



Annual Report Massachusetts Tobacco Control Program

Massachusetts Department of Public Health
Fiscal Year 2008

Make smoking history.



Deval L. Patrick, Governor
Timothy P. Murray, Lieutenant Governor
JudyAnn Bigby, MD, Secretary, Executive Office of Health and Human Services
John Auerbach, Commissioner, Department of Public Health



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Recent reports and updated information are available at www.mass.gov/dph/mtcp.

Letter from the Director

FY 2008 was a year of major accomplishment for the Massachusetts Tobacco Control Program. Through evidence-based programs and media campaigns, we reduced smoking rates in Massachusetts, significantly improving the health of adults and young people in the Commonwealth.

The reduction in smoking rates drives down the Commonwealth's spending on health care. In FY 2008, tobacco use cost Massachusetts \$6 billion annually; a full \$4.3 billion in direct health care costs alone.

The Massachusetts Tobacco Control Program (MTCP) works to reduce this financial burden by basing our programming on the most recent evidence, allowing us to make informed fiscal and clinical decisions. We research and evaluate all major programs and media campaigns, ensuring accountability for their effectiveness.

The Massachusetts Tobacco Control Program is also a presence in cities and towns throughout the Commonwealth, partnering with local government and civic organizations to prevent youth from starting to smoke, help smokers quit, and protect the public from secondhand smoke.

While the economic cost of tobacco is a drain on our economy, the human cost is also significant. Hidden in the numbers are the stories of tens of thousands of people in Massachusetts whose lives have been devastated by tobacco use. Every smoker who quits is a victory; every child who doesn't start is an investment in a happier, healthier future.

MTCP's accomplishments in FY 2008 were made possible through an increased budget, the solid support of Governor Deval Patrick and the Legislature, and the guidance of Secretary of Health and Human Services Dr. JudyAnn Bigby and Public Health Commissioner John Auerbach. With their help, we look forward to further driving down smoking rates and associated health care costs in FY 2009.

Lois Keithly, PhD, MSMIS

*Director, Massachusetts Tobacco Control Program
Massachusetts Department of Public Health*

Mission and Values

Mission:

Our mission is to reduce the health and economic burden of tobacco use by:

- Preventing young people from starting to smoke
- Helping current smokers to quit
- Protecting children and adults from secondhand smoke
- Identifying and eliminating tobacco-related disparities

We will accomplish this by:

- Educating the public about the health and economic costs of tobacco use and secondhand smoke
- Ensuring access to effective cessation treatment for all smokers
- Working to reduce the demand for and restrict the supply of tobacco products
- Monitoring key components of tobacco product design
- Engaging communities affected by tobacco and seeking their guidance
- Developing policies and programs that are culturally and linguistically appropriate
- Funding local and statewide programs
- Working with public and private partnerships
- Using data to plan and evaluate programs and activities

VALUES:

- Everyone should have the opportunity to live tobacco-free.
- We respect the effort it takes to quit smoking and stay quit.
- We are committed to providing innovative leadership.
- We cultivate cooperative relationships, share resources, and appreciate our common purpose.
- We do not accept funding from, or partner with, the tobacco industry.

Budget

Investing in the health of Massachusetts' citizens

The Massachusetts Tobacco Control Program addresses tobacco on many levels: changing social norms, helping smokers quit, informing policy decisions, and enforcing laws to protect nonsmokers.

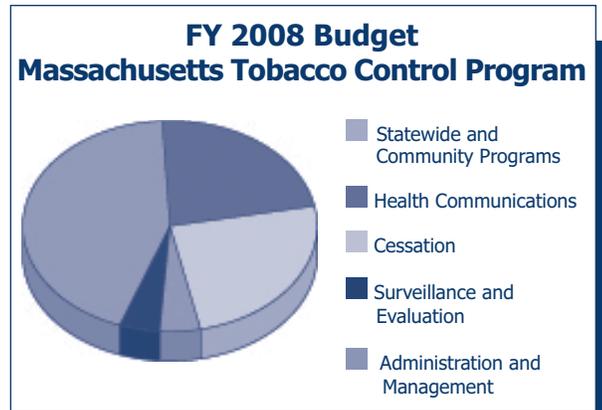
MTCP's state and community programs are active in the Commonwealth's 351 cities and towns. These programs provide local youth smoking prevention efforts, enforce laws regarding tobacco, and provide guidance in emerging issues.

A core component of MTCP's cessation programming is the Massachusetts Smokers' Helpline, which offers free counseling and advice to residents of the Commonwealth. Cessation initiatives also include working with community health centers and special populations, and integrating tobacco cessation into the existing health care structure.

Health communications support every aspect of MTCP's work: preventing youth from starting to smoke, helping smokers quit, and shaping social norms related to tobacco use. MTCP develops and disseminates strategic, culturally appropriate, and high-impact messages that are integrated into the overall tobacco control program effort.

