



MPOWER ANNUAL SUMMARY REPORT STATE FISCAL YEAR 2021/2022

Pennsylvania Tobacco Prevention and Control Program

Prepared by:



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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

Goals

1. Prevent initiation of tobacco use among youth and young adults
2. Eliminate exposure to secondhand smoke
3. Promote quitting among adults and youth
4. Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities

Best Practices

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

PATPC efforts to address these goals during the 2021/2022 state fiscal year (SFY) are summarized here using a modification of the World Health Organization's (WHO) **MPOWER**² 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 all non-essential businesses in Pennsylvania to pause all in-person efforts to slow the spread of COVID-19. In-person cessation/tobacco-dependance treatment classes were cancelled, and many other services, such as enforcement checks and events, were impacted. In SFY 2021/2022, COVID-19 restrictions were lifted allowing RPCs to resume in-person cessation classes, including those offered in state correctional institutions, and enforcement checks.

DATA SOURCES

Data from a variety of PATPC partners are summarized in this report. First and foremost are quarterly data collected from RPCs across all major program areas. The SFY 2021/2022 RPCs, in alphabetical order, are:

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

Additional data sources include:

- Statewide Contractors:
 - [Pennsylvania Alliance to Control Tobacco \(PACT\)](#)
 - [PA Free Quitline](#) vendor, [National Jewish Health \(NJH\)](#)
 - [Bradbury-Sullivan LGBT Community Center](#)

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

² This report presents select Pennsylvania data findings using a modified World Health Organization MPOWER framework for global tobacco prevention ([MPOWER measures](#)). Geneva, 2022.

- [Bureau of Health Promotion and Risk Reduction](#) and broader [Department of Health](#) partners doing collaborative work.

MPOWER – MONITOR and Promote Prevention Policies

PATPC aligns statewide activities with CDC’s emphasis on policy and systems change for 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 also identified tobacco use among behavioral health populations as a key health disparities priority. Statewide efforts aimed at promoting tobacco free recovery are detailed in the “Statewide Initiative” section of this report.

YOUTH ENGAGEMENT

PATPC worked to monitor and promote prevention policies throughout SFY 2021/2022. The following are examples of tobacco prevention and control activities involving young people 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 youth engagement activities (e.g., Great American Smoke Out, Chalk the Walk, collecting Clean Indoor Air petition signatures).
- 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 #DATC2022 online campaign and related events (e.g., photo contest).
- Supported students to apply to be TRU Ambassadors and TRU Advocate of the Year.

TOBACCO USE SURVEY

In June 2021, DTPC and the Research & Evaluation Group at Public Health Management Corporation (PHMC) administered the 2021 Pennsylvania Tobacco Use Survey to over 1,000 Pennsylvanians (n=1,124) from 64 counties across the Commonwealth. Eligibility criteria included age (18+ years of age), Pennsylvania residence, and current/recent tobacco use (within the last six months). The survey was designed to collect feedback to inform program design, policy priorities, and quit support messaging. Topics included tobacco use history, reasons for tobacco use, quit attempt history, quit supports, health care encounters and feedback on tobacco policy and messaging. Recommendations based on findings include:

- Tailor counter-tobacco messaging and promotion of support services to the type of tobacco used.
- Continue focusing on innovative ways to promote tobacco dependence resources, including the Quitline.
- Build media campaigns around key reasons individuals who use tobacco make quit attempts AND key supports for quit attempts: family, health, and cost.
- Promote financial support and free or low-cost services.
- Ensure oral health and primary care providers have cessation referral resources to support people who use tobacco.
- Train oral healthcare providers on screening strategies and cessation resources specific to e-cigarettes.
- Engage individuals who use tobacco in developing messaging for clean air and tobacco retailer policies.
- Utilize storytelling or testimonials in [Tips From Former Smokers®](#) campaign videos.

SCHOOL AND COLLEGE CAMPUS EDUCATION

The following are examples of tobacco prevention and control activities involving schools and college campuses. Additional activities aimed at strengthening campus tobacco policies are detailed in the “Protect” section of this report.

- 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 their use of 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 to 17 can call or text a dedicated toll-free number (1-855-891-9989) or enroll and look up information online at mylifemyquit.com. Quitline 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.

MPOWER – PROTECT People from Tobacco Smoke

THE WORKSITE & CAMPUS POLICY TOBACCO INITIATIVE



THIS IS A SMOKE FREE WORKPLACE

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

When the Initiative was first established, a Worksite Tobacco Policy Index was developed to assess policy comprehensiveness before and after the provision of technical assistance to worksites. Since the beginning of the initiative, reporting forms and procedures have been updated 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*.³ 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 January 2021, with the beginning of a new RPC contract period. The Index and data collection protocol were revised such that contractors submit worksite and campus policy change using a single, streamlined Worksite and Campus Tobacco Policy Index.

Worksite and Campus Tobacco Policy Index (last updated July 2021)

WORKSITE DEMOGRAPHICS					
Name:	Organization Type: (select best match)	<input type="checkbox"/> Construction	<input type="checkbox"/> Retail/Grocery		
Address:	<input type="checkbox"/> Healthcare/Social Assistance	<input type="checkbox"/> Educational Institution/Service	<input type="checkbox"/> Private Office(s)		
County & Zip:	<input type="checkbox"/> Transportation	<input type="checkbox"/> Accommodation/Food Services	College Campus, # Students:	# Staff:	
# Employees:	<input type="checkbox"/> Warehouse/Manufacturing/Utilities	<input type="checkbox"/> Public Administration/Government	<input type="checkbox"/> Other (please specify):		
	<input type="checkbox"/> Behavioral Health (mental health/substance use), select type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		<input type="checkbox"/> Residential, # Clients:		

BRIEF INSTRUCTION SUMMARY:

- Complete a **BASELINE SCORE** when you initiate a Worksite and Campus Tobacco Policy development or improvement process. Double click the boxes to mark as checked. Enter **BASELINE SCORES** into the online [Alchemer](#) reporting form (bit.ly/PATPCWorksiteReportFY22) at the end of each quarter.
- Complete a **FOLLOW-UP SCORE** and **TA SUMMARY** (pg. 2) quarterly for worksites and campuses with which you continue to work on policy change. Enter **FOLLOW-UP SCORES** and **TA SUMMARY** into the online [Alchemer](#) reporting form (bit.ly/PATPCWorksiteReportFY22) at the end of each quarter following the initial **BASELINE SCORE**.
- Upload the completed Worksite and Campus Tobacco Policy Index to the online [Alchemer](#) reporting form (bit.ly/PATPCWorksiteReportFY22) at the conclusion of Q4. When possible, have the **same worksite staff person** complete the form each time. **Main point of contact:** _____

Policy Component	Baseline	Q1 Follow-up	Q2 Follow-up	Q3 Follow-up	Q4 Follow-up
	Date: _____				
Environment (7 pts.)					
Policy prohibits indoor tobacco use at all times (3 pts.)	<input type="checkbox"/>				
Policy prohibits outdoor tobacco use at all times (includes worksite and vehicles on site) (3 pts.)	<input type="checkbox"/>				
Signs displayed with information about tobacco-use policy (1 pt.)	<input type="checkbox"/>				
Program (5 pts.)					
Cessation referral option(s) available/posted (3 pts.)	<input type="checkbox"/>				
Policy prohibits tobacco company sponsorship (1 pt.)	<input type="checkbox"/>				
Policy prohibits on site sale of tobacco products (1 pt.)	<input type="checkbox"/>				
Policy (7 pts.)					
Written and documented tobacco policy (3 pts.)	<input type="checkbox"/>				
Consequences for violation stated in policy (2 pts.)	<input type="checkbox"/>				
Active enforcement plan included in policy (1 pt.)	<input type="checkbox"/>				
Policy prohibits use of e-cigarettes or other “vaping” products (1 pt.)	<input type="checkbox"/>				
Wellness (5 pts.)					
Tobacco: incentives to quit/on site cessation services provided (2 pts.)	<input type="checkbox"/>				
Nutrition: supports + encouragement provided for healthier food/beverage choices (1 pt.)	<input type="checkbox"/>				
Physical Activity: supports + encouragement provided for increased physical activity (1 pt.)	<input type="checkbox"/>				
Other Wellness Components: (e.g., Chronic Disease prevention efforts) (1 pt.)	<input type="checkbox"/>				
Smoke Free vs. Tobacco Free Does the policy language use “smoke free” or “tobacco free” (includes e-cigarettes and other tobacco products)?	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear

PA Tobacco Prevention and Control Program (2021-2022) This Worksite and Campus Tobacco Policy Index was informed by the CDC Worksite Health Scorecard. 1

