MPOWER ANNUAL SUMMARY REPORT
STATE FISCAL YEAR 2020/2021
Pennsylvania Tobacco Prevention and Control Program

Prepared by: RESEARCH & EVALUATION GROUP at PHMC
## CONTENTS

INTRODUCTION ............................................................................................................................................. 1

MPOWER – MONITOR and Promote Prevention Policies .................................................................................. 3
  YOUTH ENGAGEMENT ................................................................................................................................. 3
  SCHOOL AND COLLEGE CAMPUS EDUCATION ......................................................................................... 4
  MY LIFE, MY QUIT ......................................................................................................................................... 4

MPOWER – PROTECT People from Tobacco Smoke ......................................................................................... 5
  THE WORKSITE POLICY TOBACCO INITIATIVE ....................................................................................... 5
  THE SMOKEFREE MULTIUNIT HOUSING INITIATIVE ................................................................................. 8
  EDUCATION ABOUT THE CLEAN INDOOR AIR ACT ............................................................................. 9
  YOUNG LUNGS AT PLAY .............................................................................................................................. 11

MPOWER – OFFER Help to Quit Tobacco: Local Cessation Services ................................................................. 14
  REGIONAL AND STATE CORRECTIONAL INSTITUTION CESSATION ...................................................... 14

MPOWER – OFFER Help to Quit Tobacco: PA Quitline Services ....................................................................... 17
  1-800-QUIT-NOW REACH IN PENNSYLVANIA ....................................................................................... 17

MPOWER – WARN about the Dangers of Tobacco ......................................................................................... 21
  PENNSYLVANIA ALLIANCE TO CONTROL TOBACCO ........................................................................ 21

MPOWER – ENFORCE and Inform Policy Compliance Info ............................................................................ 22
  STATEWIDE RETAIL ENFORCEMENT PROGRAM ................................................................................. 22
  FDA .......................................................................................................................................................... 23
  SYNAR .................................................................................................................................................... 23

MPOWER – RAISE Community and Legislative Awareness ............................................................................. 24
  COLLABORATIVE ACTIVITIES .................................................................................................................. 24
  LEGISLATIVE ACTION ............................................................................................................................... 24
  NATIONAL AND REGIONAL MEDIA CAMPAIGNS .................................................................................. 24
  REGIONAL COALLITION ACTIVITIES ....................................................................................................... 25

Appendix A: Regional Cessation .................................................................................................................. 28

Appendix B: Collaboration Multiplier ........................................................................................................... 30
INTRODUCTION

Pennsylvania’s Department of Health (PADOH), 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.¹

<table>
<thead>
<tr>
<th>Goals</th>
<th>Best Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prevent initiation of tobacco use among young people</td>
<td>▪ State &amp; Community Interventions</td>
</tr>
<tr>
<td>2. Eliminate nonsmokers’ exposure to secondhand smoke</td>
<td>▪ Mass-Reach Health Communication Interventions</td>
</tr>
<tr>
<td>3. Promote quitting among adults and young people</td>
<td>▪ Cessation Interventions</td>
</tr>
<tr>
<td>4. Identify and eliminate tobacco-related disparities</td>
<td>▪ Surveillance &amp; Evaluation</td>
</tr>
<tr>
<td></td>
<td>▪ Infrastructure Administration &amp; Management</td>
</tr>
</tbody>
</table>

PATPC efforts to address these goals during the 2020/2021 state fiscal year (SFY) are summarized here using a modification of the World Health Organization’s (WHO) MPOWER² 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.

COVID-19 NOTE

In March 2020, Pennsylvania Governor Tom Wolf ordered the shut-down of all non-essential businesses in Pennsylvania to slow the spread of COVID-19. In-person cessation classes were cancelled, and many other services delivered by RPCs, such as enforcement and events, were impacted. COVID-19 restrictions continued through SFY21 in various capacities. These restrictions continued to cause some annual totals to be lower than previous years.

DATA SOURCES

Data from a variety of PATPC partners are summarized in this report. First and foremost are data from DTPC’s RPCs quarterly reporting as RPCs diligently report across all major program areas. SFY 2020/2021 RPCs, in alphabetical order, include:

- Adagio Health, Inc.
- American Lung Association
- Erie County Health Department
- Health Promotion Council of Southeastern PA, Inc.
- Philadelphia Department of Public Health
- Tobacco Free Allegheny (Jul – Dec 2020)

Additional data sources include:
- Statewide Contractors:
  - Pennsylvania Alliance to Control Tobacco (PACT)
  - PA Free Quitline vendor, National Jewish Health (NJH)
  - Bradbury-Sullivan LGBT Center

Bureau of Health Promotion and Risk Reduction and broader Department of Health partners related to collaborative work.

**CONTRACT AND REPORTING NOTE**

RPCs entered a new contract period starting January 1, 2021. Some contractual and reporting requirements changed in the new contract. Several data collection instruments and processes, including policy initiative reporting, were updated to align with the new contract requirements. This report includes data summarized across contract periods, covering the entire fiscal year from July 1, 2020 to June 30, 2021. In some sections of this report, annual totals include data combined across multiple instruments.
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 (see the “Protect” section of this report).

DTPC has also 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.

YOUTH ENGAGEMENT

PATPC worked to monitor and promote prevention policies throughout SFY 2020/2021. 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.

- Promoted TRU and recruited student members and ambassadors through a variety of mechanisms, including partnerships with schools, churches, youth coalitions, gay straight alliances, Students Against Drunk Driving (SADD) groups, YMCAs, 4-H youth groups, Girl Scout troops, camps and student councils;

- Engaged TRU youth in legislative visits, advocacy events (e.g., Day at the Capitol), Advocacy 101 training and tobacco prevention holidays (e.g., Great American Smokeout, Great American Spit Out, Kick Butts Day);

- Highlighted TRU youth ambassadors during DATC Community Forum, where they spoke about their experience with TRU and advocating for tobacco prevention and control funding;

- Engaged TRU youth in the #SaveMSAinPA online campaign and related events (e.g., the photo contest, tagging legislators), #PAday, #TRUinPA, #MSAinPA and #DATC2021;

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 2019/2020, State Strategy Session participants continued to regularly convene and provided updates on the action plan. All six state hospitals had implemented a smokefree policy.

