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Fifth Annual Independent Evaluation of New York's Tobacco Control Program

Prepared for

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Introduction

In 2002, the New York Tobacco Control Program (NY TCP) developed a long-term strategic vision built on a foundation of evidence-based approaches to tobacco prevention and control. In the years that followed, NY TCP invested in three key strategies: statewide and community action, health communication, and cessation interventions. By steadily expanding its capacity and refining its approach to tobacco control, NY TCP has become a nationally recognized leader in statewide comprehensive tobacco control programs.

Evidence of the program's successful implementation over time is found in several important milestones, including the 2003 amendment to the Clean Indoor Air Act (CIAA) that made virtually all workplaces smoke-free, a doubling of funding in 2006, and the 2008 tobacco tax increase that makes New York's state excise tax the highest in the nation. These achievements have had strong community support, and, in many instances, the changes that have occurred have been initiated at the community level by individuals and local decision makers.

Evidence demonstrates that NY TCP is having an impact on the two statutorily mandated outcomes required of the program: increasing negative attitudes toward tobacco use and reducing tobacco use. Smoking rates among youth and adults have declined faster in New York than in the rest of the country. In addition, support for the CIAA has grown steadily since its implementation, and other antitobacco attitudes targeted by the program have strengthened over time and are currently stronger in New York than in the nation as a whole.

Evaluations of the New York State Smokers' Quitline, public health communication, the CIAA, and other discrete interventions have shown a direct impact on increasing negative attitudes and reducing tobacco use. It is more difficult, however, to determine the relative impact of each

intervention on program outcomes. Quantifying and evaluating on-the-ground program efforts aimed at changing policy is particularly challenging, in part because of the lag between programmatic efforts and policy change and in part because evaluation science is lacking in this area. Given the comprehensive approach taken by NY TCP, it is hard to quantify how any one program component affects the program's overall effectiveness, and this evaluation is not equipped to provide these kinds of answers.

However, the 2008 Independent Evaluation Report (IER) does demonstrate that state dollars currently being invested in the comprehensive program are a wise expenditure and are having an effect on the statutorily mandated outcomes of increasing negative attitudes toward tobacco and reducing tobacco use. Although the \$84 million per year that New York currently invests in its comprehensive program falls far short of the Centers for Disease Control and Prevention (CDC) recommendation of \$254 million per year, this significant amount of funding has enabled the program to increase its reach and effectiveness.

The IER is organized as follows. The first section describes NY TCP's programmatic approach and how it is implemented. The next sections present trends in key program outcomes and assess program progress by tying specific program components to these outcomes. Finally, the report concludes with programmatic recommendations for changes in strategies that will further strengthen the program.

The New York Tobacco Control Program— Programmatic Approach

During fiscal year (FY) 2007–2008, NY TCP was funded through a state appropriation of \$85 million and a grant from CDC of \$1.87 million. Due to statewide budget constraints, state funding was reduced by 5% to \$80.4 million in FY 2008–2009. NY TCP is part of the National Tobacco Control Program and implements evidence-based

tobacco control strategies consistent with CDC's *Best Practices for Comprehensive Tobacco Control Programs* (CDC, 2007a), the Surgeon General's report on *Reducing Tobacco Use: A Report of the Surgeon General* (USDHHS, 2000), and the Task Force on Community Preventive Services' *Guide to Community Preventive Services: Tobacco Use Prevention and Control* (Zaza, Briss, and Harris, 2005). The state program was established in 2000 and built on an existing tobacco control infrastructure of state and community programs funded during the 1990s by the National Cancer Institute (NCI) and CDC.

NY TCP envisions all New Yorkers living in a tobacco-free society and works aggressively to reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in the state. This mission is achieved through three key programmatic strategies:

1. **Statewide and community action** to change the community environment to support the tobacco-free norm, change community attitudes about tobacco, and denormalize tobacco use. A **key indicator** for this strategy is the adoption and effective implementation of local and statewide policies that permanently change society's acceptance of tobacco use.
2. **Health communication** to motivate tobacco users to stop, promote smoke-free homes, expose tobacco industry propaganda, deglamorize tobacco use, and educate community members and decision makers about tobacco control. A **key indicator** for this strategy is the percentage of New Yorkers who have seen NY TCP-sponsored television advertisements.
3. **Cessation interventions** to establish and maintain community, governmental, and health care delivery systems that promote cessation, increase access to and delivery of evidence-based cessation services, and motivate individual tobacco users to quit successfully. **Key indicators** for this strategy are provision of tobacco dependence treatment by the health care sector that is consistent with national guidelines and adoption of policies that

motivate smokers and other tobacco users to quit.

NY TCP is supported by program administration to build and maintain an effective tobacco control infrastructure, provide technical assistance and guidance, and manage the effective and efficient investment of state tobacco control funding. RTI International is contracted to provide surveillance and evaluation activities to monitor program progress and impact by working in collaboration with the Tobacco Surveillance and Evaluation Team within NY TCP.

The remainder of this section describes more specifically how NY TCP is implemented and provides process indicators of program achievements.

Statewide and Community Action

State and community interventions are a key component of a comprehensive tobacco control program (CDC, 2007a). Community mobilization organizes grassroots support for tobacco control and works to denormalize tobacco use, decrease the social acceptability of tobacco use, and establish a tobacco-free norm through tobacco control policy change. By instituting policies and resolutions that restrict smoking in public places, reduce tobacco advertising and sponsorships, and increase tobacco taxes, a message is sent that tobacco use is not socially acceptable and smokers increasingly experience barriers to quitting.

In 2002, NY TCP underwent a strategic planning process that led to the development of a vision to create change in tobacco use prevention and control in the state. Community action was an integral part of fulfilling this vision. State and community partners were charged with the goals of reducing exposure to secondhand smoke, reducing the social acceptability of tobacco use, reducing tobacco use initiation, and promoting cessation from tobacco use. The program currently funds organizations working in four modalities: Community Partnerships for Tobacco

Control, Youth Action Programs, Tobacco-Free School Policy Programs, and Cessation Centers.

NY TCP structured community partners so that every county fell within the coverage area of one Community Partnership, one Youth Partner, one Cessation Center, and one School Policy Partner. This allowed NY TCP efforts to reach community members across all counties in the state, everywhere they went—addressing tobacco advertising in retail stores, having health care providers discuss tobacco use and cessation with patients, encountering tobacco policy communication in schools, finding smoke-free policies in parks and business entryways, and attending community events free from tobacco industry sponsorship and promotion. In FY 2008–2009, approximately one-third of the NY TCP budget is dedicated to statewide and community action.

Community actions focus on four areas:

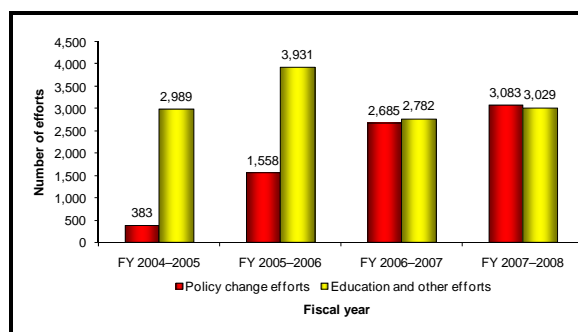
- **government policy-maker education** to educate decision makers to increase the visibility of tobacco control successes, obtain resolutions and build general support for tobacco control action, and increase knowledge about evidence-based tobacco control strategies;
- **advocacy with organizational decision makers** to advocate with organizations and institutions, including tobacco retailers, health care organizations, school boards, and community organizations, to adopt policies and resolutions that prevent and reduce tobacco use and promote the tobacco-free norm;
- **community education** to build support among community members for tobacco control action, stimulate community demand for tobacco control policies, and demonstrate support for tobacco control initiatives; and
- **paid and earned media** to advance tobacco control policies and practices by educating the community and key community members and keeping the tobacco problem on the public agenda.

To enhance the skills of funded partners in these key areas, NY TCP contracted with an outside

organization to provide professional training. The training contractor provides sessions that emphasize skill-building for policy advocacy. NY TCP also hosted statewide meetings for all partners in 2005, 2006, and 2008, offering conference-style sessions covering tobacco control issues and relevant skills to enable partners to achieve the strategic plan objectives more effectively.

NY TCP guidance has continually emphasized using local policy change to help shape social norms. In 2005, the program launched the Advertising, Sponsorship, and Promotion (ASP) Initiative, which outlined required policy activities for Community Partnerships and Youth Partners. Over time, with more prescriptive guidance on annual work plans, ongoing trainings, and communication, partner efforts have moved from an almost exclusive emphasis on education and assessment to a more balanced approach that includes local policy change efforts (Figure 1).

