

ANNUAL REPORT

State Fiscal Year

July 1, 2001-June 30, 2002

Pennsylvania Department of Health
Bureau of Chronic Diseases & Injury Prevention
Division of Tobacco Prevention & Control

Chapter 7 of Act 77 of 2001
Tobacco Use Prevention and Cessation

WE'RE THERE.

For Your Health. For Your Community.

DEPARTMENT OF
HEALTH

Mark Schweiker, Governor • Bob Zimmerman, Secretary of Health

Message from the Secretary

I am pleased to present the Annual Report for State Fiscal Year 2001-2002 of the Tobacco Use Prevention and Cessation Program, Chapter 7 of Act 77 of 2001, the Tobacco Settlement Act.

In response to the unprecedented opportunity to make Pennsylvanians healthier by eliminating tobacco use, the most preventable cause of death and disease, the Department developed a strategic tobacco prevention and cessation plan. The first year's activities have been spent building the foundation and laying the groundwork for program implementation through the establishment of comprehensive tobacco prevention and cessation programs across the Commonwealth. The program goals support Healthy People 2010 objectives established for the nation's health. They are:

1. Change community norms through state-advised, community-driven systems that create environments where it is uncommon to see, use, and be negatively impacted by tobacco products and tobacco smoke pollution.
2. Reduce consumption of tobacco products in Pennsylvania youth and adults to less than 12% by 2010.

The Department also identified the following priority populations:

- Youth
- Pregnant women and women of childbearing years
- Disparate populations including ethnic and racial minorities and persons with low socio-economic status

During this fiscal year, the Department has made considerable progress in building a comprehensive tobacco use prevention and control program at the state level and in each of the Commonwealth's 67 counties. Key accomplishments include the following:

- Convened the first Tobacco Use Prevention and Cessation Advisory Committee and meeting on October 12, 2001.
- Released a Request for Proposal (RFP), the Department's competitive bid process to identify lead agencies (primary contractors), to develop and implement comprehensive tobacco prevention and control programs at the county level on November 14, 2001.
- Convened a technical assistance conference for the 48 successful bidders in March 2002 that provided information on best practices for tobacco prevention and control programs, an overview of the Department's statewide initiatives, and guidance in the Department's contractual process.
- Implemented contracts with 48 primary contractors providing service to 59 counties by May 2002.

- Re-issued request for proposal on March 15, 2002 to solicit applications for following eight counties for which original proposals were not recommended for funding.
- Implemented contracts with an additional 3 primary contractors bringing the total number of primary contractors to 51 providing service to all 67 counties
- Developed and implemented a state-of-the-art, web based management information monitoring and reporting system for primary contractors and their service providers.
- Launched Pennsylvania's Free Quitline 1-877-724-1090 on June 26, 2002. Quitline services are available 24 hours a day, 7 days a week, 365 days a year.
- Developed standards for cessation programs and implemented Pennsylvania's Pre-approved Cessation Program listing on the Department's website www.health.state.pa.us . The listing facilitates the provider approval process for Medicaid coverage of counseling services and cessation pharmacotherapies.
- Established a statewide program to educate and empower ethnic and racial minorities and primary contractors on the issues of tobacco use, and promote innovative partnerships to reach disparate populations. A collaborative relationship with the Department to implement this program was developed through a contract with the Center for Minority Health, School of Public Health, University of Pittsburgh, which includes a partnership with Drexel University School of Public Health.
- Established a rural outreach and education program to promote healthy lifestyles including tobacco use prevention and cessation to residents in eight counties through a contract with Clarion University.
- Established pilot projects at University of Pittsburgh, Jefferson University, and Penn State Hershey Medical Center through a contract with the Area Health Education Center (AHEC) at Penn State Hershey Medical Center to implement the Agency for Health Research and Quality (AHRQ) Clinical Practice Guidelines for Treating Tobacco Use and Dependence in preparation for future implementation as part of standard curricula in health professional schools and clinical practice throughout the Commonwealth.
- Implemented an extensive media campaign in April 2002 using statewide TV, radio, print, and outdoor advertising to educate tobacco retailers on Pennsylvania's youth access to tobacco laws. This fulfilled Pennsylvania's obligation for compliance with federal Synar penalties.
- Established the Pennsylvania Youth Tobacco Survey to gather baseline information on tobacco use, attitudes, knowledge, and beliefs of Pennsylvania youth in grades 6 through 12.

In addition, through enhanced enforcement, a retailer education media campaign, and improved community partner and local agency collaboration the Department has demonstrated success in reducing the amount of illegal tobacco sales to minors from 27.9% reported in 2001 to 14.5% reported in 2002.

We are very proud of the accomplishments our community partners and we have made within this short time frame. These programs and initiatives will most certainly move Pennsylvania into the forefront of states successfully reducing the burden of chronic disease, closing the gap on disparate populations, and improving the health of all Pennsylvanians through the continued promotion of healthy lifestyles free from tobacco.

We invite you to learn more about our programs by visiting the Department's website at www.health.state.pa.us or by calling Judy Ochs, Director of the Division of Tobacco Prevention and Control at (717) 783-6600.

Robert S. Zimmerman, Jr., MPH
Secretary of Health

Tobacco Use Prevention and Cessation Advisory Committee

Chair:

Robert S. Zimmerman, Jr., M.P.H.

Secretary of Health
Pennsylvania Department of Health

Susan P. Byrnes, R.N.

Founder and Board Chair
Susan P. Byrnes Health Education Center

The Honorable Thomas P. Gannon

Member, Pennsylvania House of Representatives
161st Legislative District, Delaware County

Bernard D. Goldstein, M.D.

Dean, Graduate School of Public Health
University of Pittsburgh

Frank T. Leone, M.D., M.S., FCCP

Assistant Professor of Medicine
Director, Center for Tobacco Research and Treatment
Jefferson Medical College

Sharmain Matlock-Turner

President/Executive Director
Greater Philadelphia Urban Affairs Coalition

Garry L. Pincock

Chief Executive Officer
American Cancer Society
Pennsylvania Division, Inc.

