



*Moving
in the
right
direction*

Tobacco Prevention & Cessation

Pennsylvania 2005

“How wonderful is it that nobody need wait a single moment before starting to improve the world.”

- Anne Frank

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Executive Summary

Dear Legislator,

The 2005-2006 Master Settlement Agreement Reference is being provided to you by the American Cancer Society, American Heart Association, and the American Lung Association as a reminder of the positive work being completed in tobacco prevention and control programs across the state.

In 1998, the Master Settlement Agreement (MSA) required tobacco companies to make annual payments to states in perpetuity as reimbursements for health care costs related to tobacco use. In 2001, the Pennsylvania Legislature and then Governor Thomas Ridge approved the allocation of funds to tobacco prevention and cessation programs. With the passage of Act 77, 12 percent of the MSA dollars were designated for tobacco prevention and cessation dollars. Seventy percent of the tobacco prevention and cessation funding went to local programs and 30 percent of the funding was marked for statewide efforts.

MSA funding that was marked for local programs was distributed to all 67 counties. Funding was allocated to counties using census information and local organizations were named as primary contractors for individual

counties. These primary contractors have developed and facilitated tobacco prevention and cessation programs at the local level. Each county, under the direction of the Department of Health, follows the Centers for Disease Control (CDC) nine best practices to ensure that their communities are receiving a comprehensive tobacco control program.

Many successes can be directly attributed to local tobacco prevention and cessation programs. Adult tobacco use is down from 25 percent in 2002 to 22.7 percent in 2004. Youth tobacco use is also down from 27.6 percent in 2000 to 23.1 percent in 2002. These reductions ultimately save lives as well as decrease healthcare costs. The continued funding of these programs is essential in decreasing the reduction of smoking rates and healthcare costs in Pennsylvania.

The following is a description of the CDC best practices and examples of programs that are recommended by the national organization. Also provided, are local examples of tobacco prevention and cessation programs in counties across the state.

Introduction

The reduction of death and disease caused by smoking is not a Republican or Democratic issue, but a core public health issue. Tobacco use is a major factor in the rise of healthcare costs in Pennsylvania. The Comprehensive Tobacco Control Program in Pennsylvania has reduced the onset of youth initiation of tobacco and the amount of tobacco usage of adults. This program receives 2.4% of the 1.4 billion in tobacco-generated revenue the state collects each year in tobacco settlement payments and tobacco taxes. With this funding, Pennsylvania has developed an effective anti-smoking strategy. These strategies will improve public health in Pennsylvania.

The Master Settlement Agreement funding has made it possible for tobacco control programs to be developed across the Commonwealth to address the harms of tobacco use. Proven cessation programs are facilitated in every county to help our communities rid themselves of their addiction to tobacco; youth are educated within their schools on the dangerous health effects tobacco use inflicts; and education is provided to community members on the harmful effects of secondhand smoke exposure. All of these programs are funded by the Master Settlement Agreement and any reduction would

have a dramatic impact on program effectiveness.

A well funded comprehensive tobacco control program is essential to prevent deaths and disease due to tobacco use. Statewide, counties have developed programs that are effective in reducing tobacco use among adults and children. These programs must continue in order to improve public health. The use of tobacco remains a major public health burden in Pennsylvania. Investment in tobacco control saves lives and money.



Local Programs

Community Based

Local community programs cover a wide range of prevention activities including engaging youth in developing and implementing tobacco control interventions; conducting educational programs for all populations; and supporting governmental and voluntary policies to promote clean indoor air.

Pennsylvania counties have educated their communities on the harmful effects of tobacco use. Smoking affects different communities in different ways. Counties have identified their individual county's needs and addressed them with effective community programs.

In **Bucks County**, a smoke free work-site program was established to aid the community in strengthening its programs. This program educates employers on the long term benefits of tobacco prevention and cessation programs, including the reduction of health care costs. The program also assists employees who want to quit smoking. The employees are supplied with nicotine replacement therapy and cessation materials, while the employer gives incentives to those employees who quit. Currently, 47 worksites have developed a written smoke free policy, 53 worksites prohibit smoking in all indoor areas, and ten worksites prohibit smoking in

indoor and outdoor areas.

