



MPOWER ANNUAL SUMMARY REPORT

STATE FISCAL YEAR 2024/2025

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). PATPC delivers services across the Commonwealth through eight regional primary contracts and six statewide contracts. 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, Pennsylvania's JLI settlement agreement,¹ and the Food and Drug Administration (FDA).



Pennsylvania
Department of Health

REPORT FRAMEWORK

PATPC's programming aligns with CDC goals and incorporates CDC's best practice areas.²

Goals

1. Prevent youth from starting to use tobacco.
2. Enhance programs to help tobacco users quit.
3. Promote smoke-free environments.
4. Support steps to eliminate tobacco-related health disparities in different population groups.

Best Practices

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

PATPC efforts to address these goals during the 2024/2025 state fiscal year (SFY) are summarized here using a modification of the World Health Organization's (WHO) **MPOWER** framework³: Monitor and Promote Prevention Policies; Protect People from Tobacco Smoke; Offer Help to Quit Tobacco; Warn about the Dangers of Tobacco; Enforce and Inform Policy Compliance; and Raise Community and Legislative Awareness.

DATA SOURCES

Data from a variety of PATPC partners are summarized in this report. First and foremost are quarterly data collected from Regional Primary Contractors (RPCs) across all major program areas per region. The SFY 2024/2025 RPCs, in alphabetical order, are:

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

Additional data sources include:

- Statewide Contractors:
 - [Bradbury-Sullivan LGBT Community Center](#)
 - [Health Promotion Council: Merchant Education](#)
 - [PA Free Quitline](#) vendor, [National Jewish Health \(NJH\)](#)
 - [Pennsylvania Alliance to Control Tobacco \(PACT\)](#) via the American Lung Association
 - [Pennsylvania Statewide Tobacco-Free Recovery Initiative \(STFRI\)](#) via the PDPH
 - [Public Health Management Corporation \(PHMC\)](#)
- [Bureau of Health Promotion and Risk Reduction](#) and broader [Department of Health](#)

¹ For more information about JLI or JUUL Labs, Inc. settlement in Pennsylvania see [press release](#) from Pennsylvania's Attorney General.

² Centers for Disease Control and Prevention, Office on Smoking and Health (OSH). [cdc.gov/tobacco/programs/index.html](https://www.cdc.gov/tobacco/programs/index.html)

³ This report presents select Pennsylvania data findings using a modified World Health Organization MPOWER framework for global tobacco prevention ([MPOWER measures](#)). Geneva, 2022.

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).

PATPC also identified tobacco use among behavioral health populations as a key priority for addressing health disparities. Statewide efforts to promote 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 2024/2025. 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, YMCAs, 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, collecting Clean Indoor Air petition signatures).

Vape Free PA: School Needs Assessment

In June 2025, DTPC at PADOH sought input from middle and high school principals to learn about the impacts of student vaping on Pennsylvania schools.

A survey was developed in partnership with the Division of Instructional Quality at the Pennsylvania Department of Education and PHMC. It contained 12 questions and took about 10 minutes to complete. It was open for three weeks to collect a total of 145 responses.

Questions on the survey focused on the general state of vaping in schools, vape disposal methods, and requesting feedback on resources and programs still necessary for vaping cessation and prevention.

Most respondents shared that addressing vaping-related issues was a burden on administrative staff time (**80%**) indicating the need for more support. About half (**50%**) reported that vaping was a moderate concern for their school. Most also reported they would like guidance on regulations and proper standards for vape disposal (**63%**).

Results from this survey will support programming under Vape Free PA that will function to prevent vaping in schools across the state of Pennsylvania

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.
- Built new partnerships with 507 K-12 schools across the state to support their vaping prevention efforts, including activities outlined in the following bullets.
- 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 e-cigarettes and vaping at events (e.g., high school parent night, peer education trainings, school staff in-service trainings). Distributed materials on vaping, including brochures with information about electronic nicotine delivery systems (ENDS) and Tobacco 21 legislation.

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. NJH, the quitline provider for 16 states and numerous health plans, 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 chatting 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 may 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 of 2008 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*.⁴ 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 a single form over time, including the baseline assessment portion when the worksite agrees to undergo policy change and the follow-up portion at the end of the fiscal year OR when the new or updated policy becomes effective.

Worksite and Campus Tobacco Policy Index (last updated May 2024)

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)
	<input type="checkbox"/> Transportation	<input type="checkbox"/> Accommodation/Food Services	<input type="checkbox"/> College Campus, # Students: _____
County & Zip:	<input type="checkbox"/> Warehouse/Manufacturing/Utilities	<input type="checkbox"/> Public Administration/Government	<input type="checkbox"/> Other (please specify): _____
# Employees: _____	<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:

1. The Worksite and Campus Policy Index is a physical version of the Index and is an OPTIONAL tool that can be used to assess policies. All scores must also be entered into the online version of the Index: <https://bit.ly/WorksiteReportFY25>
2. 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 version of the index (<https://bit.ly/WorksiteReportFY25>) at the end of each quarter.
3. 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 version of the index (<https://bit.ly/WorksiteReportFY25>) at the end of each quarter following the initial BASELINE SCORE.

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

PA Tobacco Prevention and Control Program (2024-2025)

This Worksite and Campus Tobacco Policy Index was informed by the CDC Worksite Health Scorecard. 1

⁴ The Worksite Tobacco and Wellness Policy Index was informed by the [CDC Worksite Health Scorecard](#). Image here 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.

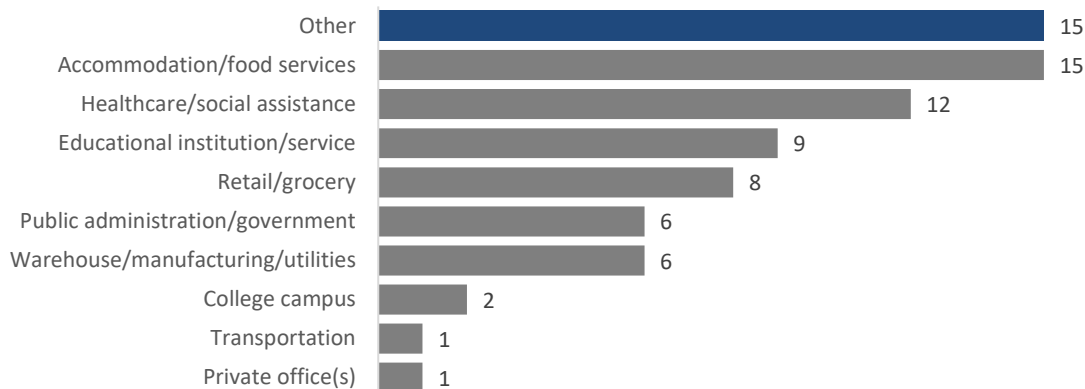
Data collection procedures and forms were modified starting in January 2022, with the beginning of a new RPC contract period. The index and data collection protocol were modified so contractors submit worksite and campus policy change using a single, streamlined *Worksite and Campus Tobacco Policy Index*. Reporting for worksites, including behavioral health facilities, and campuses was combined because of the similarities in the policy change and technical assistance components. Contractors now complete an online 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. 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 SFY 2024/2025, 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, 2024 to June 30, 2025 are listed below.

- RPCs and service provider staff provided technical assistance to **76 worksites and campuses** across the Commonwealth. In total, **70 worksites and campuses** implemented new or strengthened policies, reaching **approximately 13,600 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.

Worksite Organization Types Receiving Technical Assistance
(July 2024 - June 2025)



Data Source: SFY 2024/2025 Worksite Campus and Tobacco Policy Reporting Form

- Worksites categorized as “Other,” included salons (hair and wax) (6). Additional worksites categorized as “Other” were defined as “fitness gym,” “church,” “household supplies,” “entertainment,” “family fun park,” “recycling,” “campground,” “party planning business,” and “community garden and farms.”
- **On average, sites with a new or improved policy improved their scores by 15 points.** The policy score is divided into four broad categories: Environment, Program, Policy, and Wellness. Policy improvements were the most common – 67 worksites with improved overall scores improved in this category (96 percent).

Worksite Policy Improvement, by Index Category (July 2024 – June 2025)	% of Worksites with Improved Index Score*
Environment Score	93%
Program Score	91%
Policy Score	96%
Wellness Score	84%

*Percent based on 70 worksites with completed policy subcategories AND an improved overall score. Individual items within the subcategories not detailed here.

Data Source: SFY 2024/2025 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 2024/2025 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;
 - Linking to local clinic with site for cessation services;
 - 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 ongoing communication.

THE SMOKEFREE MULTIUNIT HOUSING INITIATIVE



RPC staff members have worked on multiunit housing tobacco policy change for many years and have collaborated with multiunit housing sites and systems across the Commonwealth. These efforts, along with DTPC’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 (MUH) is to **increase the number of people protected by smokefree policies in multiunit housing**. As part of this initiative, the DTPC 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. 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 continue to be 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 Index⁵ form to track progress – like the Worksites and Campuses Policy Index – but it was not required. As of the contract period which started in third quarter 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.

Statewide Multiunit Housing Policy Index (last updated May 2024)

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:

- The Statewide Multiunit House Policy Index is a physical version of the index and is an OPTIONAL tool that can be used to assess policies. All scores must also be entered in the online version of the index: <https://bit.ly/MUHReportFY25>
- 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 version of the index (<https://bit.ly/MUHReportFY25>) each quarter.
- 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 version of the index (<https://bit.ly/MUHReportFY25>) at the end of each quarter.