Figure 1. Number of Community Partnership and Youth Partner Efforts Focused on Policy Change and Education and Other Efforts, CAT System, FY 2004–2005 to FY 2007–2008



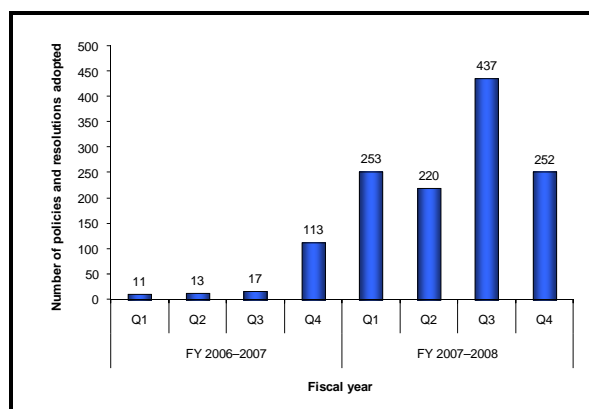
Community Partnerships for Tobacco Control

In FY 2008–2009, Community Partnerships have focused primarily on reducing tobacco advertising in the retail environment, limiting tobacco company sponsorship and promotion, implementing effective tobacco-free policies in the outdoor environment, and promoting access to

evidence-based cessation services. Community Partnerships receive approximately 30% of the overall budget for statewide and community action during this period.

Beginning in 2006 and continuing through 2008, Community Partnerships emphasized activities related to the ASP initiative with increasing emphasis on eliminating advertising in the retail environment. Community Partnerships advocate directly with tobacco retailers to request that they voluntarily reduce, rearrange, or eliminate tobacco advertising in their stores, and they contact local municipalities to request that they adopt resolutions of support for eliminating tobacco advertising in the retail environment. Individual contacts are in the form of in-person visits, phone calls, or letters. Mass mailings are also sent to retailers and local government policy makers. Figure 2 illustrates the number of tobacco retailer policies and municipality resolutions reported by Community Partnerships and Youth Partners.

Figure 2. Policies and Resolutions Reducing Tobacco Advertising in Retail Environments Reported by Community Partnerships and Youth Partners, CAT System, FY 2006–2007 to FY 2007–2008

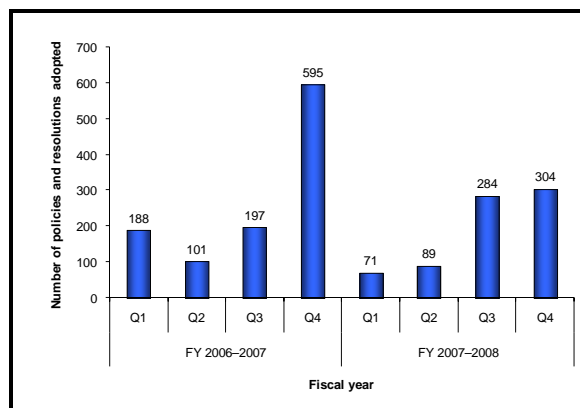


One major policy change in the retail environment occurred in January 2008 when Wegman's supermarket chain announced that it would stop selling tobacco products in all of its stores. The earned media from this announcement was substantial, with 138 newspaper items published

on the topic of banning tobacco product sales in pharmacies and stores in January 2008, 50 published in February, and 32 published in March.

Community Partnerships also focus a significant proportion of their work on trying to limit tobacco industry sponsorship and promotion. Activities include asking community organizations, venues, fairs, and businesses to adopt policies prohibiting acceptance of tobacco industry sponsorship. Additional activities include sending mailings to organizations, sponsoring events with tobacco-free messages, running paid media advertisements, and conducting recognition events to bring positive attention to organizations that do adopt policies. Figure 3 illustrates the number of policies and resolutions to limit tobacco industry sponsorships and promotions adopted over time by community organizations, event planners, businesses, and municipalities.

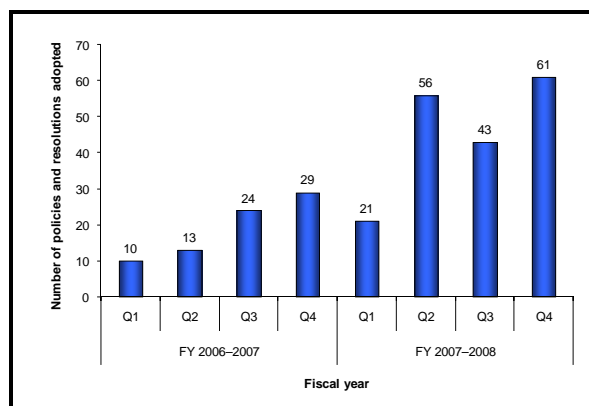
Figure 3. Policies and Resolutions Prohibiting Tobacco Industry Sponsorship and Promotion Reported by Community Partnerships and Youth Partners, CAT System, FY 2006–2007 to FY 2007–2008



Community Partnerships also worked to restrict outdoor smoking. Partners contacted government officials and decision makers at businesses/workplaces, community organizations, and health care organizations to promote policies that restrict smoking in building entranceways and parks. The number of policies prohibiting tobacco use in outdoor areas adopted by businesses and

organizations has increased from FY 2006–2007 to FY 2007–2008 (Figure 4).

Figure 4. Policies and Resolutions Prohibiting Tobacco Use in Outdoor Areas Reported by Community Partnerships and Youth Partners, CAT System, FY 2006–2007 to FY 2007–2008



Community Partnerships also have advocated with apartment complex managers and landlords for smoke-free multi-unit dwellings. Early Community Partnership efforts involved encouraging individuals to adopt smoking bans in their homes and cars. This individual-level approach was de-emphasized and replaced with efforts to encourage adoption of smoking bans in multi-use dwellings, which have the potential to reach more people. In FY 2007–2008, obtaining multi-unit dwelling tobacco use policies became a required strategy for Community Partnerships, and partners reported the adoption of 97 smoke-free multi-unit dwelling policies in this period.

To ensure the long-term sustainability of NY TCP's funding, Community Partnerships are required to conduct a core set of activities to educate decision makers, the media, and the general public about the importance of tobacco control and of the program. Sustainability activities such as media advocacy, communication with legislators, training, and community education conducted by Community Partnerships were critical to the successful campaign to raise the state's cigarette excise tax to the highest in the nation.

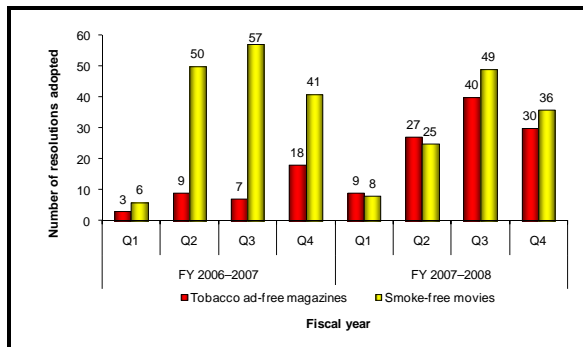
Youth Action Programs

Youth Action Programs engage youth leaders to challenge and change community norms regarding tobacco use through policy advocacy and community education efforts. These Youth Partner programs engage middle and high school aged youth in actions aimed at deglamorizing and denormalizing tobacco use in their communities and exposing the manipulative and deceptive marketing practices of the tobacco industry. In FY 2008–2009, Youth Partners received approximately 20% of the overall budget for statewide and community action.

Youth Partners also collaborate with Community Partnerships in many of the activities described above. For example, Youth Partners and Community Partnerships work together on efforts to reduce tobacco sponsorships and promotions and to reduce retail tobacco advertising. In addition, Youth Partners focus on promoting smoke-free movies and increasing the number of magazines that prohibit tobacco advertising. In FY 2007–2008, Youth Partners reported obtaining smoke-free movie resolutions from nearly 200 organizations, which were sent to the Motion Picture Association of America (MPAA) and major movie studios, and they also gathered more than 11,000 petition signatures in support of smoke-free movies. Activities to increase the number of schools receiving tobacco advertisement-free magazines and efforts to obtain signed resolutions supporting the tobacco advertisement-free magazine initiative continued throughout FY 2007–2008 (Figure 5).

Activities focused on changing the MPAA policy regarding movie ratings are likely having an effect on New Yorkers' attitudes. Adult Tobacco Survey (ATS) data show that the percentage of New Yorkers (both smokers and nonsmokers) who believe that movies rated G, PG, and PG-13 should not show actors smoking has increased significantly from 2004–2007 (see section on Assessing Progress).