Reduction of Chronic Diseases

Even if current tobacco use stopped, the residual burden of disease among past users would cause disease for years to come. As part of a comprehensive tobacco control program, communities can focus attention directly on tobacco-related diseases both to prevent them and to detect them early.

In **Mercer County**, an inpatient tobacco cessation program was established at UPMC Horizon Hospital. Patients are screened for tobacco use or exposure. Patients that indicate that they use tobacco are referred to a cessation counseling program. Between July 1, 2005 and December 31, 2005, 670 patients participated in this beneficial screening.

Inpatient programs have been developed in hospitals statewide. With tobacco control program funding, hospitals have developed tracking and referral systems to address their patients' usage of tobacco. These programs have educated both the patient and medical staff on the role tobacco use plays in disease prevention and control.

School Programs

School programs focus directly on the youth of our communities. Programs focus on initiating tobacco free policies, evidence-based curricula, teacher training, and cessation services.

The education of our youth on the harmful effects of tobacco use may be one of the most important issues addressed with this funding. Students are educated on the dangers of tobacco use, but also educated on how to say “no” to peer pressure and negative behaviors. This education has decreased the early onset of youth initiation with tobacco in Pennsylvania from 27.6 percent in 2000 to 23.1 percent in 2002.

Somerset County has established youth programs in their local school districts. Due to the education of tobacco control issues and activities surrounding these programs, a young girl, Rachel, that had started smoking at the age of 12 became acquainted with the anti-tobacco message. Eventually, Rachel begged to be involved with the tobacco control activities. Of course, the participants needed to be smoke free to be involved with the program. Quitting became her goal. Rachel quit – cold turkey, and has been smoke free for two years. She has become one of the biggest advocates of youth remaining healthy and free from tobacco.

Enforcement

Enforcement of tobacco control policies enhances the efficacy by deterring violators and by sending a message to the public that community leaders believe these policies are important. The two primary policy areas that require enforcement activity are restrictions on minors’ access to

tobacco and smoking in public places.

Statewide Programs

Statewide projects increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smoke free policies, and reducing minors’ access to tobacco. Supporting organizations that have statewide access to racial, ethnic, and diverse communities can help eliminate the disparities in tobacco use among the state’s various population groups.

Cumberland County has used a statewide program, Project Share, to promote tobacco prevention and cessation programs to a disparate population. Project Share involves a food bank that is accessible to the low socioeconomic population in Cumberland County. Staff uses this program as an opportunity to educate community members of the harmful effects of smoking and offer cessation programs to those who wish to participate. The program reaches a population that historically has a higher smoking rate and has limited access to healthcare.

Counter-Marketing

Counter-marketing attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a state, region, or local community. Counter-marketing activities promote smoking cessation

and decrease the likelihood of initiation.

The funding of sustained media campaigns that address tobacco control issues has been proven to be an effective tool in decreasing tobacco use. Media campaigns are designed to change social norms that must be changed in order to better public health. Tobacco control media campaigns offer education and help in a variety of ways.

Cameron and Potter counties established the Maternal Smoking Education Campaign. This campaign is designed to reach pregnant women and mothers with children, with messages of the harmful effects of tobacco use on their babies and/or children. The campaign consists of billboards, radio and newspaper advertising. The campaign has the potential of reaching the nearly 300 pregnant women in Cameron and Potter counties each year.

Cessation

Strategies to help people quit smoking yield significant health and economic benefits. Effective cessation strategies include brief advice by medical providers, counseling, and pharmacotherapy.

Cessation programs are proven to be effective in stopping tobacco addiction. Facilitators of cessation programs offer individuals counseling on ways to quit smoking and how to modify their behavior. These programs along with nicotine replacement

therapy have been proven to be the most effective way to quit smoking.

In **Erie County**, program partners screened nearly 11,500 clients for tobacco use. Fourteen hundred smokers were identified and over 200 made quit attempts. Of the 200 attempts, 139 participants were successful in overcoming their addiction to nicotine. Nicotine replacement therapy was provided for 58 clients. Community members served through these cessation programs included youth, mental health consumers, pregnant women, senior citizens, and Hispanic, African-American and immigrant populations.