MUH Contact Person: _____

Policy Component	Baseline	Q1 Follow-up	Q2 Follow-up	Q3 Follow-up	Q4 Follow-up
	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Implementation (8 pts.)					
Residents surveyed [stakeholder engagement] (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resident board approval granted [stakeholder engagement] (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenants informed of policy changes and timeline for change (2 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff informed of policy change, and provided resources and/or training (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct cessation services provided on site (2 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral and cessation resources provided (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy (7 pts.)					
Language clearly written into all new lease agreements (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language clearly written into all existing agreements (e.g., addendums) (3 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy defines smoking (2 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy includes e-cigarettes in definition of prohibited smoking devices (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment (6 pts.)					
Policy clearly states that it applies to all residents, guests, and staff (2 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy applies to smoking in all indoor spaces (including individual units, balconies, and common/public spaces) (2 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy prohibits outdoor smoking on the premises (e.g., no designated smoking areas) (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property advertised as smoke-free (e.g., signs displayed, etc.) (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enforcement (5 pts.)					
Consequences for violation explicitly stated in policy (2 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspections performed upon reasonable suspicion of violation (2 pts.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active enforcement plan included in policy (1 pt.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/> Smoke free	<input type="checkbox"/> Tobacco free	<input type="checkbox"/> Smoke free
	<input type="checkbox"/> Policy unclear	<input type="checkbox"/> Policy unclear	<input type="checkbox"/> Policy unclear	<input type="checkbox"/> Policy unclear	<input type="checkbox"/> Policy unclear

PA Tobacco Prevention and Control Program (2024-2025)

This Statewide Multiunit Housing Policy Index was informed by the CDC Worksites Health Scorecard. 1

⁵ 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 2024/2025.

- **Approximately 3,400 residents living in 2,600 units received protection from secondhand smoke** by the implementation of **23 new or strengthened** smokefree multiunit housing policies.
- RPCs provided technical assistance and/or policy change support to at least **34 different multiunit housing sites** during this time-period, including: **5 public housing** sites (government-owned), **7 private government-assisted housing sites**, and **18 private/market** rate sites. Sites categorized as “other” included “low-income rehab & assisted living”, transitional and supportive housing (e.g., Veteran Housing), “housing for students rotating at hospital”, and combinations of market rate and subsidized housing.
- Specific components of the 23 new or strengthened policies vary:
 - **22** provide cessation referrals and resources;
 - **10** include e-cigarettes as prohibited tobacco products in the policy language;
 - **7** document the smoking policy in the lease or addendum for all tenants;
 - **7** offer cessation services onsite;
 - **1** obtained approval for the policy from the site’s resident board; and
 - **6** prohibit outdoor smoking on the premises.
- Between July 2024 and June 2025, RPCs facilitated and maintained relationships with these multiunit housing sites. They will continue to work to improve the comprehensiveness of their policies.

During and following the policy change process, RPCs provided technical assistance to multiunit housing properties with which they had established a relationship. Technical assistance in SFY 2024/2025 included:

- Offered cessation services onsite and/or providing cessation referral resources, including information about the PA Free Quitline;
- Provided information about COVID-19 and tobacco use;
- Developed enforcement strategies in collaboration with housing partners;
- Communicated and engaged with residents about policy changes;
- Linked local clinic with housing association for cessation services;
- Developed signage for housing site, or offered existing signage;
- Drafted new policy documents; and
- Trained 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 included, but were not limited to:

- 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;
- 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 public regarding CIAA; and
- Integrated CIAA into other policy initiatives, including Young Lungs at Play, Smokefree Multiunit Housing, and Worksite Policy Initiatives.

YOUNG LUNGS AT PLAY

Young Lungs at Play Partner Types

(July 2024 — June 2025)

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, 2024 and June 30, 2025, **20 new municipal-level participants** met the criteria to participate in the Young Lungs at Play (YLAP) program by establishing tobacco free ordinances, policies, or resolutions. **Two school districts** and **18 organizations**, including local groups/organizations, parks, childcare centers, housing properties/agencies, and individual schools, **implemented tobacco free policies**.
- Since the implementation of YLAP in June 2010 through this fiscal year, a **total of 717 municipalities, 122 school districts, and 622 organizations** have participated in the initiative and created tobacco free spaces by implementing ordinances, resolutions and/or policy actions in all 67 Pennsylvania counties.
- In SFY 2020/2021, RPCs began collecting data about inclusion of e-cigarettes (i.e., vaping) among the tobacco products prohibited by YLAP ordinances, policies and resolutions. In SFY 2024/2025, **100 percent of new partners prohibited e-cigarettes in addition to traditional tobacco products**.
- Through YLAP, *new* community and organizational partners **protected 115 parks, playgrounds, recreational areas, and/or other outdoor spaces** through tobacco free policies, ordinances, and resolutions in SFY 2024/2025. These new organizations **distributed 238 YLAP signs** – 216 English signs and 22 Spanish signs.
- In total, since the start of the initiative, **over 4,858 outdoor spaces**, with nearly 12,300 signs distributed, including approximately 1,156 Spanish signs, support tobacco free outdoor spaces and social change that help reduce exposure of children to tobacco use and smoking.



“I love [Young Lungs at Play] and how it ties to policy change. Tobacco control in PA does some wonderful things.”

- LinkedIn Member comment on YLAP-related post (March 2025)

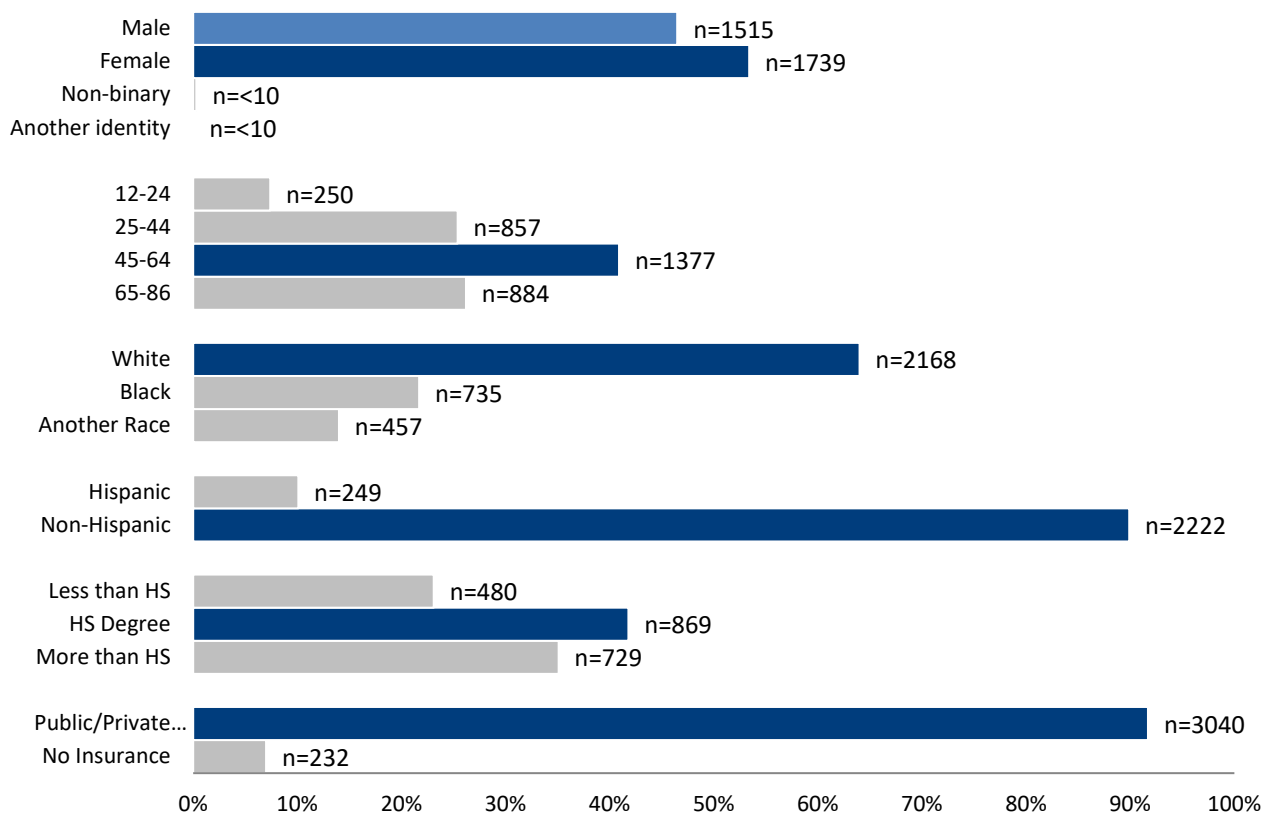
MPOWER – OFFER Help to Quit Tobacco: Local Cessation Services

REGIONAL CESSATION/TOBACCO DEPENDANCE TREATMENT

Cessation support/tobacco dependence treatment continues to be a priority program area for DTPC. Pennsylvania’s cessation (also known as tobacco dependence treatment) program includes face-to-face and virtual, group and individual counseling offered by RPCs to state residents, as well as free telephone counseling cessation services provided by the Pennsylvania (PA) Free Quitline (1-800-QUIT-NOW or 1-855-DEJELLO-YA).

