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### Title

The Pennsylvania Profile: A review of Pennsylvania's tobacco prevention and control program

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# The Pennsylvania P R O F I L E

A review of Pennsylvania's  
tobacco prevention and  
control program  
March 2003

# Acknowledgements

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# Table of Contents

<b>i</b>	Executive Summary
<b>1</b>	Introduction
<b>3</b>	Financial Climate
<b>6</b>	Political Climate
<b>11</b>	Capacity & Relationships
<b>17</b>	The Best Practices
<b>22</b>	Tobacco Control Program Goals
<b>26</b>	Disparate Populations
<b>30</b>	Program Strengths & Challenges
<b>32</b>	Resources



# Executive Summary

## Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 10-12 state tobacco control programs. The project aims to: 1) develop a comprehensive picture of a state's tobacco control program; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. It presents both quantitative and qualitative results collected in March 2003. All information presented reflects Pennsylvania's fiscal year 2003 (7/1/02-6/30/03) unless otherwise noted.

## Summary

The tobacco control program in Pennsylvania was well established due to adequate funding, political support from previous Administrations, and dedicated tobacco control professionals across the state. The passage of Act 77 of 2001, allocating all the Master Settlement monies to health initiatives, including tobacco control, provided the foundation to establish a comprehensive program. Tobacco control advocates used the CDC's *Best Practices* guidelines to model their program and have developed a statewide monitoring system to track program progress. The program does face several challenges including the uncertainty of future funding due to the state's budget crisis, a change in administration, and preemption. The significant progress the program has attained should serve as an indicator of the potential successes it will be able to achieve if a supportive environment is maintained.

## Financial Climate

Pennsylvania dedicated approximately \$53.9 million

to tobacco control in SFY 02-03, meeting 82% of the CDC's minimum recommendation for an effective tobacco control program. Community, school, statewide, and counter-marketing programs received the most funding, while cessation programs, chronic disease programs and surveillance and evaluation each received 10% of the tobacco control funding. The tobacco control funding was viewed as adequate by most of the partners, while others felt that more money was needed to reach CDC's recommendations. There was difficulty for contractors to spend their tobacco control funds within specified contract timeframes, which could possibly lead to the lapse of funding and future funding reductions. Pennsylvania's budget crisis caused some concern regarding the program's ability to sustain tobacco control funding.

## Political Climate

Pennsylvania's political climate regarding tobacco control was described as in transition and vulnerable due to the election of a new Governor and the state budget crisis. Governor Rendell provided minimal support for tobacco control during his short time in office. The Legislature had been somewhat supportive of tobacco control in the past but now were distracted by other competing priorities. Partners had difficulty identifying strong political champions supporting tobacco control and felt this was a challenge for the program. The tobacco industry had a strong presence in the state and had been somewhat successful in inhibiting the tobacco control program. Partners felt that preemption was a major barrier to the program. The use of front groups and lobbying efforts were identified as prominent strategies implemented by the industry. The MSA and the passage of Act 77 were the two political events that impacted tobacco control significantly in the past few years.

## Capacity & Relationships

Partners felt they received a lot of support for their tobacco control efforts from their agencies' leadership as well as from other partner agencies. Organizational characteristics that facilitated partners' tobacco control efforts included their internal communication, availability of physical resources, and the organizational structure of their agencies. The Department of Health Division of Tobacco Prevention and Control (DOH TPC) staff was highly regarded due to their commitment and leadership, though partners felt that the DOH approval process was a challenge to the program. The tobacco control network was described as young and still needed time to grow. Partners felt more communication and collaboration would increase the effectiveness of the network.

## Best Practices

Pennsylvania's tobacco control program used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) as a model for their program, to advocate for funding, and to guide local program activities. The majority of partners were at least somewhat familiar with the BP. They believed their program was very comprehensive because it addressed all nine BP categories. Partners felt community programs and enforcement should be high priorities for their state, while statewide programs and surveillance and evaluation were viewed as lower priorities. Strengths of the BP included the emphasis of a comprehensive approach, provides recommended funding levels, and divides tobacco control into specific areas. Weaknesses of the BP were that there were too many components to address simultaneously, a lack of sufficient number of examples, and that it is interpreted literally, when it is only meant as a guide.

## Program Goals

Changing community norms and reducing tobacco consumption were seen as appropriate goals for Pennsylvania. A few partners suggested adding removing state preemption and ensuring the goals address all populations to the list. Local efforts to promote smoke-free restaurants were seen as successful activities. Reasons cited for success in this area were positive influences from other smoke-free restaurants, media exposure,

and good response to clean indoor air surveys. Efforts to enforce youth access laws were also successful due to educating and partnering with retailers and local law enforcement agencies, and having the support of a marketing campaign. Partners believed that increased staff and tobacco control experience in their agencies could help ensure meeting the priorities goals.

## Disparate Populations

The DOH TPC identified African American, Latinos, and rural poor as experiencing significant tobacco-related disparities. Partners felt prevalence data supported that these populations were high priorities for Pennsylvania. They also suggested some additions to the list including Asian Americans and immigrants. Strategies targeting disparate populations included community coalition building, statewide counter-marketing, and convening minority health conferences and summits. Partners believed the *Best Practices* were useful in bringing attention to disparate populations but not helpful in addressing them. They felt the need for examples of methods and measurements on how to address disparate populations.

## Program Strengths & Challenges

Partners identified the following strengths and challenges of Pennsylvania's tobacco control program:

- The dedication of the DOH TPC staff and their management of the program were strengths of the program.
- The allocation of adequate funding for Pennsylvania's tobacco control program was a major strength. However, partners felt that the short time the program had been in place was a challenge.
- The slow DOH approval process caused delays in implementation of tobacco control activities.
- Preemption in the clean indoor air and youth access laws prohibited Pennsylvania from enacting strong tobacco control legislation.



# Introduction

## Methods

Information about Pennsylvania's tobacco control program was obtained in the following ways: 1) a survey completed by the Pennsylvania Department of Health Division of Tobacco Prevention and Control (DOH TPC) that provided background information about the program; and 2) key informant interviews conducted with 18 tobacco control partners in Pennsylvania. The DOH TPC was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Each partner participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. The interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews:

- PA Department of Health Division of Tobacco Prevention and Control
- Allegheny County Health Department
- Allentown Health Bureau
- American Cancer Society
- American Lung Association
- Bensalem Township Police Department
- Center for Minority Health, University of Pittsburgh
- Center for Tobacco Research and Treatment
- Clarion University of Pennsylvania
- Clinical Outcomes Group
- Coalition for a Smoke-Free Valley
- Council on Chemical Abuse, Inc.

- Erie County Health Department
- Erie County Tobacco Coalition
- KIT Solutions, Inc.
- PA Alliance to Control Tobacco
- The Neiman Group
- York City Bureau of Health

Results of this Profile are based on an extensive content analysis of qualitative data as well as statistical analysis of quantitative data.

## Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

## Rationale for Specific Components

### *Area 1: Facilitating Conditions*

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on the tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by the state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of the tobacco control partners and the inter-agency relationships are also important characteristics to evaluate. While states can have adequate funding and political support,

if the partners' capacity and the cohesiveness of tobacco control network are not evident then the success of the program could be impaired.

**Area 2: Planning**

Tobacco control professionals have a variety of resources available to them. Partners may find it helpful to learn what resources their colleagues are utilizing. The *CDC Best Practices for Comprehensive Tobacco Control Programs (BP)* is evaluated extensively due to its prominent role as the planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

**Area 3: Activities**

Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state's top two priority programmatic or policy goals for the current fiscal year

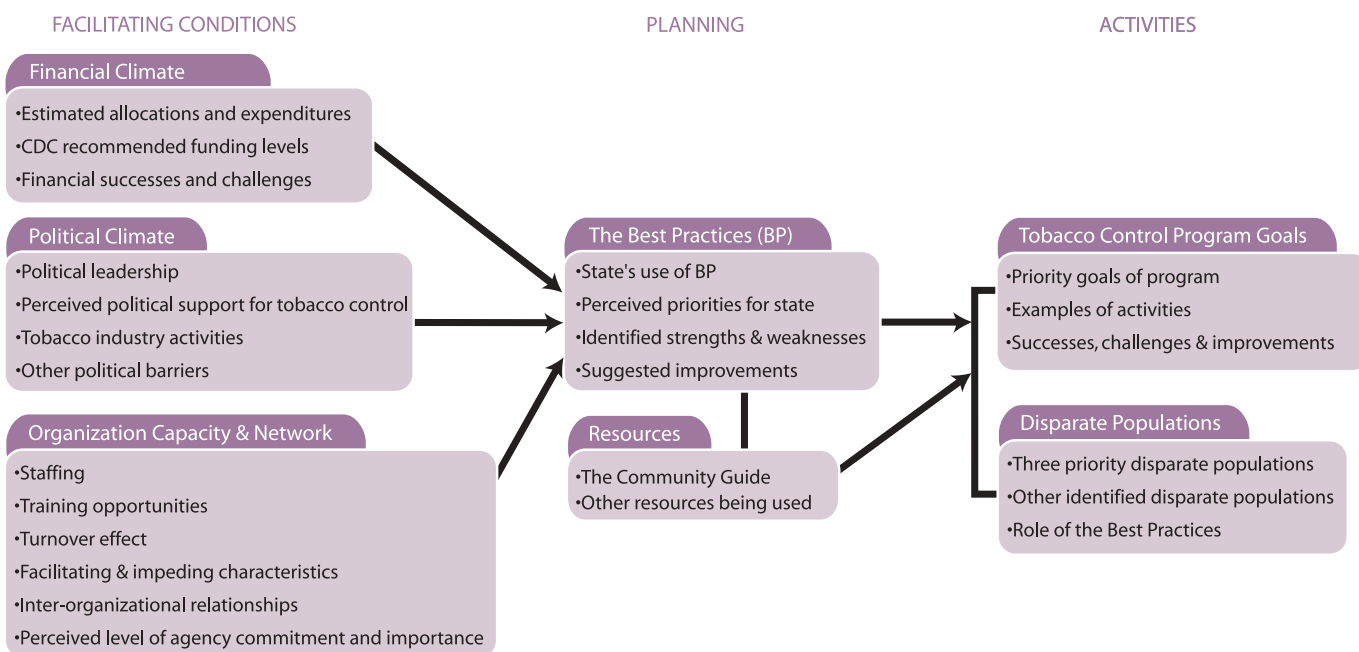
(e.g. passing clean indoor air legislation, implementing cessation programs) and the emphasis on disparate populations (e.g. identification and addressing disparate populations). cessation programs) and the emphasis on disparate populations (e.g. identification and addressing disparate populations).