During SFY 2019/2020, RPCs reported a total of 199 behavioral health sites with smokefree policies. In SFY 2020/2021 the Pennsylvania Department of Health (PA DOH) received funding from the CDC to create the Pennsylvania Statewide Tobacco-Free Recovery Initiative (PA STFRI) to advance tobacco-free interventions and services in behavioral health settings. The PATPC evaluation team in collaboration with PA STFRI team, Philadelphia Department of Public Health and PA DOH developed a readiness assessment for all behavioral health sites on their organizational readiness to implement tobacco-free recovery practices. Findings from the readiness assessment were disseminated to all behavioral health partners.

The PATPC evaluation team also disseminated findings across regions on beliefs on tobacco-free recovery and continues to collaborate with PA STFRI on conducting key informant interviews with behavioral health staff and leadership staff. The PATPC evaluation team will disseminate findings from these interviews sometime in SFY 2021/2022.
Promoted TRU and involved youth at tobacco control events with local professional sports teams;

Supported students to apply to be TRU Ambassadors and TRU Advocate of the Year; and

In spring 2021, the Pennsylvania Alliance to Control Tobacco (PACT) and the Research & Evaluation Group (R&E Group) at Public Health Management Corporation conducted an online survey for young adults to gather feedback around tobacco use, tobacco 21 legislation, and related laws in Pennsylvania. Gaps in knowledge around the tobacco 21 law indicate a need for education on its importance and related tobacco harms among youth.

- Overall, 401 responses were collected. Fifty-seven percent of respondents were White, 29% were Black/African American, and 11% were Asian.
- Within the last 30 days of taking the survey, 35% of respondents used cigarettes and 51% used e-cigarettes. Of those who used tobacco products, more than half of those respondents got their products from a friend or gas station/convenience store.
- Fifty-four percent of all respondents said it was “easy” or “very easy” to get tobacco products in a store and 60% said it was “easy” or “very easy” to get them online.
- Sixty percent of respondents said people their age are using e-cigarettes and vapes more often than at the same time last year and 29% believe people their age are smoking cigarettes more often. Around half of respondents reported the COVID-19 pandemic as the main cause of the tobacco use increase.

**SCHOOL AND COLLEGE CAMPUS EDUCATION**

- 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;
- 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.

**MY LIFE, MY QUIT**

In July 2019, National Jewish Health (NJH) launched *My Life, My Quit*, a tobacco cessation program designed specifically for teens who want to stop using tobacco products, including electronic cigarettes and vapes. The quitline provider for 16 states and numerous health plans, NJH launched this youth-oriented program and modified quitline protocol in nine states, including Pennsylvania. The program incorporates youth-centered approaches to tobacco cessation adapted to include vaping and new communication methods, such as real-time text messaging and online chat with quit coaches. Youth ages 14-17 can call or text a dedicated toll-free number (1-855-891-9989) or enroll and look up information online at mylifemyquit.com. Specialist coaches have experience working with youth and receive intensive youth-focused training related to adolescent development. Youth receive five coaching sessions using the modality of their choice.
THE WORKSITE & CAMPUS POLICY TOBACCO INITIATIVE

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. Since the beginning of the initiative, reporting forms and procedures have been updated iteratively to adapt to changing needs of the initiative and for process improvement. In October 2013, an updated and revised version of this index was implemented—The Worksite Tobacco and Wellness Policy Index. 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.

Data collection procedures and forms were modified starting in Q3 of SFY2020/2021 (January 2021) with the beginning of a new RPC contract period. In Q1 and Q2, contractors used the same forms and followed the same procedures implemented in SFY2017/2018.

Beginning in Q3, the Index and data collection protocol

\[3\] The Worksite Tobacco and Wellness Policy Index was informed by the CDC Worksite Health Scorecard.
were revised such that contractors submit worksite and campus policy change using a single, streamlined Worksite and Campus Tobacco Policy Index. Reporting for these two initiatives was combined because of the similarities in the policy change and technical assistance components. The protocol was also modified such that contractors now complete a follow-up during each subsequent quarter following policy change initiation (and baseline completion), rather than a single follow-up at the end of the fiscal year. The quarterly follow-up was revised to include a technical assistance component. While the contractors are still provided a paper form for reference (see image above), the reporting mechanism was changed to an online format. Revisions to the Index are intended to align with evolving best practices in tobacco free policy and evaluation methodology.

PATPC guidance continues to recommend contractors focus on small to mid-size worksites with fewer than 500 employees, as well as two- and four-year colleges and university campuses. Program guidance includes the following suggestions for providing technical assistance: prepare workplaces and campuses for strengthened tobacco regulation; create opportunities to work via a peer-led model in which strong sites communicate the benefits of smokefree policy to newer worksites; educate small to mid-size employers or campuses in groups (e.g., workshops); and promote referrals to the PA Free Quitline. Furthermore, RPCs are encouraged to provide technical assistance to help worksites draft comprehensive policies, maintain momentum in policy negotiations, and celebrate successes through media.

In SFY2020/2021, RPCs utilized a combination of the old Worksite Tobacco and Wellness Policy Index, new Worksite and Campus Tobacco Policy Index, Policy Tracking Spreadsheet, and online quarterly reporting form to document policy change and technical assistance work with worksites and campuses. Select highlights from the Worksite and Campus Tobacco Policy Initiative from July 1, 2020 to June 30, 2021 are listed below.

- RPCs and service provider staff provided technical assistance to **107 worksites and campuses** across the Commonwealth. Among these, **57 worksites and campuses** implemented new or strengthened policies, reaching **approximately 5,400 employees and 2,000 students**.
- RPCs and service provider staff worked with a variety of different types of worksites and campuses, highlighted in the chart below. This chart represents all worksites and campuses that received technical assistance.