Surveillance and evaluation allow MTCP to monitor tobacco-related attitudes, behaviors, and health outcomes at regular intervals and to make results available to the public. MTCP regularly evaluates its initiatives, and bases programming decisions on solid health outcomes.

Through administration and management, MTCP coordinates tobacco control efforts throughout the state, communicating best practices, managing contracts, and providing oversight and leadership.



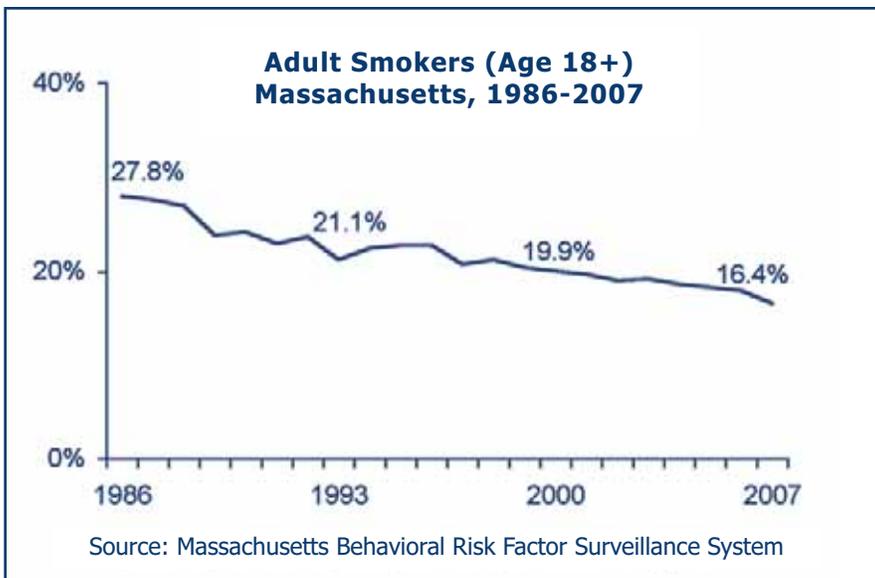
Area	Amount	Percentage
State & community programs	\$5,532,500	43.5%
Health communications	\$2,920,622	23.0%
Cessation	\$3,124,965	24.5%
Surveillance and evaluation	\$587,580	4.5%
Administration & management	\$584,333	4.5%
TOTAL	\$12,750,000	100.0%

Highlights of FY 2008

MTCP reduced the rate of adult smoking in Massachusetts.

The smoking rate among Massachusetts adults fell in FY 2008, from 17.8% to 16.4%. This represented 67,887 fewer smokers, dropping from 863,128 in 2006 to 795,241 in 2007, based on 2000 US Census and Massachusetts BRFSS data. Smoking rates fell 26% among MassHealth members in the two

years after MTCP's partnership with MassHealth resulted in the creation and implementation of a comprehensive MassHealth cessation benefit, which MTCP promoted through media campaigns and outreach to MassHealth providers. Massachusetts had the 4th lowest adult smoking rate in the nation in 2007; the national average was 19.8%.



MTCP reduced the rate of youth smoking in Massachusetts.

Youth smoking in Massachusetts fell from 20.5% in 2005 to 17.7% in 2007, according to a report released in FY 2008. Increased

enforcement of laws prohibiting tobacco sales to minors was a contributing factor; in FY 2008, MTCP was able to fund 195 local boards of health and 100 youth access programs to conduct checks to ensure compliance with the law. A social norms campaign targeted at teens and MTCP programs engaging youth in positive messages countering tobacco also contributed to the decline. The youth smoking rate was 30% when the Massachusetts Tobacco Control program was first funded in 1993. Massachusetts' youth smoking rate in 2007 was a full 2.3 percentage points lower than the national average of 20.0%.

Prevented nearly 600 heart attack deaths each year in Massachusetts.

A study completed in FY 2008 shows that there were 577 fewer than expected heart attack deaths annually after the Massachusetts Smoke-Free Workplace Law was implemented in 2004. MTCP was charged with implementing the law and worked to achieve a compliance rate of over 95%. The resulting reduction in exposure to secondhand smoke had a

significant effect in reducing heart attack deaths. The study was conducted by the Massachusetts Department of Public Health and the Harvard School of Public Health.

Eased access to municipality-specific information

Massachusetts residents can now access real-time information about tobacco's impact on their city or town. As part of a strong commitment to transparency and sharing information, MTCP created a database that generates a fact sheet with health and economic statistics for each of the 351 cities and towns in the Commonwealth. The Tobacco Automated Fact Sheet Information (TAFI) system is at www.makesmokinghistory.org.