**Additional Information**

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

Inquiries and requests should be directed to the project director, Dr. Douglas Luke, at (314) 977-8108 or at [dluke@slu.edu](mailto:dluke@slu.edu) or the project manager, Nancy Mueller, at (314) 977-4027 or at [mueller@slu.edu](mailto:mueller@slu.edu).

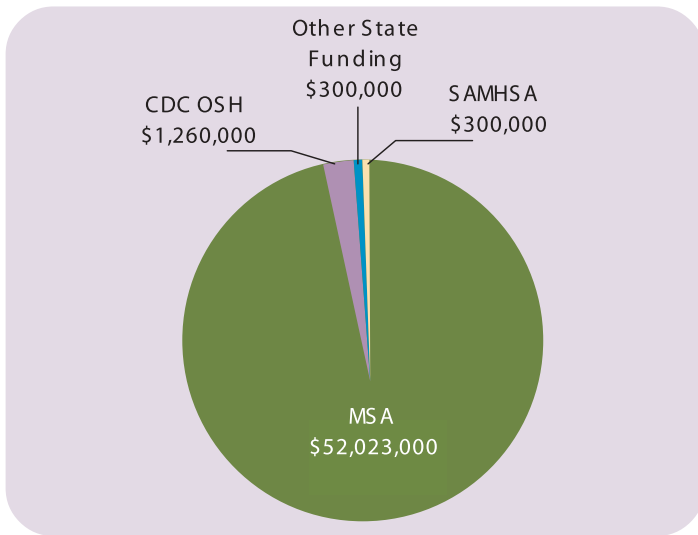
**The Best Practices Project Conceptual Framework**





# Financial Climate

Tobacco control funding sources, SFY 02-03



CDC funding recommendations & DOH TPC estimated expenditures, SFY 02-03

Best Practices Category	CDC Lower Recommendation	Estimated Expenditures	Status (+/-) <sup>a</sup>
Cessation Programs	\$13,606,000	\$5,388,300	-
Counter-Marketing	\$12,020,000	\$8,082,450	-
Community Programs	\$9,264,000	\$8,082,450	-
School Programs	\$9,004,000	\$8,082,450	-
Surveillance & Evaluation	\$5,702,000	\$5,388,300	-
Enforcement	\$5,323,000	\$2,694,150	-
Statewide Programs	\$4,808,000	\$8,082,450	+
Chronic Disease Programs	\$2,990,000	\$5,388,300	+
Administration & Management	\$2,851,000	\$2,694,150	-
<b>Total</b>	<b>\$65,568,000</b>	<b>\$53,883,000</b>	-

<sup>a</sup>(-) = below CDC recommendation  
(+) = meets CDC recommendation

## Section Highlights

- ▶ Pennsylvania dedicated approximately \$53.9 million to tobacco control in SFY 02-03, meeting 82% of the CDC's minimum recommendation for an effective tobacco control program.
- ▶ Community, school, statewide, and counter-marketing programs received the most funding, while cessation programs, chronic disease programs and surveillance and evaluation each received 10% of the tobacco control funding.
- ▶ The tobacco control funding was viewed as adequate by most of the partners, while others felt that more money was needed to reach CDC's recommended funding levels.
- ▶ A challenge for contractors was being able to spend their funding in a timely manner so funding would not lapse.
- ▶ Pennsylvania's budget crisis caused some concern regarding the program's ability to sustain tobacco control funding.

## Master Settlement Agreement (MSA) Funding

The Tobacco Settlement Act (Act 77) of 2001 was signed into law by former Governor Tom Ridge. Under this act all the MSA monies were allocated to health initiatives, with 12% earmarked to tobacco control and prevention. An Advisory Board to oversee tobacco control spending was also instituted under this Act.

## SFY 2002-2003 Funding

In SFY 02-03, Pennsylvania dedicated approximately \$53.9 million (\$4.37 per capita) to tobacco control, meeting 82% of the CDC's

minimum recommendation for an effective tobacco control program in Pennsylvania. The main source of funding, approximately \$52 million (88%), was received from the Master Settlement Agreement. The remaining tobacco funding came from the CDC Office on Smoking and Health, SAMHSA, and other state funding.

According to the DOH TPC’s estimated expenditures for SFY 02-03, community, school, statewide, and counter-marketing programs all received the highest funding at 15% each. While cessation programs, chronic disease programs, and surveillance and evaluation each received 10% of the tobacco control funding, administration and management and enforcement only received 5%. When comparing these estimated expenditures to the CDC’s funding allocation recommendations, Pennsylvania met or exceeded the recommendations for both statewide and chronic disease programs.

**Successes & Challenges**

The following influences on the financial climate of tobacco control were identified:

*Dedication of settlement dollars to health initiatives*

The passage of Act 77, which allocated all the MSA funds to health initiatives, including tobacco control, was viewed as a major financial success. Partners commented that this allocation greatly increased their resources and that prior to this funding they did not have a coordinated tobacco program.

We’re very fortunate that we had a Governor that earmarked MSA money to compensate for health issues that has been incurred by that. I’d say that was probably the biggest and most dramatic impact on tobacco control.

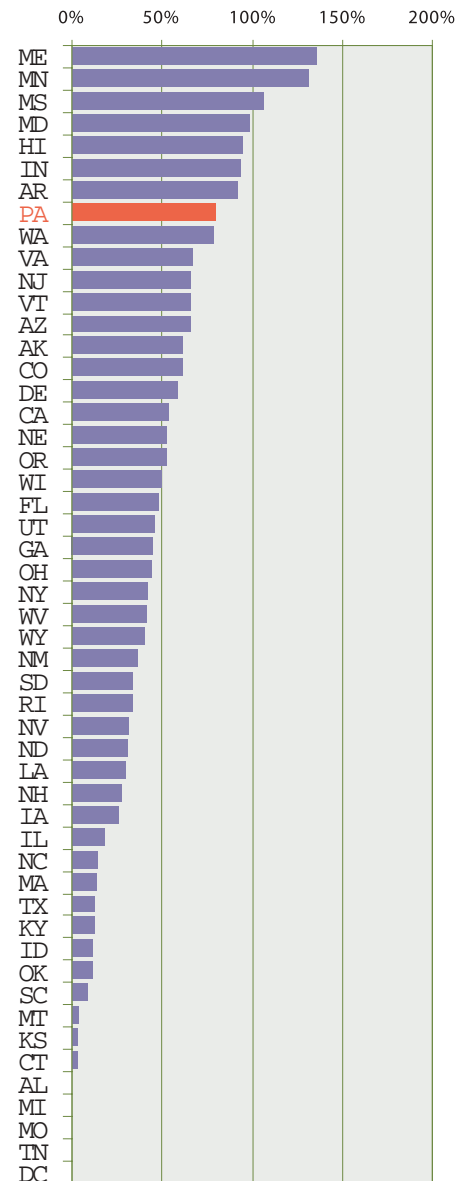
*Tobacco Control Program Funding*

Many partners felt that the current levels of state funding were adequate for the tobacco program. Some believed that the level of funding was the biggest strength of the program.

The biggest strength of Pennsylvania’s tobacco control program is that they’ve put so much money and attention to it. I think the surge of activity and energy and monies going in the right direction will definitely lead to positive results.

Still some partners believed more money was needed to create a fully comprehensive program.

**Where does Pennsylvania rank?**  
The percentage of CDC lower estimate funding allocated for tobacco control in FY 2003



Cigarette excise tax rates  
2003

State	Excise Tax
CT	\$1.510
MA	\$1.510
NJ	\$1.500
NY	\$1.500
RI	\$1.500
WA	\$1.425
HI	\$1.300
OR	\$1.280
MI	\$1.250
VT	\$1.190
AZ	\$1.180
AK	\$1.000
DC	\$1.000
MD	\$1.000
ME	\$1.000
PA	\$1.000
IL	\$0.980
NM	\$0.910
CA	\$0.870
KS	\$0.790
WI	\$0.770
UT	\$0.695
NE	\$0.640
WY	\$0.600
IN	\$0.555
OH	\$0.550
WV	\$0.550
SD	\$0.530
NH	\$0.520
MN	\$0.480
ND	\$0.440
TX	\$0.410
IA	\$0.360
LA	\$0.360
NV	\$0.350
AR	\$0.340
FL	\$0.339
ID	\$0.280
DE	\$0.240
OK	\$0.230
CO	\$0.200
TN	\$0.200
MS	\$0.180
MT	\$0.180
MO	\$0.170
AL	\$0.165
GA	\$0.120
SC	\$0.070
NC	\$0.050
KY	\$0.030
VA	\$0.025

Pennsylvania, even given their commitment, they're still not reaching the recommended level of funding by CDC's *Best Practices*. Well they're not reaching that per capita. But at least they are making a try there.