### Worksite Organization Types
(July 2020 - June 2021)

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Count</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare/Social Assistance</td>
<td>n=39</td>
<td></td>
</tr>
<tr>
<td>Educational Institution/Service</td>
<td></td>
<td>n=15</td>
</tr>
<tr>
<td>Public Administration/Government</td>
<td></td>
<td>n=10</td>
</tr>
<tr>
<td>College Campus</td>
<td></td>
<td>n=9</td>
</tr>
<tr>
<td>Retail/Grocery</td>
<td></td>
<td>n=7</td>
</tr>
<tr>
<td>Accommodation/Food Service</td>
<td></td>
<td>n=5</td>
</tr>
<tr>
<td>Private Office(s)</td>
<td></td>
<td>n=4</td>
</tr>
<tr>
<td>Warehouse/Manufacturing/Utilities</td>
<td></td>
<td>n=2</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>n=16</td>
</tr>
</tbody>
</table>

Data Source: SFY2020-2021 Quarters 1-2 Policy Initiatives Tracking Spreadsheet and Quarters 3-4 online Worksite & Campus Policy Reporting form.

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This image contains page 1 of 3. The second page contains check boxes to indicate forms of technical assistance provided each quarter and the third page contains detailed instructions for completing the paper and online forms.
- Worksites categorized as “Other,” included the following: religious institution (4); museum or tour agency (4); agriculture or farm (2); gym or fitness center (2); real estate (1); veterinarian (1); zoo (1); and youth residential program (1). Note: some reported worksite types were re-categorized from “other” to one of the pre-existing categories.

- Of the 61 worksites and campuses with completed Index forms, 93 percent (57 sites) had an improved score, indicating an improvement in policy comprehensiveness. **On average, sites’ total policy score improved by over 11 points.** The Index is divided into four broad policy categories: Environment, Program, Policy and Wellness. Program improvements were most accessible – 51 percent of worksites with improved overall scores, improved in this category.

<table>
<thead>
<tr>
<th>Worksite Policy Improvement, byIndex Category</th>
<th>% of Worksites w/ improved Index Score*</th>
</tr>
</thead>
<tbody>
<tr>
<td>EnvironmentScore</td>
<td>44%</td>
</tr>
<tr>
<td>Program Score</td>
<td>51%</td>
</tr>
<tr>
<td>PolicyScore</td>
<td>46%</td>
</tr>
<tr>
<td>WellnessScore</td>
<td>40%</td>
</tr>
</tbody>
</table>

*Unless otherwise stated, % based on n=57 worksites that completed subcategories in addition to providing total pre/post scores AND improved overall score. Individual items within the subcategories not included.  
Data Source: SFY2020-2021 Quarters 1-2 Policy Initiatives Tracking Spreadsheet and Quarters 3-4 online Worksite & Campus Policy Reporting form.

- RPCs provided technical assistance to worksites and college campuses to support policy change efforts. In addition to reporting completed policy change efforts, RPCs also report the types of technical assistance provided, whether or not the site was able to implement a new or improved policy during the fiscal year. This ensures documentation of the types of technical assistance and work required to successfully change policy at the organizational level. Technical assistance provided during SFY2020-2021 included:
  - Offering cessation services onsite and/or referring to cessation services (e.g., Quitline),
  - Educating staff and students about secondhand smoke risks and COVID-19 risks for tobacco users,
  - Increasing staff understanding of tobacco free policies,
  - Training staff on new policies;
  - Drafting tobacco free policy addendums,
  - Developing tobacco free signage, and
  - Developing enforcement strategy(ies).

- In addition to providing technical assistance, RPC and service provider work on the Worksite and Campus Smokefree Policy Initiative includes ongoing and consistent outreach. Service providers reached out to worksites and campuses via cold calling, emails, and letters. Service providers maintain relationships with sites through ongoing communication and continued technical assistance.

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5 Due to the contract change in the middle of SFY2020-2021, many service providers and Regional Primary Contractors did not submit follow-up scores for worksites and campuses they began work with in Q1 and Q2. Thus, this is likely an undercount of policy improvement and policy change scores. However, without baseline and follow-up data, policy change cannot be quantified.
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, DTPC implemented a standardized smokefree multiunit housing policy initiative with an initial focus on public housing. The goal of the Smokefree Multiunit Housing Initiative (MHU) is to increase the number of people 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. RPCs and service providers worked with Public Housing Authorities (PHAs) and other multiunit housing providers to develop policies, gather input from residents, and tobacco cessation services. On December 5, 2016, the U.S. Department of Housing and Urban Development (HUD) finalized a Smokefree Public Housing Rule that had been many years in the making. The rule became effective February 3, 2017 and all PHAs had 18 months to comply (no later than July 31, 2018). This emphasis of the DTPC initiative has shifted since this ruling went into full effect. RPCs are still encouraged to work with low-income and subsidized housing properties – some of which are federally funded but are not subject to the Smokefree Rule – as well as private, market-rate multiunit housing properties. RPCs still provide technical assistance and policy change support to public housing properties around policy implementation and inclusion of e-cigarettes in the definition of tobacco products.

In the first half of SFY2020-2021, the Smokefree Multiunit Housing Policy Initiative Tracking Sheet served as the primary mechanism for collecting data on this initiative. RPCs could use a Multiunit Housing Policy Index (MHPI) form to track progress – similar to the Worksites and Campuses Policy Index – but it was not required. As of the new contract period, which started in Q3, the Policy Index is now a required component of quarterly reporting and all data for the Smokefree Multiunit Housing Initiative is submitted via an online form.

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

6 This image contains page 1 of 4. The second page contains check boxes for specific policy components (e.g., designated outdoor smoking areas), the third page includes check boxes to indicate forms of technical assistance provided each quarter, and the fourth page contains detailed instructions for completing the paper and online forms.

Pennsylvania Tobacco Prevention and Control Program
 Approximately 1,556 more residents received protection from secondhand smoke by the implementation of 16 new or strengthened smokefree multiunit housing policies in over 1,250 units.  

RPCs provided technical assistance and/or policy change support to at least 65 different multiunit housing sites during this time period, including: 12 public housing authorities (covering 14 buildings), 26 low-income or subsidized housing sites, and 25 private/market rate sites.  

Specific components of the 16 newly implemented policies vary:  
  - 11 prohibit smoking outside within 25 feet of the building;  
  - 6 include designated smoking areas;  
  - 13 document the smoking policy in the lease or addendum for all tenants;  
  - 9 include e-cigarettes as prohibited tobacco products in the policy language; and  
  - 6 offer cessation services onsite.  

Between July 2020 and June 2021, 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).  