- RPCs enrolled **3,379 participants in group and individual cessation counseling /tobacco dependence treatment** during SFY 2024/2025.⁶
- Regional counseling/treatment served a variety of participants. The most served participants were female, ages 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 2024 - June 2025)**



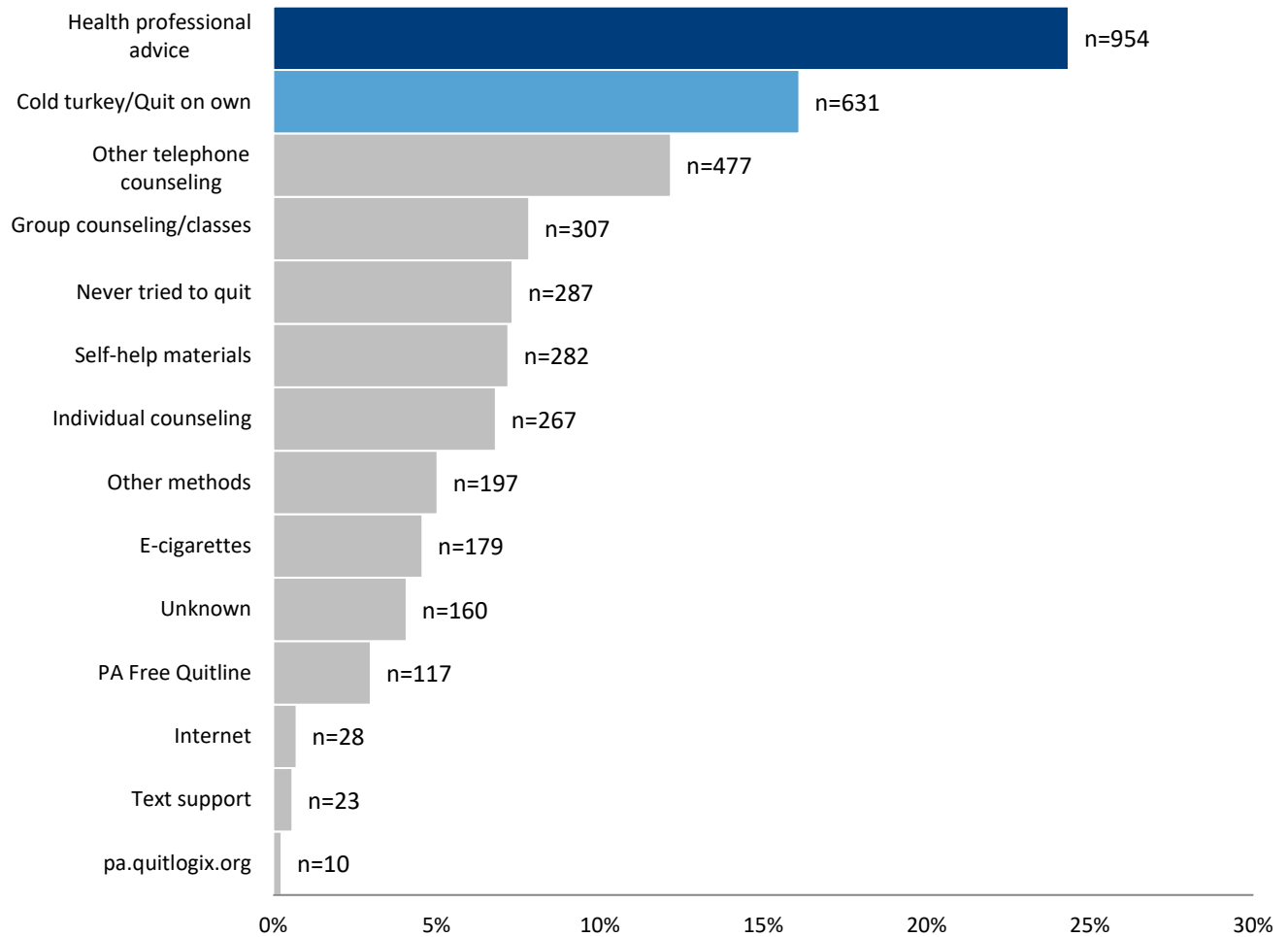
Data Source: SFY2024-2025 Quarters 1-4 Regional Primary Contractor Data.

Note: This graph summarizes key intake data. Percentages displayed were calculated from all non-missing responses.

⁶ Based on reported participants completing intake surveys. May include individuals who participated in more than one service during the year.

- The most frequently reported prior quit method was “advice from health professionals” (24%; n=954) followed by “on my own/quit cold turkey” (16%; n=631). About seven percent of cessation program participants (n=287) had never previously tried to quit.

Quit Methods Ever Used by Cessation Program Participants Prior to Enrolling in Current Cessation Program, at Intake
(July 2024 - June 2025)



Data Source: SFY2024-2025 Quarters 1-4 Regional and SCI Primary Contractor Data.

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

- Most participants reported cigarettes as the primary form of tobacco they currently use (93%, n=2,808). Two percent reported smokeless tobacco as their primary form of tobacco (n=51).
- Almost eight out of ten participants reported using tobacco every day (79%, n=2,475).
- Among participants who answered the question about menthol tobacco use, 65 percent reported using menthol products (n=905).
- Over a quarter of participants reported using e-cigarettes (27%, n=734). Of those who used e-cigarettes, 70 percent (n=452) reported they intend to quit. Participants reported a variety of reasons for using e-cigarettes, with 44 percent (n=293) saying they like the flavor, and 29 percent reporting use due to convenience.

- During this reporting period, in addition to intake surveys, program participants completed 826 end-of-treatment surveys, 266 thirty-day follow-up surveys, and 205 six-month follow-up surveys. For a regional breakdown of intake, end-of-treatment, and follow-up surveys, see Appendix A.
 - As reported in end-of-treatment surveys, **23 percent** (n=187) of survey respondents 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, over half** of survey respondents who had been using tobacco when they started the program **made a quit attempt** (71%, n=437).⁷
 - **At 30-day follow-up, almost half** of survey respondents who answered a tobacco use question reported **not using tobacco at all in the past 30 days** (42%, n=112).
 - **At six-month follow-up, almost half** of survey respondents who answered a tobacco use question reported **not using tobacco at all in the past 30 days** (47%, n=97).
- Of cessation program participants who completed an end-of-treatment survey and responded to the program satisfaction question, **70 percent found the program they attended to be helpful** (n=575).⁸ Similarly, **nearly all participants** who answered a question about program referral **would recommend the program they attended to a friend or family member** (92%, n=756).

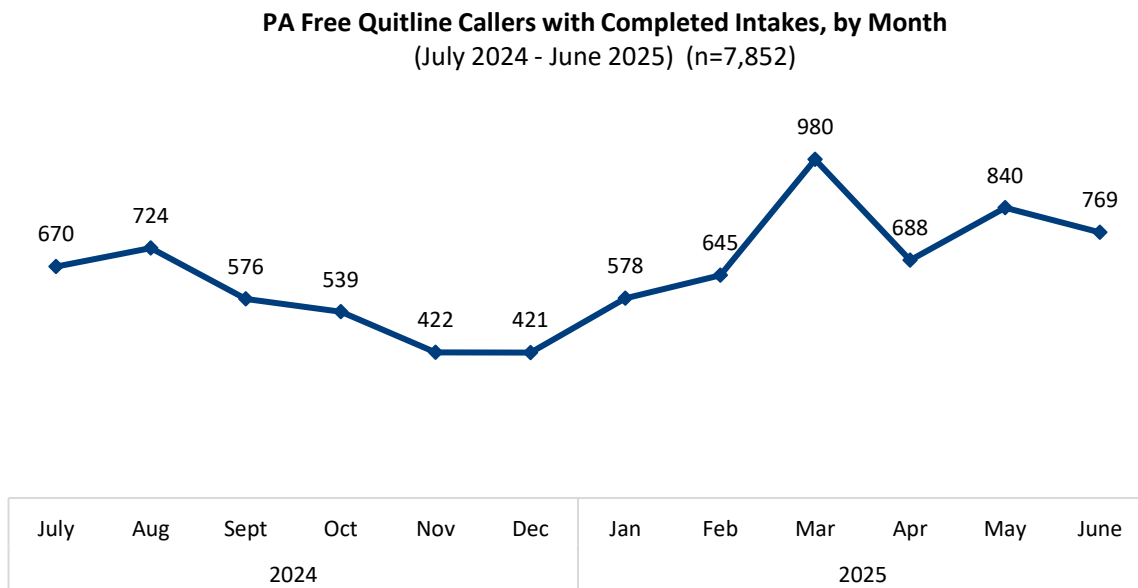
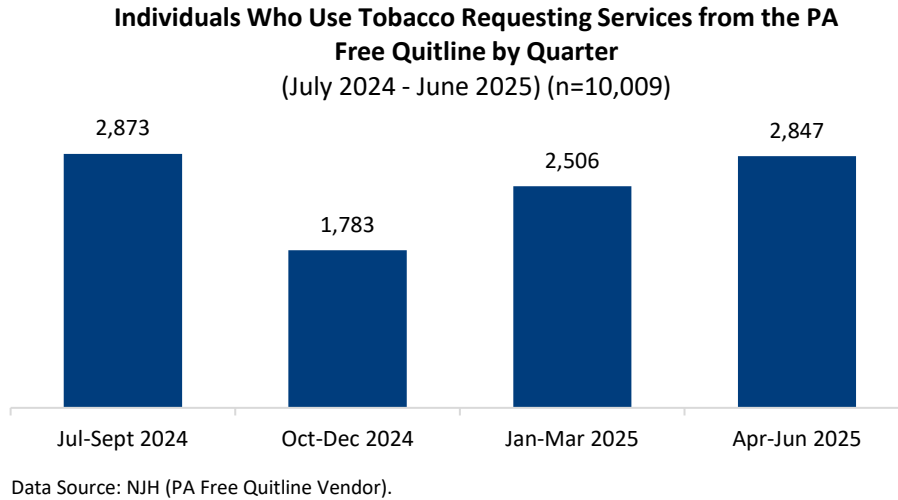
⁷“Quit attempt” is defined as an individual intentionally stopping smoking/using tobacco for one day or longer because they were trying to quit. Only participants who smoked every day or some days were asked if they made a quit attempt. Quit rates are conservative, as cases with missing data for quit questions (n=21) are assumed to not have made a quit attempt.