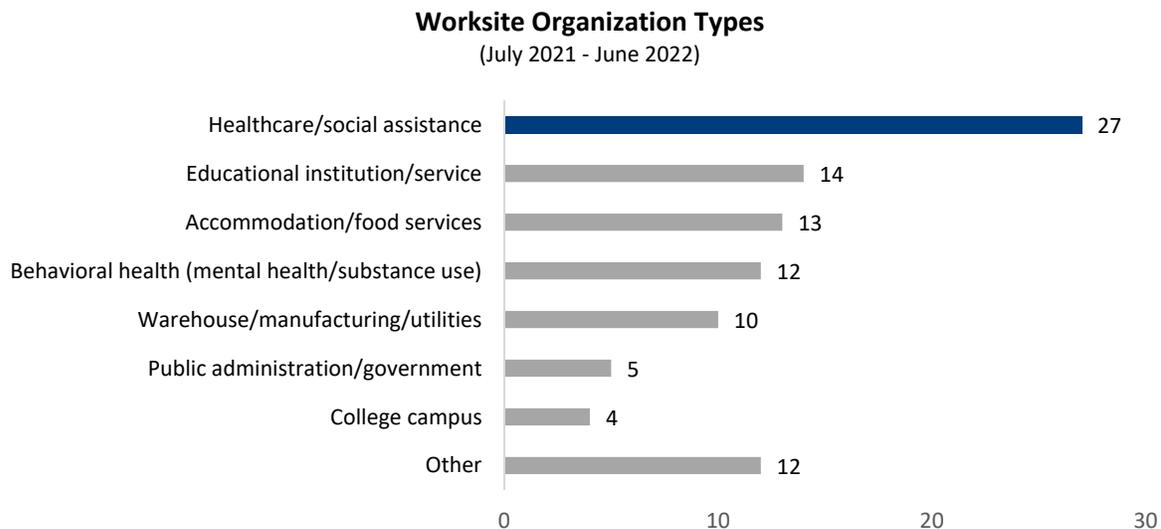
³ The Worksite Tobacco and Wellness Policy Index was informed by the [CDC Worksite Health Scorecard](#). Pennsylvania Tobacco Prevention and Control Program

Reporting for worksites, including behavioral health facilities, and campuses was combined because of the similarities in the policy change and technical assistance components. RPCs working on the Pennsylvania Statewide Tobacco-Free Recovery Initiative (STFRI) also report work with behavioral health facilities/providers via other mechanisms (see “Statewide Initiative” section of this report). The protocol was also modified such that contractors now complete a follow-up during each subsequent quarter following 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)⁴, 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: create opportunities for worksites considering a tobacco-free policy to learn from peer worksites with an existing policy; educate employers or campuses in groups (e.g., workshops); assist worksites or campuses in maintaining policy change momentum and celebrating successes through media; and encourage worksites to adopt a “global culture of health” through a wellness policy that addresses other chronic disease risk factors.

In SFY2021/2022, RPCs utilized the *Worksite and Campus Tobacco Policy Index* 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, 2021 to June 30, 2022 are listed below.

- RPCs and service provider staff provided technical assistance to **98 worksites and campuses** across the Commonwealth. Among these, **71 worksites and campuses** implemented new or strengthened policies, reaching **almost 3,800 employees and 10,000 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 receiving technical assistance.



Data source: SFY 2021/2022 Worksite and Campus Tobacco Policy Reporting Form

⁴ 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: religious institutions (4); small businesses (4); multi-unit housing sites (2); an insurance agency (1); and a theatre (1).
- Of the 97 worksites and campuses with completed *Index* forms, **70 percent (67 sites) had an improved score**,⁵ indicating an improvement in policy comprehensiveness. **On average, sites’ total policy score improved by 12 points.** The *Index* is divided into four broad policy categories: Environment, Program, Policy and Wellness. Program improvements were the most common – almost all worksites with improved overall scores improved in this category (94 percent).

Worksite Policy Improvement, by Index Category (July 2021 – June 2022)	% of Worksites with Improved Index Score*
Environment Score	78%
Program Score	94%
Policy Score	87%
Wellness Score	52%

*Percent based on 67 worksites with completed policy subcategories AND an improved overall score. Individual items within the subcategories not detailed here.

Data Source: SFY 2021/2022 Worksite & Campus Policy Reporting form

- RPCs provided technical assistance to worksites and college campuses to support policy change efforts. In addition to reporting changes to policy, RPCs also report the types of technical assistance provided, regardless of whether the site was able to implement a new or improved policy during the fiscal year. Technical assistance provided during SFY 2021/2022 included:
 - Offering cessation services onsite and/or referring to cessation services (e.g., Quitline),
 - Educating staff and students about the risks of tobacco use and secondhand smoke and COVID-19 risks for tobacco users,
 - Increasing staff and students understanding of tobacco free policies,
 - Training staff on tobacco free policy implementation,
 - Drafting tobacco free policy addendums,
 - Developing tobacco free signage, and
 - Developing enforcement strategies.
- In addition to providing technical assistance, RPCs build and maintain relationships with worksites and campuses interested in implementing or improving their tobacco free policy through outreach and ongoing communication.

⁵There were four sites, not included here, for which a policy change was reported but RPC did not have access to the policy documentation to confirm which parts of the policy had been updated.

THE SMOKEFREE MULTIUNIT HOUSING INITIATIVE



The goal of the Smokefree Multiunit Housing Initiative (MUH) 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 offer tobacco cessation services.

RPC staff members have worked on multiunit housing tobacco policy change for many years and collaborating 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, DTTC implemented a standardized smokefree multiunit housing policy initiative with an initial focus on public housing.

Smoke Free Multiunit Housing Policy Index (last updated July 2021)					
HOUSING SITE DEMOGRAPHICS					
Name:	Management company:	Name and full address of any satellite sites:	Multi-Unit Housing Type: (select best match)		
Primary Address:	Number of units:		<input type="checkbox"/> Public housing		
County & Zip	Number of residents:		<input type="checkbox"/> Private government-assisted housing		
	Number of housing sites:		<input type="checkbox"/> Private market rate housing		
BRIEF INSTRUCTION SUMMARY:					
1. Complete a BASELINE SCORE when you initiate a tobacco policy development or improvement process. Double click the boxes to mark as checked. Enter BASELINE SCORES into the online Alchamber reporting form (https://bit.ly/MUHReportFY22) each quarter.					
2. Complete a FOLLOW-UP SCORE and TA SUMMARY (pg. 2) with the MUH site for each subsequent quarter after the initial baseline score. Enter FOLLOW-UP SCORE and TA SUMMARY into the online Alchamber reporting form (https://bit.ly/MUHReportFY22) at the end of each quarter.					
3. Upload the completed Smoke Free Multiunit Housing Policy Index to online Alchamber reporting form (https://bit.ly/MUHReportFY22) at the conclusion of Q4. When possible, have the same MUH staff person complete the form each time. This should be the main point of contact for the initiative.					
MUH Contact Person: _____					
Policy Component	Baseline	Q1 Follow-up	Q2 Follow-up	Q3 Follow-up	Q4 Follow-up
	Date: _____				
Implementation (8 pts.)					
Residents surveyed [stakeholder engagement] (1 pt.)	<input type="checkbox"/>				
Resident board approval granted [stakeholder engagement] (1 pt.)	<input type="checkbox"/>				
Tenants informed of policy changes and timeline for change (2 pts.)	<input type="checkbox"/>				
Staff informed of policy change, and provided resources and/or training (1 pt.)	<input type="checkbox"/>				
Direct cessation services provided on site (2 pts.)	<input type="checkbox"/>				
Referral and cessation resources provided (1 pt.)	<input type="checkbox"/>				
Policy (7 pts.)					
Language clearly written into all new lease agreements (1 pt.)	<input type="checkbox"/>				
Language clearly written into all existing agreements (e.g., addendums) (3 pts.)	<input type="checkbox"/>				
Policy defines smoking (2 pts.)	<input type="checkbox"/>				
Policy includes e-cigarettes in definition of prohibited smoking devices (1 pt.)	<input type="checkbox"/>				
Environment (6 pts.)					
Policy clearly states that it applies to all residents, guests, and staff (2 pts.)	<input type="checkbox"/>				
Policy applies to smoking in all indoor spaces (including individual units, balconies, and common/public spaces) (2 pts.)	<input type="checkbox"/>				
Policy prohibits outdoor smoking on the premises (e.g., no designated smoking areas) (1 pt.)	<input type="checkbox"/>				
Property advertised as smoke-free (e.g., signs displayed, etc.) (1 pt.)	<input type="checkbox"/>				
Enforcement (5 pts.)					
Consequences for violation explicitly stated in policy (2 pts.)	<input type="checkbox"/>				
Inspections performed upon reasonable suspicion of violation (2 pts.)	<input type="checkbox"/>				
Active enforcement plan included in policy (1 pt.)	<input type="checkbox"/>				
Smoke Free vs. Tobacco Free. Does the policy language use "smoke free" or "tobacco free" (includes e-cigarettes and other tobacco products)?	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear	<input type="checkbox"/> Smoke free <input type="checkbox"/> Tobacco free <input type="checkbox"/> Policy unclear

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). 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 continue to 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 SFY 2020/2021, 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 Index⁶ form to track progress – like the Worksites and Campuses Policy Index – but it was not required. As of the new contract period, which started in Q3 of SFY 2020/2021, the Policy Index is now a required component of quarterly reporting and all data for the Smokefree Multiunit Housing Initiative are tracked.