During and following the policy change process, RPCs provide technical assistance to multiunit housing properties with which they’ve established a relationship. Technical assistance in SFY2020-2021 included:  
  - Offering cessation services onsite and/or providing cessation referral resources, including information about the Quitline (most frequently reported type of technical assistance);  
  - Providing information about COVID-19 and tobacco use;  
  - Developing enforcement strategies in collaboration with housing partners;  
  - Communicating and engaging with residents about policy changes;  
  - Providing mini-grants;  
  - Drafting new policy documents; and  
  - Educating about e-cigarettes and assisting with integration of e-cigarettes into existing policies.

As previously mentioned, RPCs began working tobacco policy change in the multiunit housing setting many years before the implementation of a standardized statewide initiative. Using data from RPC quarterly reporting, American Nonsmokers’ Rights (ANR), and the U.S. Department of Housing and Urban Development (HUD), PHMC tracked the estimated number of Pennsylvanians impacted by smokefree multiunit housing policies in both public and private housing settings from October 2013 – December 2020: nearly 110,000 individuals. However, beginning with the new RPC contract in January 2021, PHMC discontinued this method cumulative reporting for the Smokefree Multiunit Housing initiative to focus on RPC technical assistance and policy change work rather than statewide estimates reliant on incomplete data (e.g., data is only readily available for multiunit housing sites with which RPCs work directly).

**EDUCATION ABOUT THE CLEAN INDOOR AIR ACT**

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 5,556 activities to educate business owners and the public about the Clean Indoor Air Act (CIAA) from July 1, 2020 to June 30, 2021.** These activities include but are not limited to the following:  
  - Worked directly with businesses and organizations, such as restaurants, casinos, churches, food banks, dental offices, coalitions, community support programs, housing complexes, colleges/universities, managed care providers, physicians, youth leadership councils, veterinary
clinics, entertainment venues, behavioral health providers, rehab facilities, and daycare facilities to inform about CIAA requirements;

- Presented and provided educational materials at community-based events, including township fairs, employer health fairs, farmer’s markets, children’s health fairs, coalition meetings, community forums, and virtual community events;

- 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 (YLAP), 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 Quiltline as a resource to display in tobacco free areas. Beginning in SFY 2019/2020, 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. In the first half of SFY2020/2021, RPCs continued to use the YLAP Policy Tracking Sheet to collect data on YLAP participants on a quarterly basis. As of the new contract period, which started in Q3, the YLAP quarterly reporting transitioned to an online format, where RPCs submit data on YLAP participants, policies (includes ordinances and resolutions), specific details on YLAP policies and technical assistance. The table below demonstrates the variety of potential Young Lungs at Play partners.

<table>
<thead>
<tr>
<th>Young Lungs at Play Potential Partner Types</th>
<th>(July 2020 – June 2021)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Municipalities</strong> – 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.</td>
<td></td>
</tr>
<tr>
<td><strong>School Districts</strong> – school districts that have adopted tobacco free policies and posted Young Lungs at Play signs at all school district operated playgrounds and school campuses.</td>
<td></td>
</tr>
<tr>
<td><strong>Organizations</strong> – 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.</td>
<td></td>
</tr>
<tr>
<td>Childcare (e.g., daycare and early childcare centers with outdoor spaces/playgrounds)</td>
<td></td>
</tr>
<tr>
<td>Education (e.g., non-childcare institutions or individual schools with outdoor spaces/playgrounds that have adopted policies outside of full school district policy)</td>
<td></td>
</tr>
<tr>
<td>Faith-based institutions (e.g. churches, synagogues with outdoor spaces/playgrounds)</td>
<td></td>
</tr>
<tr>
<td>Housing (e.g., housing authorities and apartment buildings with outdoor spaces/playgrounds)</td>
<td></td>
</tr>
<tr>
<td>Recreational facilities (e.g., community recreation centers, YMCAs, sports fields)</td>
<td></td>
</tr>
<tr>
<td>Other organizations with outdoor spaces (e.g., restaurants, older adult centers)</td>
<td></td>
</tr>
</tbody>
</table>

- Between July 1, 2020 and June 30, 2022, 26 new municipal-level participants\(^7\) met the criteria to participate in the Young Lungs at Play program by establishing tobacco free ordinances, policies, or resolutions. Zero school districts were reported in SFY21, however an additional 15 organizations\(^6\), 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.

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\(^7\) 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.
Since the implementation of Young Lungs at Play in June 2010 through this fiscal year, a total of 635 municipalities, 103 school districts, and 558 organizations have participated in the initiative and created tobacco free spaces by implementing ordinances, resolutions, and/or policy actions.

In SFY21, 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 SFY21 partners that prohibited e-cigarettes in addition to traditional tobacco products.

**E-cigarette Prohibition, by Partner Type**
(July 2020 – June 2021)

<table>
<thead>
<tr>
<th>Partner Type</th>
<th>Prohibited (%)</th>
<th>Not Prohibited (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipality (n=26)</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>School District (n=0)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization (n=15)</td>
<td>93%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Data Source: Policy Tracking Spreadsheet SFY21.

Through Young Lungs at Play, new communities and organizations protected 185 parks, playgrounds, recreational areas, and/or other outdoor spaces through tobacco free policies, ordinances, and resolutions. These new organizations distributed 450 Young Lungs at Play signs – 425 English signs and 25 Spanish signs.

Through Young Lungs at Play, RPCs worked with seven existing community partners (municipalities) in SFY21 to implement new or improved policies, ordinances, and resolutions.

In total, since the start of the initiative, over 4,149 outdoor spaces, with nearly 10,814 signs distributed, including approximately 710 Spanish signs, support tobacco free outdoor spaces and social change that help reduce exposure of children to tobacco use and smoking.

In SFY21, eighty-five percent of children under the age of 15 in Pennsylvania live in municipalities/counties participating in Young Lungs at Play.8,9

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8 Estimates based on U.S. Census Bureau population counts/projection.
9 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, SFY2020-2021

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

85% 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 October 2021
REGIONAL CESSIONATION

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-DEJELO-YA).

In addition to regional cessation programs, RPCs in six regions provide treatment to incarcerated individuals at six state correctional institutions. However, due to the COVID-19 pandemic, RPCs were unable to provide cessation services in state correctional institutions in SFY2020-2021.