⁸“Helpful” responses include “very helpful” and “somewhat helpful.”

MPOWER – OFFER Help to Quit Tobacco: PA Quitline Services

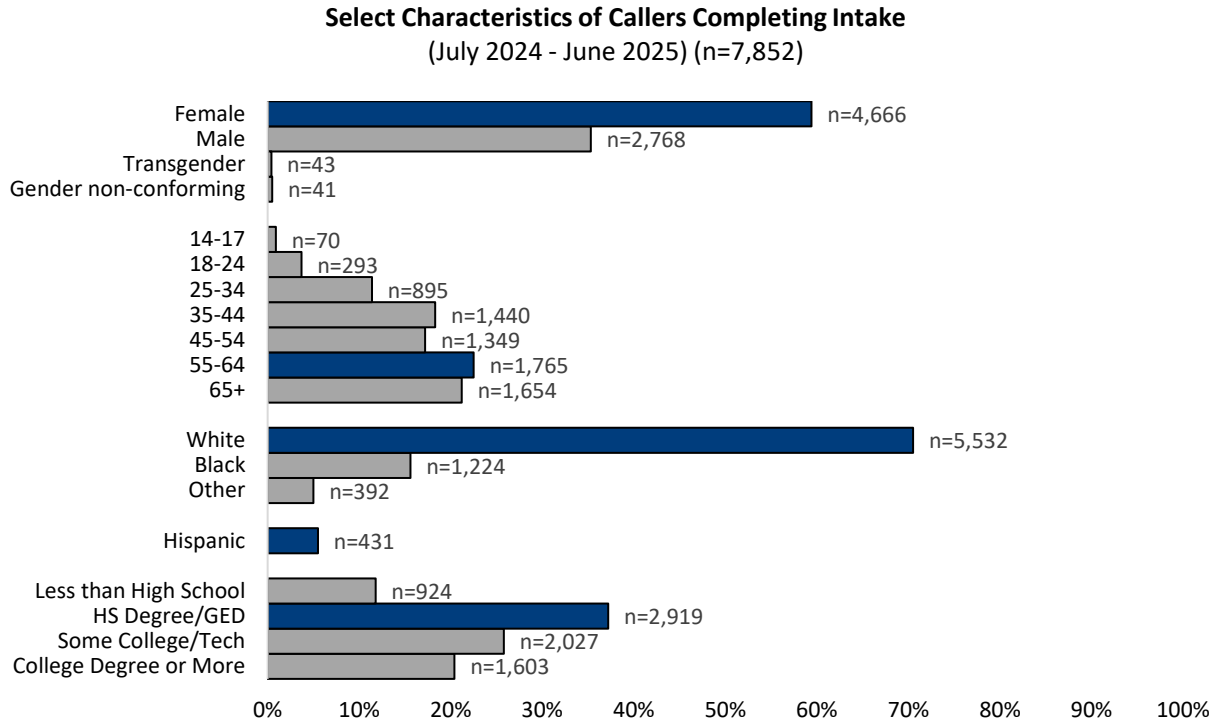
1-800-QUIT-NOW REACH IN PENNSYLVANIA

Between July 1, 2024, and June 30, 2025, there were **11,042 unique callers** to 1-800-QUIT-NOW from Pennsylvania phone numbers. Among these callers, **10,009 individuals who use tobacco requested services from the PA Free Quitline** and **7,852 completed an intake**.



Data Source: NJH (PA Free Quitline Vendor).

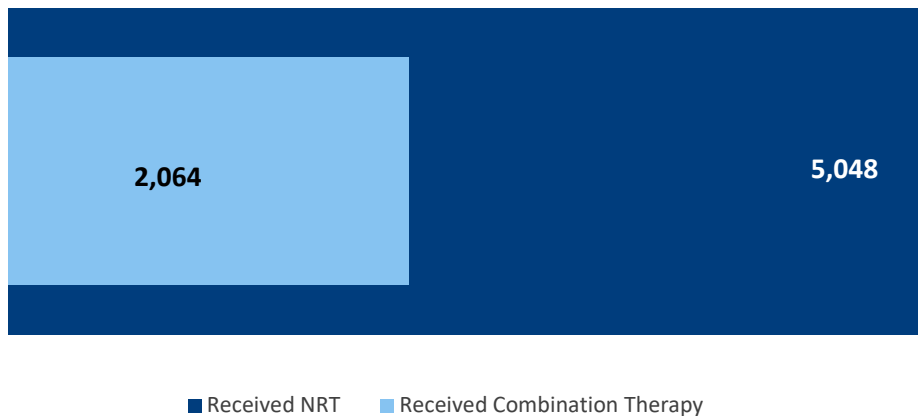
Between July 1, 2024 and June 30, 2025, **7,852 individuals completed an intake** and **5,348 individuals enrolled** in PA Free Quitline services (53.4% of individuals who requested intervention). Of those enrolled individuals, **65.5 percent received at least one counseling call**.



Data Source: NJH (PA Free Quitline Vendor).

There was no interruption in the availability of nicotine replacement treatment (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). **Nine out of ten enrollees received NRT** (94.3%, n=5,048). Of those that received NRT, **four in ten received combination therapy** (40.9%, n=2,064).

Most Quitline Enrollees Received NRT



During this fiscal 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.⁹ 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. **In SFY 2024/2025, there were 3,417 enrolled Quitline participants who opted in to the Text Message Program, and since the program's inception, 82,941 enrolled participants have opted in to 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 Quitlogix web-based services alone or to use Quitlogix in conjunction with telephone counseling. **In SFY 2024/2025, 901 Quitline enrollees opted to use Quitlogix alone and 1,003 Quitline enrollees opted for Quitlogix in conjunction with telephone counseling.**

Since 2013, the PA Free Quitline has offered a Pregnancy Protocol, with up to nine counseling calls to pregnant women; this includes up to five calls before the birth of a child and four calls during the postpartum period. Monetary incentives were provided to participating pregnant women for calls completed before birth (\$10 per call) and postpartum (\$20 per call). From July 2024 to June 2025, **18 pregnant women and postpartum women opted to enroll in the Pregnancy Protocol.**¹⁰

From July 2024 to June 2025, there were **1,898 referrals to the PA Free Quitline received** in the Commonwealth. NJH (the PA Free Quitline vendor) **successfully contacted nearly three-quarters** of these individuals (71.7%, n=1,361), and **close to four out of five enrolled** in services (79.4%, n=1,081). Overall, **57 percent of referrals resulted in enrollment.**

PA Free Quitline Utilization Dashboard

In SFY 2024/2025, the Research & Evaluation Group at PHMC finalized the first iteration of the PA Free Quitline Utilization Dashboard. The interactive dashboard allows the user to filter by various characteristics such as age, gender, and region.

The dashboard features key metrics from Quitline usage between 2019 and 2023 including:

Intakes – Demographic characteristics and tobacco use information from individuals interested in receiving Quitline services

Enrollments - Individuals who use tobacco, complete an intake and are eligible to receive NRT or complete at least one counseling session

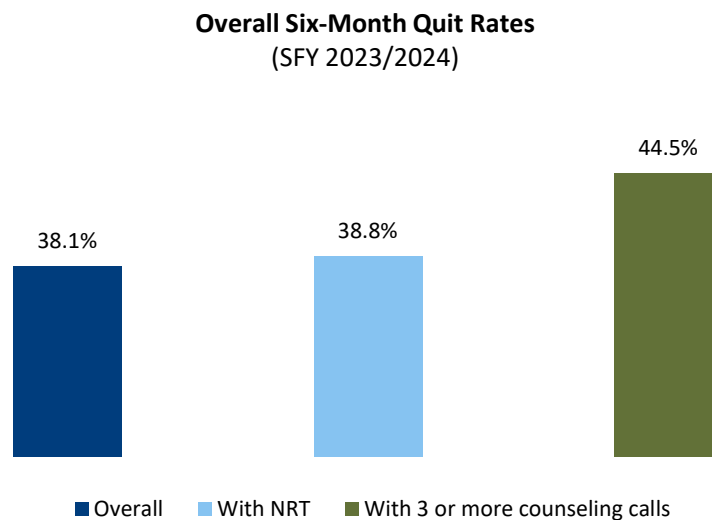
Quit Rates - Number of individuals who reported not using tobacco in the past 30 days at six month follow up divided by the number of individuals who completed the six month follow up survey (North American Quitline Consortium recommended standard measure)

⁹ 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.