R. Anthony Snow, M.D.

Chief Medical Officer
Community Health Net

Barbara E. Stader, R.N., M.S.N.

Director
Allentown Health Bureau

TABLE OF CONTENTS

Overview 1

Tobacco Use in Pennsylvania 3

Advisory Committee Meeting and Recommendations 6

Funding Allocations 9

 Applications Made and Grants Received 10

 Primary Contractors 11

 Service Providers 15

 Statewide Contractors 18

Statewide Initiatives 19

Appendix A

OVERVIEW

On June 26, 2001, then Governor Ridge signed Act 77 of 2001 into law. Chapter 7 of the Tobacco Settlement Act outlined the requirements for prevention and cessation activities. The Act established a tobacco use prevention and cessation program within the Department of Health. A total of 12% of the funding was directed for prevention and cessation. Seventy percent (70%) of these funds must be provided to primary contractors to establish community-based comprehensive tobacco control programs. The Act charged the Department to divide the Commonwealth into no more than 67 service areas and foster collaboration among geographic regions of the Commonwealth. The Department may enter into contracts not to exceed three years with at least one and no more than two primary contractors in each service area. The remaining funds (30%) are to be used for statewide efforts consistent with the priorities of the Act. After June 30, 2002, no more than one half of the funds set aside for statewide efforts can be used for counter-marketing media campaigns.

The Act defined a primary contractor as a person located in the Commonwealth that develops, implements or monitors tobacco use prevention and cessation programs in a service area and a service provider as a person located in the Commonwealth that is selected by the primary contractor to receive a grant to provide tobacco use prevention and cessation programs.

Tobacco use prevention and cessation components are outlined as statewide, community, and school programs designed to reduce tobacco use; chronic disease programs to reduce the burden of tobacco-related diseases, including prevention and early detection; enforcement of applicable laws related to tobacco access; efforts designed to counter tobacco influences and increase health-related messages; tobacco cessation programs, with a priority for serving the uninsured and low-income populations; monitoring program accountability by requiring the evaluation and documentation of, or conducting research regarding the effectiveness of the program and program results; and administration and management to facilitate the coordination of state and local programs.

The Act prohibits a tobacco company or an agent or subsidiary of a tobacco company from being awarded a contract or grant as a statewide contractor, primary contractor, or service provider.

Act 77 established the Tobacco Use Prevention and Cessation Advisory Committee. This committee is comprised of the Secretary of Health; four members appointed by the Secretary; one member appointed by the President pro tempore of the Senate and one member appointed by the Minority Leader of the Senate; one member appointed by the Speaker of the House of Representatives; and one member appointed by the Minority Leader of the House of Representatives. Members have authority to make recommendations to the Secretary of Health on the Department's program priorities, delivery of cessation services by approved healthcare practitioners, and recommendations on evaluation procedures in approving primary contractors and service providers.

The Pennsylvania Department of Health is positioned to positively affect youth and adult tobacco use. Since funding became available In July 2001, resources are in the hands of local communities. Statewide programs are in place including Pennsylvania's Free Quitline, a

statewide youth movement that is educating teens about tobacco industry marketing tactics, and an aggressive web-based monitoring and reporting system.

The Department's goals support Healthy People 2010 objectives established for the nation's health. They are:

- Reduce consumption of tobacco products in Pennsylvania youth and adults to less than 12% by the year 2010.
- Change community norms through state-advised, community-driven systems that create environments where it is uncommon to see, use, or be negatively impacted by tobacco products and tobacco smoke pollution.

The Department has also identified the following priority populations:

- Youth
- Pregnant women and women of childbearing years
- Disparate populations including ethnic and racial minorities and persons with low socio-economic status

The collaborative efforts formed through this process have created the opportunity to achieve significant changes in tobacco prevention and cessation. The vision of the Governor and the Legislature to make Pennsylvanians healthier is well underway.

TOBACCO USE IN PENNSYLVANIA

The Department recognizes that reducing the rate of teen and adult tobacco use is a complex social issue that requires a multi-faceted approach. In order to measure the progress of state and local initiatives, the Department is creating an extensive evaluation component to measure both short-term and long-term outcomes.

The following systems are in place to monitor changes in the level of tobacco use:

Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS)

Background Information: The BRFSS is the largest, continuously conducted telephone health survey in the world, collecting data from adults on health behaviors related to leading causes of death. Pennsylvania began participating in the BRFSS in 1989. The BRFSS is developed through the Centers for Disease Control and Prevention and is used by all states to measure progress in achieving national health objectives. BRFSS data can be compared between states and between any state and all states combined.

BRFSS Methodology: Households are selected at random from all telephone numbers in the Commonwealth. When a household is contacted, the person to be interviewed is selected at random from a listing of all adults 18 years of age and older in the household. Interviews are conducted year round and take place during the evening or on weekends. The sample size is approximately 300 interviews a month, or about 3,600 a year. A contractor selected by competitive bidding conducts the interviewing and processing of data. The Pennsylvania Department of Health's Bureau of Health Statistics and Research is responsible for analyzing and disseminating the information.

According to the 2000 Pennsylvania Behavioral Risk Factor Surveillance Survey (BRFSS):

- 24 percent of Pennsylvania adults regularly smoke cigarettes
- 31 percent of Black (non-Hispanic) adults regularly smoke cigarettes, compared to 24 percent of white (non-Hispanic) adults and 23 percent of Hispanic adults
- 34 percent of younger adults (age 18-29) are smokers
- 9 percent of older adults (age 65 and older) are smokers
- 13 percent of college graduates are smokers
- 31 percent of adults with less than a high school education are smokers.

County level data is reported in Table 1 (Appendix A).