- Seven of the eight RPCs enrolled 1,521 participants in group (n=674) and individual (n=814) cessation counseling during SFY2020-2021.\(^{11}\)
- Regional cessation treatment participants were most commonly female, age 45-64, white, and non-Hispanic, with more than a high school education and health insurance.

Demographics of Regional Cessation Program Participants, at Intake (July 2020 - June 2021)

Data Source: SFY2020-2021 Quarters 1-4 Regional Primary Contractor Data.
Note: This graph summarizes key intake data, presenting most common responses for demographic characteristics. Percentages displayed were calculated from all non-missing responses.

\(^{11}\) Type of cessation setting is unknown in 33 cases (26 in the Allegheny region; 2 in Northeast region; 2 in Southcentral region; 3 in Southeast 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.
About **11 percent** of cessation program participants (n=141) **had never tried to quit** and **13 percent had not tried any quit method.** About **20 percent had ONLY tried to quit cold turkey.**

The most frequently reported prior quit method was “**on my own/quit cold turkey**” (49%; n=662). **Advice from health professionals** (26%; n=352) and **group counseling** (17%; n=231) were also frequently reported.

**Quit Methods Ever Used by Cessation Program Participants Prior to Enrolling in Current Cessation Program, at Intake**
(July 2020 - June 2021)

Data Source: SFY2020-2021 Quarters 1-4 Regional and SCI Primary Contractor Data.
Note: The percentages displayed in this group represent a minimum response. 1358 participants completed this question. Participants could select all options that apply. Two

- **Over half (52%, n=732) of regional participants learned of the cessation program from a health care professional referral.** Similar percentages heard about the program through the media (12%, n=173) or family or friends (11%, n=157).

- **The vast majority (93%, n=1304) of participants reported that cigarettes are the primary form of tobacco they currently use.** Three percent (n=41) reported smokeless tobacco as their primary form of tobacco.

- **79 percent (n=1169) of participants are everyday tobacco users.**

- **14 percent (n=198) of participants reported using e-cigarettes in the last 30 days.** Of those who used e-cigarettes, **59 percent reported they intend to quit.** Participants reported a variety of reasons for using e-cigarettes, with **43 percent (n=77) and 40 percent (n=72) reporting they use e-cigarettes to cut down on other tobacco and quit other tobacco,** respectively.

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12 Percentages are based on N=1358, the number of participants who answered the quit methods question. Participants could select all that apply.

13 Media options included: 1-800-Quit Now TV/radio ad, other TV ad, other radio ad, newspaper, or other ads.
During this reporting period, in addition to intake surveys, cessation program participants completed 758 end-of-treatment surveys, 460 30-day follow-up surveys, and 306 six-month follow-up surveys.

- As reported in end-of-treatment surveys, 29 percent (n=213) of cessation program participants who completed treatment and answered a tobacco use question 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 (81%, n=417) reported having made a quit attempt.\(^{14}\)
- At 30-day follow-up, almost half (48%, n=218) of survey respondents who answered a tobacco use question reported not using tobacco at all in the past 30 days.
- At 6-month follow-up, almost half (45%, n=138) of survey respondents who answered a tobacco use question reported not using tobacco at all in the past 30 days.

Of the cessation program participants who completed an end-of-treatment survey and responded to the program satisfaction question, almost all (99%, n=738) found the program they attended to be helpful.\(^{15}\) Similarly, nearly all participants (99%, n=732) answering a question about program referral would recommend the program they attended to a friend or family member.

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\(^{14}\) “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. Quit rates are conservative, as cases with missing data for quit questions (n=22) are assumed to not have made a quit attempt.

\(^{15}\) “Helpful” responses include “very helpful” and “somewhat helpful.”
1-800-QUIT-NOW REACH IN PENNSYLVANIA

- Between July 1, 2020 and June 30, 2021, **19,809 call attempts** were made to 1-800-QUIT-NOW from Pennsylvania phone numbers.

![Pennsylvania Call Attempts to 1-800-QUIT-NOW](chart)

Data Source: NAQC.

- Between July 1, 2020 and June 30, 2021, **11,278 users requested services from the PA Free Quitline**. During this same time period, **7,685 tobacco users enrolled** in PA Free Quitline counseling, receiving at least one counseling call (68.1% of all tobacco users requesting services). An additional 568 existing clients who had completed intake in previous fiscal years continued to receive services.

![Tobacco Users Requesting Services from PA Free Quitline, by Quarter](chart)

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

**Characteristics of Select PA Free Quitline Callers Completing Intake**

- **Female**: 5,315
- **Male**: 2,978
- **14-17**: 65
- **18-24**: 239
- **25-34**: 1,058
- **35-44**: 1,403
- **45-54**: 1,667
- **55-64**: 2,596
- **65+**: 1,678
- **White**: 7,754
- **Black**: 1,800
- **Other**: 545
- **Hispanic**: 499
- **Less than HS**: 1,364
- **HS Degree/GED**: 1,165
- **Some College/Tech**: 2,086
- **College Degree or More**: 2,144

Data Source: National Jewish Health (PA Free Quitline Vendor).
There was no interruption in the availability of NRT for enrollees for the 2020 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). More than three-quarters (78%, n=5,992) of enrollees received NRT and of those that received NRT, 33.5% (n=2,006) received combination therapy.

During this year, the PA Free Quitline supported the Text Messaging Initiative in which participants\(^\text{16}\) 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. 5,938 Quitline participants in SFY 2020/2021 and 66,185 since the program’s inception in January 2013 have 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 FY2020/2021, 3,294 tobacco users enrolled in Quitlogix services (a decrease from 3,595 in the previous fiscal year).

Since 2013, the PA Free Quitline has offered a Pregnancy Protocol, with 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 2020 to June 2021, 52 pregnant women and postpartum women opted to enroll in the Pregnancy Protocol\(^\text{17}\).

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\(^\text{16}\) 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.

\(^\text{17}\) Total includes only pregnant or postpartum women who completed a counseling call.
Fax to Quit

- From July 2020 to June 2021, there were 1,688 Fax to Quit referrals received in the Commonwealth. During this time period, 31 percent (n=527) of these individuals were successfully contacted by National Jewish Health and 69 percent (n=364) of fax referred individuals contacted by NJH enrolled in counseling services.

