steps

1. Secure funding for enforcement efforts
2. Provide adequate resources/tools to promote tobacco-free environments (signs, etc.)
3. Monitor enforcement efforts and identify gaps

Goal 4: Identify and eliminate tobacco related disparities

Strategy

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

As evidenced by: Decrease the percent disparity between racial, ethnic, varied education, and other groups by at least 20% by 2017 (BRFSS).

Action Steps

1. Use evaluation and surveillance data to identify disparities and knowledge gaps so that targeted messages, programs, and collaborative partnerships can be developed to address those disparities (e.g., demographic and geographic disparities)
 - a. people with chronic disease (e.g., diabetes, asthma)
 - b. rural/urban populations
 - c. low socioeconomic status (SES) (e.g., insurance status, education)
 - d. age-based targets (youth, seniors, etc.)
 - e. racial and ethnic (e.g., Latino, African-American) minorities
2. Educate markets targeted by the tobacco industry about deceptive advertising to decrease the cultural acceptability of tobacco use
3. Increase cessation service resources for underserved areas/ populations and their access to them (e.g., culturally competent services/resources for non-English speaking clients, no-landline populations, etc.)
4. Examine and address statewide policies for inconsistencies in health equity or actions that would widen health disparities (e.g., CIAA)



Goal 5: Enhance Pennsylvania's role as a nationally recognized leader in tobacco control programs and policies

Strategy

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

As evidenced by: Carry out coordinated program planning and goal-setting across statewide, regional, and strategic plans (work plans, evaluation plan, etc.) Hold a minimum of three coalition-based discussions between 2012 and 2017 to modify and inform approaches, as well as check in on progress.

Action Steps

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

Strategy

Increase public availability of program and field information

As evidenced by: Maintain website and resource tool updates at least semi-annually (DOH).