¹⁰ Total includes only pregnant or postpartum women who completed at least one counseling call.

PA Free Quitline Quit Rate¹¹

- At six-month follow-up, **four out of five survey respondents reported being very or mostly satisfied overall with the Quitline** (80.6%, n=848).
- Pennsylvania's PA Free Quitline conventional tobacco **six-month quit rate was 38.1 percent** for SFY 2023/2024 callers, exceeding the North American Quitline Consortium (NAQC) goal of a conventional tobacco quit rate greater than 30.0 percent.¹²
- The conventional tobacco plus electronic nicotine delivery systems (**ENDS**) **quit rate of 34.2 percent is lower** than the conventional tobacco quit rate, indicating some who have quit conventional tobacco at six-month follow-up may still use ENDS.
- The six-month quit rate was 30.0 percent for those completing one or two counseling calls. **Completing more than one counseling call had a positive, significant influence on quit success at six-month follow-up, with a quit rate of 45.2 percent for those completing three or more calls.**¹³ Completing three or more calls increases quit success.
- Provision of NRT as part of services increased six-month quit rates** (38.8%) compared to individuals that did not receive NRT from the PA Free Quitline (31.8%).
- The six-month quit rate for those **completing three or more counseling calls and receiving NRT was 45.2 percent.**



- As shown in the table below, quit rates did not differ when comparing callers by gender, Hispanic ethnicity, or sexual orientation. However, significantly lower proportions of individuals with less than a high school education and who lived in public housing reported quitting tobacco at follow up than their counterparts.

¹¹ Follow-up data reported was collected in SFY 2024/2025 for callers who completed intake in SFY 2023/2024.

¹² Reported quit rate is a responder rate, as recommended by NAQC, based on an overall 24.6 percent six-month follow up survey response rate. Given that the response rate is lower than the NAQC recommended rate of 50 percent, rates should be interpreted with caution.

¹³ Significant at p<.001 at six-month follow up compared to 1 or 2 counseling calls.

Quit Success for Selected Demographics¹⁴ (SFY 2023/2024)	Quit Rate % at 6-month follow-up	
Overall Conventional Tobacco Quit Rate (N=1,059)	38.1%	(n=403)
Overall Conventional Tobacco Plus ENDS Quit Rate	34.2%	(n=362)
Gender		
Male (n=396)	41.2%	(n=163)
Female (n=643)	35.8%	(n=230)
Education Level		
Less than High School (n=116)	31.0%	(n=36)
High School (n=416)	40.1%	(n=167)
Some College/Tech School (n=269)	35.7%	(n=96)
College Degree (n=256)	40.6%	(n=104)
Race*		
Black (n=251)	33.5%	(n=84)
White (n=706)	39.8%	(n=281)
Other (n=63)	31.7%	(n=20)
Ethnicity		
Hispanic (n=35)	51.4%	(n=18)
Non-Hispanic (n=1,018)	37.5%	(n=382)
Sexual Orientation		
Heterosexual (n=1,006)	37.9%	(n=381)
LGBT (n=47)	40.4%	(n=19)
Housing Situation*		
Public Housing (n=173)	28.3%	(n=49)
Live Elsewhere (n=872)	39.8%	(n=347)
Chronic Disease*^{‡user}		
Any Chronic Disease (n=805)	35.5%	(n=286)
No Chronic Disease (n=254)	46.1%	(n=117)
Mental Health Condition*[‡]		
Mental Health Condition (n=579)	34.9%	(n=202)
No Mental Health Condition (n=480)	41.9%	(n=201)
Substance Use		
Substance Use (n=92)	30.4%	(n=28)
No Substance Use (n=488)	36.1%	(n=176)
First Time Caller		
Yes (n=939)	38.3%	(n=360)
No (n=117)	35.0%	(n=41)
Cigarette Type[€]		
Regular Cigarette** (n=973)	36.2%	(n=352)
Menthol Cigarette (n=509)	34.0%	(n=173)

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

Data Source: NJH (PA Free Quitline Vendor).

[‡]Chronic diseases include: asthma, COPD, cancer, diabetes, heart disease, or high blood pressure; Mental health conditions include: anxiety, depression, bipolar disorder, or PTSD.

[€]Respondent could choose more than one cigarette type; a significantly higher proportion of respondents who used regular cigarettes reported quitting compared to those who did not report using regular cigarettes.

¹⁴ The conventional tobacco quit rate was used to indicate the quit rate of each demographic group.

MPOWER – WARN about the Dangers of Tobacco

PENNSYLVANIA ALLIANCE TO CONTROL TOBACCO



During SFY 2024/2025, the Pennsylvania Alliance to Control Tobacco (PACT) continued its long-term collaboration with PATPC. PACT is a statewide coalition dedicated to strengthening tobacco control laws across the Commonwealth. By working with local coalitions, RPCs, statewide contractors, and national health organizations, PACT focuses its work on advocacy and education around tobacco control. This past fiscal year, PACT engaged in a variety of tasks, including maintaining and growing the statewide coalition, providing technical assistance, educating peers and decision makers, and addressing health inequalities. PACT also continued to produce and supply tools for RPCs and their partners 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 2024/2025 focused on maintaining state funding for tobacco prevention and advocating for comprehensive clean indoor air legislation with no exemptions.

By the end of SFY 2024/2025, there were **over 800 PACT members** available to be called on for action. In addition, [PACTonline.org](https://pactonline.org) had 971 active users. Also in this fiscal year, **PACT facilitated visits with 150 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 2025, where 62 state legislators met with advocates in person in Harrisburg, PA. For the fifth time, TRU youth registered to the event to advocate for tobacco prevention and control. Over 500 youth and adult lung health and tobacco control advocates participated in the event. TRU advisors reported DATC activities for 520 students. Over three quarters of youth reported participating in DATC as very or extremely important to them. Almost all respondents to the *Day at the Capitol* survey reported their group **made an ask** about support for comprehensive clean indoor air (82%) and maintaining level state funding for programs (89%) during their visits.

TRU

PACT continues to lead the TRU (Tobacco Resistance Unit) statewide youth coalition. By the end of the fiscal year, there were **4,326 youth members participating in TRU** group with over **100 advisors**. PACT also supported a TRU+ coalition that included former TRU members who remained committed to creating a tobacco-free future beyond high school for Pennsylvania and young adult advocates, aged 18-21 years old. In this fiscal year, there **were 33 registered TRU+ members**. TRU+ activities included opportunities to mentor current TRU members on how to be effective advocates, how to make their voices heard among lawmakers and the community, and receipt of the quarterly TRU+ newsletter to stay up to date on TRU, advocacy issues, and ways to support the tobacco-free mission.

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. Laws are enforced through several regulatory mechanisms, which include the training of youth to assist with compliance inspections.

STATEWIDE RETAIL ENFORCEMENT PROGRAM

Act 112 and Tobacco 21 are laws that regulate and restrict the sale of tobacco products to youth. Youth, with adult supervisors, perform enforcement checks in tobacco retailers throughout Pennsylvania as part of compliance monitoring.

- **12,442 retail enforcement checks were completed across the Commonwealth** for the period July 1, 2024 to June 30, 2025. Of those enforcement checks, **13.7 percent resulted in a sale.**
- The Allegheny region had the highest reported sales rate across the eight regions, at 34.9 percent.
- **Most sales to youth were electronic nicotine delivery systems (ENDS), or vaping, products (43.3%).**
- **23.0 percent of sales involved a menthol product (n=274).**
- 20-year-old underage purchasers had the highest sales rate, at 24.6 percent.
- Across the state, **23.4 percent of reported sales occurred at tobacco outlets**, followed by grocery/convenience stores (17.5%) and restaurant/delis (16.0%).

PA Tobacco Merchant Education Initiative

In SFY 2024/2025, the **PA Tobacco Merchant Education Initiative** had a goal of visiting 20% (2,780) of tobacco vendors in the state and exceeded this goal by 10.5% by visiting 3,071 vendors.

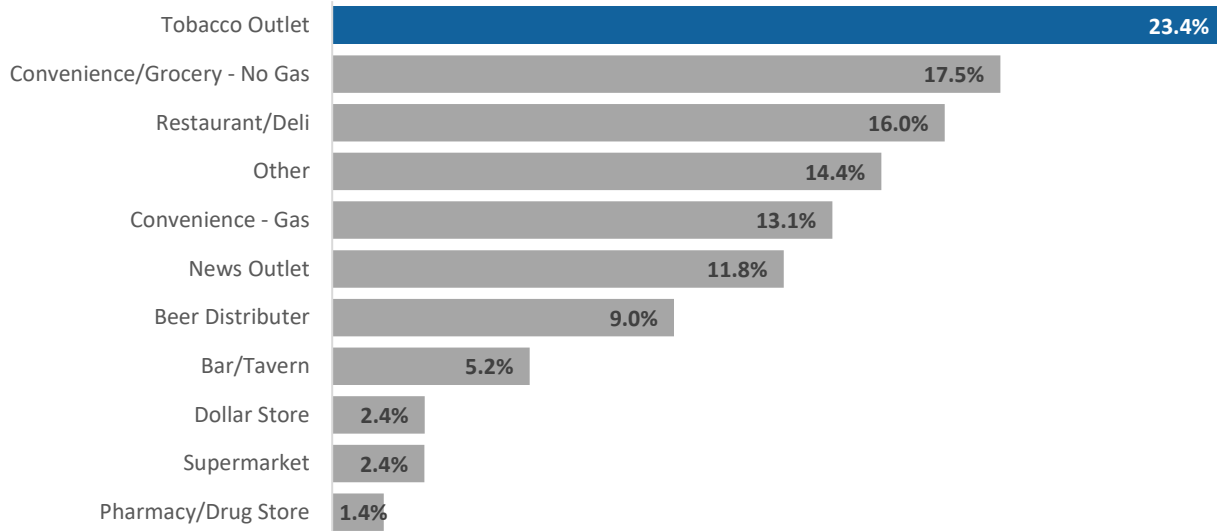
In the Southeast region, 1,167 education interventions were conducted specifically at retailers that sold vape products, compared to the goal of 760.