- Overall, 22 percent of fax referrals received resulted in enrollment, falling short of the 40 percent goal established for PA.

E-referral

- From July 2020 to June 2021, there were 369 bi-directional e-referrals received in the Commonwealth. During this time period, 19 percent (n=70) of these individuals were successfully contacted by National Jewish Health and 50 percent (n=35) of e-referred individuals contacted by NJH enrolled in counseling services.

- Overall, 10 percent of e-referrals received resulted in enrollment.

PA Free Quitline Quit Rate18

- At six-month follow-up, 83.7 percent (n=2,145) of respondents reported being very or mostly satisfied overall with the Quitline. Specific sub-categories of satisfaction are not queried of callers. 83 percent (n=2,495) reported being very or mostly satisfied with their counselor.

- Pennsylvania’s PA Free Quitline six-month quit rate reached 31.7 percent in SFY 2020/2021.19

- The conventional tobacco plus ENDS quit rate of 29.9 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 33.2 percent.

- Provision of NRT as part of services significantly increased six-month quit rates (32.8%) compared to individuals that did not receive NRT from the PA Free Quitline (26.9%).20

- 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 38.0 percent for those completing three or more calls.21

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18 Follow-up data reported for callers who completed intake in FY2019/2020. Follow-up data for these callers was collected in FY2020/2021.
19 Reported quit rate is a responder rate, based on an overall 61.4% survey response rate.
20 Significant at p<.015 at six-month follow up.
21 Significant at p<.001 at six-month follow up.
Quit rates did not differ when comparing callers on the basis of education, race, ethnicity, and sexual orientation. **Quit rates significantly differed at six-month follow up for gender, public housing status and chronic disease status.**

<table>
<thead>
<tr>
<th>Overall Conventional Tobacco Quit Rate</th>
<th>(n=2,600)</th>
<th>29.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Conventional Tobacco Plus ENDS Quit Rate</strong></td>
<td>(n=2,600)</td>
<td>31.7%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>(n=1,009)</td>
<td>35.8%</td>
</tr>
<tr>
<td>Female</td>
<td>(n=1,574)</td>
<td>28.9%</td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than High School</td>
<td>(n=372)</td>
<td>31.7%</td>
</tr>
<tr>
<td>High School</td>
<td>(n=967)</td>
<td>32.6%</td>
</tr>
<tr>
<td>Some College/Tech School</td>
<td>(n=692)</td>
<td>27.9%</td>
</tr>
<tr>
<td>College Degree</td>
<td>(n=563)</td>
<td>34.8%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>(n=1,748)</td>
<td>31.8%</td>
</tr>
<tr>
<td>Black</td>
<td>(n=566)</td>
<td>30.6%</td>
</tr>
<tr>
<td>Other</td>
<td>(n=157)</td>
<td>28.0%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>(n=113)</td>
<td>37.2%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>(n=2,465)</td>
<td>31.3%</td>
</tr>
<tr>
<td><strong>Sexual Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>(n=2,465)</td>
<td>31.6%</td>
</tr>
<tr>
<td>LGBT</td>
<td>(n=122)</td>
<td>33.6%</td>
</tr>
<tr>
<td><strong>Housing Situation</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Housing</td>
<td>(n=395)</td>
<td>23.3%</td>
</tr>
<tr>
<td>Live Elsewhere</td>
<td>(n=2,169)</td>
<td>33.1%</td>
</tr>
<tr>
<td><strong>Chronic Disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive for Chronic Disease</td>
<td>(n=1,199)</td>
<td>33.4%</td>
</tr>
<tr>
<td>No Chronic Disease</td>
<td>(n=307)</td>
<td>26.1%</td>
</tr>
</tbody>
</table>

*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).
Pennsylvania Alliance to Control Tobacco

During SFY 2020/2021, 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 decision-makers on the dangers of tobacco and tobacco-related policies proven to influence prevalence of tobacco use. PACT legislative outreach activities during SFY 2020/2021 focused on maintaining state funding for tobacco prevention and control programming and clean indoor air legislation.

By the end of SFY 2020/2021, there were over 1,000 PACT members to be called on for action. In addition, PACTonline.org had over 9,000 users. Also in this year, PACT facilitated visits with 188 legislators. PHMC worked with PACT to create district specific MSA infographics for key PA legislators.

PACT organized another successful Day at The Capitol in May 2021, where 57 state legislators met with advocates over the phone or via Zoom online meetings. For the second time, Day at the Capitol took place virtually with TRU youth either registered, on the phone with legislators or participating online to advocate for tobacco prevention and control. Forty-eight adult advocates from across the Commonwealth provided feedback following their virtual visits and phone calls. Seventy percent of advocates said Day at the Capitol definitely reinforced their commitment to tobacco prevention and control work. Sixty-three percent reported “definitely” gaining new or reinforcing existing skills. One hundred percent of respondents said the Community Forum, where participants engaged with tobacco control speakers and advocates, as “useful” or “very useful”.

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 922 youth members participating in TRU and 75 advisors. PADOH and PACT continued coordinating the statewide point of sale efforts and is currently working in coordination with the Public Health Law Center to plan next steps. In SFY 2020/2021, TRU youth completed additional point of sale store assessments and data were analyzed for Beaver Falls, Allentown and Pittsburgh. The PACT team presented at both local and national conferences including the Society for Public Health Education Conference and the American Public Health Association Annual Conference.

T21 Media Campaign

In November and December 2020, PADOH ran a media campaign to raise awareness on the new Tobacco 21 law. The campaign focused on radio, gas station tv ads, and other forms of traditional media such as signs and posters to reach retailers and consumers. Traditional media outreach was supported by digital media outreach in the form of ads on Facebook/Instagram, Google paid search, Google video network, Univision. Due to issues with ads being approved on Facebook/Instagram, Reddit was added as a form of paid social media promotion in mid-December and gained 4.5 million impressions during the 1-month run. Overall, the digital campaign gained a collective of nearly 11 million impressions.
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 21 and are enforced through several regulatory mechanisms, which include the training of youth to assist with inspections.