In addition, according to the 1999 Smoking Facts for Pennsylvania survey conducted by the Department:

- 64 percent of adults indicated that smoking should not be allowed at all in indoor work areas
- 93 percent of adults indicated that smoking should not be allowed in schools

- 96 percent indicated that smoking should not be allowed in child care centers
- 50 percent indicated that smoking should not be allowed at in restaurants; and 45 percent indicated that smoking in restaurants should be allowed only in designated areas

Pennsylvania Youth Tobacco Survey (YTS):

Background Information: The YTS was developed to provide states with the data necessary to support the design, implementation, and evaluation of a comprehensive tobacco control program. The YTS is designed to evaluate prevalence of tobacco use, knowledge and attitudes, media and advertising receptivity, access to tobacco products, curriculum, tobacco smoke pollutions, and attitudes toward cessation and readiness to quit. Since Pennsylvania conducted the YTS for the first time in 2001, Pennsylvania now has baseline measures for developing a comprehensive tobacco control program.

YTS Methodology: The YTS employed a two-stage sample design to produce a representative sample of students in middle schools (grades 6 through 8) and high schools (grades 9 through 12). The first-stage sampling frame included separate lists for middle schools and high schools. Schools were selected with a probability proportional to the school enrollment size. At the second sampling stage, classes were randomly selected from the list of classes obtained from each participating school. All students in the selected classes were eligible to participate in the survey.

According to the 2001 Pennsylvania Youth Survey:

- 36 percent of Pennsylvania high school seniors (in public schools) currently smoke cigarettes (during the past 30 days)
- 23 percent of tenth graders, 17 percent of eighth graders, and 6 percent of sixth graders (in public schools) currently smoke cigarettes
- 6.9 percent of public high school students use smokeless tobacco
- 12.9 percent of high school students in the Northcentral health district currently use smokeless tobacco
- 12.4 percent of high school students currently smoke cigars

Web-based Management Information and Reporting System (MIS)

Background Information: As of January 31, 2002, Phase I of a comprehensive, centralized web-based tobacco reporting and management information system was completed. The system measures short-term, intermediate, and long-term outcomes of tobacco use for the Department. Phase I included a tobacco minimum data set; a tobacco prevention knowledge database; and fully defined and functional planning, evaluation, service tracking, utilities, and report modules. Phase I was pilot tested in the Spring of 2002 by three expert testers. Following training in March of 2002, six primary contractors and two each of their service providers pilot tested the system. Training on the system was provided to all primary contractors in June of 2002 and is now being implemented statewide by primary contractors and service providers.

Synar Survey

Background Information: Federal regulations require Pennsylvania to conduct an annual survey of tobacco retailers to determine the illegal sale rate of tobacco to youth under the age of 18 years. The 2001 required sale rate (non-compliance rate) set by the federal government was 25 percent. The actual Pennsylvania sale rate for 2001 was 27.9 percent, with a ± 3 percent confidence interval.

Addendum: Through enhanced community based education and enforcement efforts, the Department and its partners have reduced the sale rate to 14.5 percent for 2002. Continued efforts by the Department, primary contractors, and other community partners, including retailers, will focus on reducing the sale rate even further.

Tobacco Use Prevention and Cessation Advisory Committee

The first meeting of the Tobacco Use Prevention and Cessation Advisory Committee was held on October 12, 2001. Priority initiatives presented to the Committee included:

- Release of a request for proposals to identify primary contractors, to develop and implement comprehensive tobacco prevention and control programs in each of Pennsylvania's 67 counties
- Statewide countermarketing
- Implementation of cessation clinical practice guidelines for health care professionals
- Statewide quitline
- Web-based tobacco prevention information and reporting system.

The Advisory Committee made the following recommendations to the Secretary of Health:

CDC's Best Practices: The Committee discussed the utilization of CDC's *Best Practices for Comprehensive Tobacco Control Programs* and recommended that the Department of Health (Department) encourage local creativity and innovation, that local plans reflect racial and ethnic composition of service area and racial/ethnic groups' cultural values and economic status. The Committee recommends that local plans reflect local needs based on known data. In the event of a tie in the technical review scoring, the committee recommended that proposals with evidence of community-based inclusiveness/collaboration should receive more weight in bid review process.

Priority populations: The Committee concurred with the priority populations identified by the Department which include: youth, ethnic and racial minorities and disparate populations, and pregnant women and women of child-bearing age.

Counter-marketing initiatives: The Committee acknowledged that "Just say no" messages are not effective with teens and recommended that the Department shadow tobacco industry marketing techniques used in shopping malls, schools, the Internet, etc. The Committee also recommended that the Department use existing counter-marketing materials from other states that have been successful, and that all efforts should be coordinated with other elements of Best Practices.

Clinical Practice Guidelines and Cessation: The Committee discussed the *Clinical Practice Guidelines for Treating Tobacco Use and Dependence* and the Department's Cessation Program preliminary priorities. The Committee recommended that the Department provide cessation intervention education for healthcare providers, provide opportunity for healthcare providers to practice cessation skills, and remove barriers such as insurance and access. The Committee also recommended that the Department engage pharmacists to inform patients of other community cessation programs, and consider tobacco cessation training as a requirement for state licensure of healthcare providers. The Committee recommended the development of an application process for approved list of cessation providers.

Statewide Quit Line: The Committee recommended that the statewide quit line be linked to community resources and that the Department provide information on the Department of Health website.

Tobacco Industry Funding: The Committee discussed the concern of providing state funds to organizations that have or are receiving funds from the tobacco industry. The Committee recommended that the Department prohibit state funding to organizations taking money from tobacco companies if there is a perceived, real, or visible connection between the tobacco company and “good will.”

DOH Evaluation Procedures: The Committee discussed evaluation procedures and recommended that in the early years process is emphasized, and systems are developed to measure outcomes. The Committee recommended utilizing harm reduction as an effective measurement of cessation programs.

Additional Recommendation: The Committee recommended that the Department link programs to Healthy People 2010 Objectives.