There was a significant increase in traffic on the PA-TobaccoMerchantEd.org website (105,545 views) which was partially driven by the Think Twice campaign.

The Think Twice campaign received a total of 70,115,606 impressions in SFY2024-2025 compared to 6,679,635 impressions in SFY2023-2025.

There was an increase in the number of reports to the tobacco youth sales hotline (265 reports) and substantial engagement in the newly created Online Tobacco Merchant Education training (74 completed courses, 84% completion rate).

Reported Sales Rate by Outlet Type
(July 2024 - June 2025)



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 **3,949 compliance check inspection results reported to FDA** between July 1, 2024 and June 30, 2025. During this same time, **584 warning letters were issued**. The FDA’s [public database](#) is available for additional information.

The image below shows a sample warning letter issued by 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-VL-Correspondence@fda.hhs.gov. Have your reference number ready when you call and include it with any email communications.

SYNAR

In 1992, the Synar Amendment established requirements that states conduct random, unannounced inspections of tobacco retailers to address youth tobacco access and enforce tobacco retailer laws. Pennsylvania administers the Synar survey annually to meet these federal requirements and estimate the rate at which outlets sell cigarettes to minors. Data is collected via youth buyers, ages 15-20, 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 2024 survey was conducted during the summer of 2024 and the report was issued in February 2025. **In 2024, an estimated 13.5 percent (CI: 10.9% - 16.1%) of Pennsylvania retailers sold cigarettes to minors.**¹⁵

¹⁵ Pennsylvania Department of Health. Division of Health Informatics. (2025). *2024 Annual Synar Report*. Harrisburg, PA. More information and all reports available here: <https://www.pa.gov/agencies/health/health-statistics/behavioral-risk-tobacco-and-injury/synar#accordion-8c50ba86a8-item-9322bfb8b9>

MPOWER – RAISE Community and Legislative Awareness

COMMUNITY ACTIVITIES

RPCs also advanced partnerships to promote **tobacco-free schools and college campuses, and support employers and behavioral health programs** to implement tobacco-free policies. Examples of activities include:

- The Health Promotion Council continued to promote the Smoking Treatment Accreditation & Recognition (STAR) program to health sites and networks by conducting outreach to federally qualified health centers and regional oral health providers accepting Medicare/Medicaid in the Southeast region. The STAR program recognizes health organization that have worked to integrate tobacco treatment and screening into their standard of care.
- Tobacco Free Adagio Health held the 4th Annual TRU Youth Leadership Conference at Butler County Community College. Three hundred TRU students from sixteen schools from across the Northwest, Southwest, and Allegheny regions attended the conference. Additionally, the southwest region has recruited over 1019 youth and created 26 TRU groups.
- The Philadelphia Department of Public Health continued to lead the PA Statewide Tobacco Free Recovery Initiative (PA STFRI). In SFY 2024/2025, the initiative continued and built upon relationships with behavioral health organizations across the state to encourage the integration of tobacco recovery into behavioral health treatment. For more information about PA STFRI, see section below.

LEGISLATIVE AWARENESS

PACT works with statewide partners to strengthen tobacco control laws across Pennsylvania. In SFY 2024/2025, 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 150 legislators** and organized a successful *Day at The Capitol* in May 2025 where 62 state legislators met with advocates in person.



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 2023/2024, **TRU had 4,326 youth members and over 100 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 supporting the passing of clean indoor air laws. 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® (TIPS); the Food and Drug Administration’s (FDA) The Real Cost; and the Centers for Disease Control’s (CDC) Empower Vape Free Youth. 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 2024/2025.

	Tips From Former Smokers	The Real Cost	Empower Vape Free Youth	Other campaign
Number of Regions	√		√	√
	√		√	√
	√		√	√
	√			√
	√			√
	√			√
	(6)	(0)	(3)	(8)

As seen in the chart above, all RPCs also developed and implemented local and regional media campaigns for diverse channels and audiences, including:

- In Philadelphia, the Tobacco Recovery is Recovery campaign promoted quit resources to those providing and seeking recovery services;
- Tobacco Free Voices campaign which targeted high risk groups in Philadelphia, including pregnant women, people in recovery, veterans, LGBTQ and occupational groups;
- The Mi Mejor Amigo/My Best Friend campaign, conducted in English and Spanish, encourages viewers to quit by promoting the PA Free Quitline.
- Adagio Health’s This is Real campaign shared hard-hitting facts about the effects of tobacco use and how it affects mental health, the environment, pregnant/postpartum people and minority populations. The campaign pointed viewers to cessation resources at Adagio Health.
- Healthy You, Healthy Baby targeted use of e-cigarettes and combustible tobacco by pregnant and postpartum individuals in the Allegheny, Northwest, and Southwest regions.
- The American Lung Association conducted a campaign to promote the online course ‘ACT to Address Youth Cessation Training’ across the North Central, South Central, and Northeast regions. Across social media channels and google response display ads, the campaign pointed those in youth/adolescent supportive roles (e.g., healthcare professionals, school personnel, community members) to the training.

STATEWIDE INITIATIVES

2024 PENNSYLVANIA LGBTQ HEALTH NEEDS ASSESSMENT

PADOH, Bradbury-Sullivan LGBT Community Center, and PHMC partnered on the 2024 Pennsylvania LGBTQ Health Needs Assessment (2024 HNA), capturing the health risks, needs, and resiliency factors in PA's LGBTQ population. **More than 3,400 (N=3,494) individuals who identified as part of Pennsylvania's LGBTQ communities from 66 of Pennsylvania's 67 counties participated in the 2024 HNA.**

Many factors contribute to tobacco use rates among LGBTQ populations, including direct marketing/targeting by the tobacco industry. See [LGBTQ+ People | For Specific Groups | Tips From Former Smokers | CDC](#).

Smoking increases the risk for lung cancer, heart disease, chronic bronchitis, and other smoking-related diseases. Nationally, about 1 in 6 (15.3%) of lesbian, gay, and bisexual adults smoke cigarettes, compared with about 1 in 9 (11.4%) of heterosexual/straight adults.¹⁶ Results from the 2024 HNA show that:

- More than two in five respondents reported having tried cigarettes at some point in their lives (43.8%).
- More than a quarter of respondents who ever tried cigarettes currently used flavored tobacco or vape products, such as menthol (26.9%).
- Significant differences in tobacco use continues to exist between groups within the broader population of LGBTQ respondents.
- Among those respondents who currently use tobacco, including cigarettes or e-cigarettes, seven in ten are interested in quitting (69.0%), but differ on readiness to quit.

Community-based needs assessments provide valuable information to LGBTQ+ individuals, public health professionals, healthcare teams, legislators and advocates. The full report contains 13 recommendations, including one specific to tobacco cessation/treatment opportunities: **Promote Tobacco Cessation Opportunities:** "As of 2024, over six in ten respondents who currently smoke have heard of the PA Free Quitline (63%), leaving room for increased awareness efforts and opportunities to add e-cigarette education to tobacco prevention/cessation messaging. Tobacco-free campaigns focused on protecting the environment may be the best positioned to make an impact, as most respondents rated this smoke-free initiative as "very important" (67.3%)."

Data from 2018, 2020 and 2022 continue to be disseminated in [public reports](#), sector meetings, data requests, as well as through local, national, and international conferences. Data requests were completed

2025 LGBTQIA+ Health for All Summit

The Bradbury-Sullivan LGBT Community Center (BSCC) hosted the 2025 LGBTQIA+ Health Summit on June 3rd, 2025, at the Mack Truck Experience Center in Allentown, for 227 attendees. The summit was supported by PADOH with technical assistance from an advisory group. Dr. Rachel Levine and Adrian Shanker were keynote speakers, and data from the 2024 Pennsylvania Health Needs Assessment were shared with the community.

An event evaluation was conducted with feedback provided by 59 attendees. Highlights included:

- Most attendees learned about the Summit through BSCC's efforts.
- All sessions were most commonly rated as Very Useful.
- Attendees provided ideas on future topics to support Summit planning.
- 83.3% of respondents report the Summit very much enabled them to learn about the LGBTQIA+ community and health spaces available in Pennsylvania.
- All respondents reported the Summit was very or somewhat beneficial.
- Keynote speakers were a favorite component among attendees.