⁶ This image contains page 1 of 3. The second page includes 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.

The following findings reflect multiunit housing policy work completed over the course of SFY 2021/2022.

- **Approximately 4,571 residents living in 2,758 units received protection from secondhand smoke** by the implementation of **26 new or strengthened** smokefree multiunit housing policies.
- RPCs provided technical assistance and/or policy change support to at least **51 different multiunit housing sites** during this time-period, including: **9** public housing authorities (covering 58 buildings), **25** low-income or subsidized housing sites, and **17** private/market rate sites.
- Specific components of the 26 new or strengthened policies vary:
 - **7** obtained approval for the policy from the site's resident board;
 - **8** prohibit outdoor smoking on the premises;
 - **15** document the smoking policy in the lease or addendum for all tenants;
 - **14** include e-cigarettes as prohibited tobacco products in the policy language;
 - **18** provide cessation referrals and resources; and
 - **7** offer cessation services onsite.
- Between July 2021 and June 2022, RPCs facilitated and maintained relationships with these multiunit housing sites and will continue to work to improve the comprehensiveness of their policies.

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 SFY 2021/2022 included:

- Offering cessation services onsite and/or providing cessation referral resources, including information about the PA Free Quitline;
- Providing information about COVID-19 and tobacco use;
- Developing enforcement strategies in collaboration with housing partners;
- Communicating and engaging with residents about policy changes;
- Drafting new policy documents; and
- Training staff on policy implementation.

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, **RPCs worked to educate business owners and the public about the Pennsylvania Clean Indoor Air Act (CIAA)**. Examples of these activities include, but are not limited to:

- Working 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;
- Presenting and providing 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;
- Conducting establishment checks with businesses with exemptions and inspections with establishments without current exemptions;
- Conducting legislative visits to discuss the importance of MSA funding, including CIAA-related work;
- Responding to questions, complaints, and requests for technical assistance from business owners and the public regarding CIAA; and
- Integrating CIAA into other policy initiatives, including Young Lungs at Play, Smokefree Multiunit Housing, and Worksite Policy Initiatives.

YOUNG LUNGS AT PLAY



Young Lungs at Play (YLAP) 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. Eligible communities and organizations have: 1) a tobacco free park and/or playground policy; and 2) a policy communication and enforcement plan. Eligible communities and organizations receive free “No Smoking/No Vaping” signs featuring the PA Free Quitline as a resource to display in tobacco free areas (see sign image).

In October 2013, RPCs began to report all Young Lungs at Play policy activities on a quarterly basis to PADOH. RPC staff continue to report both their successes with Young Lungs at Play partners and new communities/organizations for the Young Lungs at Play Honor Roll, along with their ongoing policy efforts with other municipalities and organizations. In the first half of SFY 2020/2021, 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 partner types.

Young Lungs at Play Potential Partner Types

(July 2021 — June 2022)

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

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

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

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

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

Faith-based institutions (e.g., churches, synagogues, and other places of worship with outdoor spaces/playgrounds)

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

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

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

- Between July 1, 2021 and June 30, 2022, **23 new municipal-level participants⁷** met the criteria to participate in the Young Lungs at Play program by establishing tobacco free ordinances, policies, or resolutions. **Four school districts and 17 organizations**, including local groups/organizations, parks and little leagues, childcare centers, housing properties/agencies, and individual schools, **implemented tobacco free policies**.

⁷RPCs 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 658 municipalities, 107 school districts, and 575 organizations** have participated in the initiative and created tobacco free spaces by implementing ordinances, resolutions and/or policy actions.
- In SFY 2020/2021, 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. In SFY 2021/2022, **100% of new partners prohibited e-cigarettes in addition to traditional tobacco products.**
- Through Young Lungs at Play, *new* communities and organizations **protected 191 parks, playgrounds, recreational areas, and/or other outdoor spaces** through tobacco free policies, ordinances, and resolutions. These new organizations **distributed 432 Young Lungs at Play signs** – 342 English signs and 90 Spanish signs.
- Through Young Lungs at Play, RPCs worked with ten existing community partners (municipalities and organizations) in SFY 2021/2022 to implement new or improved policies, ordinances and resolutions.
- In total, since the start of the initiative, over 4,340 outdoor spaces, with nearly 11,246 signs distributed, including approximately 1,052 Spanish signs, support tobacco free outdoor spaces and social change that help reduce exposure of children to tobacco use and smoking.
- In SFY 2021/2022, **eighty-six percent of children under the age of 15 in Pennsylvania live in municipalities or counties participating in Young Lungs at Play.**^{8,9}

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 the population under age 15 coverage/reach, each municipality in the county IS counted toward the “reach” calculation, as demonstrated by the light blue shading in the map.



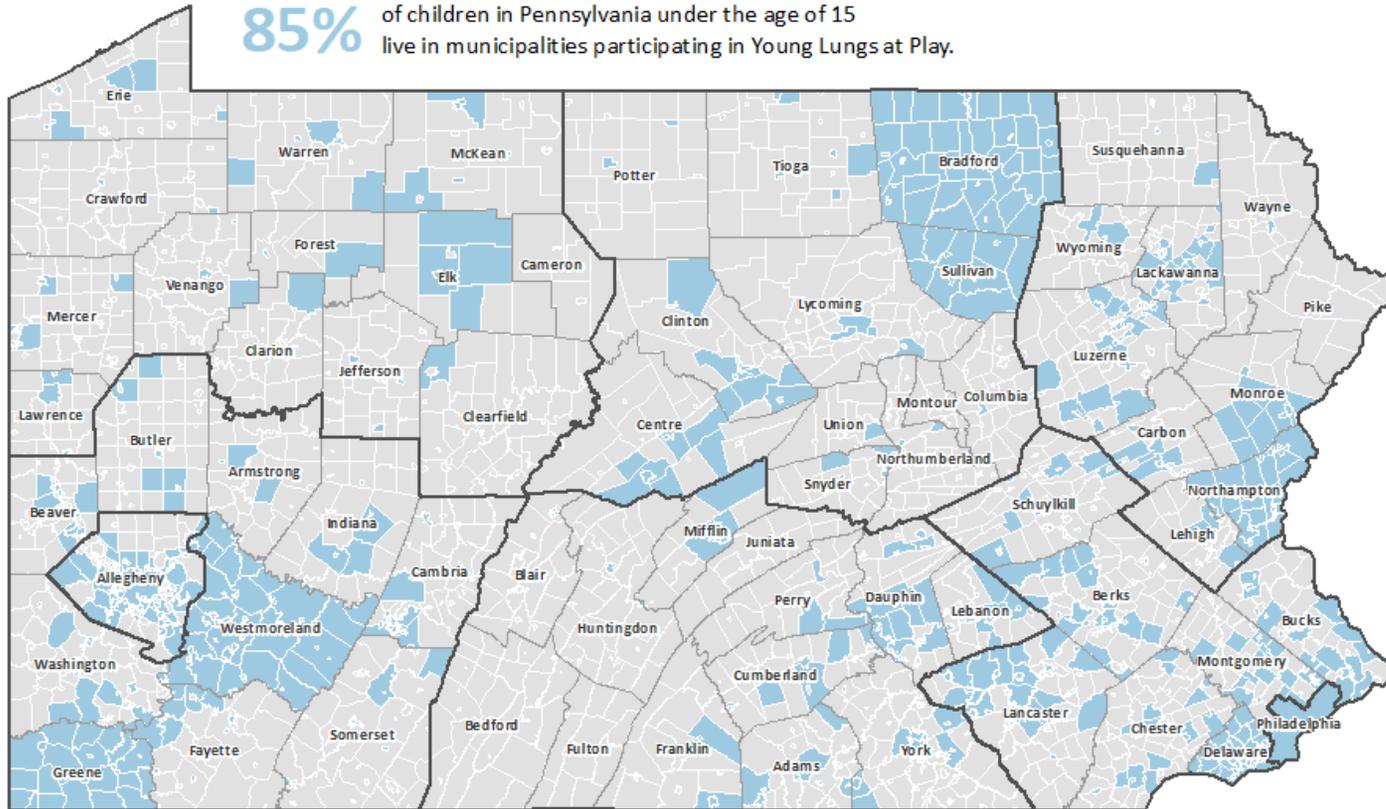
Young Lungs at Play Participation, SFY2021-2022

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

Municipalities Participating in Young Lungs at Play, SFY2022

 Yes No

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 2020 5-year estimates)
Map produced October 2022



¹⁰Map updated as of October 2022.