Partners noted there was difficulty for contractors to spend their tobacco control funds within specified contract timeframes. They were concerned that this delay would result in the funding lapsing and the possibility of future funding reductions.

My observation would be that a lot of counties have had trouble spending the money...in some cases it's because of the inexperience of the primary contractor at doing tobacco or the experience of the people they hire to do it. But that is only part of this picture. A bigger part of it is probably the fact that there's nobody to subcontract with.

We're trying to spend it [money] all, if we can, and I hear other contractors have difficulty getting things approved, you know, like the health department tells us we need to spend this money...but they want us to be able to fit into those statewide programs, but then they're not helping us to be able to spend our money in terms of approving things.

*Budget crisis*

Pennsylvania's current budget deficit of over \$2 billion dollars caused concerned among partners regarding the ability to sustain funding for tobacco control efforts. They mentioned Governor Rendell had already taken some tobacco settlement funds from the Endowment, but that had not yet directly impacted the tobacco control program.

I am concerned about that [the budget crisis]. Looking at what has happened in other states, and looking at how they are facing financial crises at this point, I do have concerns because it's not a guarantee that the money will continue to be earmarked in this way.

**Suggested Approaches**

1. Work to increase the capacity of the contractors and timely disbursement of funding by DOH TPC to protect current funding levels.
2. Advocate for maintaining current funding levels by:
  - a. Educating the Governor and Legislature about the impact of the tobacco control program has had on tobacco use in Pennsylvania.
  - b. Identifying and encouraging tobacco control champions to publicly support the program and its funding level.



# Political Climate

## Section Highlights

- ▶ Pennsylvania's political climate regarding tobacco control was described as in transition and vulnerable due the election of a new Governor and the state budget crisis.
- ▶ Governor Rendell was viewed as providing minimal support for tobacco control during his short time in office.
- ▶ The Legislature had been somewhat supportive of tobacco control in the past but were distracted by other competing priorities.
- ▶ Partners had difficulty identifying strong political champions supporting tobacco control and felt this was a challenge for the program.
- ▶ The tobacco industry had a strong presence in the state and had been somewhat successful in inhibiting the tobacco control program.
- ▶ The use of front groups and lobbying efforts were identified as prominent strategies implemented by the industry.
- ▶ Preemption was identified as a major barrier to the program.
- ▶ The MSA and the passage of Act 77 were the two political events that impacted tobacco control significantly in Pennsylvania in the past few years.

**Pennsylvania's political composition,  
2003 legislative session**

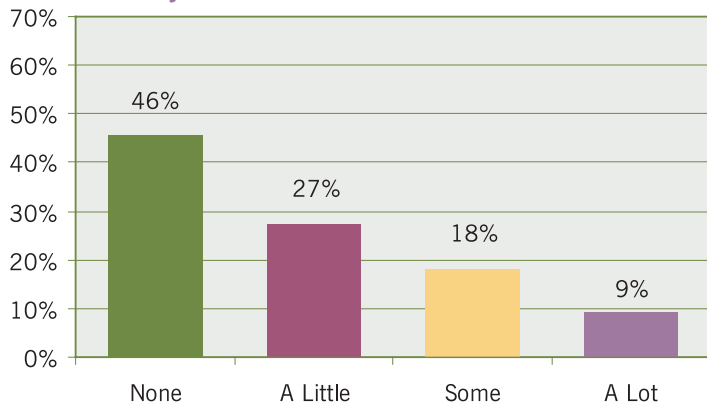
Governor Edward G. Rendell	Democrat
Attorney General Michael Fisher	Republican
<i>Senate</i> President Pro Tempore Robert Jublier	Republican
Party Breakdown	29 Republicans 21 Democrats
<i>House of Representatives</i> Speaker Matthew Ryan	Republican
Party Breakdown	109 Republicans 94 Democrats

## Political Climate

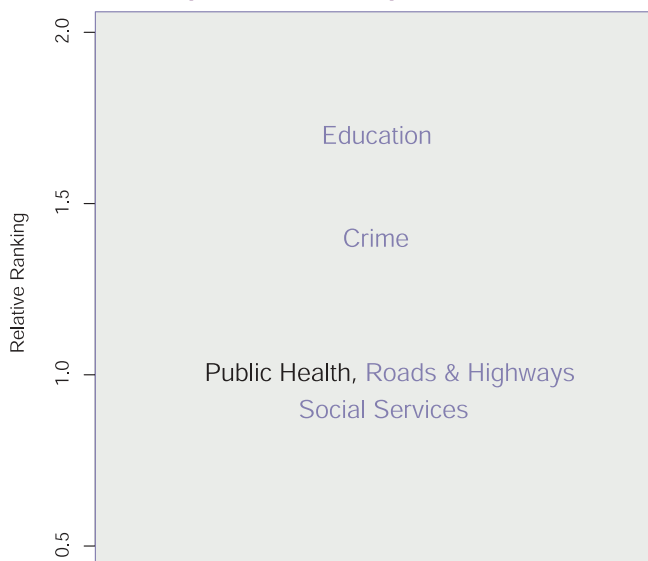
In January 2003, Democrat Edward G. Rendell became Governor of Pennsylvania, while Republicans were the majority party in the State Legislature. The political climate in Pennsylvania was described as being transitional and vulnerable due to

## Political Climate

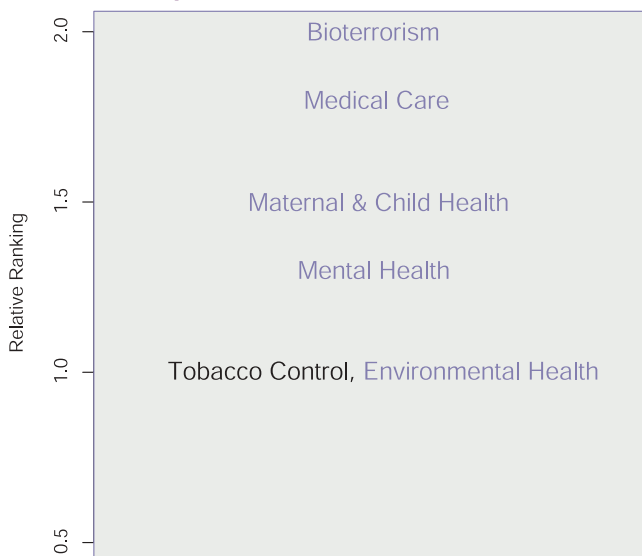
How much support for tobacco control do you receive from Governor Rendell?



Perceptions of Governor Rendell's prioritization of public health



Perceptions of Governor Rendell's prioritization of tobacco control



the election of a new Governor and the state's budget crisis.

I think it's [political climate] vulnerable right now...Everybody is holding their breath and waiting to see exactly what falls out from this year's budget, which I think we have a pretty good sense of now, and then what falls out of the next round for next year because the budget problem isn't going to be resolved after this calendar year.

The climate is one of change because we have a new Governor and a heck of a budget crunch...I think the Governor hasn't tipped his hand completely as to where he is on tobacco control.

### Political Support for Tobacco Control and Public Health

Nearly three-quarters of the partners felt that Governor Rendell had provided very little or no support for tobacco control during his short time in office. Many cited that it was too early to tell how supportive the Governor would be. His decision to use future MSA funds to balance the budget was viewed as a sign that tobacco control would not be a high priority for him given the state's difficult financial climate. Education and crime were seen as higher priorities than public health and tobacco control was viewed as a low priority along with environmental health when compared to other public health issues for the Governor.

Most partners (65%) felt that the Legislature had been somewhat supportive of tobacco control, although they were distracted by other competing priorities. In addition a few felt that there was a lack of understanding or interest by legislators about the benefits of tobacco control and the problem of tobacco use in the state.

I'd say tobacco control is important, but it's not important enough to really overshadow other issues.

One [barrier] would be negative attitudes on the part of many community members and politicians in regards to it [tobacco control]... It's not a high priority...it's the attitude that tobacco doesn't really bother anybody; secondhand smoke isn't a big deal.

### Tobacco Control Champions

Partners had difficulty identifying strong political champions supporting tobacco control. Many felt that this was a challenge for the tobacco control program.

I think that's [lack of champions] probably a weakness. I'm not sure that there are clearly identified champions that are always there for us. I think that it kind of comes and goes...

However, several tobacco control organizations were identified as strong leaders for the program, including the American Cancer Society, American Lung Association, American Heart Association, and the statewide coalition, Pennsylvania Alliance to Control Tobacco (PACT).

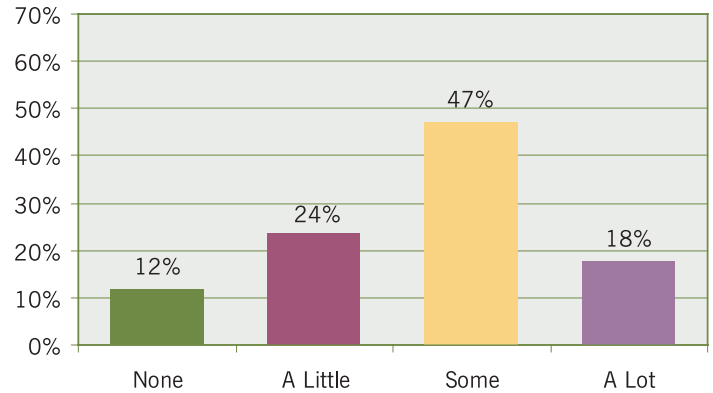
Definitely PACT because they're statewide and able to lobby...they're directed to change the environment by eliminating clean indoor air preemption as well as raising taxes on tobacco products.