¹⁶ [Tobacco Product Use Among Adults](#) – United States, 2021. Morbidity and Mortality Weekly Report 2023. Pennsylvania Tobacco Prevention and Control Program

throughout the year via the PATPC Evaluation Team and national/state/local presentations were presented by Bradbury-Sullivan LGBT Community Center and PHMC throughout SFY 2024/2025.

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 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 DTCP conducted evaluation of key activities in SFY 2024/2025.

In August 2024, PA STFRI and Statewide Evaluation Team conducted a readiness assessment to collect updated information regarding beliefs, barriers, and facilitators to integrating tobacco-free recovery within behavioral health. Three hundred sixty-nine (N=369) behavioral health providers in 52 of Pennsylvania's 67 counties completed the assessment. **Pro tobacco-free recovery beliefs remained high** in 2024 or slightly increased.

- 73% of behavioral health providers believed that people in behavioral health services often or always deserve greater access to effective TUD treatment interventions.
- 50% of behavioral health providers believed that clients provided with TUD clinical interventions during addictions treatment are often or always more likely to achieve long-term abstinence from alcohol and illicit drugs, an increase since 2021.

In November 2024, PA Tobacco-Free Recovery Is Recovery Statewide Conference was attended by 342 behavioral health providers and advocates. In the conference feedback survey, a retrospective pre-post design was used to measure changes in knowledge of tobacco free recovery and tobacco use disorder treatment among attendees. Results showed **significant increase in knowledge of tobacco-free recovery** (n=94, p < 0.001) and **tobacco use disorder treatment** (n=93, p < 0.001). Almost three-fourths of conference registrants who completed the survey reported that the conference was very useful (71%).

- 99 percent of respondents indicated the conference strengthened their commitment to advocate for tobacco-free recovery (83% a lot and 16% a little).
- 99 percent of respondents indicated the conference taught them something new about tobacco-free recovery (71% a lot and 28% a little).
- 97 percent of respondents shared that the STFRI conference increased their readiness to act on a next step toward tobacco-free recovery (66% a lot and 31% a little).

In June 2025, the Statewide Evaluation Team provided support in development and data collection for the Tobacco Knowledge and Attitude Survey for employees, providers, certified peer and recovery specialists, and members of Community Behavioral Health (CBH) and Community Care Behavioral Health (CCBH).

In 2023, **PA STFRI launched a webinar series to educate individuals involved in the recovery community about tobacco use in behavioral health**. Over 300 webinar participants (n=308) completed the post-webinar feedback survey in SFY 2024/2025. Thirty percent (29.9%; n=92) of survey respondents had attended "Vaping: What we know and what we don't know," more than one quarter (26.9%; n=83) had attended "The Rationale: Addressing Tobacco Use in Behavioral Health Services" (n=66; 21.4%), one-fifth had attended Tobacco Recovery, Learning to be Tobacco-Free" (n=66; 21.4%), one-fifth attended "Pharmacotherapy: Managing Tobacco Withdrawal with Confidence" (n=62; 20.1%), and three respondents had attended

“Pharmacologic Treatment of Tobacco Use Disorder.” **Nearly all respondents reported their overall impression of their webinar as “good” or “very good” (96.7%).** Nearly two-thirds of respondents reported that it was definite or highly likely that they would make changes to the care and management of clients with tobacco use disorder as a result of the webinar (72.7%). Eighty-five percent of respondents indicated that they would implement changes in the next six months with the majority indicating that they would implement changes in less than a month.

Furthermore, in SFY 2024/2025, PA STFRI staff:

- Conducted presentations during professional association conferences, to behavioral health care teams, and at community recovery peer advocate organizations;
- Engaged a statewide advisory board of tobacco prevention and behavioral health professionals;
- Continued to fund mini-grants for behavioral health organizations to lead tobacco and vape free events, workshops on tobacco recovery and to provide NRT to event attendees; and
- Continued to offer full tuition scholarships for the Certified Tobacco Treatment Specialist Training at the Perelman School of Medicine, University of Pennsylvania.



In SFY 2024/2025, 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, 2024 – June 30, 2025)

The following tables display July 1, 2024 – June 30, 2025 program data by region, to inform programmatic decision-making and conversations about program reach and effectiveness across the Commonwealth.

Cessation Participant Surveys

RPCs enrolled 3,379 cessation programming participants in counseling between July 1, 2024 and June 30, 2025 (Table 1). In addition, cessation program participants completed 826 end-of-treatment surveys, 296 30-day follow-up surveys and 210 six-month follow-up surveys (Table 2).

Table 1: Number of Newly Enrolled Cessation Participants, by Region and Program Type (July 2024 – June 2025)

Program Type	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total
Group	524	20	122	167	0	274	781	197	2,085
One-on-one	128	4	188	127	409	117	222	99	1,294
Unknown	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Regional Total	652	24	310	294	409	391	1003	296	3,379

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 2024 – June 2025)

Time Frame	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total
End of Treatment	13	8	133	11	N/A	144	456	61	826
30-Day Follow-Up	1	N/A	69	6	N/A	53	160	7	296
6-Month Follow-up	N/A	N/A	44	N/A	N/A	30	136	N/A	210

Data Source: RPC Quarterly Data Reports

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

Cessation Participant Quit Attempts and Quits

By the end of treatment, 71 percent (n=616) of regional cessation program participants who completed treatment and answered a quit attempt question reported having made a quit attempt¹⁷ (Table 3). At 30-day follow-up, 42 percent (n=112) of participants who answered a tobacco use question reported having quit using tobacco or stayed quit. At six-month follow-up, 47 percent (n=97) of participants who answered a tobacco use question reported having quit or stayed quit¹⁸ (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 2024 – June 2025)

	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total – N (%)
End of Treatment	3 (75%)	6 (100%)	80 (79%)	7 (100%)	N/A	67 (57%)	254 (72%)	20 (74%)	437 (71%)

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=21) 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 2024 – June 2025)

	Allegheny	North Central	Northeast	Northwest	Philadelphia	South Central	Southeast	Southwest	Pennsylvania Total – N (%)
30-Day Follow-Up	1 (<1%)	4 (1%)	23 (8%)	5 (2%)	N/A	20 (8%)	43 (15%)	16 (5%)	112 (38%)
6-Month Follow-up	N/A	N/A	18 (9%)	N/A	N/A	16 (8%)	53 (25%)	N/A	87 (41%)

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 are assumed to not have quit.

¹⁷ “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.

¹⁸ “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: Infographic - MPOWER Annual Summary Report

PENNSYLVANIA TOBACCO PREVENTION AND CONTROL PROGRAM

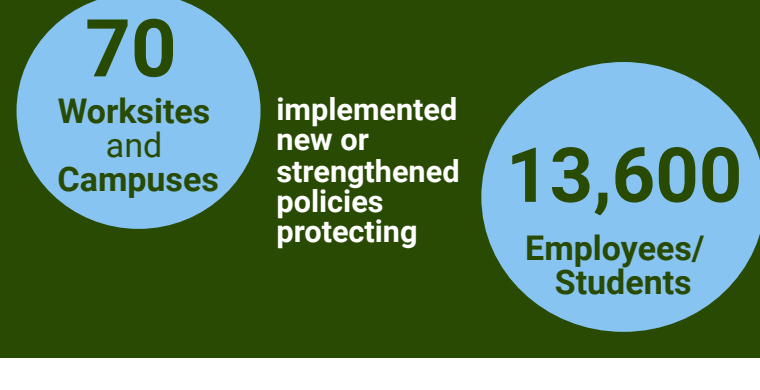
MPOWER Annual Summary Report

State Fiscal Year 2024/2025 (July 1, 2024 - June 30, 2025)

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

WORKSITE TOBACCO POLICY INITIATIVE

As a result of technical assistance:

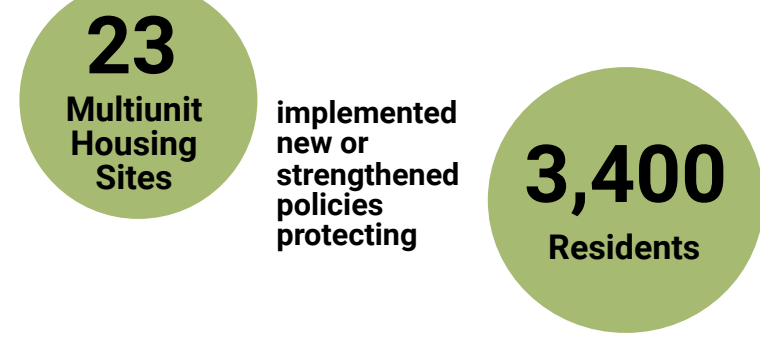


Top types of participating worksites:

- Accomodation / Food Services
- Healthcare / Social Assistance
- Educational Institutes / Services