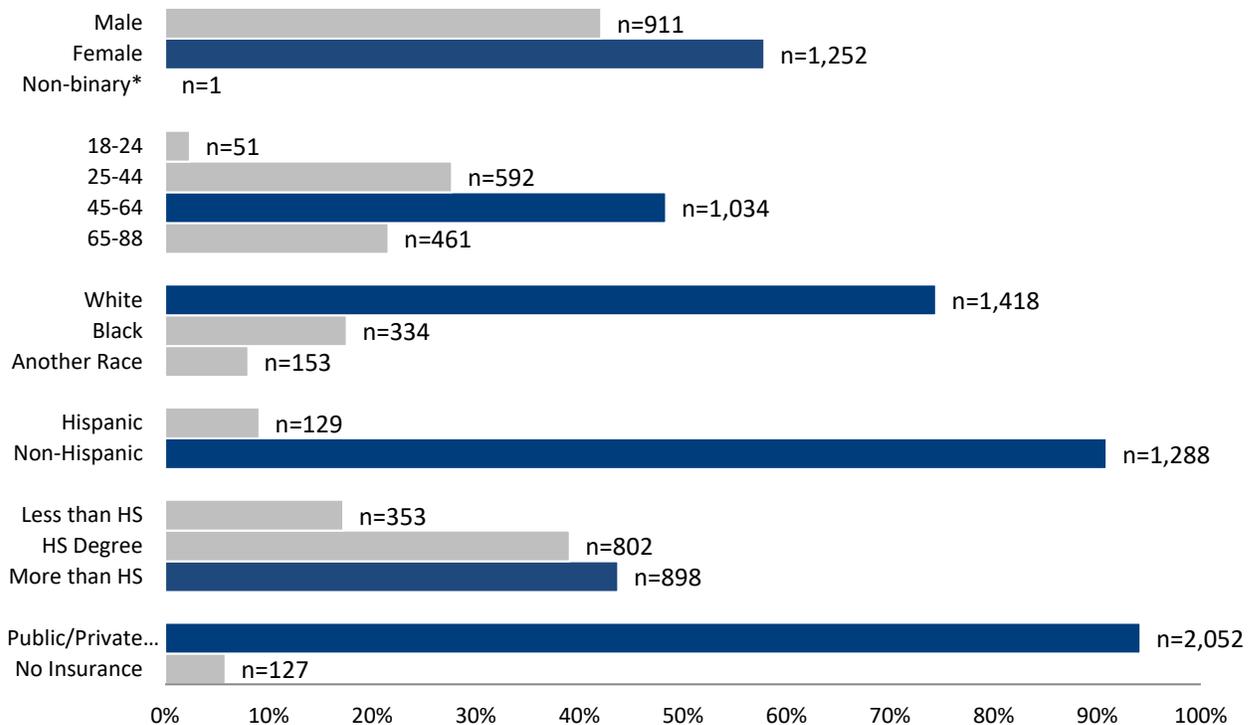
MPOWER – OFFER Help to Quit Tobacco: Local Cessation Services

REGIONAL CESSATION/TOBACCO DEPENDANCE TREATMENT

Cessation support/tobacco dependance treatment 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).

- Seven of the eight RPCs enrolled **2,281 participants in group** (n=1,269) and **individual** (n=991) **cessation counseling /tobacco dependance treatment** during SFY 2021/2022.¹¹
- Three of the eight RPCS provided **treatment to 70 incarcerated individuals at state correctional institutes.**
- Regional counseling/treatment participants were most commonly female, age 45-64, white, and non-Hispanic, with at least a high school education and health insurance.

Demographics of Regional Cessation Program Participants, at Intake (July 2021 - June 2022)



Data Source: SFY 2021/2022 Quarters 1-4 Regional Primary Contractor Data.

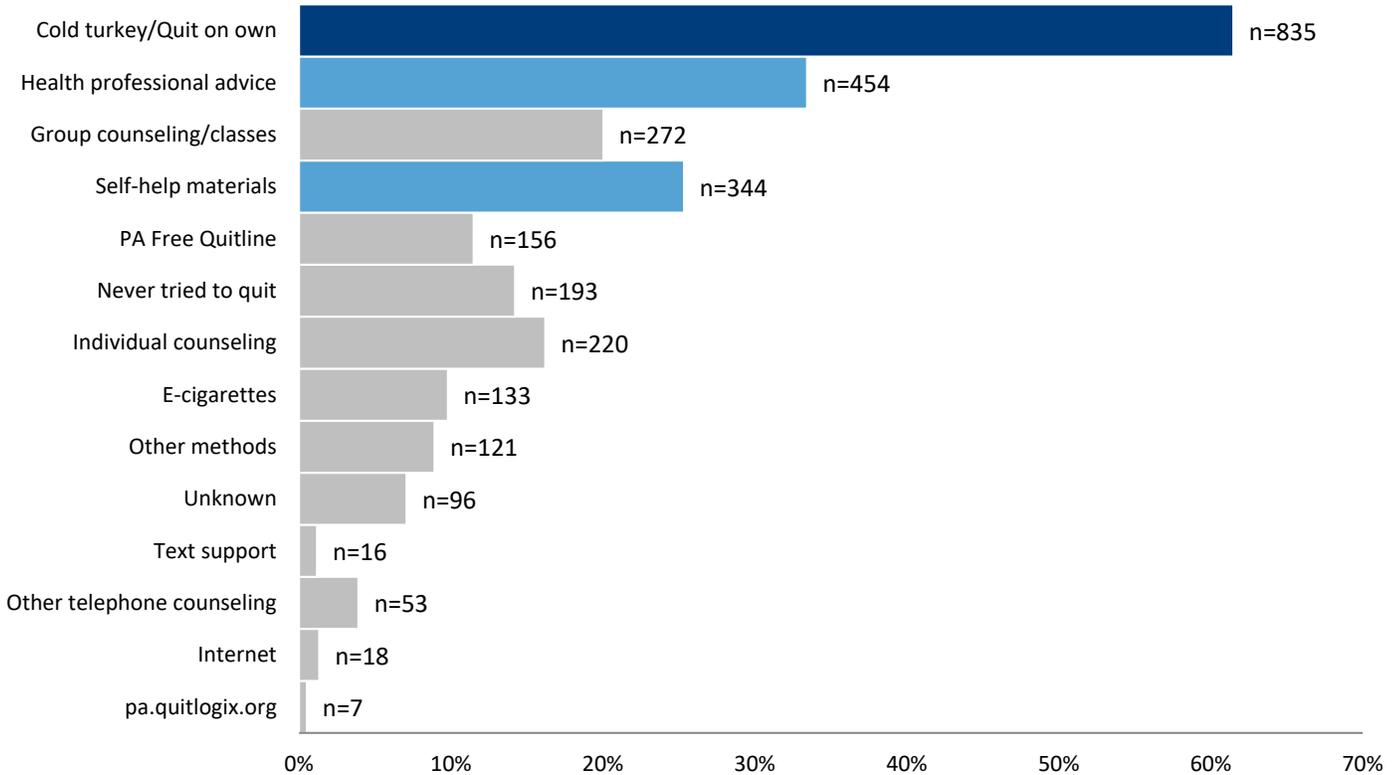
Note: This graph summarizes key intake data, presenting most common responses for demographic characteristics.

Percentages displayed were calculated from all non-missing responses.*

¹¹Type of cessation setting is unknown in 21 cases. Number of completed surveys may include individuals who participated in more than one service during the year. Totals do not include any cessation program participants in Philadelphia.

- About 14 percent of cessation program participants (n=193) had never previously tried to quit.¹²
- The most frequently reported prior quit method was “on my own/quit cold turkey” (62%; n=835). Advice from health professionals (33%; n=454) and group counseling (25%; n=344) were also frequently reported.

Quit Methods Ever Used by Cessation Program Participants Prior to Enrolling in Current Cessation Program, at Intake
(July 2021 - June 2022)



Data Source: SFY 2021/2022 Quarters 1-4 Regional Primary Contractor cessation data.

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

- The vast majority of participants reported that cigarettes are the primary form of tobacco they currently use (93%, n=1,909). Three percent reported smokeless tobacco as their primary form of tobacco (n=52).
- Eight in ten of participants reported using tobacco every day (79%, n=1,724).
- Out of participants who answered the question about menthol tobacco use, 66% (n=572) reported using menthol products.
- More than one in seven participants reported using e-cigarettes (15%, n=287). Of those who used e-cigarettes, 55 percent reported they intend to quit. Participants reported a variety of reasons for using e-cigarettes, with 25 percent (n=98) and 16 percent (n=63) reporting they use e-cigarettes to cut down on other tobacco and quit other tobacco, respectively.