Figure 5. Resolutions Focused on Tobacco-Free Magazines and Movies Reported by Youth Partners, CAT System, FY 2006–2007 to FY 2007–2008



Tobacco-Free School Policy Programs

Based on evidence that comprehensive, well-enforced tobacco-free school policies can reduce smoking among students, faculty, and administrators, NY TCP has funded School Policy Partners to work with schools and school districts to implement and enforce policies that meet standards developed by NY TCP. School Policy Partners provide technical assistance to schools and school districts to implement policies that include prohibiting tobacco use among students, staff, and visitors in school buildings, on school grounds, in school vehicles, and at school-sponsored events. School Policy Partner activities include obtaining buy-in from school administrators, recruiting a committee to develop an updated policy, providing technical assistance for policy development and review, and providing assistance for policy implementation. In FY 2008–2009, funding for School Policy Partners represents approximately one-tenth of the budget for statewide and community action.

Since April 2006, School Policy Partners have built relationships with 732 schools and 413 school districts—representing 60% of the school districts in New York State. A total of 61 districts have updated their existing tobacco policies.

Summary

In summary, community action efforts in recent years have focused increasingly on policy advocacy efforts, and this strategy has begun to yield benefits as an increasing number of municipalities and community organizations are instituting tobacco control policies and resolutions. These activities alone are not sufficient to change tobacco use behavior and must be part of a comprehensive approach that combines educational, clinical, regulatory, economic, and social strategies. However, this kind of grassroots community action is crucial for social norms to change, and it is in local communities that the impetus for change often originates. For example, in recent years, many states, including New York, have implemented comprehensive smoke-free air laws that eliminate smoking from workplaces, including bars and restaurants. In most of these cases, similar restrictions existed in municipalities across the state before a statewide law was implemented. Other important statewide policy successes in recent years include agreements between the New York Attorney General and credit card companies to not process online tobacco orders in 2005 and for publishers of *Time*, *People*, *Sports Illustrated*, and *Newsweek* to remove tobacco advertisements from editions sent to schools. Finally, NY TCP and community partners supported efforts to increase the cigarette excise tax by \$1.25 in June 2008, a major accomplishment that will yield changes in tobacco use.

Health Communication

NY TCP uses paid advertising on television, radio, print, Internet, and other venues to educate New Yorkers about the health risks of tobacco use and the dangers of secondhand smoke and to motivate smokers to quit. Paid advertising is also the key driver of calls to the New York State Smokers' Quitline and is used strategically to support tobacco control policy. NY TCP employs other strategies such as public relations and media advocacy to increase coverage and discussion of

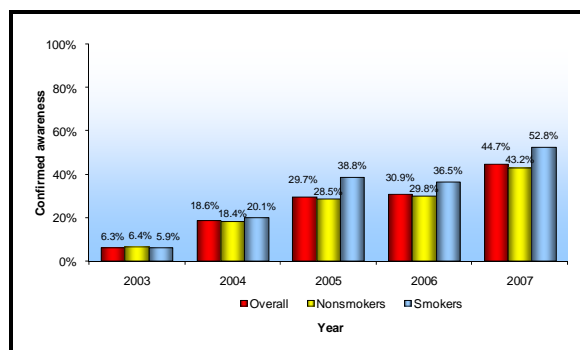
tobacco control issues and events in the news media.

Mass Media

NY TCP has made great progress over time in its effective use of public health communication and specifically mass media efforts. In the early years, the program lacked a long-term media plan, and there was little coordination between mass media and other interventions. Messages lacked the strong emotional appeals and graphic images needed to gain the attention of smokers, and they were off the air for long periods of time because of internal challenges in getting advertisements approved. These factors all contributed to a lack of impact in the early years.

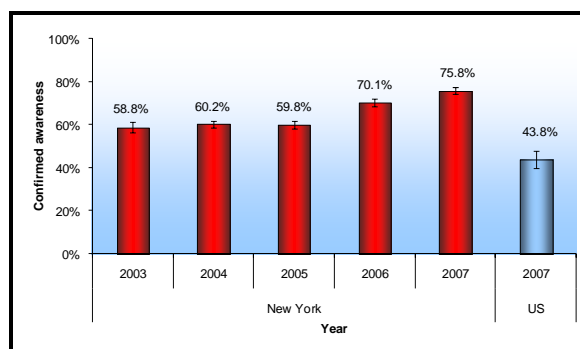
Over the past 5 years, the program's overall budget was doubled and an increasing share was dedicated to mass media efforts that are consistently aired, including high sensation value television advertisements. New Yorkers' confirmed awareness of countermarketing advertisements has greatly increased, as have calls to the Quitline and visits to the Quitline's Internet-based Quitsite. Between 2003 and 2007, confirmed awareness of countermarketing advertisements increased from 5.9% to 52.8% among smokers statewide (Figure 6), which evidence suggests translates into increased quit attempts. In addition, smokers' awareness of two specific themes (i.e., the dangers of children's exposure to secondhand smoke and the loss of family members from tobacco) that have been the focus of NY TCP paid media in recent years has increased steadily over this period (Figures 7 and 8).

Figure 6. Confirmed Awareness of NY TCP Tobacco Countermarketing Television Advertisements, ATS 2003–2007



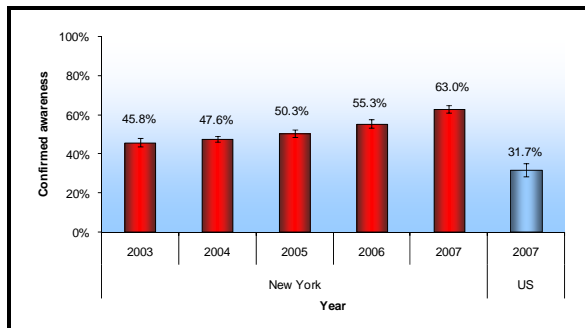
Note: There is a statistically significant upward trend from 2003–2007 overall, among nonsmokers, and among current smokers.

Figure 7. Percentage of Adults Who Have Seen Advertising about the Dangers of Children and Adults Being Exposed to Cigarette Smoke, ATS 2003–2007 and NATS 2007



Note: There is a statistically significant upward trend from 2003–2007. The difference between New York and the United States in 2007 is statistically significant.

Figure 8. Percentage of Adults Who Have Seen Advertising about Family Members Losing a Loved One Due to Smoking-Related Illness, ATS 2003–2007 and NATS 2007



Note: There is a statistically significant upward trend from 2003–2007. The difference between New York and the United States in 2007 is statistically significant.

NY TCP's media budget for FY 2007–2008 and FY 2008–2009 represented approximately 25% of the overall budget for the program. In FY 2007–2008, spending consisted of roughly \$20.6 million on media placement through its media contractor HN Media and approximately \$2.5 million on miscellaneous media placements and promotions, which included placement of ads on electronic billboards, print programs, signage, announcements, and other formats at stadiums, arenas, theaters, and other venues in the New York area. From this budget, NY TCP devoted significant resources to advertisements promoting cessation (\$9 million) and highlighting the dangers of secondhand smoke (\$5 million). A significant number of the ads aired were high sensation value (using graphic images and emotional appeal) and for the first time included ads that were pretested with a sample of New York smokers prior to being aired. NY TCP also invested approximately \$2 million in a summer campaign that included radio, print, and online advertising. Other significant media investments included promotion of smoke-free movies (\$0.8 million) and a print campaign targeted to health care providers to encourage increased screening and counseling for tobacco use (\$0.4 million).

Earned Media

Community Partnerships and Youth Partners have worked to increase the impact of their efforts by making them public, including getting newspaper, radio, and television news coverage. Partners sent out press releases about tobacco control achievements, wrote letters to the editor about the issues they address, alerted media sources when they planned community events, and corresponded with media contacts about the importance of keeping tobacco control issues in the news. Partners have received multiple trainings from the NY TCP training contractor to improve their media advocacy skills. Reports of newspaper, radio and television earned media focused on NY TCP objectives have increased significantly over the past 3 years.

The Public Affairs Group within the New York State Department of Health (NYSDOH) has also supported the program by regularly issuing tobacco control–related press releases. These releases are often associated with recurring events, such as the Great American Smokeout, the release of new scientific data, and new project initiatives.