Those in attendance included:

Advisory Committee Attendees:

Robert S. Zimmerman, Jr., M.P.H., Secretary of Health, Chairperson
Susan P. Byrnes, R.N., Founder & Board Chair, Susan P. Byrnes Health Education Cntr.
Bernard D. Goldstein, M.D., Dean, Graduate School of Public Health, Univ. of Pitt.
Frank T. Leone, M.D., M.S., FCCP, Jefferson Medical College
Garry L. Pincock, CEO, American Cancer Society
R. Anthony Snow, M.D., CEO, Community Health Net
Barbara E. Stader, R.N., M.S.N., Director, Allentown Health Bureau

Advisory Committee Not in Attendance:

The Honorable Thomas P. Gannon, PA House of Representatives
Sharmain Matlock-Turner, Pres./Exec. Director, Greater Phila. Urban Affairs Coalition

Alternates in Attendance:

John Cherry (for Representative Thomas Gannon)
Robin Robinowitz (for Sharmain Matlock-Turner)

Youth Advisory Committee Attendees:

Quianna Footman
Sarah Rusek
Andrew Sickler
Shea-Lin Williams

Youth Advisory Committee Not in Attendance:

Danielle Rancatore
Efrain Zepeda

Department of Health Attendees:

Tuyet Hoang, School to Work Intern, Youth Facilitator
Amy Kelchner, Director, Office of Communications
Lori McLaughlin, Esq., Chief Counsel
Robert S. Muscalus, D.O., Physician General
Judy A. Ochs, Director, Division of Tobacco Prevention and Control
Alan B. K. Rabinowitz, Chief of Staff
Darlene Sampson, Special Assistant
Steve Suroviec, Policy Director
Emilie M. Tierney, Director, Bureau of Chronic Diseases and Injury Prevention

**FUNDING ALLOCATIONS
STATE FISCAL YEAR 2001-2002**

Tobacco Master Settlement Agreement	\$ 41,402,000
General Government Operations	\$ 268,650
Centers for Disease Control and Prevention	<u>\$ 1,260,000</u>
 TOTAL:	 \$ 42,930,650

APPLICATIONS MADE AND GRANTS RECEIVED FOR TOBACCO PREVENTION AND CESSATION STATE FISCAL YEAR 2001-2002

The Department applied to the Centers for Disease Control Office on Smoking and Health for the federal Core Capacity Funding Cooperative Agreement that includes: tobacco cessation activities targeting pregnant women, resource development, community outreach and mobilization, surveillance, evaluation, and coordination on national tobacco control campaigns and was awarded funding in the amount of \$1,260,000.

The Department continued to work in collaboration with the American Legacy Foundation (Legacy) that was established through the Tobacco Master Settlement Agreement. Legacy collaborates with national, state, and local organizations through grant awards, research initiatives, marketing efforts, and training programs in an effort to reduce tobacco use in the United States.

The Department assisted Legacy in implementing the National Youth Tobacco Survey in Pennsylvania schools. In November 2001, the Department conducted a technical assistance conference for Latino individuals and organizations and in December 2001, held an African American Tobacco Prevention Conference. Participants were provided a comprehensive grant-writing session and the Department promoted Legacy's funding opportunity for nonprofit organizations to prevent and reduce tobacco use among minority and under-served populations. During Legacy's first and second rounds of funding the following Pennsylvania organizations received priority population grants:

- Nueva Esperanza Academy Charter High School in Philadelphia, Focus: Hispanic/Latino.
- Lehigh Valley Hospital, Coalition for a Smoke-Free Valley, Focus: Hispanic/Latino
- National Association of African Americans for Positive Imagery (NAAAPI), Breathe Free, Focus: African American.
- Philadelphia Dept. of Public Health, Focus: Low Socioeconomic Status.

The Department also worked in collaboration with the Latino Council on Alcohol and Tobacco and provided 30 scholarships to Pennsylvania Latinos to attend the first national conference and leadership training in February 2002, which included skill building sessions to assist organizations in national and state funding.

The Department submitted an application to Legacy for a statewide youth movement against tobacco program grant in Spring 2000, that was not approved for funding.

ALLOCATION OF FUNDS TOBACCO MASTER SETTLEMENT AGREEMENT PRIMARY CONTRACTORS

Selection Process: Following the Tobacco Use Prevention and Cessation Advisory Committee meeting, the Department requested that organizations interested in applying as a primary contractor submit a letter of interest. These organizations were then listed on the Department of Health web site in an effort to foster collaboration among agencies within the same county to encourage a coordinated application. On November 14, 2001, the Department issued the first Request for Proposals (RFP) to solicit applications for primary contractors. Applications were received for 62 of Pennsylvania's 67 counties. On January 15, 2002, the RFP was re-issued to solicit applications for primary contractors in Clearfield, Elk, Forest, Jefferson, and Warren counties. Forty-eight successful bidders were identified to provide service to 59 counties and contracts were implemented by May 2002. A third issuance of the RFP occurred on March 15, 2002, to solicit applications for the following eight counties for which original proposals were not recommended for funding: Columbia, Luzerne, Montour, Northumberland, Union, Snyder, Susquehanna, and Wyoming.

Initial Goals and Objectives: The Department created a uniform work statement for the primary contractors based on the nine components of the Centers for Disease Control's Best Practices that include:

- Community programs to reduce tobacco use
- Chronic disease programs to reduce the burden of tobacco-related diseases
- School programs
- Statewide programs to increase the capacity of local programs
- Enforcement of applicable laws related to tobacco access
- Counter marketing to counter pro-tobacco influences and increase pro-health messages
- Cessation programs
- Surveillance and evaluation system to monitor program
- Administration and management

Primary Contractors were required to identify and engage the active and sustained support of community partners, including grassroots organizations and coalitions, State Health Improvement Plan (SHIP) community partnerships; local chapters of the American Cancer Society, American Heart Association, and American Lung Association; public and professional Area Health Education Centers; hospitals and other institutional providers of medical care; county medical societies; school districts; universities and colleges; police departments; offices of the President Judge, District Magistrates, and District Attorneys; county cooperative extension offices; county human service agencies; the faith community; and drug and alcohol Single County Authorities within their service area, to develop and implement a comprehensive tobacco control program.

Accomplishments May-June 2002:

Contracts with 48 primary contractors providing service to 59 counties were implemented in May 2002. During this reporting period, the primary contractors achieved the following goals and objectives:

- Development of three-year budgets and work plans to fulfill the nine components of CDC's Best Practices for Comprehensive Tobacco Control Programs
- Hiring of personnel
- Identification of service providers
- Participation in statewide initiatives including retailer and youth education and activities on Pennsylvania's youth access to tobacco law
- Training on the web based management information and reporting system
- Participation in the launch of Pennsylvania's Free Quitline.