¹²Percentages are based on N=1,955, the number of participants who answered the quit methods question. Participants could select all that apply.

- During this reporting period, in addition to intake surveys, program participants completed 894 end-of-treatment surveys, 455 thirty-day follow-up surveys, and 323 six-month follow-up surveys.
 - As reported in end-of-treatment surveys, **21 percent** (n=187) of program participants who completed treatment and answered a tobacco use question reported **not using tobacco at all in the past 30 days**.
 - At the end of treatment, **two thirds** of survey respondents who had been using tobacco when they started the program (67%, n=458) **made a quit attempt**.¹³
 - **At 30-day follow-up, about 40 percent** (n=182) 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=147) 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 found the program they attended to be helpful** (99%, n=759).¹⁴ Similarly, **nearly all participants** who answered a question about program referral **would recommend the program they attended to a friend or family member** (99%, n=754).

¹³“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

¹⁴“Helpful” responses include “very helpful” and “somewhat helpful.”

MPOWER – OFFER Help to Quit Tobacco: PA Quitline Services

1-800-QUIT-NOW REACH IN PENNSYLVANIA

- Between July 1, 2021 and June 30, 2022, **19,959 call attempts** were made to 1-800-QUIT-NOW from Pennsylvania phone numbers.

Pennsylvania Call Attempts to 1-800-QUIT-NOW

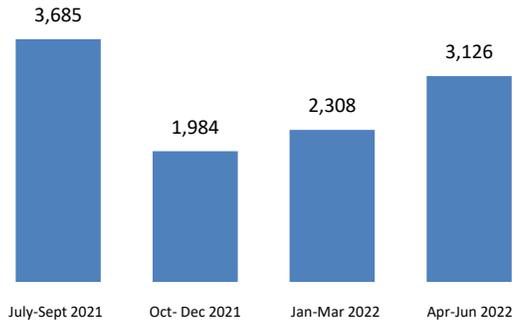
(July 2021 - June 2022)
(N=19,959)



Data Source: NAQC.

Tobacco Users Requesting Services from PA Free Quitline, by Quarter

(July 2021 - June 2022)
(N=11,103)

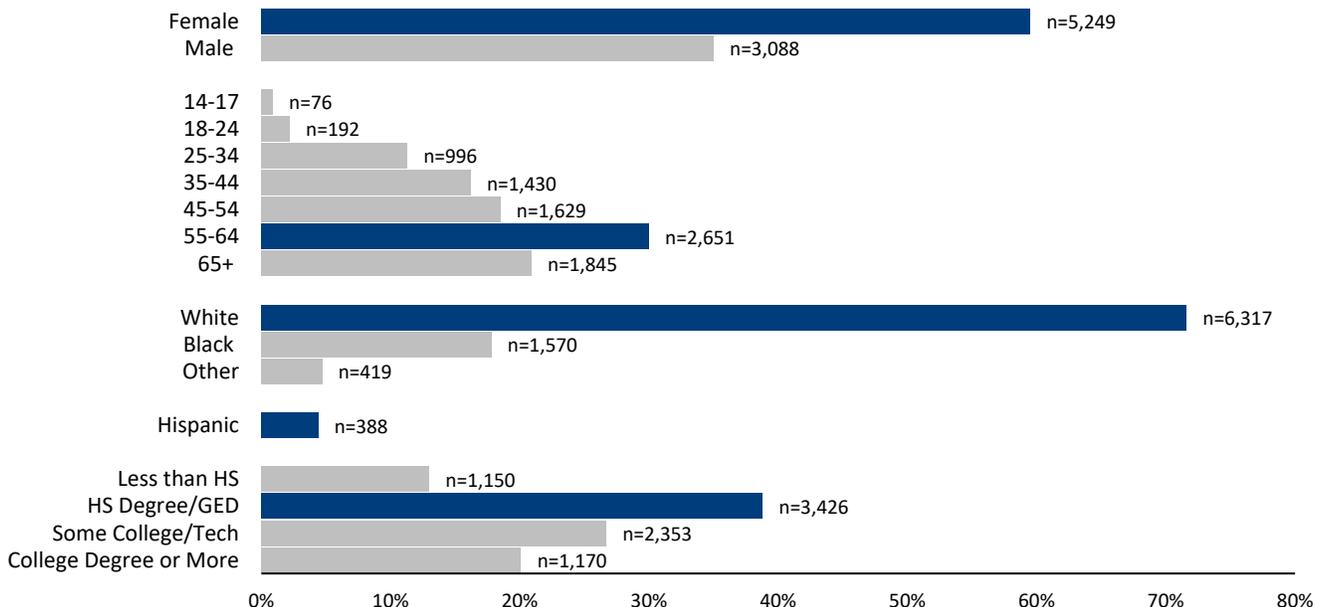


Data Source: National Jewish Health (PA Free Quitline Vendor).

- Between July 1, 2021 and June 30, 2022, **11,103 tobacco users requested services from the PA Free Quitline**. During this same time period, **7,022 tobacco users enrolled** in PA Free Quitline counseling, receiving at least one counseling call (63.2% of all tobacco users requesting services).

Select Characteristics of PA Free Quitline Callers Completing Intake

(July 2021 - June 2022)
(N=8,824)



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

- There was no interruption in the availability of NRT for enrollees for the 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 of enrollees received NRT** (80.0%, n=5,628) and of those who received NRT, **more than two in five received combination therapy** (42.3%, n=2,383).
- During this year, the PA Free Quitline supported the Text Messaging Initiative in which participants 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. **4,600 Quitline participants in SFY 2021/2022 and 70,785 since the program's inception opted into the Text Message Program.**
- In March 2014, the PA Free Quitline launched Quitlogix, a web-based cessation intervention tool.  Quitlogix provides enrollees with the opportunity to view upcoming appointments, order and track NRT shipments, engage in chat rooms and message boards and access quizzes, calculators and content based on their stage of change. To enroll, visitors to the Quitlogix website completed a brief intake questionnaire and were given the option to enroll in web-based services through Quitlogix only or to use Quitlogix in conjunction with telephone counseling. In SFY 2021/2022, **3,386 tobacco users enrolled in Quitlogix services** (a slight increase from 3,294 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 2021 to June 2022, **nine pregnant women and postpartum women opted to enroll in the Pregnancy Protocol.**¹⁵

BEHAVIORAL HEALTH PROTOCOL

Individuals who report mental health disorders have historically had lower quit rates than individuals without mental health disorders when using the PA Free Quitline. To improve cessation outcomes, National Jewish Health developed a tailored Quitline program to meet the needs of people living with behavioral health conditions.

Participants receive:

- Seven scheduled telephone coaching sessions over three months.
- Specially trained tobacco treatment coaches who understand behavioral health conditions.
- Nicotine replacement therapies (NRT) for 6-8 weeks with combinations of patch, gum, or lozenge.
- A personalized Welcome Package including educational materials.
- A suite of eHealth services to supplement telephone coaching including customized email and text messages, online chat, and interactive online resources.

¹⁵Total includes only pregnant or postpartum women who completed a counseling call.

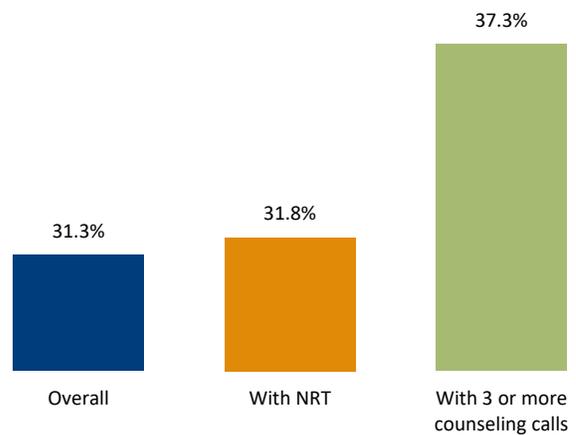
▪ **Referrals**

- From July 2021 to June 2022, there were **2,261 PA Free Quitline referrals received** in the Commonwealth.
- During this time, **almost half of these individuals were successfully contacted** by National Jewish Health (45.6%, n=1,031) and **about half of the referred individuals contacted by NJH enrolled in counseling services** (48.8%, n=503).
- Overall, **more than one in five referrals received resulted in enrollment** (22.2%).