In **Adams County**, a cessation program made a life saving difference for one community member. Susie was a smoker for 35 years. She attempted to quit, but was unsuccessful five times. She suffered from emphysema, circulation problems, and asthma. After the death of her mother



from lung cancer, Susie decided to quit. Susie participated in the cessation program offered at Gettysburg Hospital. Today, Susie has been smoke free for four months and con-

tinues to thank the two facilitators who finally gave her the knowledge and will power to quit for good and dramatically better her health.

Surveillance & Evaluation

A surveillance and evaluation system monitors program accountability for state policymakers and others responsible for fiscal oversight. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time.

Schuylkill, Snyder, Columbia, Montour, Northumberland, and Union Counties have developed an evaluation tool for their tobacco prevention and cessation programs. The Panel Tobacco User Survey is conducted to help determine the baseline needs of tobacco users and the level of health-care professional response to address tobacco use. They found that the majority of healthcare professionals do not intervene with tobacco users. Secondly, they found that most tobacco users have tried to quit using a nicotine replacement therapy, but less than two percent have engaged in counseling. This finding is meaningful in that most tobacco users try to quit, fail, and do not use best practice approaches.

Administration & Management

An effective tobacco control program requires a strong management structure to facilitate coordination of program components, involvement of multiple State agencies (e.g., health, education, and law enforcement) and levels of local government, and partnership with statewide voluntary health organizations and community groups. In addition, administration and management systems are required to prepare and implement contracts and provide fiscal and program monitoring.

Statewide Programs

Pennsylvania Alliance to Control Tobacco

The Pennsylvania Alliance to Control Tobacco (PACT) is a statewide coalition focused on grassroots public policy and advocacy. The mission of PACT is to strengthen tobacco control laws in Pennsylvania, provide education about the dangers of tobacco, and reduce tobacco use through statewide grassroots advocacy. PACT staff provides Pennsylvania's local tobacco control coalitions with education, training and support in public policy initiatives.

Clarion University

BUSTED! is Pennsylvania's official youth anti-tobacco movement. Created in 2001, the goal of PA BUSTED! is to aid teens in taking steps to stop the manipulation of Big Tobacco on today's youth. A statewide organization made up of students, adults, and teachers, BUSTED! is devoted to helping teens live healthy, tobacco free lives.

Center for Minority Health

Established in 1994, the Center for Minority Health (CMH) is dedicated to "The Elimination of Racial and Ethnic Disparities in Health, by 2010." In the Schools of Health Sciences at the University of Pittsburgh, the Center for Minority Health has taken the lead in coordinating the academic, research and service activities of members of the faculty and students who deal with issues of relevance to minority health. The CMH values include social justice, individual autonomy, equality of opportunity and community participation.

American Cancer Society

In 2002, the Pennsylvania Department of Health and the American Cancer Society launched the Free Quitline

for smokers interested in smoking cessation support. The Quitline, which operates 24 hours a day, seven days a week, is staffed by clinically trained counselors and provides counseling and structured assistance for individuals who are committed to quitting.

AHEC/American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is made up of over 60,000 pediatricians committed to the attainment of optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults.

The Pennsylvania chapter of AAP administers the Clean Air for Healthy Children program, which is funded by the PA Department of Health. Clean Air for Healthy Children is a smoking cessation counseling training program primarily targeted to healthcare professionals that care for pregnant women, mothers and caregivers of young children, and teens.

The goals of the Clean Air for Healthy Children program are to (1) increase the number of clinicians who routinely counsel smokers to quit; (2) increase cessation attempts and rates by pregnant women, mothers and caregivers of young children, and teens who smoke; and (3) reduce the proportion of children who are regularly exposed to tobacco smoke

pollution in their home.

Philadelphia Health Management Corporation

Philadelphia Health Management Corporation is a non-profit, public health organization committed to improving the health of the community through outreach, education, research, planning, technical assistance and direct services.

Philadelphia Health Management Corporation (PHMC) is responsible for the evaluation and related technical assistance to tobacco control programs in each of Pennsylvania's 67 counties. PHMC assists the primary contractors and service providers at each site to develop outcome measurement strategies, analyze program data and use the results for program improvement and demonstrate program accomplishments. PHMC also works with the primary contractors in each county to design and implement special studies including surveys and key informant interviews.



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