### Political Barriers

The tobacco industry had a strong presence in Pennsylvania, a tobacco-growing state. Partners felt the industry had been somewhat successful in inhibiting the success of the tobacco control program.

The tobacco industry are very successful. One thing they do that we don't do is they pay money. We are trying to make a case with data and persuasion, and mobilize mass action. The tobacco lobbyist walks in and is able to actually contribute to a campaign.

How much support for tobacco control do you receive from the Legislature?



U.S. Harvested Tobacco Acres, 2002

State	Harvested acres
NC	169,500
KY	112,300
TN	35,900
SC	31,000
VA	30,760
GA	27,000
OH	6,100
FL	4,800
IN	4,200
PA	3,400
CT	1,950
WI	1,800
MD	1,700
WV	1,400
MO	1,300
MA	1,200

Policy Watch: SCLD Ratings

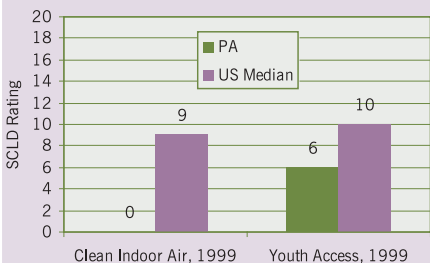
Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI's State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressed enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

Pennsylvania's clean indoor air legislation was reduced due to preemption and is well below the national median. The legislation preempts all local communities except for Philadelphia from passing smoke free ordinances. The most current rating available for youth access is from 1999, which does not take into account the recent passage of Act 112. The score would be reduced due to the inclusion of preemption in the new legislation.

Pennsylvania's ratings

Clean Indoor Air: 0
Youth Access: 6



Preemption in both the clean indoor air and youth access laws was identified as a major barrier to the program. Many partners felt the Legislature was influenced by the tobacco industry regarding the passage of Act 112, the youth access law which included preemption.

I believe the last piece of legislation that was passed, Act 112, which is regarding youth access was probably weighed in favor of the retailers and I believe that was due to the influence by the tobacco industry with merchant associations. They were really the ones that crafted the legislation.

Other prominent strategies the tobacco industry had implemented in the state included the use of front groups (particularly the Food Merchants, Hospitality, and Tavern Associations), and lobbying efforts.

I'd have to say a pretty strong presence, maybe through themselves, but then also through their affiliation with the Merchant's Association, with the Restaurant Association, and with the Tavern Association... Each time issues were coming up about the youth access law, the Merchant's Association was speaking rhetoric that you would typically hear from the tobacco industry.

Significant Event

The most significant political events that had a major impact on tobacco control in Pennsylvania were the MSA and the subsequent passage of Act 77 in 2001. The Act appropriated all the MSA funding to health initiatives including tobacco control.

I'd say the biggest and most dramatic impact on tobacco control was the Settlement and our [previous] Governor's decision on how to allocate those dollars.

Suggested Approaches

- 1. Work to strengthen the relationship with Governor Rendell to increase his support of tobacco control and heighten its priority on his political agenda.
2. Continue to improve relationships with legislators to gain political champions for tobacco control in the State government.
3. Continue to garner grassroots and state-level support for overturning preemption.

# Capacity & Relationships

## Section Highlights

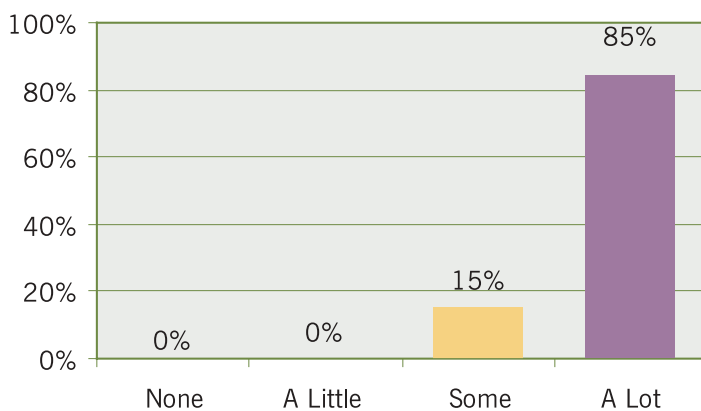
- ▶ Most partners felt they received a lot of support for their tobacco control efforts from their agencies' leadership as well as from other partner agencies.
- ▶ Partners felt more staff would improve their agencies' tobacco control efforts.
- ▶ The DOH TPC staff was highly regarded due to their commitment and leadership.
- ▶ Partners felt the DOH approval process was a challenge to the program.
- ▶ The tobacco control network was described as young and still needed time to grow.
- ▶ The Pennsylvania Alliance to Control Tobacco (PACT) was a leader in the state's tobacco control efforts.
- ▶ Partners felt more communication and collaboration would increase the effectiveness of the network.

## Organizational Capacity

Partners identified a number of characteristics that influenced their tobacco control efforts. The large majority felt that they received a lot of support for their tobacco control efforts from their agencies' leadership as well as from other partner agencies. Several characteristics were mentioned as facilitating their efforts including the internal communication network, availability of resources (*e.g.* computers, office space), and the organizational structure of their agencies.

More than half of the partners reported that their staffing level was at least moderately adequate, however, several felt that more staff

How much support for tobacco control do you receive from your agency leadership?



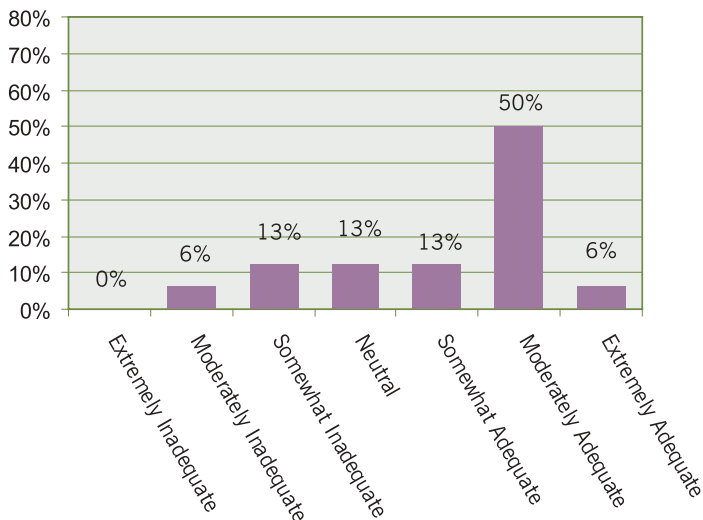


## Capacity & Relationships

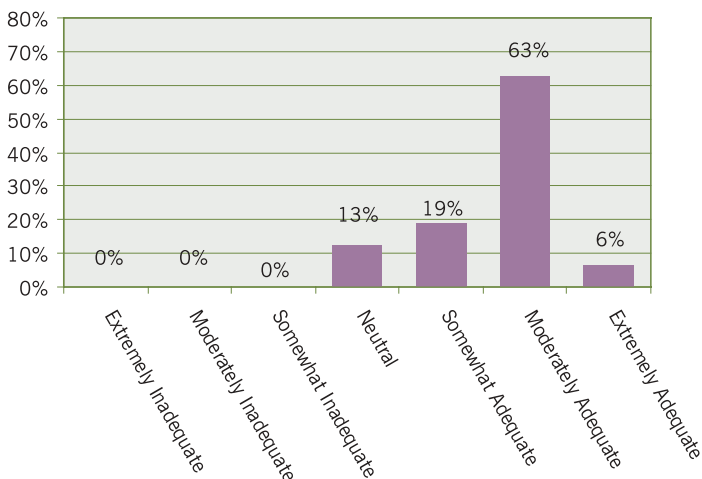
How does each of the following characteristics affect your agency's tobacco control program?

Organizational Characteristic	Helps	Hurts	Both	Neither
Internal communication network	89%	0%	6%	6%
Organizational structure of agency	72%	11%	11%	6%
Training opportunities	72%	11%	6%	11%
Internal decision-making process	72%	0%	17%	11%
Physical resources	72%	0%	17%	11%
Reporting requirements	56%	17%	22%	6%
Size of agency	53%	12%	35%	0%
Number of tobacco control staff	41%	30%	18%	12%
Staff turnover	6%	18%	6%	71%

How adequate is your tobacco control staffing level?



How adequate is your staff's tobacco control experience?



would improve their agencies' tobacco control efforts the most. Most partners (69%) also felt their staff's tobacco control experience was at least moderately adequate. Partners did not feel staff turnover was a problem for their agencies.

Are we getting everything done that we could be doing with the staffing level that we have? I'd have to say certainly. Would more staff help me get more done? I'd have to say definitely. Just knowing what the three people that are working on this more than fifty percent of their time are able to get done, if you have the right people, then even more could get done.

In the past year, partners attended a variety of tobacco control trainings. State and regional level trainings were most commonly attended. Most partners felt that the trainings they attended were at least moderately adequate.

### Perceptions of the DOH TPC

Many partners highly regarded the staff at DOH TPC and described them as committed, insightful, creative, bright and passionate. In particular, partners were very positive about Judy Ochs, the DOH TPC program director, due to her leadership and comprehensive approach to tobacco control efforts throughout the state.