Educated and motivated smokers through media campaigns

MTCP produced two media campaigns that changed attitudes and behaviors in FY 2008. The *Fight 4 Your Life* campaign resulted in up to 100,000 attempts by smokers to quit. The campaign used real stories of Massachusetts residents who quit smoking to encourage other smokers to quit. The *Before you light up, look down* campaign featured a young child's face and gave information about protecting children from secondhand smoke. The ads ran on radio and public transportation, and resulted in an 8% increase in smokers who said they had asked their health care providers about secondhand smoke, and a 7% increase in those who said they had asked for help quitting smoking.



Preventing young people from starting to smoke

Under 27 campaign expands message about illegal sales to minors

MTCP's *Under 27* campaign increases awareness among tobacco retailers, their employees, and the general public about state and local laws concerning tobacco sales to minors.

To increase the impact of the campaign in FY 2008, MTCP funded nine local Board of Health tobacco control programs and four youth access prevention programs to expand the visibility of the *Under 27* message. The programs partnered with retailers in a total of 171 towns in their extended communities to develop and distribute *Under 27* materials such as posters, calendars, counter pads, and penny dishes.



These materials replaced items in 2,065 retail stores that would otherwise carry cigarette advertising. Spanish language materials were developed for some communities. Towns leading this effort included Andover, Barnstable, Fall River, Lee/Lenox/Stockbridge, Leominster, Marblehead, New Bedford, Springfield, and Worcester.

The campaign serves as a reminder of the Attorney General's regulation that requires retailers to ask for an ID from anyone attempting to purchase tobacco who appears to be under the age of 27, as well as the law prohibiting the sale of tobacco to those under the age of 18. The campaign is jointly sponsored by the

Massachusetts Department of Public Health and the Office of Attorney General Martha Coakley.

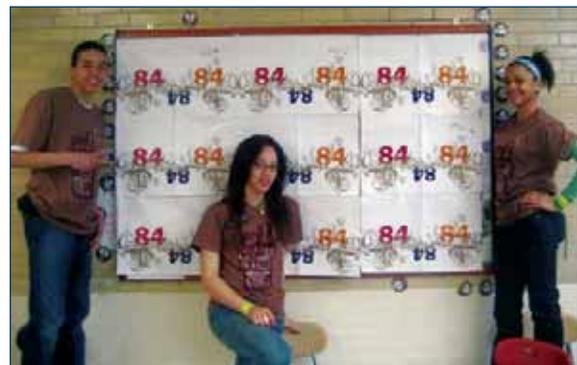
For more details on the status of efforts to reduce youth access to tobacco, read MTCP's FY 2008 Annual Report on Reducing Youth Access to Tobacco, which can be found online at www.mass.gov/dph/mtcp. Training materials, posters, *Under 27* logo items, and other resources are available free of charge to any tobacco retailer in the Commonwealth at www.Under27.org.

The 84 message spreads positive social norm

In FY 2008, MTCP launched *The84* – a social norms campaign spreading the message that 84% of young people in Massachusetts choose not to smoke. The campaign’s website, the84.org, creates a link between online and in-person activities for young people interested in fighting tobacco and spreading the word about the positive activities they are engaged in.

The84.org was designed by The Medical Foundation and Argus with direction from a statewide youth advisory group, and was launched in August 2007. Young people worked with The Medical Foundation in FY 2008 to expand the84.org, and MTCP funded Geovision to promote the site and to plan FY 2008 activities, including increased blogging and outreach to social networking sites frequented by teens, and an online rewards program. From September 2007 to June 2008, the84.org website had 16,823 unique visitors and 770,054 page views. By the close of FY 2008, nearly 2,000 youth had registered to be members of the84.org.

To celebrate the launch of the84.org website, Mass Youth Against Tobacco (MYAT) held celebrations in Worcester and in the Mission Hill neighborhood of Boston. Guests included many of the teens from across the state who had helped develop the84.org, as well as Secretary of Health and Human Services JudyAnn Bigby and DPH Commissioner John Auerbach. Highlights of the launch parties included live performances of dance and music by youth.



To help young people across the Commonwealth spread the core message of the social norms campaign—that 84% of their peers choose not to smoke—and to build awareness of the84.org, MTCP selected 26 school and youth groups in 24 communities to hold two youth-led promotional events. More than 500 students directly involved in the visibility mini-grants reached an estimated 17,311 other young people through a major event, and reached an estimated 13,664 young people through follow-up events.

The84.org served as a virtual movie theater for MTCP’s second annual youth film shorts contest. Massachusetts high school students from across the Commonwealth created 30-second film-shorts that demonstrated what made them part of the statewide youth anti-tobacco movement. Twenty-eight groups submitted 125 entries to the contest. The entries were available for viewing at the84.org, where site visitors could vote on their favorites.