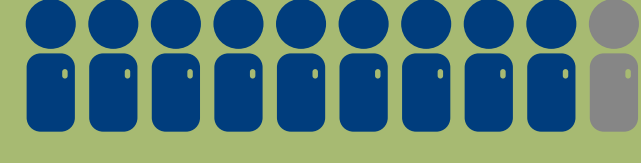
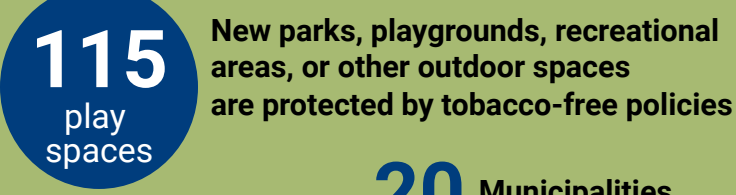
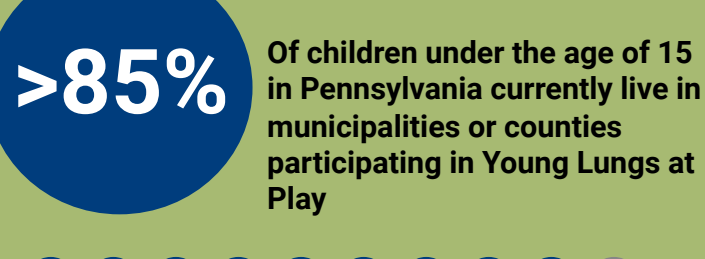
MULTIUNIT HOUSING

As a result of technical assistance:



- 22** sites provided quit support referrals and resources
- 10** sites included e-cigarettes as prohibited in the policy language
- 7** sites now offer cessation services onsite

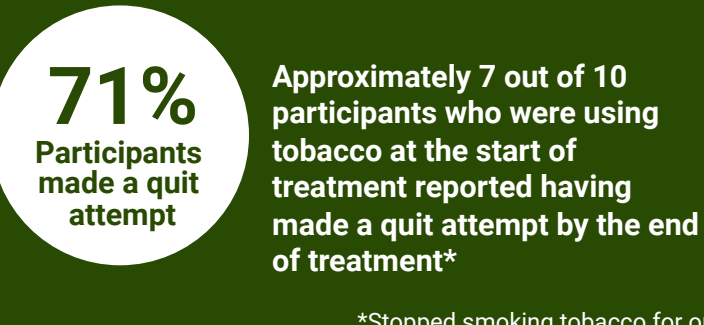
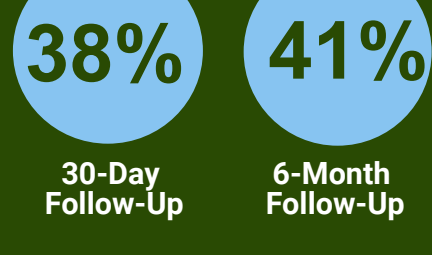
YOUNG LUNGS AT PLAY



- 20** Municipalities
- 18** Organizations
- 2** School Districts

REGIONAL CESSATION

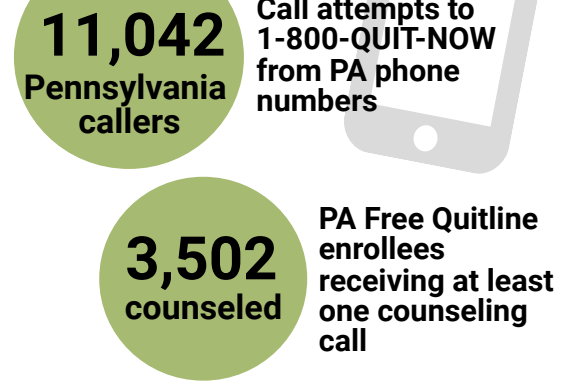
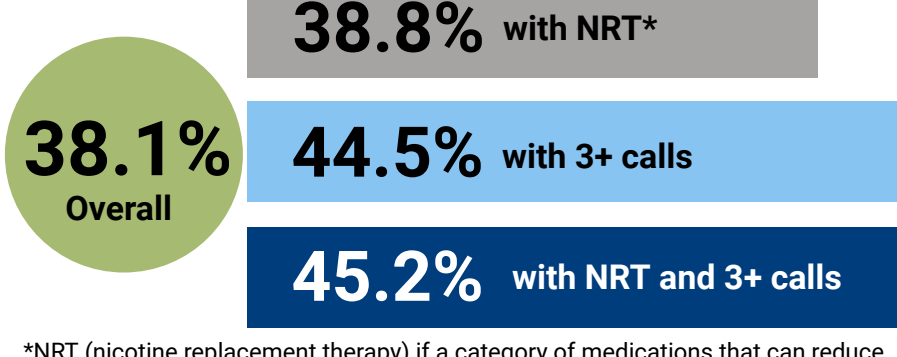
Participants reporting no tobacco use in the past 30 days:



*Stopped smoking tobacco for one day in the past 30 days in an effort to quit

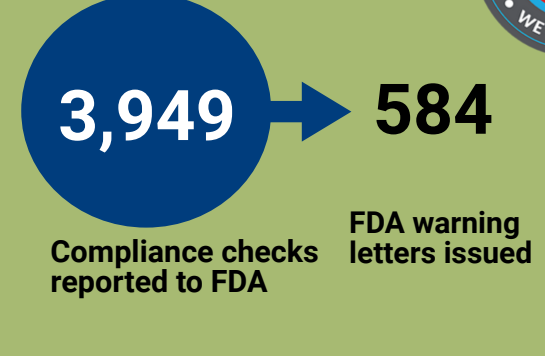
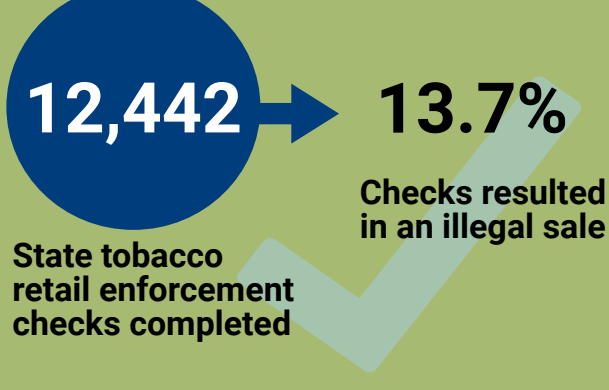
PA FREE QUITLINE

6-Month Quit Rates:



*NRT (nicotine replacement therapy) if a category of medications that can reduce withdrawal symptoms and cravings. For more information visit smokefree.gov

ENFORCEMENT CHECKS



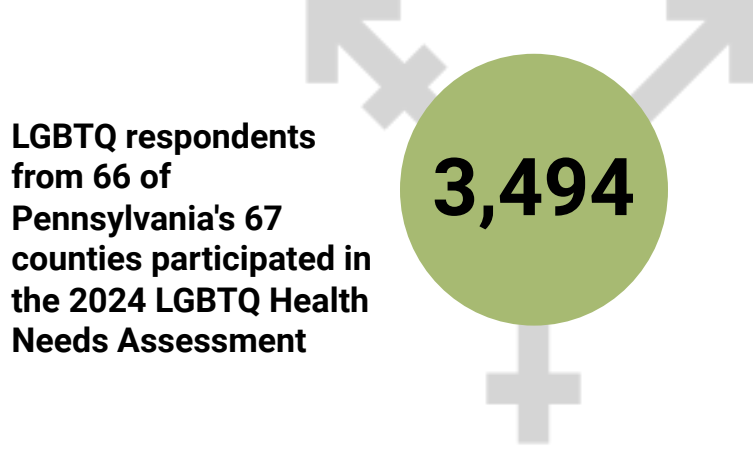
PENNSYLVANIA ALLIANCE TO CONTROL TOBACCO

- 800+** Members available to call to action
- 150** Visits with unique legislators
- 500+** Youth and adult lung health and tobacco control advocates participated in Day at the Capitol 2025



- 4,326** TRU Youth Members
- 100+** TRU Advisors

LGBTQ HEALTH NEEDS ASSESSMENT



- 44%** of all respondents reported having tried cigarettes
- 27%** of adult respondents who ever tried cigarettes reported currently using flavored tobacco or vape products, such as menthol

BEHAVIORAL HEALTH INITIATIVE



4th annual
Hosted the fourth annual conference with over 300 attendees

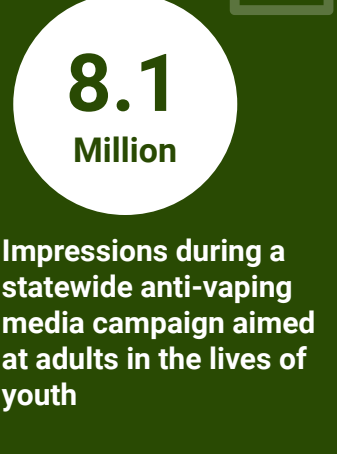
6.4 million
Impressions resulted from the "Tobacco Recovery is Recovery" media campaign

Pennsylvania Statewide Tobacco-Free Recovery Initiative (PA STFRI) works to advance tobacco-free interventions and services in behavioral health settings

97% of respondents
Reported their impression of the content to be "good" or "very good", among 308 webinar participants who completed the post-survey in SFY 2024/2025

VAPING PREVENTION

- 507** K-12 Schools impacted
New partnerships with K-12 school districts supported vaping prevention efforts, such as:
 - Offering information tobacco cessation resources, like the PA Free Quitline
 - Presenting to parents, students and teachers about e-cigarettes
 - Distributed materials on vaping, including brochures with information, such as electronic nicotine delivery systems (ENDS)





If you have any questions about this report, please contact:
PATPC Evaluation Team at Public Health Management Corporation, patpceval@phmc.org

For general information about the Pennsylvania Tobacco Prevention and Control Program,
call: 717.783.6600
or visit: www.health.pa.gov and pa.quitlogix.org