Cessation Interventions

NY TCP employs all of the major evidence-based strategies to help people quit smoking:

- increasing the price of tobacco products (tax increases),
- restricting smoking in the workplace and public places (CIAA, voluntary policies, and local ordinances),
- airing emotionally evocative paid media campaigns,
- providing multicomponent support systems (Quitline and Quitsite),
- reducing patient costs for treatment (nicotine replacement therapy [NRT] starter kits and Medicaid coverage of tobacco treatment), and
- increasing the number of health care organizations and providers that effectively

implement the Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence (PHS Guideline) (Cessation Centers).

NY TCP has taken a multistrategy, evidence-based approach to promoting cessation, including increasing access to cessation counseling and services through the Quitline, encouraging health care providers' support for smoking cessation, and increasing coverage of and support for treatment for nicotine dependence. Enhancements to the Quitline were added over time to further strengthen efforts to help people quit, including the Fax-to-Quit health care provider referral program, the Quitsite Web site, and the distribution of free NRT starter kits to eligible callers. The establishment of 19 Cessation Centers to focus on increasing the number of health care organizations that implement evidence-based recommendations for tobacco use treatment has also contributed significantly to system-wide changes that help smokers quit.

With the implementation of a more comprehensive and focused media effort in the past several years that has driven more callers to the Quitline and enabled greater numbers of smokers to access NRT, the program has made substantial progress in reaching its cessation goals. Over the past several years, increased awareness of NY TCP-sponsored television advertisements and other media has led to record numbers of calls to the Quitline and visits to the Quitsite.

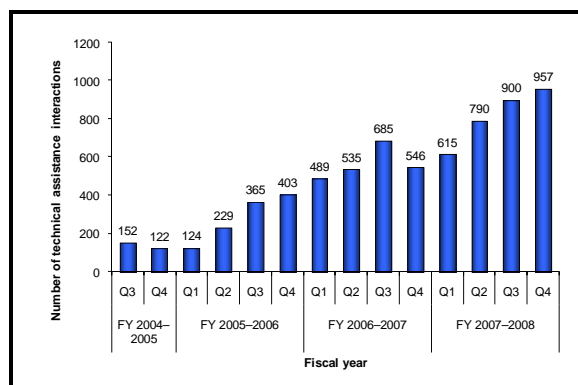
The following section describes New York's efforts to implement three key cessation-focused strategies: increasing the number of health care organizations and providers implementing the PHS Guideline through Cessation Centers, promoting cessation through the New York State Smokers' Quitline and Quitsite, and reducing patient costs for tobacco use treatment.

Cessation Centers

NY TCP funds 19 Cessation Centers to increase the number of health care provider organizations that have systems to screen all patients for tobacco use, provide brief advice to quit at all visits, and provide assistance to help patients quit successfully. Evidence demonstrates that brief advice to quit smoking by a health care provider significantly increases the odds that a smoker will quit. Cessation Centers use the PHS Guideline to guide their work, and they target hospitals, medical practices, outpatient clinics, dental offices, and substance abuse treatment centers to encourage them to implement tobacco identification and treatment policies and systems.

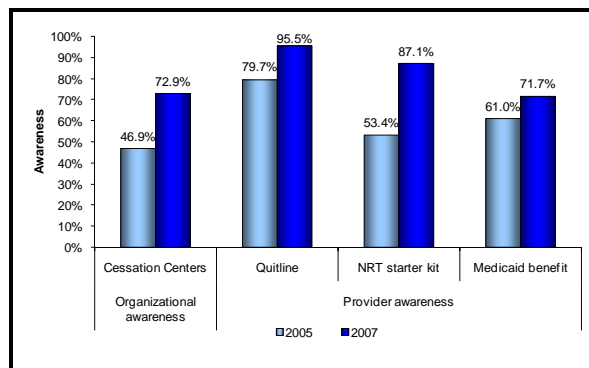
Cessation Centers partner with health care organizations across New York State, providing resources, training, and technical assistance for policy, system, and practice changes. Cessation Centers have reached out to new health care organizations on a regular basis, increasing the number of organizations they work with by more than 50% over the past year. They have had an increasing number of interactions with health care organizations each year, indicating increased Cessation Center capacity and greater reach across the state (Figure 9).

Figure 9. Number of Cessation Center Technical Assistance Interactions with Health Care Organizations, CAT System, Q3 FY 2004–2005 to Q4 FY 2007–2008



Awareness of Cessation Centers among hospitals in New York State has increased from 2005 to 2007 (Figure 10). Health care providers also reported increased awareness of cessation resources from 2005 to 2007, including the New York State Smokers' Quitline, NRT starter kits, and Medicaid coverage of tobacco cessation pharmacotherapy. There was significantly greater awareness among health care providers in hospitals that worked with Cessation Centers than in hospitals that did not.

Figure 10. Health Care Organization and Provider Awareness of Cessation Resources in New York State, HCOPS 2004–2005 and 2007



A majority of New York State smokers reported that their health care provider asked them if they used tobacco (Figure 11), and more than three-quarters reported that their provider advised them to quit (Figure 12). An increasing percentage of smokers reported that their health care provider assisted them with smoking cessation, significantly greater than the national average (Figure 13).

Figure 11. Percentage of Adult Smokers Who Were Asked by Their Health Care Provider if They Smoked in the Past 12 Months, ATS 2003–2008 and NATS 2008

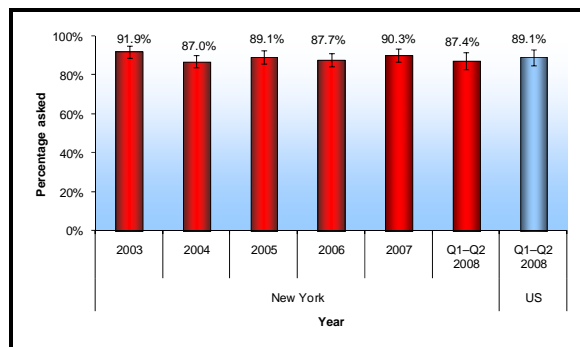


Figure 12. Percentage of Adult Smokers Who Were Advised by Their Health Care Provider to Quit Smoking in the Past 12 Months, ATS 2003–2008 and NATS 2008

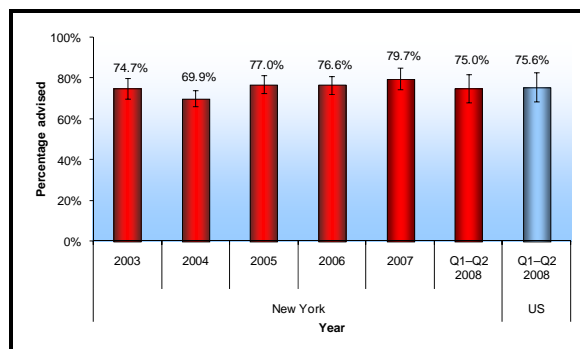
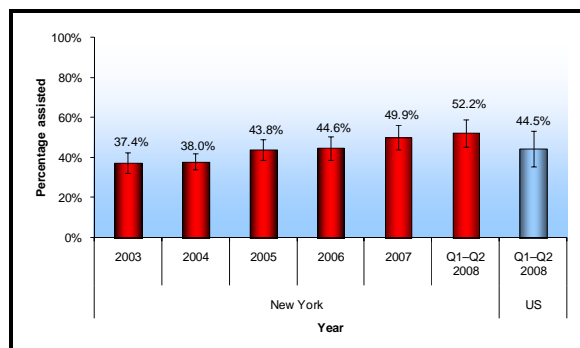


Figure 13. Percentage of Adult Smokers Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, ATS 2003–2008 and NATS 2008

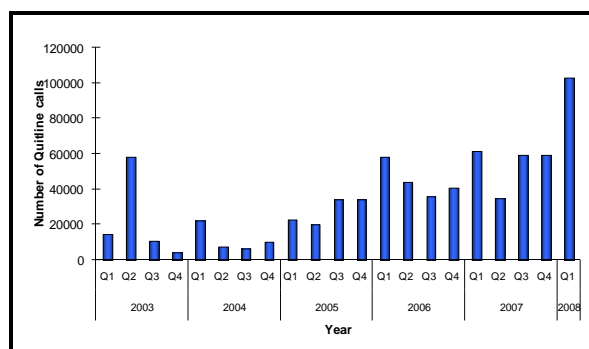


Note: There is a statistically significant upward trend from 2003–2008.

New York State Smokers' Quitline and Quitsite

The New York State Smokers' Quitline was established in 2000 and has seen a steady increase in the number of callers, largely driven by mass media efforts aimed at promoting the Quitline (Figure 14). The Quitline has increased the types of services it provides; in July 2006, the Quitsite was added to complement the Quitline. Quitlines and Web-based quitsites serve a number of purposes in a tobacco control program, including (1) providing an effective, evidence-based service for helping smokers quit smoking; (2) serving as a clearinghouse of information on smoking cessation for smokers, health care providers, and the general public; (3) providing a call to action in mass media messages designed to promote cessation; and (4) enhancing the ability of health care providers to refer their patients to a helpful resource.