I think the Pennsylvania Department of Health, Tobacco Control division really is a major force in tobacco control in Pennsylvania. I think they have an effective group of dedicated individuals to move the agenda forward.

They [DOH TPC] have a tremendously dedicated staff. You can talk about Judy Ochs and the leadership that she's brought and recognizing that the tobacco issue needs to be approached not in a narrow way, but in a broad way, and integrating tobacco control in other programs within the county health department. I think that's the kind of approach that we need.

Partners also praised the DOH TPC's project officers. Every primary contractor was assigned

a project officer who provided assistance and resources. Partners felt the officers provided leadership and facilitated communication between the contractors and the Department of Health.

I would say the characteristic [of the state DOH] that facilitates what were doing is probably...we have gotten a lot of help and success with our project officer.

Several partners identified the DOH approval process as a challenge for the program. The slow approval time for programs and materials was thought to be a hindrance to their day-to-day activities. They understood that this was due to the bureaucracy of DOH and mentioned that DOH TPC was working to improve the process.

I think the people who we've worked with at the Department of Health are very committed. They really mean to do the right things, but I think the state bureaucracy that is partially the Department of Health and partially the way the state does things is very difficult to navigate through and impedes progress. It's not the people and their intent; it is more the processes that go on there.

I'm happy that the process for getting things approved through the state is going to change because that was a delay in getting things implemented. It is going to be a quicker process for things that are pretty much safe to do.

Some partners were concerned about the vacant Secretary of Health position at the time of the interviews. Partners felt the previous Secretary of Health, Robert S. Zimmerman, was committed to tobacco control and they were waiting to see if tobacco would be as much of a priority for the new Secretary. (Note: In July 2003, the Senate confirmed the Governor's appointment of Dr. Calvin B. Johnson to serve as Secretary of Health. Dr. Johnson holds both a medical degree and master's degree in public health.)

### Tobacco Control Network

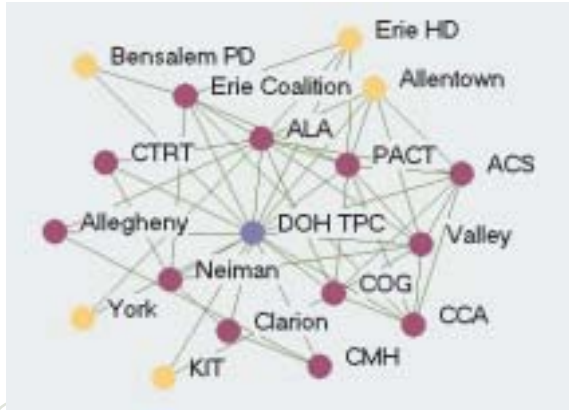
Eighteen tobacco control partners were identified as core members of Pennsylvania's tobacco

### Partners of Pennsylvania's tobacco control network

Agency	Abbreviation	Agency Type
Pennsylvania Department of Health	• DOH TPC	• Lead agency
American Cancer Society	• ACS	• Voluntary
American Lung Association	• ALA	• Voluntary
Pennsylvania Alliance to Control Tobacco	• PACT	• Statewide Coalition
Coalition for a Smoke-Free Valley	• Valley	• Regional Coalition
Erie County Tobacco Coalition	• Erie Coalition	• Regional Coalition
Center for Minority Health, University of Pittsburgh	• CMH	• Contractor
Clarion University of Pennsylvania	• Clarion	• Contractor
Kit Solutions, Inc.	• KIT	• Contractor
The Neiman Group	• Neiman	• Counter-marketing
Clinical Outcomes Group	• COG	• Contractor
Council on Chemical Abuse, Inc.	• CCA	• Contractor
York City Bureau of Health	• York	• Contractor
Allegheny County Health Department	• Allegheny	• Contractor
Allentown Health Bureau	• Allentown	• Contractor
Bensalem Township Police Department	• Bensalem PD	• Contractor
Erie County Health Department	• Erie HD	• Contractor
Center for Tobacco Research and Treatment	• CTRT	• Contractor

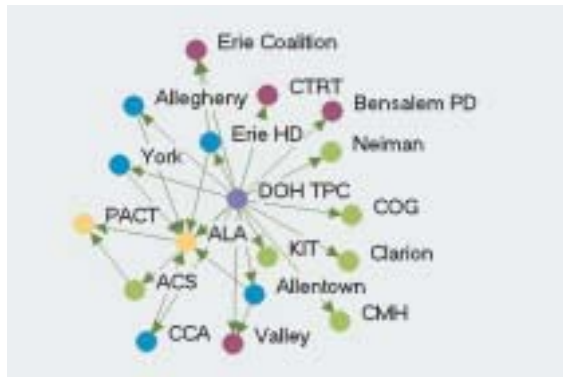
## Capacity & Relationships

### Monthly contact among network partners



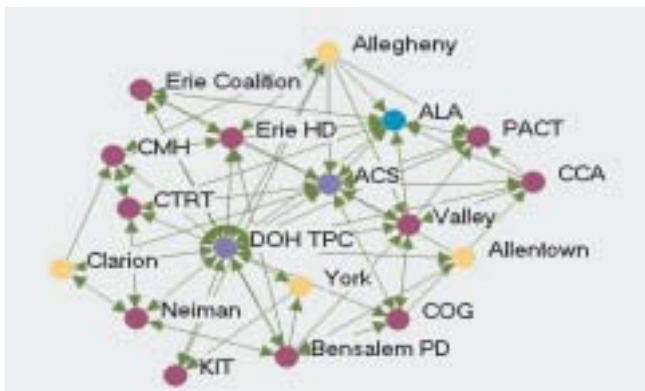
- High control over communication
- Moderate control over communication
- Relatively high control over communication
- Low control over communication

### Money flow among network partners



- Highly influences others
- Influenced by others
- Influences others
- Highly influenced by others
- Neutral influence

### Productive relationships among network partners



- Many very productive relationships
- Some very productive relationships
- Several very productive relationships
- Few very productive relationships

control program and were invited to participate in the interviews. Contractors made up the majority on the list of agencies, along with coalitions and voluntary agencies.

### Contact Frequency

In the adjacent figure, a line connects two partners who had contact with each other *at least* once a month. Due to the large number of contractors, Pennsylvania had a centralized communication structure where members of the network frequently had contact with DOH TPC and less frequent contact with other agencies. The peripheral agencies (indicated by the yellow dots) had infrequent contact with other agencies and the least control over information flow.

### Money Flow

In the adjacent graph, an arrow indicates the direction of money flow between two partners. Overall, money flowed from DOH TPC to its contractors and regional coalitions, reflective of its role as the fiscal oversight agent. Therefore, DOH TPC had the largest financial influence over the network. Several partners sent money to ALA through contracts; therefore others financially influenced ALA in the network.

### Productive Relationships

A directional arrow (A→B) indicates that Partner A had a *very* productive relationship with Partner B. A bi-directional arrow (A↔B) indicates that both partners agreed that their relationship was very productive. Two agencies, DOH TPC and ACS, had many highly productive relationships with others in the network, while ALA had several productive relationships with others. However, several other agencies had relatively fewer productive relationships. These tended to be contractors who had more of a narrow role in the tobacco control program.

### Perceived Effectiveness of Network

Partners felt the tobacco control network was

effective, but it was also young and still growing. Many partners recognized that the network could be stronger, with increased collaboration and communication. They also felt a statewide agenda needed to be supported.

I think it [the network] is gaining strength. I understand some of the individuals have been doing it for several years, but I also know several are brand new. I think there is an excitement being generated and I think that they are helpful.

I think it's [the network] somewhat effective. There's a lot of room to grow and it will take some time. I think there are a lot of different groups that believe that they should just be left alone to solve their local problems in a vacuum. However, a lot of the problems are needing to be addressed in a statewide way.

**Coalitions**

Pennsylvania's statewide coalition, Pennsylvania Alliance to Control Tobacco (PACT), was considered to be a leader in the state's tobacco control efforts. Partners felt the coalition had been successful in organizing themselves and bringing in diverse groups. They were effective in their advocacy efforts and some partners felt that they would impact the tobacco control landscape in Pennsylvania in a positive way.

I think they're [PACT] very effective. They're doing a lot of the advocacy and the homework and things that they can do at their level that we can't do at a local level. With our state contracts we're not allowed to lobby or do anything like that so it's nice to have PACT to be able to do that for us.

**Agency Importance & Commitment**

Partners were asked to rate each agency's level of importance for an effective tobacco control program and its level of commitment to tobacco control. The DOH TPC, PACT, and Allentown Health Bureau were consistently

**Agency rating of importance to the program & commitment to tobacco control**

Importance to the program <sup>a</sup>		Commitment to tobacco control <sup>b</sup>	
Agency	Avg. rating <sup>c</sup>	Agency	Avg. rating <sup>c</sup>
Pennsylvania Department of Health	9.8	Pennsylvania Department of Health	10.0
Pennsylvania Alliance to Control Tobacco	8.8	Pennsylvania Alliance to Control Tobacco	9.9
Allentown Health Bureau	8.8	Coalition for a Smoke-Free Valley	9.9
American Lung Association	8.7	Allentown Health Bureau	9.6
American Cancer Society	8.6	Erie County Tobacco Coaliton	9.4
Allegheny County Health Department	8.3	Allegheny County Health Department	9.4
York City Bureau of Health	8.2	Erie County Health Department	9.4
Center for Minority Health, School of Public Health, U. Of Pittsburgh	8.1	Bensalem Township Police Department	9.3
KIT Solutions, Inc.	8.0	Center for Tobacco Research and Treatment	9.2
Bensalem Township Police Department	8.0	American Cancer Society	9.1
Erie County Health Department	8.0	Council on Chemical Abuse, Inc.	9.0
Coalition for a Smoke-Free Valley	7.6	York City Bureau of Health	9.0
The Neiman Group	7.6	American Lung Association	8.9
Center for Tobacco Research and Treatment	7.6	Clarion University of Pennsylvania	8.8
Council on Chemical Abuse, Inc.	7.5	Clinical Outcomes Group	8.8
Erie County Tobacco Coalition	7.4	Center for Minority Health, School of Public Health, U. of Pittsburgh	8.6
Clinical Outcomes Group	7.4	KIT Solutions, Inc.	8.2
Clarion University of Pennsylvania	7.1	The Neiman Group	8.1

<sup>a</sup> How would you rate the importance of each agency for an effective tobacco control program in your state?  
<sup>b</sup> How would you rate the level of commitment to tobacco control for each of the following agencies in your state?  
<sup>c</sup> 10 = high; 1 = low

rated high in both areas. Clinical Outcomes Group and Clarion University of Pennsylvania were ranked lower for both areas possibly due to their more focused role in program.

### Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network, including:

- Improve collaboration and communication throughout the network through a central database that allows partners access to tobacco control activities throughout the state
- Obtain more support from the local level for a statewide agenda
- Include new and diverse partners

#### Suggested Approaches

1. Continue working to improve DOH TPC's approval process.
2. Work to incorporate partners' suggestions for improvement listed above.



# The Best Practices

## Best Practices category definitions

**Community programs** – local educational and policy activities, often carried out by community coalitions

**Chronic disease programs** – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

**School programs** – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

**Enforcement** – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

**Statewide programs** – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

**Counter-marketing programs** – activities that counter pro-tobacco influences and increase pro-health messages

**Cessation programs** – activities that help individuals quit using tobacco

**Surveillance & evaluation** – the monitoring of tobacco-related outcomes and the success of tobacco control activities

**Administration & management** – the coordination of the program, including its relationship with partners and fiscal oversight

## Section Highlights

- ▶ Pennsylvania used the BP as a model for their program, to advocate for funding, and to guide local program activities.
- ▶ The majority of partners were at least somewhat familiar with the BP. They felt the tobacco control program was comprehensive because it addressed all nine BP categories.
- ▶ Partners felt community programs and enforcement should be high priorities for their state, while statewide programs and surveillance and evaluation were viewed as lower priorities.
- ▶ Strengths of the BP included the emphasis of a comprehensive approach, provides funding recommendations, and divides tobacco control into specific areas.
- ▶ Weaknesses of the BP were that there were too many components to address simultaneously, a lack of sufficient number of examples, and that it is interpreted literally, when it is only meant as a guide.

## The Best Practices

Pennsylvania's tobacco control advocates used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) to lobby the Legislature for tobacco control funding and as a model for their program, which provided budgetary and local program activity guidance. The DOH TPC ensured the BP categories were addressed locally by holding contractors accountable for their implementation. They required that proposals and grant applications incorporate all of the BP categories. Finally, the deliverables that local programs were required to meet were

**Best Practices ranking & DOH TPC  
estimated budget allocations, SFY 02-03**

BP Category	Mean Rank <sup>a</sup>	Budget %
Community Programs	3.3	15
Enforcement	3.8	5
Cessation Programs	3.9	10
School Programs	3.9	15
Counter-Marketing	4.7	15
Chronic Disease Programs	4.8	10
Statewide Programs	5.0	15
Surveillance & Evaluation	6.6	10
Administration & Management	Not included <sup>b</sup>	5

<sup>a</sup> Ranking: 1 = highest priority; 8 = lowest priority  
<sup>b</sup> Not included because not mutually exclusive with the other categories

based on the BP. Partners felt the state had done well in using the BP, and believed their program to be very comprehensive because it addressed all nine of the BP categories.

I think they're [DOH TPC] very serious about using the nine Best Practices...I think they try very hard. One example of that, is that they have 47 deliverables, and those 47 are tied and categorized by the nine Best Practices.

I'd say our biggest strength is that we have the CDC's *Best Practices* as our model that we are using. That Pennsylvania has made the commitment that this will be implemented throughout every county in Pennsylvania.

The majority of partners were *at least* somewhat familiar with the BP. They felt that community programs and enforcement should be high priorities for Pennsylvania, while statewide programs and surveillance and evaluation should be lower priorities.

**High BP Priorities**

*Community programs* were ranked as a high priority for the following reasons:

- The importance of emphasizing local partnerships.

By putting the emphasis on community programs, they have to get into communities and work with community leaders.

We are strong believers that it does take a village...there is no one organization in this commonwealth that can build a comprehensive program alone. You need to partner. You must partner.

- Grassroots efforts help change policy locally and at the state level.

Because without the people in the community being apprised of the hazards of tobacco issues, they cannot take action. It's going to be a grassroots educational and community effort to both change laws at the state level and at the local level.

- Empowering communities is important.

Community programs are very important because they both educate and empower a community. They can be used to bring a very strong call to action. They can unite people and organizations around the common good.

Partners believed this was a high priority in Pennsylvania based on the high funding of community programs by the DOH TPC. Act 77 of 2001 specified that approximately 70% of the state tobacco control funds be allocated to primary contractors to establish community-based comprehensive tobacco control programs.

*Enforcement* was also ranked as a high priority. Partners felt this was an important category because it facilitates tobacco prevention, impacts youth access, and emphasizes that tobacco is a dangerous drug.

I really believe that if we can be honest about reducing the supply to youth and saying that it is a dangerous drug, then we are less likely to see kids start using at younger ages. That really offsets the problems that we might have in later years with chronic disease, smoking cessation, and such.

## Low BP Priorities

Although partners felt *surveillance and evaluation* was an important component, they ranked it as a lower priority for the following reasons:

- It supports the other activities, so it is not a low priority. But you need the other components in place to evaluate.

I don't know that I'd call it a lower priority, because through surveillance and evaluation you're going to be monitoring the success of all of these other components...But in order to have any surveillance or anything to evaluate, you need to have these other pieces in place, so that you have something to evaluate.

- The state already had a surveillance system in place. Therefore, it was time to focus on intervention.

I think those systems are in place. They're doing what they need to do. We need resources in these other areas that are actually focused on intervening, and not just counting the degree of suffering.

Partners emphasized that surveillance and evaluation was not a low priority for Pennsylvania. In fact, they felt that this component had been integrated for years. In addition, DOH TPC recently began a



web-based tobacco reporting system for contractors.

Partners also ranked *statewide programs* relatively low. They believed that local level efforts were more effective than statewide efforts and that other BP categories included statewide programs.

They're [statewide programs] not necessarily reflective of the needs of our population. And I think unless they're really brought down to a local level, I don't see them as effective as what local organizations or grassroots efforts can do at the local level.

Partners also discussed the issue of *school programs* in Pennsylvania. They felt that working with the school districts and administrators was difficult. They would like to see more collaboration with the Department of Education.

It's very difficult to work with local superintendents and principals and have them adopt Best Practice strategies to do life skills training or education within their school districts. There's a lot of disagreements back and forth. It's a lack of a county-wide plan. So we're going to 13 different school districts and doing 13 different things, and we're really beholden to the school districts...I think developing resources for us on how to overcome that, so to address it at a statewide issues [is necessary]...maybe a partnership with the Department of Education at the state level would be a statewide way to begin to address that.

### BP Funding

For SFY 02-03, the DOH TPC allocated the tobacco control funding relatively evenly among all of the BP categories (see table on page 17). Community, school, statewide, and counter-marketing programs each received 15%. Surveillance and evaluation, cessation, and chronic disease programs each received 10%. Finally, enforcement and administration and management each received 5%. Although the lowest percentage of funding was dedicated to enforcement, partners believed this category was a high priority for their program.

### BP Strengths and Weaknesses

A number of strengths of the BP were identified:

- Emphasizes a comprehensive approach
- CDC authorship provides credibility
- Provides guidance and a framework for tobacco control
- Provides examples of successful programs
- Provides useful funding recommendations
- Breaks down tobacco control into specific areas

Partners also identified weaknesses of the BP:

- Too many components to address simultaneously
- Lacks sufficient numbers of examples
- Is interpreted literally, when it was meant only as a guide

Partners suggested that the BP could be improved by including more current examples of successful programs, emphasizing that the categories must work synergistically instead of alone, and defining chronic disease programs more clearly.

I would include more examples of 'These are things that have worked in other places.' Kind of a clearinghouse of 'These are real time programs that have been effective in other places that will work in your communities, too.'

I guess the chronic disease area, to me, was a little fuzzy as to what is being suggested that you do within chronic disease programs.

### Suggested Approaches

1. Identify ways to overcome potential barriers to working with the Department of Education and improve collaboration.
2. Refer to other tobacco control resources to supplement the Best Practices. For example,
  - *The Guide to Community Preventive Services for Tobacco Use Prevention and Control* ([www.thecommunityguide.org](http://www.thecommunityguide.org))
  - *The 2000 Surgeon General's Report on Reducing Tobacco Use* ([www.cdc.gov/tobacco/sgr\\_tobacco\\_use.htm](http://www.cdc.gov/tobacco/sgr_tobacco_use.htm))
  - *The 2000 Public Health Services Clinical Cessation Guidelines* ([www.surgeongeneral.gov/tobacco/smokesum.htm](http://www.surgeongeneral.gov/tobacco/smokesum.htm))
  - Resources from national tobacco control organizations (see the Resources section on page 31).
3. Take into account the strengths, weaknesses, and areas of potential improvement to the Best Practices guidelines identified in this Profile when developing your own tobacco control resources.