STATEWIDE RETAIL ENFORCEMENT PROGRAM

Act 112 and Tobacco 21 are laws that regulate and enforce the sale of tobacco products to youth. Youth, with adult supervisors, perform enforcement checks in tobacco retail outlets throughout Pennsylvania. Following the temporary suspension of inspections in March 2020 due to the COVID-19 pandemic, PADOH resumed enforcement checks beginning in October 2021.

- 4,925 Statewide Retail Enforcement checks were completed across the Commonwealth for the period October 1, 2020 to June 30, 2021. Of those enforcement checks, **17.4 percent resulted in a sale**.
- Philadelphia had the highest reported sales rate among the eight regions, at 52 percent.
- Across the state, **33 percent of reported sales occurred at convenience stores** (gas sold), followed by convenience-grocery stores (no gas sold) (30%) and restaurant/delis (13%).
- The majority of sales to youth were large cigars (39%).

**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.

In May to June 2021, PHMC distributed a follow-up survey to 1,125 participants who successfully completed the training and received a passing score on the knowledge post-test. The survey was designed to assess training utilization, including submitting an application to the Tobacco Cessation Registry, completing additional professional training, and submitting for reimbursement. Survey participants included oral health care providers (22%), behavioral health care providers (21%), pharmacists (16%), and other service providers. Key take-aways include:
- Over one-third (35%) submitted an application to the Tobacco Cessation Registry,
- Nearly one-quarter (23%) submitted to receive reimbursement, and
- Overall, two-thirds (68.0%) reported integrating the 5As with at least a few clients.

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**Reported Sales Rate by Outlet Type (SFY21)**

(October 2020-June 2021)

<table>
<thead>
<tr>
<th>Outlet Type</th>
<th>Sales Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurant/Deli</td>
<td>30.0%</td>
</tr>
<tr>
<td>News Outlet</td>
<td>24.2%</td>
</tr>
<tr>
<td>Convenience- No Gas</td>
<td>18.0%</td>
</tr>
<tr>
<td>Other</td>
<td>18.8%</td>
</tr>
<tr>
<td>Bar/Tavern</td>
<td>16.0%</td>
</tr>
<tr>
<td>Convenience-Gas</td>
<td>15.8%</td>
</tr>
<tr>
<td>Beer Distributor</td>
<td>15.8%</td>
</tr>
<tr>
<td>Tobacco Outlet</td>
<td>14.6%</td>
</tr>
<tr>
<td>Supermarket</td>
<td>8.7%</td>
</tr>
<tr>
<td>Dollar Store</td>
<td>4.6%</td>
</tr>
<tr>
<td>Pharmacy/Drug Store</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Data Source: State Tobacco Retail Enforcement Program SFY21 Report
FDA

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 84 compliance check inspection results reported to FDA between July 1, 2020 and June 30, 2021. During this same time period, 0 warning letters were issued. The public FDA database is available here: http://www.accessdata.fda.gov/scripts/ое/inspections/ое_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:

VIA UPS

Re: FDA Warning Letter Regarding Tobacco Retailer Inspection Violations
Reference Number

Dear Sir or Madam:

This Warning Letter is notification from the United States Food and Drug Administration (FDA) advising you that violations 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, 2021, an inspector representing the FDA completed an inspection of the establishment, located at . During this inspection the establishment was in violation because you or your employee sold cigarettes to a minor 18 years of age or younger in the establishment.

1. A minor was able to buy Marlboro 100's cigarettes on June 16, 2021, at approximately 8:20 PM in the establishment.

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 15-18, who attempt to purchase cigarettes from a sample of Pennsylvania cigarette retailers. The outcome of each attempt is recorded; a rate is calculated from the eligible outlets attempted. The 2019 survey was conducted during the summer of 2020 and the report was issued in March 2021. In 2020, an estimated 16.1 percent (95% CI: 13.5% - 18.7%) of Pennsylvania retailers sold cigarettes to minors.22

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;  
- 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.

During SFY 2020/2021 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 2021, there were 48 PADOH-partner DPP sites in Pennsylvania. COVID-19 has led to many barriers such as a decrease in referrals and inactive sites. While some sites have postponed DPP offerings due to COVID-19, many have been able to continue to provide participants with remote programming. RPCs have reported that many clients are continuing to meet their personal goals through virtual classes.

LEGISLATIVE ACTION

PACT works with statewide partners to strengthen tobacco control laws across Pennsylvania. In SFY 2020/2021, PACT continued efforts to increase PACT membership and had over 1,000 members to call on for legislative action over the year. 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 188 legislators and organized a successful virtual Day at The Capitol in May 2021 where 57 state legislators met with advocates over the phone or via Zoom online meetings.

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. At the end of SFY 2020/2021, TRU had 922 youth members and 75 advisors statewide. PACT worked with RPCs to support youth recruitment; communication strategies...
included e-blasts, sharing monthly infographic reports, and updates RPCs on TRU initiatives like Tobacco 21 and clean indoor air. PACT also disseminated e-newsletters for advisors and RPCs.

**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 This is Quitting; 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 or events during SFY 2020/2021. All regions utilizing the Tips From Former Smokers, This Free Life, Know the Risks campaigns also promoted the PA Quitline at media events promoting these campaigns.

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;
- Promoting TRU materials to middle school and high school teachers and students
- Encouraging rural youth to live a tobacco free life;
- Promoting tobacco dependence treatment within the LGBT community;
- Promoting Asian Smokers Quitline
- E-cigarette counter marketing directed toward youth;
- 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 maintain regional coalitions comprising individuals from various service sectors, including cities, towns and local governments; community institutions and organizations; and primary and secondary learning institutions. RPCs are required to have at least one representative from each of these four key sectors. The coalitions are designed to expand and improve service delivery at the regional level and build on community strengths and knowledge. Regional coalitions typically meet at least quarterly. RPCs use these meetings to provide trainings on state and community, health communication, cessation, and evaluation strategies. RPCs also provide training on more specialized topics, such as advocacy strategies and local campaigns.

**Regional coalitions are typically organized by specialized work groups** that focus on areas of tobacco prevention and control that are especially relevant to their region. These include:

- Tobacco free recovery and behavioral health;
- Oral health;
- LGBTQ health;
- Policy initiatives (e.g., multiunit housing, worksites, Young Lungs at Play); and
- E-cigarettes and youth tobacco issues.