Figure 14. New York State Smokers' Quitline Call Volume, Q1 2003–Q1 2008



The core service of the Quitline is to provide support to those who call. The support is provided by Quitline specialists who work with smokers to develop a quit smoking plan, assess eligibility for and provide NRT, and send packets of quit smoking information. The specialist contacts the caller again to offer encouragement, provide additional tips, and determine quit progress. In addition to the core service, residents can access taped “tips of the day” and taped messages on a variety of topics, leave a voicemail message to receive informational materials through the mail,

visit the Quitsite, and be contacted by a Quitline specialist following a referral from a health care provider (Fax-to-Quit program). The Quitline also offers additional coaching calls and NRT for Medicaid recipients and the uninsured.

In late 2004, NY TCP began offering free NRT starter kits and in July 2006 expanded access to free NRT to online requests. As a result of increased promotion of the Quitsite, improved content, and the availability of free NRT, the total number of people visiting the Quitsite has increased markedly over time and now surpasses calls to the Quitline.

Reduced Patient Costs for Treatment

The availability of free NRT starter kits through the Quitsite has provided smokers with an important evidence-based intervention to assist them with their quit attempts. In addition, the New York Medicaid program covers products that help smokers quit, including nicotine inhalers and nasal sprays, medication such as Zyban (bupropion) and Chantix (varenicline), and over-the-counter nicotine patches and gum. The Medicaid program provides coverage for two 90-day courses of treatment annually.

Trends in Key Outcome Indicators

The New York State Health Care Reform Act of 2000 established a “comprehensive statewide tobacco prevention and control program” and defined principal measures of program effectiveness as “negative attitudes toward tobacco use and reduction of tobacco use among the general population.” NY TCP is built on the social norm change model that posits reductions in tobacco use are achieved by creating a social environment and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible. Through public health communications, NY TCP can directly influence individuals’ knowledge of and attitudes toward tobacco messages that highlight the dangers of

tobacco use and exposure to secondhand smoke and tobacco industry propaganda. With statewide and community action, the program can change the social environment by decreasing access to tobacco, reducing the reach and influence of tobacco industry marketing and promotions, and increasing access to effective cessation.

This section addresses progress by NY TCP in achieving its statutorily mandated outcomes over the past 5 years. In addition to examining trends in tobacco use and attitudes toward tobacco use, we include indicators of smoking cessation and smoke-free homes in our set of key program outcome indicators. Indicators are listed below:

- **Cigarette use and smoking cessation**

- **Adult smoking prevalence** as measured by the New York Behavioral Risk Factor Surveillance Survey (BRFSS) and the National Health Interview Survey (NHIS) as a national comparison
- **Number of cigarettes smoked per day by adult smokers** as measured by the New York ATS
- Percentage of adult smokers who **want to quit** “a lot” or “somewhat”
- Percentage of adult smokers who **intend to make a quit attempt** in the next 30 days
- Percentage of adult smokers who **made a quit attempt** in the past 12 months
- **Youth smoking prevalence** as measured by the New York and National Youth Tobacco Surveys and Youth Risk Behavior Surveillance Surveys

- **Exposure to secondhand smoke**

- Percentage of adults who **support the CIAA**
- Percentage of adult smokers who believe that breathing smoke from other people's cigarettes causes **respiratory problems in children**
- Percentage of smokers who report that their **home is 100% smoke-free**

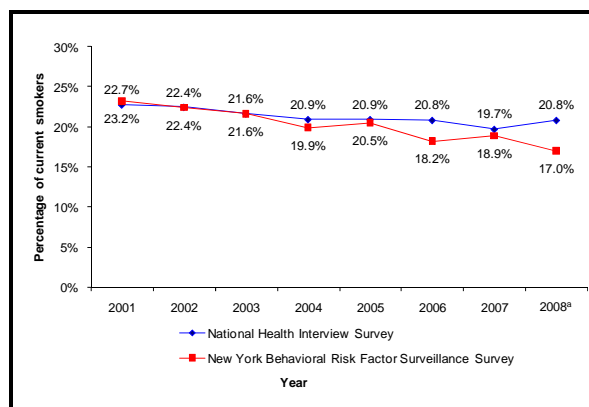
- **Tobacco control policies**

- Percentage of adult smokers who **purchased from low or untaxed sources** in the past 12 months
- Percentage of adult smokers who **purchased from an Indian reservation or over the Internet** in the past 12 months
- Cigarette **price paid per pack**
- Percentage of adults who think **tobacco advertising in stores should be eliminated**
- Percentage of adults who agree that **movies rated G, PG, and PG-13 should not show actors smoking**
- Percentage of adults who support a **ban on smoking in outdoor public places and building entranceways**

Trends in Cigarette Use and Smoking Cessation Indicators

The New York BRFSS and NHIS both show a statistically significant decreasing trend in the percentage of adults who smoke from 2001 to 2007 (Figure 15). These data indicate that the prevalence of smoking in New York was below the national average in 2006, after being very similar to the national rate from 2001 to 2005. Although the difference in 2006 narrowed in 2007, early data from 2008 indicate that the prevalence of smoking is once again lower in New York than in the United States.

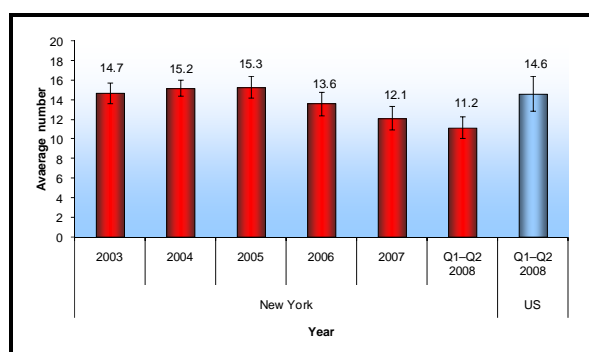
Figure 15. Percentage of Adults Who Currently Smoke in New York (BRFSS) and Nationally (NHIS), 2001–2008



^aNHIS data are reported for Q1 2008. BRFSS data are reported for Q1–Q2 2008.

The New York and National Adult Tobacco Survey (NATS) provide additional insight into trends in smoking behaviors among smokers. Data from the New York ATS are available from 2003 to mid-2008, whereas data from NATS are available for the first quarter of 2007 and the first two quarters of 2008. Consumption in New York dropped nearly 25% from 2003 to 2008 (14.7 to 11.2) and was significantly lower than the national average (14.6) in the first half of 2008 (Figure 16).

Figure 16. Average Number of Cigarettes Smoked per Day by Current Smokers, ATS 2003–2008 and NATS 2008

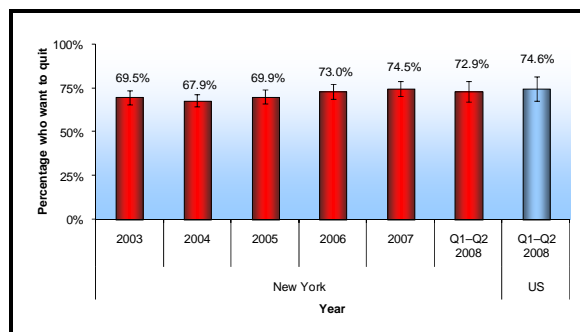


Note: There is a statistically significant downward trend from 2003–2008. The difference between New York and the United States in 2008 is statistically significant.

Trends in key indicators of smoking cessation provide further evidence that cigarette use is

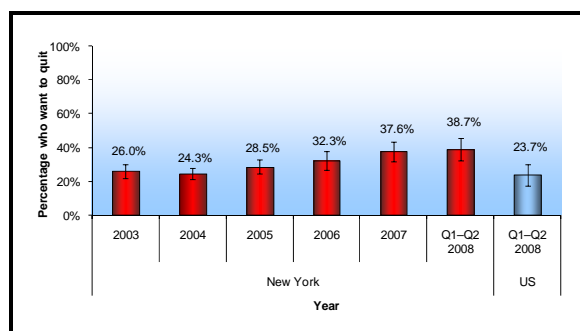
declining faster in New York than nationally. Although New York smokers' desire to quit has not changed over time and is comparable to smokers nationwide (Figure 17), smokers' intentions to quit and quit attempts have increased over time and compare favorably to smokers nationally (Figures 18 and 19). The percentage of New York smokers who indicate that they intend to make a quit attempt in the next 30 days has increased by 50% from 2003 (26%) to 2008 (39%). The comparable national percentage in 2008 is 24%. Finally, the percentage of smokers who have made a quit attempt in the past 12 months increased from 46% in 2003 to 59% in 2008 in New York, compared to 45% nationally.