Action Steps

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



Appendix: Data Trends

figure 1

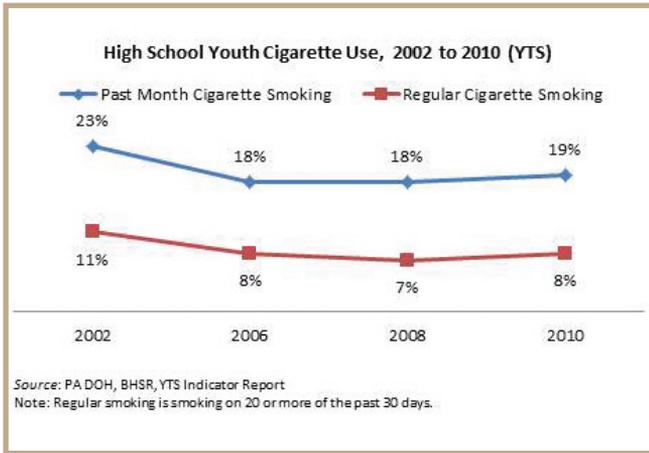


figure 2

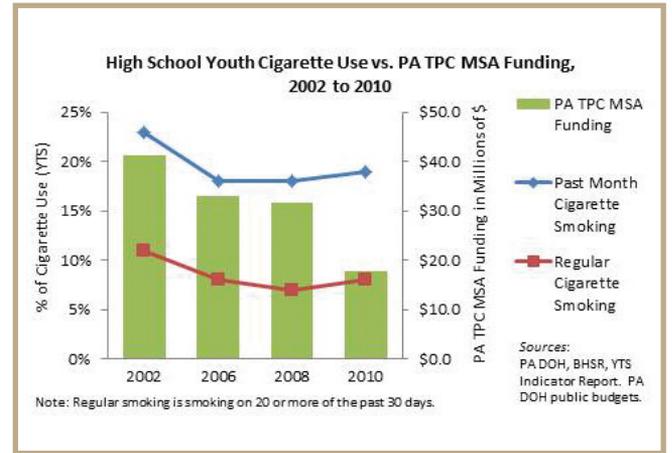


figure 3

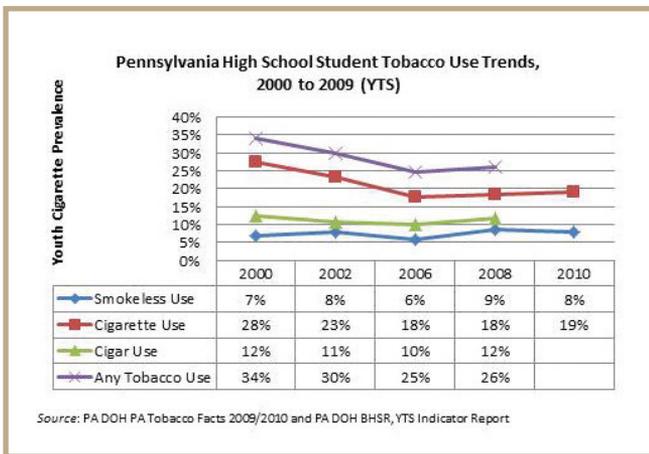


figure 4

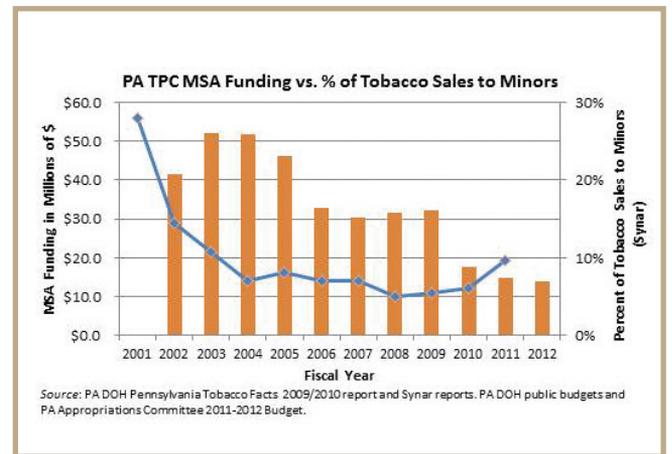


figure 5

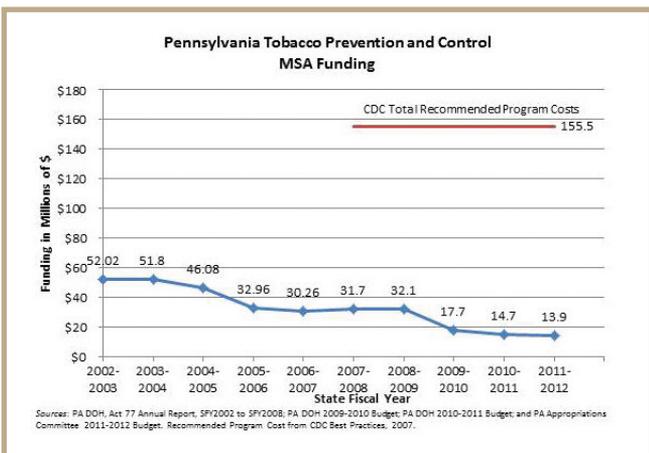


figure 6

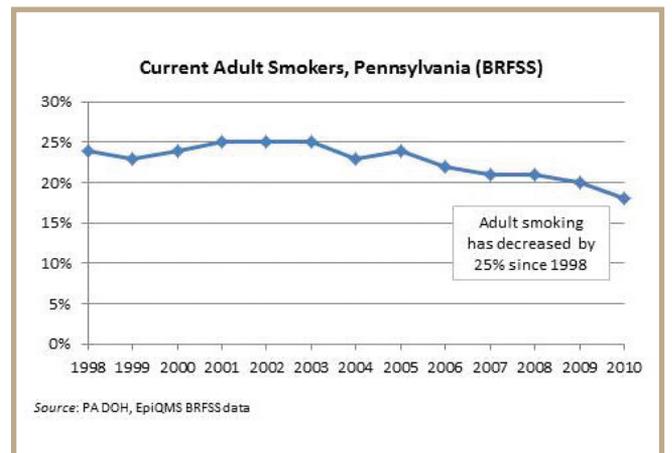


figure 7

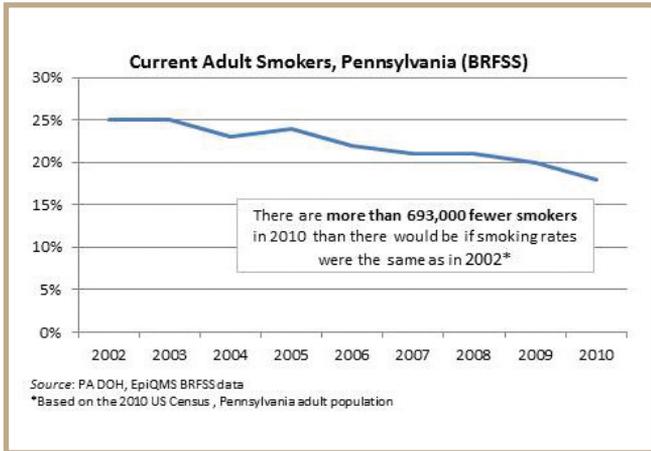


figure 8

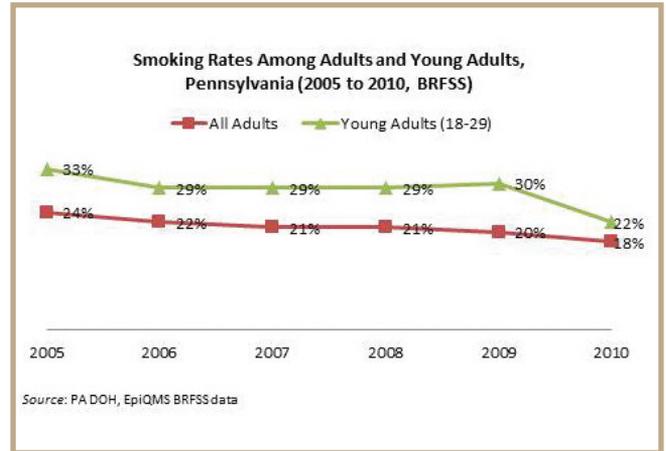


figure 9

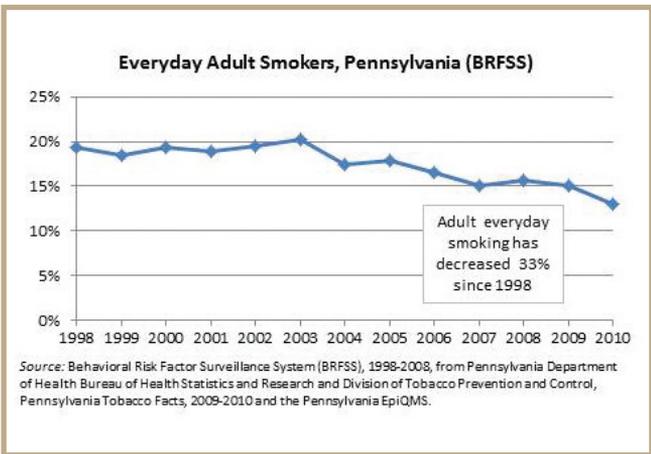


figure 10