▪ **PA Free Quitline Quit Rate¹⁶**

- At six-month follow-up, **more than four out of five respondents reported being very or mostly satisfied overall with the Quitline** (84.9%, n=1,701).
- Pennsylvania’s PA Free Quitline **six-month quit rate was 31.3 percent** for 2021 callers.¹⁷
- The conventional tobacco plus electronic nicotine delivery systems (**ENDS**) **quit rate of 29.7 percent is slightly lower**, indicating some who report that they quit at six-month follow-up may still use ENDS.
- The six-month quit rate was 23.7% for those completing one counseling call and 24.8% for those completing two calls. **Completing more than one counseling call also had a positive, significant influence on quit success at six-month follow-up, with a quit rate of 37.3% for those completing three or more calls.**¹⁸
- **Provision of NRT as part of services increased six-month quit rates (31.8%)** compared to individuals that did not receive NRT from the PA Free Quitline (30.8%).¹⁹
- The six-month quit rate for those **completing three or more counseling calls and receiving NRT was 70.3%.**
- Quit rates did not differ when comparing callers by education, race, ethnicity and sexual orientation. Quit rates significantly differed at six-month follow up by gender, public housing status, veteran status, mental health conditions, chronic disease diagnoses and whether the respondent was a first-time caller. Females, those living in public housing, those living with any chronic disease, those living with a mental health condition, and those who were repeat callers were significantly less likely to quit tobacco than their counterparts.

Overall Six-Month Quit Rates (SFY 2021/2022)



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

¹⁶ Follow-up data reported for callers who completed intake in SFY 2020/2021. Follow-up data for these callers was collected in SFY 2021/2022.

¹⁷ Reported quit rate is a responder rate, as recommended by the North American Quitline Consortium (NAQC), based on an overall 61.4% survey response rate.

¹⁸ Significant at p<.001 at six-month follow up.

¹⁹ Significant at p<.015 at six-month follow up.

Quit Success for Selected Demographics (2021)	Quit Rate % at 6-month follow-up	
Overall Conventional Tobacco Quit Rate	(n=2,034)	31.3%
Overall Conventional Tobacco Plus ENDS Quit Rate	(n=2,032)	29.7%
Gender**		
Male	(n=799)	35.7%
Female	(n=1,221)	28.3%
Education Level		
Less than High School	(n=287)	31.4%
High School	(n=768)	32.9%
Some College/Tech School	(n=530)	27.9%
College Degree	(n=445)	32.4%
Race		
Black	(n=454)	30.4%
White	(n=929)	31.5%
Other	(n=123)	28.5%
Ethnicity		
Hispanic	(n=87)	34.5%
Non-Hispanic	(n=1,930)	31.1%
Sexual Orientation		
Heterosexual	(n=1,924)	31.2%
LGBT	(n=99)	34.3%
Housing Situation**		
Public Housing	(n=307)	24.1%
Live Elsewhere	(n=1,699)	32.5%
Chronic Disease**		
Any Chronic Disease	(n=1,442)	29.3%
No Chronic Disease	(n=584)	36.0%
Veteran Status**		
Veteran	(n=169)	40.2%
Non-veteran	(n=1,829)	30.2%
Mental Health Condition***		
Mental Health Condition	(n=1,083)	26.2%
No Mental Health Condition	(n=949)	37.1%
Substance Abuse		
Substance Abuse	(n=98)	26.5%
No Substance Abuse	(n=1,011)	26.8%
First Time Caller*		
Yes	(n=1,887)	31.7%
No	(n=138)	23.2%
Cigarette Type		
Regular Cigarette	(n=886)	31.7%
Menthol Cigarette	(n=997)	28.4%

*p<.05; **p<.01; ***p<.001 by Chi Square test.

^Chronic diseases include: asthma, COPD, cancer, diabetes, heart disease, and high blood pressure
Data Source: National Jewish Health (PA Free Quitline vendor).

MPOWER – WARN about the Dangers of Tobacco

PENNSYLVANIA ALLIANCE TO CONTROL TOBACCO



During SFY 2021/2022, 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 2021/2022 focused on maintaining state funding for tobacco prevention and control programming and clean indoor air legislation with no exemptions. The PACT team presented at both local and national conferences including the American Public Health Association Annual Conference and the National Conference on Tobacco or Health.

By the end of SFY 2021/2022, there were **over 1,300 PACT members** to be called on for action. In addition, [PACTonline.org](https://pactonline.org) had over 1,000 active users. Also in this year, **PACT facilitated visits with 158 unique legislators**. PACT and the Research & Evaluation Group at PHMC created district-specific MSA infographics for key PA legislators.

PACT organized another successful Day at The Capitol in May 2022, where 45 state legislators met with advocates over the phone or via Zoom online meetings. For the third 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. Over 370 youth and adult lung health and tobacco control advocates participated in the event. TRU advisors reported DATC activities for 142 students. Forty advocates from across the Commonwealth provided feedback following their virtual visits and phone calls. Seventy-five percent of advocates said Day at the Capitol “definitely” reinforced their commitment to tobacco prevention and control work. Sixty-four percent reported “definitely” gaining confidence in conducting legislative visits. Ninety-seven percent of respondents said the community forum, where participants engaged with tobacco control speakers and advocates, was “somewhat or very useful”.

TRU

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 **2,574 youth members participating in TRU** and over 80 advisors. This was over two times as many participating youth members compared to SFY 2020/2021, when 922 youth were registered with TRU. This year, PACT also launched TRU+. This group is for all former TRU members who remain committed to creating a tobacco-free future for Pennsylvania, as well as all young adult advocates ages 18-21 years old. Activities include opportunities to mentor current TRU members on how to be effective advocates, to make their voices heard among lawmakers and the community and to receive the quarterly TRU+ newsletter to stay up to date on TRU, advocacy issues, and ways to support the tobacco-free mission. There was one TRU+ alumni group at the end

of SFY 2021/2022. PACT promoted the TRU+ Alumni Network to graduating TRU members through two paid media campaigns, which received a total of 17,454 views and 45 clicks.

T21 EVALUATION

In FY2021/2022, PACT continued its work for the successful implementation of Tobacco 21 legislation in Pennsylvania. PACT partnered with the Research & Evaluation Group at PHMC to create an infographic summarizing the findings from a 2021 panel survey that gauged young adults' attitudes toward and awareness of T21. **Over 400 young adults aged 18-20 reported their thoughts on T21 policy and access points for tobacco products.** Overall, young adults in Pennsylvania ages 18 to 20 years old reported continued, easy access to tobacco products one year after Tobacco 21 implementation.

Of those who used tobacco products, more than half 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 percent said it was "easy" or "very easy" to get them online. Sixty percent of respondents said people their age use e-cigarettes and vapes more often than at the same time last year and 29 percent believe people their age smoke cigarettes more often. Around half of respondents reported the COVID-19 pandemic as the main cause of the tobacco use increase. Thirty-one percent of respondents were not aware the government raised the minimum age for people to buy tobacco products to 21 at the time of the survey. When asked about their level of agreement on variations of tobacco 21 legislation, 63 percent "agreed" or "strongly agreed" the minimum age for Pennsylvanians to purchase all tobacco products should be 18 years old.

As a follow up to the young adult panel survey, PACT and the Research & Evaluation Group conducted an online survey for retailers around tobacco 21 legislation. The questions asked about retailer understanding of the law, compliance efforts, perceived impacts from the law, needs and other related enforcement resources. **Over 350 retailers responded to the Tobacco 21 Enforcement survey.** All respondents worked at or managed a store in Pennsylvania that sold tobacco products. Ninety percent of retailers were aware of the Tobacco 21 law prior to taking the survey. Over half reported that their customers were aware of the law most of the time, while about one-fourth reported that their customers were aware of the law some of the time. Over half of retailers reported they had at least one encounter with underage people trying to purchase tobacco products in the past 30 days.

Almost half of respondents reported complying with T21 was very easy. When asked what made it difficult to stay in compliance, 82 percent reported the customers made it difficult and 18 percent reported regulations made it difficult. Retailers were asked what kinds of resources would be helpful for them to continue complying with the tobacco 21 law. Over three quarters of respondents said T21 posters, banners, and fact sheets would be helpful for their store. Over half of respondents also said more age verification tools and online employee trainings were needed. Tobacco 21 retailer educational materials were distributed by PACT as needed.

MPOWER – ENFORCE and Inform Policy Compliance Info



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.

- **8,667 Statewide Retail Enforcement checks were completed across the Commonwealth** for the period July 1, 2021 to June 30, 2022. Of those enforcement checks, **20.4 percent resulted in a sale.**
- Southeast had the highest reported sales rate among the eight regions, at 32 percent.
- Across the state, **32.8 percent of reported sales occurred at news outlets**, followed by restaurant/delis (31.7%) and convenience stores (no gas) (26.6%).
- **Most sales to youth were large cigars** (63.4%).
- 20-year-old underage purchasers had the highest sales rate, at 38 percent.