Figure 17. Percentage of Adult Smokers Who Want to Quit “A Lot” or “Somewhat,” ATS 2003–2008 and NATS 2008



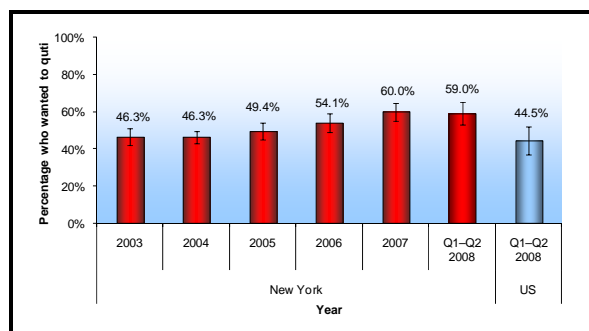
Note: There is a statistically significant upward trend from 2003–2008.

Figure 18. Percentage of Adult Smokers Who Intend to Make a Quit Attempt in the Next 30 Days, ATS 2003–2008 and NATS 2008



Note: There is a statistically significant upward trend from 2003–2008. The difference between New York and the United States in 2008 is statistically significant.

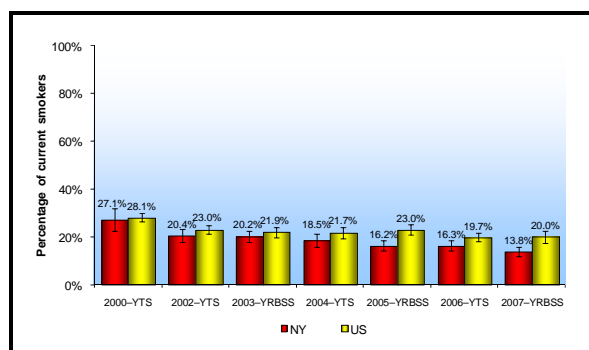
Figure 19. Percentage of Adult Smokers Who Made a Quit Attempt in the Past 12 Months, ATS 2003–2008 and NATS 2008



Note: There is a statistically significant upward trend from 2003–2008. The difference between New York and the United States in 2008 is statistically significant.

Data from the New York and National Youth Risk Behavior Surveillance System (YRBSS) and the Youth Tobacco Surveys (YTS) indicate that current smoking (defined as smoking on any days in the past month) among high school students has declined faster in New York than nationally. Specifically, from 2000 to 2007, smoking among high school students decreased from 27.1% to 13.8% in New York and from 28.1% to 20.0% nationally (Figure 20). Although smoking prevalence was similar in New York and the nation in 2000, it was 31% lower in New York in 2007.

Figure 20. Percentage of High School Students Who Currently Smoke, New York vs. United States, 2000–2007

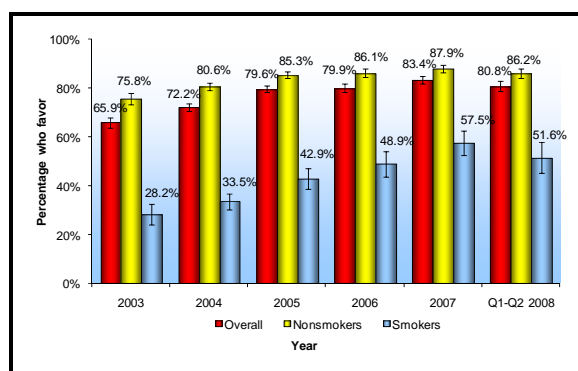


Note: There is a statistically significant downward trend from 2000–2007 in New York and the United States. The difference between New York and the United States in 2007 is statistically significant.

Exposure to Secondhand Smoke

On July 24, 2003, the New York CIAA was amended to include all workplaces, including bars and restaurants. New York was the second state in the nation to have such a comprehensive smoke-free air law. Since that time, an additional 11 states and the District of Columbia have similar comprehensive laws in effect. Support for the law has grown substantially from 2003 to 2008, especially among smokers whose approval of the law nearly doubled over this period (Figure 21).

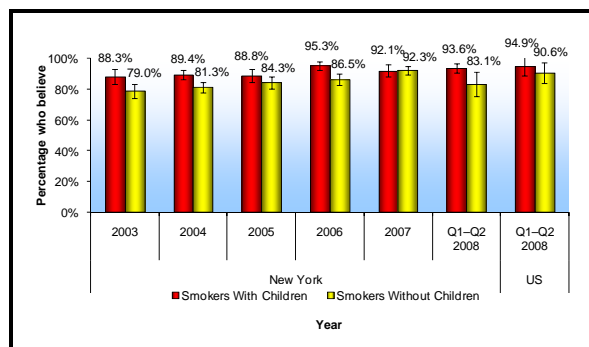
Figure 21. Percentage of Adults Who Favor the Clean Indoor Air Act Overall and by Smoking Status, ATS 2003–2008



Note: There is a statistically significant upward trend from 2003–2008 overall, among nonsmokers, and among current smokers.

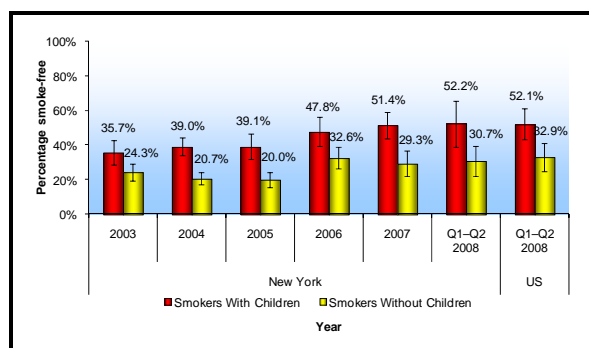
With a comprehensive law that restricts smoking in the workplace, additional opportunities to reduce exposure to secondhand smoke will come from encouraging New Yorkers, especially smokers, to restrict smoking in their homes. Because NY TCP's strategy has been to highlight the dangers of children's exposure to secondhand smoke, related outcome indicators were examined for smokers with and without children under age 18. For smokers with children, there are positive trends in recognizing the dangers of secondhand smoke exposure and eliminating smoking in the home (Figures 22 and 23). For both of these indicators, there were no statistically significant trends for smokers without children and no differences between New York and the nation in 2008 for either group of smokers.

Figure 22. Percentage of Adult Smokers With and Without Children Under Age 18 Who Believe That Breathing Smoke from Other People's Cigarettes Causes Respiratory Problems in Children



Note: There is a statistically significant upward trend from 2003–2008 for smokers with children.

Figure 23. Percentage of Adult Smokers Who Report That Their Homes Are 100% Smoke-Free, ATS 2003–2008 and NATS 2008



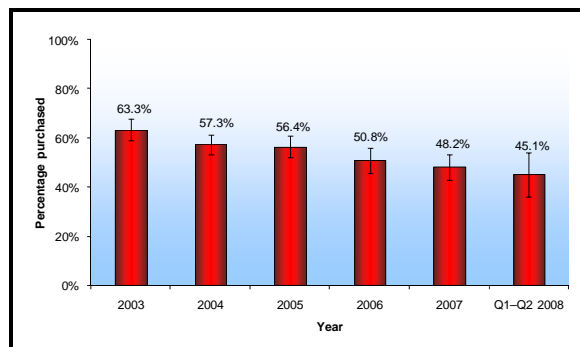
Note: There is a statistically significant upward trend from 2003–2008 for smokers with children.

Tobacco Control Policies

A core focus of NY TCP is to change the social environment with a comprehensive agenda of tobacco control policy change. In the wake of the CIAA amendment, NY TCP has focused on increasing the unit prices of tobacco products, reducing retail tobacco advertising and promotion and tobacco industry sponsorships, and further eliminating smoking in public venues. The \$1.25 tax increase in June 2008 was a major achievement and will lead to reductions in cigarette consumption and current smoking prevalence in the period following this increase.