The contracts listed below were in place prior to June 30, 2002, at the dollar amount indicated.

PRIMARY CONTRACTORS

<u>County</u>	<u>Contractor Name</u>	<u>Region</u>	<u>Budget</u> <u>5/01/02-6/30/02</u>
Adams	Adams County Council of Community Services	SC	\$20,000
Allegheny	Allegheny County Health Department	SW	\$50,303
Armstrong	Armstrong-Indiana Drug & Alcohol Commission	SW	\$14,071
Beaver	Beaver County Drug & Alcohol Commission	SW	\$6,890
Bedford	Personal Solutions, Inc.	SC	\$13,994
Berks	Council on Chemical Abuse	SE	\$143,966
Blair	Blair County Drug & Alcohol Office	SC	\$22,643
Bradford	Bradford County Human Services	NC	\$2,929
Bucks	Bucks County Drug & Alcohol Commission	SE	\$215,556
Butler	Butler County MH / MR	SW	\$13,500
Cambria	Cambria County Drug & Alcohol Commission	SW	\$12,500
Cameron	Northern Tier Community Action Corporation	NC	\$6,820
Carbon	Carbon-Monroe-Pike Drug & Alcohol Commission	NE	\$14,241
Centre	Centre County Drug & Alcohol Commission	NC	\$16,532
Chester	Chester County Health Department	SE	\$51,654
Clarion	American Respiratory Alliance of Western PA	NW	\$9,338
Clearfield	Clearfield/Jefferson Drug & Alcohol Commission	NW	\$13,443
Clinton	West Branch Drug & Alcohol Commission	NC	\$6,953
Crawford	Crawford County Drug & Alcohol Exec. Commission	NW	\$20,012
Cumberland	Cumberland / Perry Drug & Alcohol Commission	SC	\$2,713
Dauphin	Dauphin County Department of Drug & Alcohol Svcs.	SC	\$45,123
Delaware	Delaware County Department of Human Services	SE	\$110,082
Elk	Alcohol & Drug Abuse Services, Inc.	NW	\$16,663
Erie	Erie County Health Department	NW	\$76,327
Fayette	Fayette County Drug & Alcohol Commission	SW	\$45,275
Forest	American Lung Association	NW	\$10,819
Franklin	Franklin / Fulton County Drug & Alcohol Commission	SC	\$31,727
Fulton	Fulton County Medical Center	SC	\$10,000
Greene	Greene County SCA	SW	\$2,730
Huntingdon	Juniata Valley Tri-County Drug & Alcohol Abuse Comm.	SC	\$17,566
Indiana	Armstrong-Indiana Drug & Alcohol Commission	SW	\$14,071
Jefferson	Clearfield/Jefferson Drug & Alcohol Commission	NW	\$6,623
Juniata	Juniata Valley Tri-County Drug & Alcohol Abuse Comm.	SC	\$16,668
Lackawanna	Lackawanna Commission on Drug & Alcohol Abuse	NE	\$14,446
Lancaster	Lancaster County Drug & Alcohol Commission	SE	\$13,751

<u>County</u>	<u>Contractor Name</u>	<u>Region</u>	<u>Budget</u> <u>5/01/02-6/30/02</u>
Lawrence	Lawrence County Drug & Alcohol Commission	NW	\$17,009
Lebanon	Lebanon County Commissioners	SC	\$17,784
Lehigh	Allentown Health Bureau	NE	\$50,812
Lycoming	West Branch Drug & Alcohol Commission	NC	\$27,425
McKean	Bradford Regional Medical Center	NW	\$6,120
Mercer	Mercer County Behavioral Health Commission	NW	\$25,606
Mifflin	Juniata Valley Tri-County Drug & Alcohol Abuse Comm.	SC	\$17,913
Monroe	Carbon-Monroe-Pike Drug & Alcohol Commission	NE	\$7,500
Montgomery	Montgomery County Drug & Alcohol Commission	SE	\$6,065
Northampton	Bethlehem Health Bureau	NE	\$43,805
Perry	Cumberland / Perry Drug & Alcohol Commission	SC	\$1,460
Philadelphia	Philadelphia Department of Public Health	SE	\$169,953
Pike	Carbon-Monroe-Pike Drug & Alcohol Commission	NE	\$7,500
Potter	Northern Tier Community Action Corporation	NC	\$4,955
Schuylkill	Clinical Outcomes Group	SE	\$44,107
Somerset	Somerset Hospital	SW	\$5,584
Sullivan	Bradford County Human Services	NC	\$2,929
Tioga	Tioga County Partnership	NC	\$9,309
Venango	Venango County Substance Abuse Program	NW	\$17,478
Warren	American Lung Association	NW	\$11,719
Washington	Washington County Health Partners	SW	\$20,129
Wayne	Wayne County Drug & Alcohol Commission	NE	\$14,638
Westmoreland	Contract Management of Southwestern PA	SW	\$14,256
York	York City Bureau of Health	SC	\$56,630
Total			\$1,690,615