EVERY SMOKER EVERY TIME

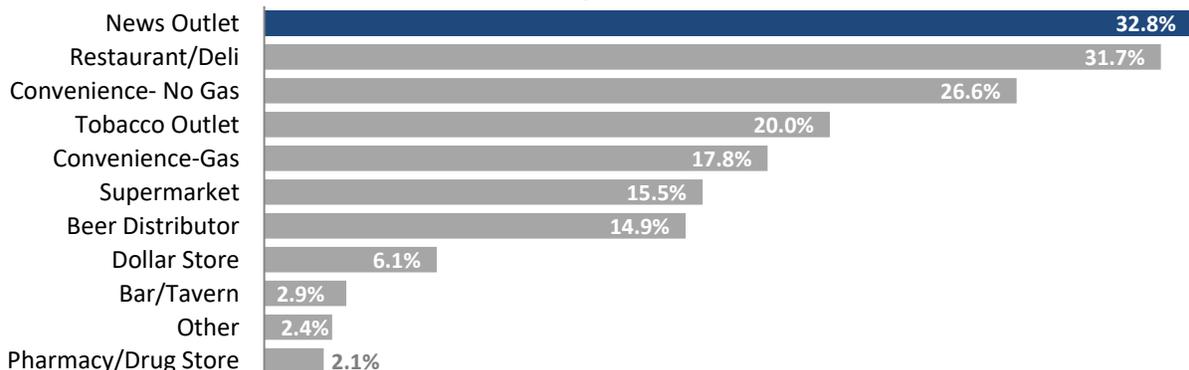
The *Every Smoker, Every Time* brief intervention training was revamped and relaunched in 2018. Individuals may complete the 45-minute training from work or home and receive a completion email after passing a post-test with a score of at least 80 percent. The training is based on effective, validated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

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

In SFY 2021/2022, **1,598 providers took the *Every Smoker, Every Time* training.** Of those who took the training, 97% passed the post-test. When asked about their profession, 435 participants selected “dental health licensee”, 383 selected “doctor/nurse”, and 46 selected “pharmacist”. Remaining participants selected “none of the above”.

Reported Sales Rate by Outlet Type (SFY 2021/2022)

(July 2021 - June 2022)



Data Source: State Tobacco Retail Enforcement Program SFY 2021/2022 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 **1,440 compliance check inspection results reported to FDA** between July 1, 2021 and June 30, 2022. During this same time period, **349 warning letters were issued**. The FDA's [public database](#) is available for additional information.

The image on the page below shows a sample warning letter issued by the FDA regarding tobacco retailer compliance check violations.

Example Warning Letter from FDA Compliance Check:



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

WARNING LETTER
June 30, 2016

VIA UPS



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

Dear Sir or Madam:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SYNAR

In 1992, the Synar Amendment established requirements that states conduct random, unannounced inspections of tobacco retailers to address youth tobacco access and enforce tobacco retailer laws. Pennsylvania administers the Synar survey annually to meet these federal requirements and estimate the rate at which outlets sell cigarettes to minors. Data is collected via youth buyers, ages 16-18, 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 2021 survey was conducted during the summer of 2021 and the report was issued in May 2022. **In 2021, an estimated 16.2 percent (CI: 13.5% - 18.8%) of Pennsylvania retailers sold cigarettes to minors.**²⁰

²⁰ Pennsylvania Department of Health. Division of Health Informatics. (2022). *2021 Annual Synar Report*. Harrisburg, PA. Pennsylvania Tobacco Prevention and Control Program

MPOWER – RAISE Community and Legislative Awareness

COLLABORATIVE ACTIVITIES

PATPC's work was not limited to traditional 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**;
- Support the **PA Oral Health Initiative** by promoting good oral health as a key part of a healthy lifestyle; and
- Advance **region-specific partnerships** to promote LGBTQ+ health, tobacco-free schools and college campuses, and support employers and behavioral health programs to implement tobacco-free policies.

Despite challenges during the COVID-19 pandemic, in SFY 2021/2022 RPCs continued to help facilitate the CDC recognition and application process for qualified Pennsylvania organizations participating in the Diabetes Prevention Program (DPP), funded through the PADOH Division of Nutrition and Physical Activity (DNPA). RPCs formally collaborate by providing technical assistance to DPP health coaches, assisting with program promotion, cross-referring tobacco cessation program participants, and providing tobacco cessation education and resources.

LEGISLATIVE ACTION

PACT works with statewide partners to strengthen tobacco control laws across Pennsylvania. In SFY 2021/2022, PACT continued efforts to increase PACT membership and had **over 1,300 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 158 legislators** and organized a successful virtual Day at The Capitol in May 2021 where 45 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 2021/2022, **TRU had 2,574 youth members** and **over 80 advisors** statewide. PACT worked with RPCs to support youth recruitment; communication

strategies included e-blasts, sharing monthly infographic reports, and updated 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 and This Free Life; 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 2021/2022. Six of the eight regions utilizing the Tips From Former Smokers® campaign also promoted the PA Quitline during media events.

Number of Regions	Tips From Former Smokers	The Real Cost	This is Quitting	This Free Life	Know the Risks: E-Cigarettes and Young People	#FinishIt
✓	✓	✓	✓	✓	✓	✓
✓	✓	✓	✓		✓	✓
✓	✓	✓			✓	
✓	✓	✓				
✓	✓					
✓	✓					
✓	✓					
✓	✓					
(8)	(4)	(2)	(1)	(3)	(2)	

RPCs also developed and implemented local and regional media campaigns for diverse channels and audiences, including:

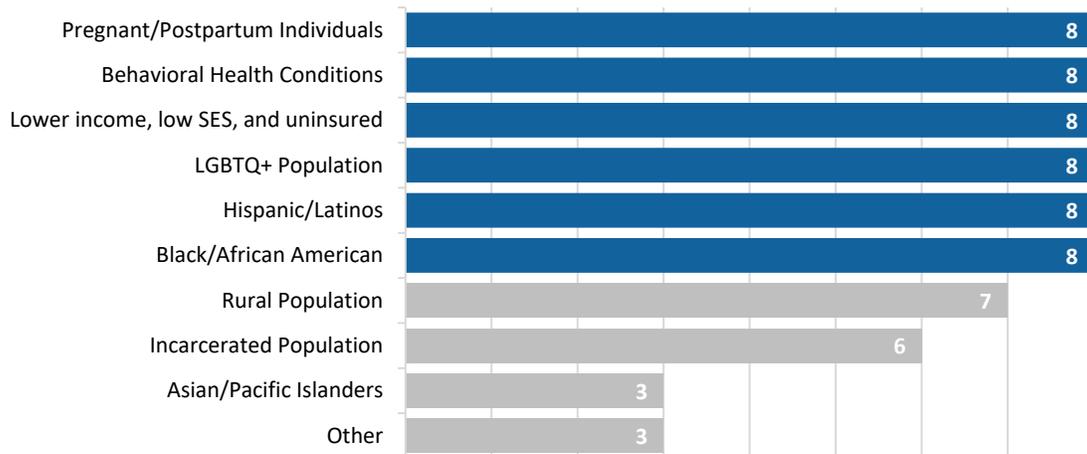
- Digital media campaign for the PA Free Quitline encouraging adults in Philadelphia to call to quit;
- Tobacco Free Voices campaign, promoting the message that tobacco recovery is recovery;
- Do it For Them campaign to encourage Hispanic/Latinx adults to quit for their family;
- Movie theatre ads for vape-free youth and adult cessation services in the Northwest Region;
- Freedom From Smoking campaign ads displayed in newspapers and shared on the radio to encourage adults in Clinton and Centre counties to quit;
- Live2Quit social media campaign promoting quitting among adults in the Southeast Region;
- Mi Mejor/My Best Friend campaign displayed in corner stores in Lancaster and Reading encouraging Hispanic/Latinx adults to quit; and
- Smoke-free pride social media campaigns, including the use of a custom Snapchat filter.

HEALTH EQUITY

As tobacco use has decreased among all adults, its use has remained high in marginalized groups, like communities of color, the LGBTQ+ community, and those with a behavioral health condition. This is an issue of health equity as these same groups are more likely to be intentionally targeted by tobacco industry marketing, discriminated against within the healthcare system, and working in jobs with fewer protections against secondhand smoke. In their SFY 2021-2022 work, RPCs worked to reduce tobacco-related disparities experienced by:

- Asian and Pacific Islanders;
- Black and African Americans;
- Hispanic and Latinx communities;
- Incarcerated individuals;
- Individuals who are pregnant or postpartum;
- LGBTQ+ communities;
- Low income, low SES, and uninsured populations;
- People with behavioral health conditions; and
- Rural communities.

Number of Regions that addressed Disparities by Population



During SFY 2021/2022, six identified groups disproportionately impacted by tobacco were addressed by all eight regions across the Commonwealth. RPCs reported a variety of methods in how they worked to reduce tobacco-related disparities, particularly efforts involving Black/African American and Hispanic/Latinx communities. Generally, regions addressed tobacco-related disparities by disseminating tobacco-related materials and resources, partnering with community organizations and conducting education. Examples of each regions' efforts are listed below.