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

- Cross promoting services to increase utilization and increase awareness;
- Presenting about coalition progress/goals/objectives at community events;
- Engaging with high school and college students and staff through competitions, presentations, and national tobacco holidays;
- Increasing awareness of virtual cessation resources;
- Combining resources from educational events and disseminating to the full coalition via listserv (e.g., webinar recordings, CDC fact sheets); and
- Holding events, including meetings and trainings, within the community.

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

- Surveying relevant stakeholders to assess policy needs and determine next steps;
- Offering mini-grants and utilizing other strategies to engage community partners;
- Integrating work with existing community-based coalitions/groups in related health sectors 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; and
- Providing technical assistance to local organizations and service providers to increase capacity.

RPCs maintain regular contact with their project officers about the Coalition activities and provide updates during technical assistance calls. In addition, RPCs submit two annual reports – one describing coalition activities and accomplishments, and the other outlining plans to ensure sustainability over the grant period.
Appendix A: Regional Cessation

MPOWER REPORT – REGIONAL CESSATION DATA BREAKDOWNS (July 1, 2020 – June 30, 2021)

The following tables display July 1, 2020 – June 30, 2021 program data by region, to inform programmatic decision-making and conversations about program reach and effectiveness across the Commonwealth.

Cessation Participant Surveys
RPCs enrolled 1,521 cessation programming participants in counseling between July 1, 2020 and June 30, 2021 (Table 1). In addition, cessation program participants completed 758 end-of-treatment surveys, 460 30-day follow-up surveys and 306 six-month follow-up surveys (Table 2).

Table 1: Number of Newly Enrolled Cessation Participants, by Region and Program Type (July 2020 – June 2021)

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Alleg</th>
<th>NC</th>
<th>NE</th>
<th>NW</th>
<th>Phila</th>
<th>SC</th>
<th>SE</th>
<th>SW</th>
<th>Total PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>10</td>
<td>38</td>
<td>59</td>
<td>71</td>
<td>N/A</td>
<td>169</td>
<td>294</td>
<td>33</td>
<td>674</td>
</tr>
<tr>
<td>One-on-one</td>
<td>6</td>
<td>5</td>
<td>185</td>
<td>6</td>
<td>N/A</td>
<td>150</td>
<td>446</td>
<td>16</td>
<td>814</td>
</tr>
<tr>
<td>Unknown</td>
<td>26</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>N/A</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>33</td>
</tr>
<tr>
<td>Regional Total</td>
<td>42</td>
<td>43</td>
<td>246</td>
<td>77</td>
<td>N/A</td>
<td>321</td>
<td>743</td>
<td>49</td>
<td>1,521</td>
</tr>
</tbody>
</table>

Data Source: RFC 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 2020 – June 2021)

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Alleg</th>
<th>NC</th>
<th>NE</th>
<th>NW</th>
<th>Phila</th>
<th>SC</th>
<th>SE</th>
<th>SW</th>
<th>Total PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Treatment</td>
<td>0</td>
<td>33</td>
<td>114</td>
<td>18</td>
<td>N/A</td>
<td>153</td>
<td>427</td>
<td>13</td>
<td>758</td>
</tr>
<tr>
<td>30-Day Follow-Up</td>
<td>0</td>
<td>19</td>
<td>60</td>
<td>2</td>
<td>N/A</td>
<td>83</td>
<td>286</td>
<td>10</td>
<td>460</td>
</tr>
<tr>
<td>6-Month Follow-up</td>
<td>0</td>
<td>17</td>
<td>50</td>
<td>0</td>
<td>N/A</td>
<td>79</td>
<td>159</td>
<td>1</td>
<td>306</td>
</tr>
</tbody>
</table>

Data Source: RFC 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, 78 percent (n=417) of regional cessation program participants who completed treatment and answered a quit attempt question reported having made a quit attempt23 (Table 3). At 30-day follow-up, 47 percent (n=218) of participants who answered a tobacco use question reported having quit using tobacco or stayed quit. At six-month follow-up, 45 percent (n=138) of participants who answered a tobacco use question reported having quit or stayed quit24 (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 2020 – June 2021)

<table>
<thead>
<tr>
<th></th>
<th>Alleg</th>
<th>NC</th>
<th>NE</th>
<th>NW</th>
<th>Phila</th>
<th>SC</th>
<th>SE</th>
<th>SW</th>
<th>Total PA N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>End of Treatment</td>
<td>N/A</td>
<td>22 (92%)</td>
<td>82 (92%)</td>
<td>12 (86%)</td>
<td>N/A</td>
<td>101 (91%)</td>
<td>196 (68%)</td>
<td>4 (50%)</td>
<td>417 (78%)</td>
</tr>
</tbody>
</table>

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=22) are assumed to not have made a quit attempt.

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 2020 – June 2021)

<table>
<thead>
<tr>
<th></th>
<th>Alleg</th>
<th>NC</th>
<th>NE</th>
<th>NW</th>
<th>Phila</th>
<th>SC</th>
<th>SE</th>
<th>SW</th>
<th>Total PA N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Follow-Up</td>
<td>N/A</td>
<td>9 (47%)</td>
<td>24 (40%)</td>
<td>2 (100%)</td>
<td>N/A</td>
<td>42 (51%)</td>
<td>137 (48%)</td>
<td>4 (40%)</td>
<td>218 (47%)</td>
</tr>
<tr>
<td>6-Month Follow-up</td>
<td>N/A</td>
<td>9 (53%)</td>
<td>13 (26%)</td>
<td>N/A</td>
<td>N/A</td>
<td>33 (42%)</td>
<td>82 (52%)</td>
<td>1 (100%)</td>
<td>138 (45%)</td>
</tr>
</tbody>
</table>

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=6; 6-month follow-up: n=2) are assumed to not have made a quit attempt.

23 “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 quits and stayed quit are included here as their quit attempt continued during treatment.
24 “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.
Appendix B: Collaboration Multiplier

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

Carbohydrate Disease Prevention

**Desired Outcome:** Tobacco expertise in health impact of tobacco use, cessation and prevention strategies, and policy development

**Key Partners:** Strong coalitions and networks

**Technical assistance strategies to change organizational practices

**Provider relationships and educational material

Joint Strategies

**Strengths referrals** among health care 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

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.