SERVICE PROVIDERS

County	Service Provider	Service	Budget 5/01/02-06/30/02
Adams	Gettysburg Health Care Corporation	Community based programs, surveillance/ evaluation	\$7,000
Adams	Cornerstone Counseling & Educational Services	Cessation	\$350
Adams	Community Health Services/Gettysburg Hospital	Community based programs, surveillance/ evaluation	\$9,850
Berks	Community Prevention Partnership of Berks Co.	Community based initiatives	\$11,566
Berks	Bucks County District Attorney	Enforcement	\$12,264
Berks	Reading Hospital and Medical Center	Chronic disease initiatives	\$6,254
Berks	St. Joseph's Hospital and Medical Center	Chronic disease initiatives	\$6,254
Blair	Altoona Hospital	Data collection, Synar, youth tobacco surveys, monitoring deliverables	\$8,500
Blair	Altoona Police Department	Enforcement	\$300
Blair	Allegheny Township Police Department	Enforcement	\$250
Blair	American Lung Association	Cessation	\$1,500
Blair	Partnership for a Healthy Community	Community-based programs	\$3,000
Bucks	Philadelphia Health Management Corporation	Surveillance/evaluation	\$5,440
Bucks	Bucks County Health Improvement Project	Chronic disease initiatives	\$10,635
Bucks	Bucks County Council on Alcohol & Drug Dependency	Community based programs, enforcement, statewide efforts, media, cessation	\$78,154
Bucks	Today Inc.	BUSTED! youth activities	\$8,901
Bucks	Planned Parenthood	Cessation	\$9,347
Bucks	Health Promotion Council	Media, Latino educational activities	\$15,833
Bucks	Ross Associates	African American educational initiatives, cessation	\$4,900
Bucks	Bucks County Department of Health	Youth educational programming, enforcement, clean indoor air	\$25,000
Cambria	Recovery Resources of Twin Lakes Center	Community based programs, school programs, statewide efforts, and surveillance	\$1,761
Cambria	Cambria County Community Action Council	Community based programs, school programs	\$580
Cambria	New Vision/Memorial Medical Center	Community based programs, school programs, surveillance	\$659
Clarion	ARA of Northwestern PA	School based program development	\$634
Dauphin	Choices for Quality Living	Cessation initiatives	\$2,700
Dauphin	Dauphin County RADAR Network Center	Community based programs, school programs	\$10,700

County	Service Provider	Service	Budget 5/01/02-06/30/02
Dauphin	YMCA Northern Dauphin County Branch	Community based programs, school programs	\$8,000
Dauphin	Hamilton Health Center	Cessation programs	\$1,692
Dauphin	Jump Street	Media	\$3,250
Dauphin	Penn State University/ Harrisburg	Surveillance/evaluation	\$6,058
Elk	American Cancer Society	Media	\$2,000
Elk	Elk County Cancer & Tobacco Education Coalition	BUSTED!	\$1,000
Elk	Guidance Center	Education for pregnant women/mothers	\$6,000
Erie	American Lung Assoc.	School/chronic disease initiatives	\$976
Erie	American Respiratory Alliance	Prevention programs	\$2,976
Erie	Bayfront NATO, Inc.	Staff training	\$976
Erie	Community Center Development	Outreach to churches and youth organizations	\$976
Erie	Community Health Net	Program development/ clinical practice guidelines	\$6,000
Erie	Erie Center on Health & Aging	Assess client smoking status/clinical practice guidelines	\$2,276
Erie	Gannon University	Clinical practice guidelines	\$395
Erie	Greater Erie Community Action Committee	Clinical practice guidelines	\$10,045
Erie	Hamot Wellness Center	Project B-Fit	\$1,725
Erie	Hispanic American Council	Outreach and tobacco education	\$2,276
Erie	KIDco/TADco	Youth prevention	\$4,413
Erie	Multicultural Health Evaluation Delivery Systems	Health care/clinical practice guidelines	\$4,445
Erie	Resources for Prevention	Clinical practice guideline training	\$4,445
Erie	Stairways Behavioral Health	Fairs/clinical practice training education	\$1,938
Erie	Villa Maria Academy	Prevention	\$525
Erie	YMCA Black Achievers Program	Prevention	\$986
Fayette	Uniontown Area School District	School programs	\$4,500
Fayette	Uniontown Hospital Foundation	Community based programs, chronic disease, statewide efforts, media, cessation	\$21,728
Franklin	Keystone Health Center	Chronic disease programs, media, cessation programs	\$4,352
Franklin	Penn State Cooperative Extension	Community based programs, school programs, statewide, media	\$2,250
Franklin	American Lung Association	Community based programs, school programs, cessation	\$1,987
Forest/Warren	Moore Research	Data collection	\$5,000
Forest/Warren	Northwest Human Development	BUSTED!	\$480
Huntingdon	Mainstream Counseling	School programs	\$4,167

County	Service Provider	Service	Budget 5/01/02-06/30/02
Huntingdon	American Lung Association	Cessation	\$1,232
Huntingdon	Families r First	Community based programs	\$1,333
Huntingdon	JC Blair Hospital	Chronic disease programs	\$2,333
Huntingdon	Tobacco Busters	Media	\$1,000
Juniata	Clear Concepts Counseling	School programs	\$4,000
Juniata	American Lung Association	Cessation	\$583
Juniata	Tobacco Busters	Media and statewide	\$4,584
Lebanon	PA Counseling Services	Community based services, chronic diseases, school programs, enforcement	\$7,700
Mifflin	Clear Concepts Counseling	School programs	\$5,417
Mifflin	American Lung Association	Cessation	\$1,981
Mifflin	Communities That Care	Media	\$1,200
Mifflin	Tobacco Busters	Media and statewide	\$1,814
Northampton	Coalition for a Smoke Free Valley	Youth/college age activities, clean indoor air, surveillance/evaluation	\$14,980
Northampton	St. Luke's Hospital	Cessation, chronic disease	\$1,500
Potter	Potter County Human Services	Community based programs	\$450
Venango	Family Service & Children's Aid Society	Program managementt	\$14,788
Washington	Cornerstone Care	Chronic disease efforts	\$700
York	Byrnes Health Education Center	School programs	\$8,500
York	Hanover Hospital	Youth & adult surveys, focus groups, strategic planning assistance	\$37,000

STATEWIDE CONTRACTORS

Contractor	Service	SFY 2001-2002
American Cancer Society	Facilitating Quitline	\$1,217,542
Athletic Training Network	Health instruction to youth through schools	\$1,538,750
Clarion University	Health education center	\$1,500,000
Center for Minority Health	Training/technical assistance on disparate community issues	\$149,547
KIT Solutions	Development of web-based management information system	\$118,430
Neiman Group	Media activities	\$6,450,000
Area Health Education Center	Training of health professional students and current workforce	\$10,000
TOTAL		\$10,984,269

STATEWIDE INITIATIVES

PENNSYLVANIA'S FREE QUITLINE

On June 26, 2002, Secretary Robert S. Zimmerman, Jr. launched Pennsylvania's first Free Quitline 1-877-724-1090. Pennsylvania's Free Quitline is available 24 hours a day, 7 days a week. English and Spanish speaking counselors are available at all times with other languages available as needed. Pennsylvania's Free Quitline is offered as a partnership between the Pennsylvania Department of Health and the national American Cancer Society.