- Representatives from the Southwest Region presented at the National Conference on Tobacco or Health on their research looking at the intersection of tobacco retailer density and health disparities in African American communities in urban settings and low-income communities in rural settings.
- In Allegheny, staff at Duquesne University's Center for Integrative Health (CIH) presented tobacco-related information at the Hazelwood Juneteenth Celebration. The region also launched the Tobacco Free Adagio health videos, featuring musical artist DeJour – who spoke about how tobacco companies target Black and African American communities and young adults in their ads.
- The Northwest region collaborated with Latino Connection to host pop-up events and display digital advertisements. The organization used “My Best Friend?” or “¿Mi mejor amigo?” campaign ads and referred people to Quitline or local services for cessation classes.
- The American Lung Association – which services North Central, Northeast, and South Central Regions – created and disseminated a disparities toolkit to all service providers about populations disproportionately impacted by tobacco use, including Black/African American and Hispanic/Latinx communities. The toolkit features a variety of culturally competent resources, trainings, videos, and other relevant materials.
- In Southeast, representatives from Southeastern Pennsylvania TPC partnered with the Dr. Ala Stanford Health Equity Center and the Black Doctors Covid-19 Consortium to collaborate on outreach, education, and resource referrals for Black and African American communities. PA Free Quitline materials were distributed during their community events and wellness fairs as well as in their clinic.
- Philadelphia's efforts to reduce health disparities among these populations included targeted tobacco use disorder treatment services, mass media campaigns, creating tobacco, and vape-free spaces, youth prevention and policy efforts.

Additionally, the Bradbury-Sullivan LGBT Community Center addressed tobacco disparities affecting Pennsylvania's LGBTQ+ community both at a regional level and through statewide efforts. Critical aspects of this work include administering the biennial Pennsylvania LGBTQ Health Needs Assessment (described below), supporting tobacco-free prides, advocacy efforts, and more. Bradbury-Sullivan participated in legislative visits throughout the year to educate policymakers on the disproportionate impact tobacco-related health disparities have on LGBTQ+ residents throughout the state. The center also provided support to 14 tobacco-free Pride celebrations, allowing them to reject sponsorship from tobacco companies and provided tobacco-free spaces to the community.

STATEWIDE INITIATIVES

PA 2022 LGBTQ HEALTH NEEDS ASSESSMENT

The Pennsylvania Department of Health, Bradbury-Sullivan LGBT Community Center, and Public Health Management Corporation again partnered to develop and administer the 2022 statewide LGBTQ needs assessment capturing the health risks, needs, and resiliency factors in PA's LGBTQ population. Additional measures were added to the 2022 Needs Assessment tool, including neurodiversity, disability, sleep, and COVID-19 vaccination status. The assessment was offered in both English and Spanish. A coalition of community partners supported outreach.

More than 4,000 (4,228) LGBTQ people from 66 of Pennsylvania's 67 counties participated in the 2022 needs assessment. More than half of respondents ages 18 and older reported having tried cigarettes at some point in their lives (56.3%). One in every five respondents who reported ever trying any tobacco product also reported currently using flavored tobacco or vape products, such as menthol (19.8%). Community-based needs assessments provide valuable information to LGBTQ+ individuals, public health professionals, healthcare teams, legislators, and advocates. Data from 2018 and 2020 continues to be disseminated in a public report, sector meetings, data requests, local, national, and international conferences. The 2022 full report will be released in fall 2022.

BEHAVIORAL HEALTH INITIATIVE

Since 2017, PADOH and partners in the Department of Human Services and the Office of Mental Health and Substance Abuse Services have been raising awareness about the benefits of tobacco free behavioral health services. In SFY 2020/2021 the Pennsylvania Department of Health 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 the PA STFRI team, Philadelphia Department of Public Health, and PADOH 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 used to inform the PA STFRI strategy for SFY 2021/2022.

In SFY 2021/2022, PA STFRI staff:

- Hosted the first tobacco free recovery conference that was attended by over 112 behavioral health practitioners and administrators;
- Designed and distributed a tobacco-free recovery media campaign;
- Developed a training series for behavioral health providers;
- Enrolled two behavioral health facilities in a tobacco free recovery culture change pilot and provided training to the sites' 71 employees;

- Engaged an advisory board of 51 tobacco prevention and behavioral health professionals working across the state.

RURAL HEALTH INITIATIVE

In SFY 2020/2021, PADOH also received funding from CDC to create a community-based initiative focused on a population disproportionately affected by tobacco use. Funding was provided to Nicotine Free Northwest PA (NWPA), RPC in the Northwest region, to implement an initiative to address disparities among low-income, rural communities in their region. In July 2020, they launched **The Rural Health Initiative**. This initiative is focused on increasing tobacco and nicotine cessation and treatment services to rural and low-socioeconomic status (SES) populations through oral health/dental encounters. Nicotine Free Northwest PA partnered with the Pennsylvania Coalition for Oral Health (PCOH) to provide tobacco and nicotine cessation training, consultation and technical assistance to oral health/dental providers.

In SFY 2021/2022:

- 714 oral healthcare providers/students completed PCOH's *Integrating Nicotine Dependence Treatment with Oral Health* training;
- 44 callers to the PA Free Quitline reported hearing about the service through their oral health/dental provider;
- 376 tobacco cessation services were offered by oral health/dental providers at community events, all primarily in NWPA; and
- 8 of the 13 counties in NWPA had at least one oral healthcare provider who billed for tobacco and nicotine cessation services.



In SFY 2021/2022, PATPC continued to deliver comprehensive services and tailored community supports to address and reduce tobacco use across the Commonwealth of Pennsylvania. Program and outcome evaluation efforts are ongoing. Data, including the information presented in this report, will continue to be shared and used to support ongoing program improvements.

Appendix A: Regional Cessation

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

The following tables display July 1, 2021 – June 30, 2022 program data by region, to inform programmatic decision-making and conversations about program reach and effectiveness across the Commonwealth. Participants in SCI and youth programs are not included due to low numbers.

Cessation Participant Surveys

RPCs enrolled 2,281 cessation programming participants in counseling between July 1, 2021 and June 30, 2022 (Table 1). In addition, cessation program participants completed 894 end-of-treatment surveys, 455 30-day follow-up surveys and 323 six-month follow-up surveys (Table 2).

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

Program Type	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total
Group	128	33	77	142	N/A	279	478	132	1,269
One-on-one	19	8	157	17	N/A	358	416	16	991
Unknown	0	0	10	0	N/A	10	1	0	21
Regional Total	147	41	244	159	N/A	647	895	148	2,281

Data Source: RPC Quarterly Data Reports

Table 2: Number of End of Treatment and Follow-up Surveys Completed by Cessation Program Participants, by Region and Point in Time (July 2021 – June 2022)

Time Frame	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total
End of Treatment	6	27	76	95	N/A	172	506	12	894
30-Day Follow-Up	4	18	56	15	N/A	81	278	3	455
6-Month Follow-up	1	5	33	2	N/A	43	239	0	323

Data Source: RPC Quarterly Data Reports

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

Cessation Participant Quit Attempts and Quits

By the end of treatment, 67 percent (n=458) of regional cessation program participants who completed treatment and answered a quit attempt question reported having made a quit attempt²¹ (Table 3). At 30-day follow-up, 40 percent (n=182) of participants who answered a tobacco use question reported having quit using tobacco or stayed quit. At six-month follow-up, 46 percent (n=147) of participants who answered a tobacco use question reported having quit or stayed quit²² (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)

	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total – N (%)
End of Treatment	5 (100%)	23 (92%)	50 (82%)	36 (40%)	N/A	105 (85%)	233 (64%)	5 (46%)	458 (67%)

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=16) 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)

	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total – N (%)
30-Day Follow-Up	1 (25%)	6 (33%)	18 (32%)	3 (20%)	N/A	37 (46%)	116 (42%)	1 (33%)	182 (40%)
6-Month Follow-up	0 (0%)	3 (60%)	17 (52%)	2 (100%)	N/A	20 (47%)	105 (44%)	N/A	147 (46%)

Data Source: RPC Quarterly Data Reports

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

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

²¹ “Quit attempt” is defined as an individual intentionally stopping smoking/using tobacco for one day or longer because they were trying to quit. Only participants who smoked every day or some days were asked if they made a quit attempt. However, those who enrolled quit and stayed quit are included here as their quit attempt continued during treatment.

²² “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 Collaborations

State Fiscal Year 2022

Collaboration Multiplier Analysis



Through chronic disease collaboration, the Division of Tobacco Prevention and Control (DTPC) 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.





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