# Tobacco Control Program Goals

## Section Highlights

- ▶ Changing community norms and reducing tobacco consumption were seen as appropriate goals for Pennsylvania.
- ▶ Only a few partners suggested modifications or additional goals, including removing state preemption and ensuring the goals addressed all populations.
- ▶ Local efforts to promote smoke-free restaurants were seen as successful activities addressing the goals. Reasons cited for success in this area were positive influences from other smoke-free restaurants, media exposure, and good response to clean indoor air surveys.
- ▶ Efforts to enforce youth access laws were also successful due to educating and partnering with retailers, partnering with local law enforcement agencies, and having the support of a marketing campaign.
- ▶ Partners believed that increased staff and tobacco control experience in their agencies could help ensure meeting the priorities goals.

## Top Two Goals

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For this evaluation, the DOH TPC was asked to identify their top two priority policy or programmatic goals for SFY 02-03. The two goals identified were:

- Changing community norms through state-advised, community driven systems
- Reducing consumption of tobacco products in Pennsylvania youth and adults to less than 12% by 2010

These two goals support Healthy People 2010 objectives and are documented in the DOH's Tobacco Use Prevention and Cessation *Annual Report, State Fiscal year July 1, 2001-June 30, 2002*. The goals were determined during the planning and development of Pennsylvania's implementation plan, which is based on CDC's *Best Practices* and *AHRQ Clinical Practice Guidelines*. The previous Governor's Administration, the DOH Secretary of Health, and key DOH administrative staff were actively involved in developing the state's tobacco control strategy.

Partners agreed that the two goals were appropriate priorities for Pennsylvania. They believed that changing community norms was critical because modifying perceptions helps enhance prevention and cessation efforts. Different types of tobacco control efforts, such as cessation, prevention, and decreasing youth access were mentioned as important methods to help reduce tobacco consumption. Partners also noted that the goals were long-term and could not be achieved in just one year.

Both of them are important for us to implement. It's very difficult to select the top two because most of these different services act very synergistically...I think of them as sort of guideposts. So it's certainly important to be able to set targets and to move towards them...

I think they're excellent goals because the tobacco industry created the social norm of acceptance of tobacco use...I think that it's very important to change that perception, both in youth and adults, in order to really effectively influence people to quit or not begin using tobacco products.

I think that changing norms is a good priority. It's just that I don't believe that it is one that can be accomplished in one year. I think that it is a five-year type of goal, and for the first year it is to develop the community investment in tobacco control and then you move on to start changing the norms.

## Changes and Additions

Most partners felt the top priority goals were accurate and important, and would not make any changes to them. However, a few partners had some suggestions for modifications:

- Regarding reducing tobacco consumption, aim for a more realistic percentage.
- Make certain the goals address all populations, including minorities.

A few partners also suggested additional goals to be added to the program's priorities:

- Remove state preemption
- Provide more statewide programming for specific populations

## Successes, Challenges, & Improvements

Some partners believed that their efforts to promote smoke-free restaurants had been relatively successful so far. Good response to clean indoor air surveys, positive influence from other restaurants that had already chosen to adopt smoke-free policies, and media exposure were suggested reasons for success in this area.

A Sampling of Pennsylvania's Activities

Changing community norms

- Clean indoor air efforts via smoke-free homes, vehicles, restaurants, and businesses campaigns
- BUSTED movement for youth
- Counter-marketing campaigns
- Developing local coalitions

Reducing tobacco consumption

- Training healthcare providers to provide smoking cessation interventions
- Promoting available cessation services, both for community level services and the state quit line
- Enforcement of youth access laws via compliance checks, training local law enforcement
- School programs

*Note: Most of the above activities were considered to address both of the priority goals.*

It's just a slow, steady process, but it takes some of the bigger names to go, to start making the other guys think 'Well, maybe I should go too.'

One [activity] we have the most involvement in so far has been the surveys for the businesses and restaurants...we're really excited about finding out what the results are. We're calculating things as we speak and finding out what the policies are and how we can make a difference in the city.

Many partners also believed that the state's efforts to enforce youth access laws had been effective as well. In the past, Pennsylvania's sales to minors were high. They needed to reduce their sales to minor rates substantially or federal funding was in peril. Partners believed that educating and partnering with retailers, partnering with local law enforcement agencies to cite and enforce penalties, and having the support of a marketing campaign that also educated the public contributed to the decreasing sales rates to minors. Pennsylvania's rate of sales to minors dropped from 41.0% in 1999 to 26.7% in 2000, 27.9% in 2001, and 14.5% in 2002.

Our enforcement piece has been very successful in that we have been able to target all of our tobacco retailers with information and education. We have a partnership with a local district attorney's office...and I think that helps to coordinate the service, to have one agency responsible for enforcement.

We're required to satisfy our Synar penalty from 1999 and do a statewide campaign to educate retailers...we made sure that as we messaged those retailers, we also messaged all of Pennsylvania. And one of the ways we did that was to involve our youth in that education campaign. The media was TV, radio, print, and outdoor advertising.

However, a few partners saw some challenges in the area of enforcement. The youth access law had recently changed, so it had to be interpreted by attorneys and communicated to local law enforcement agencies across the


state. Additionally, enforcement could be challenging due to the requirement to check all retailers three times per year.

Partners identified some improvements in their own agencies that could help ensure meeting the priority goals:

- Increase staff to assist in tobacco control activities
- Increase experience of tobacco control staff

### **Suggested Approaches**

1. Develop and document a long-term strategic plan for addressing the two priority goals, outlining each phase and the partners involved.
2. Continue current smokefree policy and enforcement activities.



# Disparate Populations

## Section Highlights

- ▶ The DOH TPC identified African American, Latinos, and rural poor as experiencing significant tobacco-related disparities.
- ▶ Partners felt prevalence data supported that these populations were high priorities for Pennsylvania. They also suggested some additions to the list including Asian Americans and immigrants.
- ▶ Several strategies targeting disparate populations were mentioned, including community coalition building, statewide counter-marketing, and convening minority health conferences and summits.
- ▶ Partners believed the *Best Practices* were useful in bringing attention to disparate populations but not helpful in addressing in them. They felt the need for examples of methods and measurements on how to address disparate populations.

## Priority Disparate Populations

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DOH TPC identified the following populations as having tobacco-related disparities:

- African Americans
- Latinos
- Rural poor

Resources used to help identify the above populations included epidemiologic and needs assessment data, the CDC's *Best Practices* guidelines, evidence-based literature on tobacco use prevalence and disparate populations, and anecdotal information from Pennsylvania tobacco control professionals.

In SFY 02-03, DOH TPC allocated \$10.4 million for tobacco control activities for populations experiencing significant tobacco-related disparities. During the planning of these activities, DOH TPC solicited input in the following ways:

- Interactions with representatives from identified populations
- Meetings with appropriate multi-cultural agencies

## Disparate Populations

- Feedback from other partner agencies
- Internal DOH review

### Partners' Comments

Partners agreed that the populations listed above were a high priority for Pennsylvania and that prevalence data supported the need to address them. Some partners also noted that this list was accurate for the State as a whole but populations may differ county by county. While partners felt that African Americans and Latinos were an important focus, more comments were made during the interviews about the rural poor.

#### Rural Poor

- Partners felt that Pennsylvania had a large rural population.

So the rural area actually is between Pittsburgh and Philadelphia, all the middle is rural. That's where it's very difficult to have tobacco control and to conduct prevention because they're so separate and dispersed.

Rural, it is an overlooked area because most of Pennsylvania is rural and they tend to focus on the urban areas.

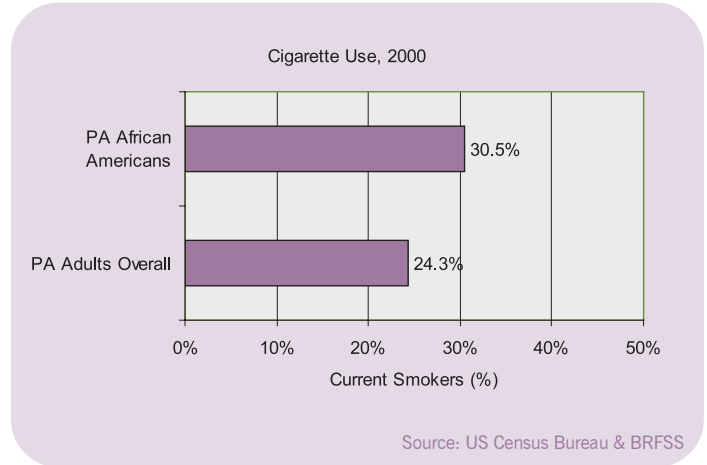
- The lack of resources (*e.g.* transportation, access, health care) was a major barrier for the rural population.

The statistics for the rural populations are much more frightening than they are in any of the other groups and the resources are not there for those rural individuals. Along with not having access to health care services and adequate number of healthcare providers, they have no transportation. Problems that you witness in the inner cities where there are large minority populations, are very different than the problems you see in a rural area. The resources are available in the inner city.