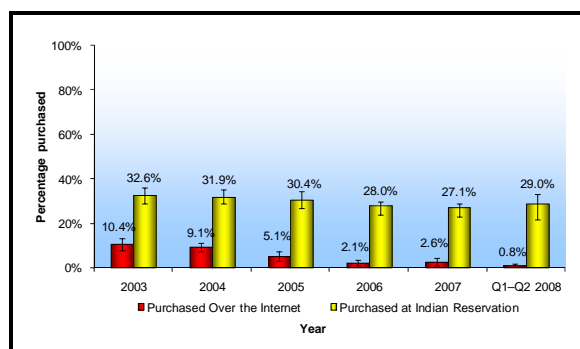
However, the benefits of higher cigarette taxes can be attenuated by smokers' efforts to avoid paying higher taxes by purchasing cigarettes from low or untaxed sources (Figure 24) or on the Internet or on Indian reservations (Figure 25).

Figure 24. Percentage of Smokers Who Purchased from Low or Untaxed Sources in the Past 12 Months, ATS 2003–2008



Note: There is a statistically significant downward trend from 2003–2008.

Figure 25. Percentage of Adult Smokers Who Purchased from an Indian Reservation or the Internet in the Past 12 Months, ATS 2003–2008

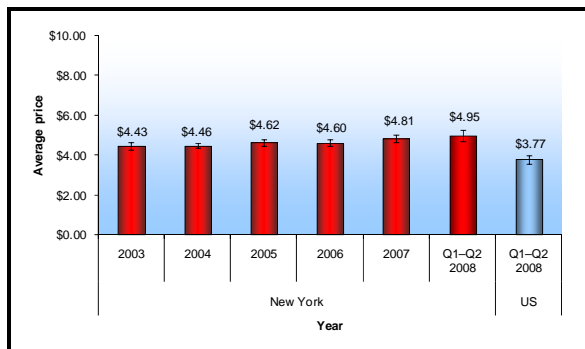


Note: There is a statistically significant downward trend in purchasing cigarettes on the Internet from 2003–2008.

Although there is a downward trend in the percentage of smokers who have evaded cigarette excise taxes from 2003 to 2008, the prevalence as of 2008 is relatively high at 45% (see Figure 24). The predominant source of tax evasion in New York is from Indian reservations—the prevalence of tax evasion from reservations has remained stable over time at approximately 3 in 10 smokers (see Figure 25). Online sales, in contrast, have decreased over time, following the 2005

agreement between the New York Attorney General and credit card companies to eliminate online purchases of tobacco products. However, tax evasion will likely increase following the recent tax increase. Despite the prevalence of tax evasion in New York, higher cigarette excise taxes do prompt smokers to quit or cut back on cigarette consumption and discourage youth from becoming regular smokers. Figure 26 illustrates that, in the first half of 2008, before the tax increase, the price of a pack of cigarettes in New York was \$1.18 higher than the national average. However, those who report frequently purchasing cigarettes from low- or untaxed sources paid \$2.02 less per pack (\$5.69 versus \$3.67).

Figure 26. Average Price Paid per Pack of Cigarettes, ATS 2003–2008 and NATS 2008

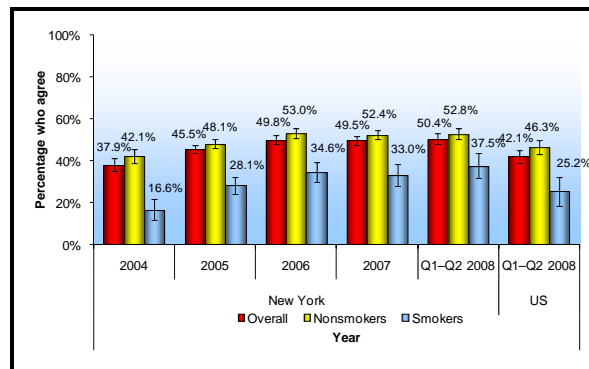


Note: There is a statistically significant upward trend from 2003–2008. The difference between New York and the United States is statistically significant in 2008.

Other key outcome indicators include attitudes that are tied to other NY TCP policy efforts, such as eliminating tobacco advertising in stores (Figure 27); eliminating smoking from movies rated G, PG, and PG-13 (Figure 28); and eliminating smoking in outdoor public places (Figure 29) and building entranceways (Figure 30). For example, an increasing percentage of New Yorkers believe that cigarette advertising should be eliminated in the retail environment. By the first half of 2008, attitudes among all New Yorkers, smokers, and nonsmokers are stronger than their national counterparts. New Yorkers' attitudes toward eliminating smoking in the movies have also

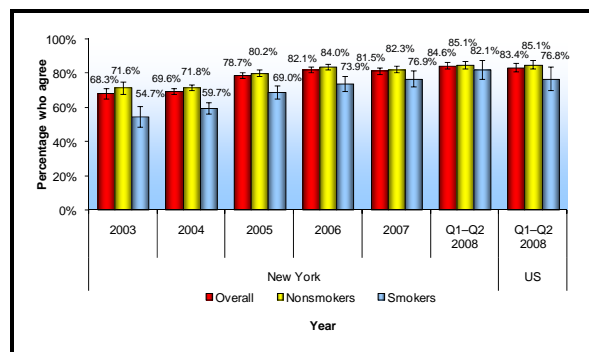
strengthened over time. In 2008, attitudes are similar in New York and the United States. The last two indicators demonstrate support for NY TCP's efforts to reduce smoking in outdoor public places to further denormalize tobacco use. Support for eliminating smoking in building entranceways and outdoor venues, such as parks and beaches, has increased over time.

Figure 27. Percentage of Adults Who Think That Tobacco Advertising in Stores Should Be Eliminated, ATS 2004–2008 and NATS 2008



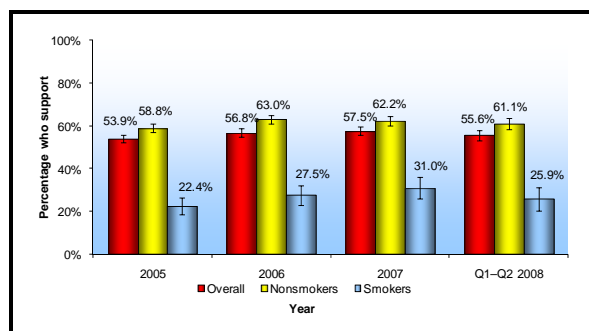
Note: There is a statistically significant upward trend from 2004–2008 overall, among nonsmokers, and among current smokers. The difference between New York and the United States is statistically significant in 2008 for all three groups.

Figure 28. Percentage of Adults Who Agree That Movies Rated G, PG, and PG-13 Should Not Show Actors Smoking, ATS 2003–2008 and NATS 2008



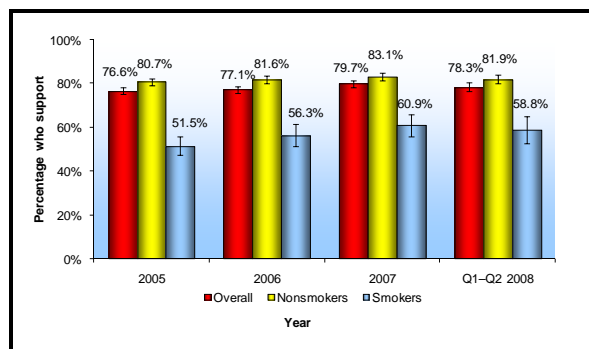
Note: There is a statistically significant upward trend from 2003–2008 overall, among nonsmokers, and among current smokers.

Figure 29. Percentage of Adults Who Support a Ban on Smoking in Outdoor Public Places, ATS 2005–2008



Note: There is a statistically significant upward trend from 2005–2008 overall, among nonsmokers, and among current smokers.

Figure 30. Percentage of Adults Who Support a Ban on Smoking in Building Entraceways, ATS 2005–2008



Note: There is a statistically significant upward trend from 2005–2008 overall, among nonsmokers, and among current smokers.

Assessing the Progress of the New York Tobacco Control Program

This section of the report assesses—where possible—the relationship between program components and outcomes. As described in the Introduction, evaluation science in tobacco control is somewhat limited in its ability to connect on-the-ground activity with public health outcomes. CDC and NCI have always advised state programs such as New York's to focus evaluation efforts on the comprehensive program, not individual components. Although RTI has worked

to evaluate individual program components and tie them to outcomes, it is not yet possible to determine the effect of community partner efforts on key outcome indicators.

Cigarette Use and Smoking Cessation

Indicators of smoking behaviors in New York compare favorably to national averages. Although difficult to quantify, the trends in indicators of program implementation and impact help explain the positive trends in smoking behaviors:

- awareness of paid media has increased,
- antitobacco attitudes have strengthened,
- exposure to secondhand smoke has decreased,
- Quitline call volume has increased,
- health care provider assistance of smokers' efforts to quit have increased,
- cigarette prices remained above the national average, and
- tobacco control policies targeted by community partners have become more prevalent.