Tobacco users receive counseling from highly trained intake specialists and cessation counselors. After the initial call to the Quitline, callers who are ready to quit determine a quit date and are offered up to five free one-on-one calls to assist them through the quitting process. If a caller is not ready to quit, they are provided with self-help materials and tailored fact sheets.

The advice and support that the Quitline provides is useful for helping cigarette smokers and those who use other tobacco products such as cigars and spit tobacco. All calls are confidential and strict privacy of all information received will be maintained.

The Quitline also maintains a database of cessation programs throughout the Commonwealth and information on cessation counseling and pharmacotherapy coverage by Pennsylvania private and state insurers.

The Department began public promotion of the quitline through a pilot outdoor advertising campaign in the Wilkes-Barre/Scranton market and Harrisburg/York/Lancaster market. Promotion to Pennsylvania's healthcare providers is provided through a partnership with the American Cancer Society Pennsylvania Division.

CAPACITY BUILDING FOR ETHNIC AND RACIAL MINORITY POPULATIONS

The Center for Minority Health (CMH), at the Graduate School of Public Health (GSPH), University of Pittsburgh, provides statewide technical assistance around the issues of tobacco in the ethnic, racial and disparate populations to these populations and to primary contractors and service providers. The CMH works in partnership with the Department and collaborates with both the GSPH at the University of Pittsburgh and Drexel University School of Public Health in Philadelphia. The CMH is developing Pennsylvania's Tobacco Prevention Clearinghouse, a web-based system, for contractors and community-based organizations to access valuable information about tobacco issues and the disparate community. CMH provides statewide technical assistance in program planning and evaluation for community-based organizations to help build the capacity of community-based organizations to collect and analyze data, conduct needs assessments, write fundable intervention proposals and evaluate the effectiveness of their programs.

STATEWIDE YOUTH MOVEMENT

BUSTED! is Pennsylvania's youth led, tobacco-free youth movement currently incorporating over 700 Pennsylvania youth between ages 14 and 17. Forty Pennsylvania youth were provided with peer-to-peer training to lead the Youth Tobacco Summit 2001. In April 2001, 400 youth from across the Commonwealth met in Harrisburg to learn what they can do to counter the tobacco industry's manipulation of youth for tobacco use initiation. The empowered youth named their tobacco-free movement BUSTED! and created the motto "Elimination of Manipulation." The Youth Tobacco Summit was the beginning of the statewide movement that has become the foundation for Pennsylvania youth to launch grassroots anti-tobacco initiatives.

Since the 2001 Youth Tobacco Summit, BUSTED! youth have organized and participated in community initiatives to raise awareness of tobacco industry marketing strategies and have worked to reduce youth initiation of tobacco products. Through the creation of their school-based BUSTED! chapters and participation in local tobacco control coalitions, youth throughout the state are organizing tobacco prevention assembly programs, establishing smoke-free bathroom campaigns, and advocating, "We, the youth of Pennsylvania, have the power and the knowledge to stop Big Tobacco." On April 10, 2002, three hundred youth gathered on the Capitol steps with Governor Schweiker, Secretary of Health Robert Zimmerman, Physician General Dr. Rob Muscalus, and members of the General Assembly to unveil the BUSTED! logo and to showcase Pennsylvania youth who have developed their own anti-tobacco messaging techniques through poetic and musical venues.

BUSTED! youth have also participated in regional meetings across the Commonwealth to learn how to educate tobacco retailers about Pennsylvania youth access laws. BUSTED!'s first statewide initiative, Compliance Alliance, trained youth to conduct compliance checks and to educate tobacco retailers.

WEB-BASED MANAGEMENT REPORTING SYSTEM

As of January 31, 2002, Phase I of a comprehensive, centralized web-based tobacco reporting and management information system was completed. The system measures short-term, intermediate, and long-term outcomes of tobacco use for the Department. Phase I included a tobacco minimum data set; a tobacco prevention knowledge database; and fully defined and functional planning, evaluation, service tracking, utilities, and report modules. Phase I was pilot tested in the Spring of 2002 by three expert testers. Following training in March of 2002, six primary contractors and two each of their service providers pilot tested the system. Training on the system was provided to all primary contractors in June of 2002 and is now being implemented statewide by primary contractors and service providers.

TOBACCO CESSATION CLINICAL PRACTICE GUIDELINES

The Department has contracted with the Area Health Education Center (AHEC), housed at Penn State Hershey Medical Center, to develop an integrated system of educational programs utilizing

the Agency for Health Research and Quality (AHRQ) Clinical Practice Guidelines for Treating Tobacco Use and Dependence to train the health professions workforce, including CME/CEUs and health professional students. Current treatments for tobacco dependence offer clinicians an extraordinary opportunity to stop the loss of life and health caused by the most preventable cause of death and disease, tobacco use. In conjunction with Thomas Jefferson University and the University of Pittsburgh, AHEC is piloting a variety of mechanisms including incorporating the AHRQ guidelines into medical school curricula, web site development, workshops and training modules. The Department's vision is to institutionalize the consistent identification, documentation, and treatment of every tobacco user seen in a health care setting.

COUNTER MARKETING

Pennsylvania is required by federal law (Synar Amendment) to conduct an annual survey of tobacco retail outlets to determine the rate of illegal sales of tobacco to youth under age 18. In 1999, Pennsylvania did not meet the federally estimated goal of no more than 30% of illegal tobacco sales to youth and was assessed a penalty of \$6.3 million to be paid with new state dollars in the 2001-2002 state fiscal year. Act 77 provided funding to satisfy this penalty. The penalty required the funds to be utilized for retailer and youth education of Pennsylvania's youth access to tobacco laws and enforcement initiatives. During the 2001-2002 fiscal year, \$6,200,000 was allocated to develop and facilitate retailer education through television, radio, print, and outdoor media statewide.