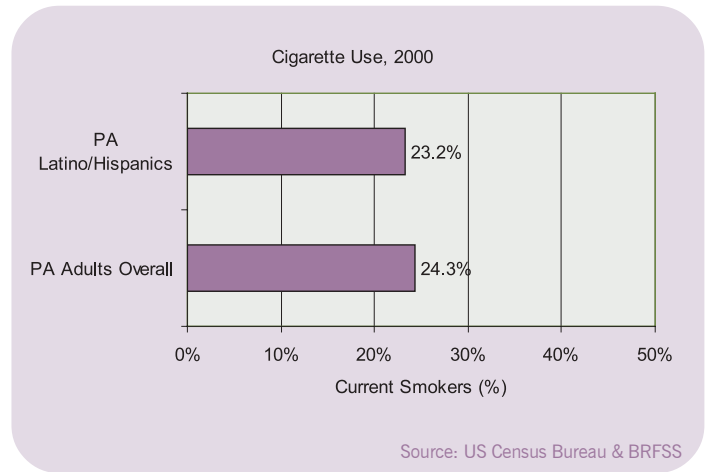
### Additional Populations

While partners agreed with the identified populations, many believed that Asian Americans and immigrants should be added

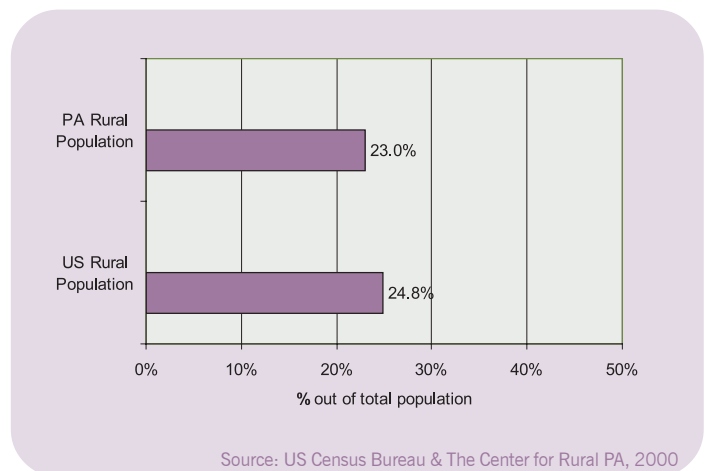
#### Pennsylvania African Americans (approximately 10% of PA's population)



#### Pennsylvania Latino/Hispanics (approximately 3.2% of PA's population)



#### Rural Pennsylvania (23 out of 67 PA counties are considered rural)





to the list since smoking is part of their cultures.

In Pittsburgh, there's a significant population of East Asians, of people from India and Pakistan who are part of the university and there are several universities here...And whether they're coming from India or the Soviet Union, or other parts ...they come from countries where smoking is a sign of progress and yet they may be missed in terms of our typical way of which we go about intervening.

Other populations of interest among partners were:

- Youth
- People addicted to alcohol and other drugs
- Blue collar workers
- Women of childbearing age or who are pregnant
- Sexual minority groups

### Identified Strategies

Many partners felt that it was the responsibility of the primary contractors or the community coalitions to address the disparate populations through their local efforts.

It seems to me that the State has kind of left it to those of us who are in the local communities to look for ways to address those issues at the local level with populations that are disproportionately affected. I agree with this given what I said about how varying our state is in terms of who our disparate populations are.

The following are examples of strategies implemented to address the identified populations in Pennsylvania:

- A special task force to address minority health in Pennsylvania.
- The Center for Minority Health promotes collaboration among various groups throughout the state.
- Statewide counter-marketing efforts are being focused on the minority populations.
- DOH awarded 6 minority grants and the DOH TPC provided additional funding to address tobacco prevention and cessation.
- A minority health conference and a Minority Tobacco Leadership Summit were convened.
- Community coalition building was emphasized.

### Disparate Populations & Best Practices

Some partners felt that the BP was somewhat useful because it brought the topic of tobacco-related disparities to the forefront. However, the majority of partners found that it was not useful in addressing specific

populations. The following suggestions were given to improve the guidelines:

- Demonstrate that it is the responsibility of the state or organization to acknowledge disparate populations

The *Best Practices* put disparate populations on the radar, but it's up to a state or organization then to acknowledge the reality that there is a huge gap and that this definitely needs to be addressed.

- Provide examples of culturally appropriate methods and measurements

I would say if they can address disparate populations that could be improved for the future. Especially talking about like culture competencies and culture appropriateness about their programs...all programs have to have that angle.

**Suggested Approaches**

1. Identify strategies to address the rural population and work at both the community and statewide levels to increase access to programs and services.
2. Begin to examine the level of tobacco-related disparities among Asian-American and immigrant populations are experiencing.



# Program Strengths & Challenges

At the end of each interview, partners were asked to identify the biggest strength and weakness of Pennsylvania's tobacco control program. Below is a list of the strengths of Pennsylvania's program and the challenges facing it.

- The dedication of the DOH TPC staff and their management of the program were viewed as strengths.

The Tobacco Control Division at the Department of Health has tremendous insight and dedication to tobacco control. They understand how it has to work at the community level and they try to make sure that happens.

Judy Ochs has vision. She may not have all the answers but she's not your typical bureaucrat...She's a bigger-picture kind of person and that's what's necessary for this in order to make it successful.

Some partners felt the slow approval process at DOH was an impediment.

The amount of time it takes to get something through...anything you need approved has to go through the chain of command.

- The allocation of adequate funding for Pennsylvania's tobacco control program was significant strength of the program.

We're funded for three years so we have been provided this unprecedented opportunity in Pennsylvania to build a comprehensive tobacco control program at the state, regional, and local levels.

However, the short time the program has been in place was seen as a challenge.

It's youthfulness [is a weakness]. It's a young program. Not the age of people in years but just the notion of a concerted effort. So like any young program we're learning as we go.

- Preemption in the clean indoor air and youth access laws prohibited Pennsylvania from enacting strong tobacco control legislation.

We have some very weak legislation or clean indoor air acts that make it impossible for us to enforce. At this point we are moving in the area of state preemption of local ordinances and it really prohibits any kind of local action to be able to reduce the access to tobacco or improve the quality of indoor air.

Finally, partners also identified Pennsylvania’s budget crisis as being a major challenge that would negatively impact tobacco control funding.

I suspect that if anything effects tobacco control in a negative way it will be the unfortunate reality that the state is hemorrhaging money elsewhere and that they’re going to need some of the tobacco control money to bandage that.

# Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

## *National tobacco control organizations*

American Cancer Society	<a href="http://www.cancer.org">www.cancer.org</a>
American Heart Association	<a href="http://www.heart.org">www.heart.org</a>
American Legacy Foundation	<a href="http://www.americanlegacy.org">www.americanlegacy.org</a>
American Lung Association	<a href="http://www.lungusa.org">www.lungusa.org</a>
Americans' for Nonsmokers' Rights	<a href="http://www.no-smoke.org">www.no-smoke.org</a>
Campaign for Tobacco-Free Kids	<a href="http://www.tobaccofreekids.org">www.tobaccofreekids.org</a>
The Centers for Disease Control & Prevention	<a href="http://www.cdc.gov/tobacco/">www.cdc.gov/tobacco/</a>
The National Cancer Institute	<a href="http://www.tobaccocontrol.cancer.gov">www.tobaccocontrol.cancer.gov</a>
The Robert Wood Johnson Foundation	<a href="http://www.rwjf.org">www.rwjf.org</a>

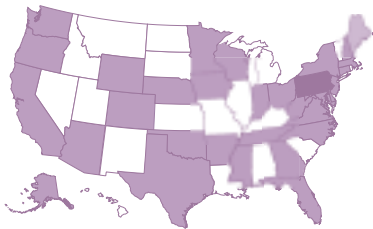
## *Other suggested resources*

- Tobacco Technical Assistance Consortium (TTAC) [www.ttac.org](http://www.ttac.org)
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction [www.cdc.gov/tobacco/edumat.htm](http://www.cdc.gov/tobacco/edumat.htm)
- The CDC National Tobacco Control Program State Exchange [www.cdc.gov/tobacco/ntcp\\_exchange/index.htm](http://www.cdc.gov/tobacco/ntcp_exchange/index.htm)
- The CDC Media Campaign Resource Center [www.cdc.gov/tobacco/mcrc/index.htm](http://www.cdc.gov/tobacco/mcrc/index.htm)
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control [www.thecommunityguide.org](http://www.thecommunityguide.org)
- Cancer Control PLANET <http://cancercontrolplanet.cancer.gov/index.html>
- Pennsylvania Department of Health [www.dsf.health.state.pa.us](http://www.dsf.health.state.pa.us)
- Pennsylvania Alliance to Control Tobacco (PACT) [www.Pactonline.org](http://www.Pactonline.org)

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

- SAMHSA, Synar Non-Compliance Rates <http://prevention.samhsa.gov/tobacco/01synartable.asp>
- NCI State Cancer Legislative Database [www.sclld-nci.net](http://www.sclld-nci.net)
- YRBSS 2001 [www.cdc.gov/nccdphp/dash/yrbs/2001/index.htm](http://www.cdc.gov/nccdphp/dash/yrbs/2001/index.htm)
- US Census Bureau [www.census.gov](http://www.census.gov)
- USDA Nat'l Agriculture Statistics Service [www.usda.gov/nass/](http://www.usda.gov/nass/)
- ALA's State of Tobacco Control: 2002 <http://lungaction.org/reports/tobacco-control.html>

Pennsylvania regularly shares information with...





*The Prevention Research Center (PRC) at Saint Louis University is one of 28 national Prevention Research Centers funded by the Centers for Disease Control and Prevention. The mission of the PRC is to prevent death and disability from chronic diseases, particularly heart disease, cancer, stroke, and diabetes by conducting applied research to promote healthy lifestyles.*