In addition, average per capita funding for NY TCP from 2002–2006 was similar to the national average (lower than the national average before 2004 and higher after). The fact that trends in smoking behaviors in New York compare favorably to national trends suggests that program funds have been invested wisely and that changes in tobacco control policies and norms have contributed to these differences.

Although it is difficult to identify and attribute specific contributions of each program activity to changes in these outcomes, we do have detailed information on NY TCP's paid media campaigns that allows us to examine more closely the link between New Yorkers' exposure to these efforts and related program outcome indicators. Specifically, data indicate that exposure to NY TCP paid television campaigns is associated with increases in intentions to quit, quit attempts, and calls to the Quitline. Television

advertisements promoting cessation that contained strong emotional appeals and/or graphic images had the strongest influence on quit attempts. In addition, call volume increased in response to television advertisements promoting smoking cessation and highlighting the dangers of children's exposure to secondhand smoke.

Exposure to Secondhand Smoke

A series of studies demonstrated that the CIAA reduced exposure to secondhand smoke among hospitality workers (Farrelly et al., 2005) and the general population of nonsmokers in New York (CDC, 2007b) and led to declines in heart attacks (Juster et al., 2007). Over the past 5 years, awareness of messages highlighting the dangers of children's exposure to secondhand smoke increased as has support for the CIAA among smokers and nonsmokers. During this same period, an increasing percentage of smokers with children recognized the harmful effects of this exposure on children and eliminated smoking in their homes. Furthermore, smokers who reported seeing NY TCP television advertisements were more likely to support the CIAA and recognize the dangers of secondhand smoke exposure. However, there was no significant relationship between awareness of these advertisements and smoke-free homes.

Tobacco Control Policies

At the core of CDC's recommendations for state and community interventions is a focus on promoting "durable changes in social norms" (CDC, 2007a, p. 22). In essence, this translates to promoting policy changes that can have the greatest population impact, such as comprehensive smoke-free air laws, increases in the unit prices of tobacco, and limits on tobacco marketing and promotion. This strategy is favored over "individually focused educational and clinical approaches with a smaller span of impact" (p. 22). CDC concludes that community partners are needed to effect policy change in all settings, including "homes, work sites, schools, places of

worship, places of entertainment, health care settings, civic organizations, and other public places" (p. 22).

NY TCP's strategic plan is consistent with CDC's recommendations. CDC's guidance suggests that, although services such as the Quitline and distribution of NRT starter kits play a role in a comprehensive tobacco control program, population-level changes in tobacco use require comprehensive tobacco control policies with a large span of impact. In the past 5 years, there have been a number of statewide policy accomplishments:

- The 2003 CIAA amendment eliminated smoking in virtually all workplaces, including restaurants and bars.
- A 2003 law prohibited commercial mail carriers (e.g., UPS, Federal Express, DHL) from shipping cigarettes purchased over the Internet to New York residents.
- In 2000, New York became the first state in the nation to enact a cigarette law requiring tobacco companies to sell self-extinguishing cigarettes (i.e., low ignition propensity cigarettes). This law went into effect in 2004.
- In 2005, the New York Attorney General reached an agreement with major credit card companies to prohibit online purchases of tobacco products and with publishers of *Time*, *People*, *Sports Illustrated*, and *Newsweek* to remove tobacco advertisements from editions sent to schools.
 - In January 2008, Johnson Publishing notified the New York State Attorney General's Office that it would send tobacco advertisement-free editions of *Jet* and *Ebony* to schools and libraries.
- In 2006, the NY TCP budget nearly doubled to \$85 million.
- In 2007, representatives from NYSDOH, the Department of Agriculture, and the state fair made a decision to ban tobacco sponsorships and sales on the state fairgrounds.
- In 2007, the New York Office of Alcoholism and Substance Abuse Services adopted

regulations that went into effect in 2008 to require all substance abuse treatment facilities to treat tobacco use and dependence and maintain tobacco-free campuses.

- In June 2008, the per-pack cigarette excise tax was increased by \$1.25.
- In January 2008, NYSDOH submitted a citizen's petition to the federal Food and Drug Administration (FDA) to increase access to over-the-counter NRT. The petition seeks to allow the sale of over-the-counter NRT in all retail locations where cigarettes are sold, allow NRT to be sold in "daily" units, and modify labeling requirements to fully disclose the benefits of NRT relative to continued cigarette use.

At the grassroots level, community partners have worked to establish tobacco control policies in schools, the retail environment, and community organizations to denormalize tobacco use and restrict the influence of tobacco industry advertising and sponsorships. Although it is sometimes difficult to link these activities and policy changes to outcomes, we have been able to demonstrate an impact in some cases. The CIAA reduced exposure to secondhand smoke and led to declines in heart attacks, and online cigarette sales dropped following the 2005 ban on online cigarette purchases. Consistent with the large evidence base for the impact of cigarette excise taxes, smoking prevalence and consumption are expected to decline following the recent tax increase.

With respect to other policies, support for eliminating tobacco advertising in stores and smoking in the movies has increased over time as has support for bans on smoking in outdoor public places and building entranceways. To date, community partners' activities and accomplishments have not been linked to greater support for these policies. Although an increasing number of communities and community organizations have adopted policies in these areas, they are not yet widespread enough to influence statewide norms. However, as with other tobacco

control policies (e.g., CIAA), statewide change often follows growing local support for policy.

Programmatic Recommendations

NY TCP's approach to reducing tobacco use and addiction and the resulting disease and premature death they cause is built on a solid foundation of evidence-based science as well as promising new approaches. Data indicate that NY TCP's efforts have led to declines in youth and adult smoking rates that have outpaced national declines from 2003 through early 2008. The program has strong support from the Commissioner of Health and has benefited from increased funds in recent years, which have translated to changes in several program outcomes. It is crucial that the momentum in New York continues and the strong infrastructure that is in place is maintained so the goal of 1 million fewer smokers in 2010 will be achieved.

As with previous IERs, RTI offers some overall recommendations for the program's consideration as well as some specific suggestions for improvement within each of three programmatic strategies.

Overall Program Recommendations

- Restore NY TCP funding to a minimum of \$85 million per year.
- Invest a minimum of \$25 million in advertisements with strong emotional appeals and graphic images to achieve a minimum of 60% confirmed awareness among target audiences.
- Expand resources for the Quitline to accommodate expanded public communication efforts.
- Maximize the impact of the recent excise tax increase by continuing to eliminate opportunities for tax evasion.
- Continue to develop statewide and community action efforts to effect policy change.

- Coordinate community action and statewide media more explicitly.

Statewide and Community Action Recommendations

- Community and Youth Partners should focus on the retail environment in their efforts to reduce tobacco advertising because this is where the majority of tobacco industry spending occurs.
- Partners should fine-tune targeting of organizations that are most likely to receive tobacco industry sponsorship and corporate giving.
- School Policy Partners should work toward strengthening the state law prohibiting tobacco use on school grounds, which in turn would facilitate the adoption and implementation of stronger local policies.
- NY TCP should continue to invest in training to further develop partners' advocacy skills.
- Statewide media should be coordinated more fully with community action efforts.

Health Communication Recommendations

- Continue to air countermarketing messages that resonate with viewers, especially those that use significant emotional appeal and intense or graphic images, balanced with those with lower sensation value messages that focus on "how-to-quit" for smokers who are ready and open to quitting.
- Continue to invest in media sufficient to consistently achieve at least 60% confirmed awareness of countermarketing advertisements.
- Target cessation-related media activities to smokers who are most open to quitting as they represent a large proportion of all smokers.
- Conduct focus groups and other formative research activities to better understand the motivations of smokers who are less open to quitting for purposes of future media planning.
- Continue to make use of advertisement pretesting to inform the selection of countermarketing media and messages.

- Continue investing in evidence-based approaches for sustaining Quitline use, such as summer radio campaigns to fill gaps in television advertising inactivity.

Cessation Recommendations

- Increase call volume to the Quitline (by 300,000 to 350,000 calls) and visits to the Quitsite (at least 1 million visits annually), with sufficient resources to provide high quality, effective service and NRT to smokers seeking to quit.
- Continue to promote the Quitline and Quitsite with media, and continue efforts to coordinate media efforts with Quitline staffing to avoid problems associated with capacity constraints and abandoned calls.
- Continue to advocate for improvements in tobacco dependence assessment and treatment systems among primary care providers, placing greater emphasis on targeting practices with multiple providers and those that provide services to populations with higher smoking rates.

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