An extensive campaign was launched in April 2002 to educate retailers on youth access laws in Pennsylvania. Regional meetings were held for BUSTED! youth across the Commonwealth to provide education and training for a special local initiative, Compliance Alliance. Youth and adults participated in educational compliance checks of retail outlets, providing one-on-one education of youth access to tobacco laws to store clerks and managers. Primary contractors hosted 28 retailer luncheons to educate retailers. Each event was customized to reach local retailers including convenience stores, locally owned stores, and large food chains. The luncheons reached over 1,000 retailers. The Department also partnered with local law enforcement agencies across the Commonwealth and conducted more than 4,600 enforcement checks, issuing 873 citations.

PROMOTING HEALTHY LIFESTYLES

The Department contracted with Clarion University to assist in establishing a health education center and a mobile outreach program. The high use of tobacco products in rural areas is well documented through the 2001 Youth Tobacco Survey. The center is intended to enhance healthy behaviors as they relate to tobacco cessation, nutrition, exercise, and substance abuse awareness for college-aged students and adults. In addition, the center will provide programs for school-aged children in grades K-12, pregnant women, working adults, and individuals with chronic illnesses.

Recognizing the issues surrounding the problems with youth initiation, the Department contracted with the Athletic Training Network to develop a state-of-the-art web enabled educational program for schools. The program provides health and fitness programming along with training materials specifically designed for students, student athletes, and coaches to encourage and teach healthy behavior, life skills, nutrition, and significant anti-tobacco messages. The program is built over the Internet and is contained on secure servers for use by schools that have registered to participate.

TECHNICAL ASSISTANCE CONFERENCES

In an effort to provide new primary contractors with comprehensive information about tobacco issues, the Division of Tobacco Prevention and Control held its first Technical Assistance Conference on March 26-28, 2002. The first day of the conference showcased a number of national leaders who provided information on tobacco prevention and cessation best practices. The second day provided the attendees with information about statewide efforts, budget topics, the statewide youth anti-smoking campaign, BUSTED!, the Center for Minority Health, Clean Air for Healthy Children, and highlighted an organization that has had much success with voluntary smoke-free restaurants and workplaces. The last day of the conference provided training on the web-based management information system.

Tobacco Use

**Number of Respondents and Percent of Adults Who Were Current Cigarette Smokers*
Pennsylvania, 1996-2000 (with 95% Confidence Intervals and P-values)**

Counties/Health Districts	Sample Size	Percent	95% C. I.	P-Value**	Significant Difference***
Pennsylvania	17,599	23.8	23.0-24.5		
Southeastern District	6,195	23.2	21.9-24.4	0.195	
Northeastern District	2,082	24.1	22.0-26.2	0.744	
South Central District	2,339	22.3	20.3-24.2	0.111	
North Central District	1,080	23.5	20.6-26.4	0.854	
Southwestern District	4,365	24.7	23.2-26.2	0.162	
Northwestern District	1,538	26.2	23.7-28.6	0.048	Higher
Berks, Schuylkill	772	24.9	21.3-28.5	0.513	
Bucks	722	21.1	17.5-24.8	0.142	
Chester	543	21.4	17.4-25.3	0.230	
Lancaster	655	20.7	17.3-24.2	0.079	
Delaware	699	21.8	18.3-25.4	0.274	
Montgomery	1,023	18.2	15.6-20.9	< 0.01	Lower
Philadelphia	1,781	27.5	25.1-29.9	< 0.01	Higher
Carbon, Lehigh, Northampton	848	22.6	19.3-25.8	0.462	
Lackawanna, Luzerne, Wyoming	819	26.3	22.9-29.7	0.130	
Pike, Monroe, Susquehanna, Wayne	415	23.0	18.3-27.6	0.733	
Adams, Franklin, Fulton	399	23.4	18.9-27.8	0.853	
Bedford, Blair, Huntingdon, Juniata, Mifflin	478	22.8	18.2-27.4	0.676	
Cumberland, Perry	392	20.7	16.0-25.4	0.200	
Dauphin, Lebanon	584	21.0	17.3-24.7	0.138	
York	486	23.6	19.2-27.9	0.924	
Bradford, Sullivan, Tioga, Lycoming, Clinton, Potter	478	27.0	22.3-31.7	0.168	
Centre, Columbia, Montour, Northumberland, Snyder, Union	602	21.0	17.3-24.7	0.142	
Allegheny	2,133	24.5	22.4-26.6	0.481	
Beaver, Butler	469	27.6	23.0-32.2	0.096	
Fayette, Greene, Washington	609	23.0	19.1-26.9	0.708	
Indiana, Cambria, Somerset, Armstrong	601	25.0	21.0-28.9	0.537	
Westmoreland	553	24.0	20.1-28.0	0.887	
Crawford, Lawrence, Mercer, Venango	564	27.9	23.8-32.1	0.048	Higher
Erie	452	27.7	23.1-32.4	0.091	
Forest, Elk, Cameron, Clearfield, Jefferson, Clarion, McKean, Warren	522	22.7	18.7-26.7	0.608	

* This item was asked in all five years.

** The p-value is the probability that the observed percentage is significantly different from the Pennsylvania percentage excluding the geography associated with the p-value. P-values less than 0.01 are displayed as "< 0.01". See "Technical Notes" for further information.

*** Counties, county groups or health districts designated as "Higher" in the "Significant Difference" column have p-values which are less than 0.05 and have percentages which are greater than the Pennsylvania percentage. Those regions designated as "Lower" in this column also have p-values which are less than 0.05 but have percentages which are less than the Pennsylvania percentage. See "Technical Notes" for further information.

**Pennsylvania Department of Health
Bureau of Chronic Diseases and Injury Prevention
Division of Tobacco Prevention and Control
Room 1006, Health and Welfare Building
P.O. Box 90
Harrisburg, Pennsylvania 17108
Telephone (717) 783-6600
FAX (717) 214-6690
www.health.state.pa.us**