Entries on the site were viewed a total of 23,476 times, and viewers cast 1,073 votes for the newly created Viewers' Choice Award.

The grand prize winner was an entry from Sociedad Latina in Boston. First place category winners were entries from Prospect Hill Academy Charter School, Northampton High School, Masconomet Regional High School, and BOLD Teens in Boston. For the second year in a row, WCVB-TV Channel 5 co-sponsored the Film Festival Award ceremony, aired the winning entries on WCVB-TV and posted the winning film shorts on TheBostonChannel.com. WCVB's support helped make the contest a success.



Massachusetts youth reach out to peers

Mass Youth Against Tobacco (MYAT) coordinates a growing tobacco prevention movement in Massachusetts for youth, by youth. An MTCP-funded project of The Medical Foundation, MYAT provides young people with opportunities to take the lead in tobacco prevention efforts through mini-grants, a statewide youth summit, and youth leadership awards.

In FY 2008, MYAT awarded mini-grants to 18 youth groups in 16 communities across the Commonwealth to support young people in engaging their peers in tackling tobacco-related issues. A total of 185 young people directly participated in the mini-grant projects and were able to reach an estimated 15,461 other youth through their projects.

The FY 2008 mini-grant categories placed a priority on collaborating with other community coalitions and MTCP funded programs to strengthen their efforts.

- **Connecting for Change** — Using this grant, two youth groups built connections with MTCP-funded Community Smoking Intervention Demonstration grants to address tobacco-related issues that were specific to needs in their communities. The grants worked on a social norms campaign and educated parents about issues of tobacco access and youth smoking.
- **Taking on Tobacco** — Ten youth groups conducted retailer education sessions, social norms campaigns with peers, and addressed tobacco advertising issues. The groups built on youth-focused work being done by community programs that were funded by the Bureau of Substance Abuse Services.

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- **Mission: Tobacco Sales Impossible**— This grant enabled six youth groups to educate 228 tobacco retailers, raise awareness in their communities about youth tobacco use and tobacco industry advertising, and reduce the availability of tobacco among their peers and younger children.

Young people tackle tobacco at Youth Summit

One hundred and fifty young people brought their enthusiasm, skills, and ideas to the 2008 Youth Summit. The entire day's events were youth-led, with adult guidance. During the Summit, participants discussed and presented their tobacco issue priorities and accomplishments, viewed the winning film-shorts contest entries, and talked about what motivated them to be leaders in the youth movement against tobacco.

Participants at the Summit identified three priority issues concerning tobacco control. The three categories for the FY 2009 MYAT mini-grants are based on the three priority issues:

- Family and friends smoke and are at risk of disease and death.
- Target marketing of poor people, people of color and youth.
- Younger kids are exposed to secondhand smoke and unhealthy role modeling

A highlight of the day was the presentation of the Regional and Statewide Leadership Awards. Linette Carvalho of Roxbury was the Statewide Youth Leadership Award Winner. Regional Youth Leadership Awards went to Anthony White, Boston; Fidgi Simeon, Worcester; Laren Soares, Stoughton; Leslie Estevez, Northampton; Smriti Choudbury, Ashland; Iva Popa, Somerville; and Stephanie Pierre, Malden.

Regional Advisory Groups guide planning

MTCP is committed to obtaining strategic input on tobacco-related concerns and experiences directly from the diverse youth from all regions of Massachusetts. To this end, in FY 2008 MTCP funded each of the Commonwealth's six regional Centers for Healthy Communities to recruit and train a Regional Youth Advisory Group.

The resulting six regional groups conducted community conversations with peers and adults to compile their thoughts and concerns on tobacco issues. The groups used the issues that emerged to guide planning for the 2008 MTCP Youth Summit and MYAT mini-grant efforts for FY09.

Adding the Zero – Middle School Grants

Building on the success of the existing DPH/Blue Cross 5-2-1 Healthy Choices messaging campaign, the Adding the Zero pilot program promoted zero tobacco use to middle school students by creating the new 5-2-1-0 message: eat 5 fruits and vegetables a day; limit screen time to 2 hours; engage in 1 hour of active movement; and have 0 tobacco use. By becoming part of before- and after- school programming and in-school curricula, over 900 middle school students were involved with the program and over 4,500 students in 10 schools were exposed to the 5-2-1-0 message in FY 2008.



Looking Ahead

Acting on feedback from Youth Summit participants, MTCP is working with Geovision to launch a new electronic forum for young people. The forum will provide a secure online space where young people can tell how smoking and tobacco affect their lives and how they have supported friends' and family members' attempts to quit. The forum's goal is to encourage young people to tell their stories and see how, by giving voice to their stories, they can help fight the devastation caused by tobacco use.

MTCP is also partnering with the Department of Elementary and Secondary Education (DESE) to assist public schools in developing tobacco policies. These policies will help schools become totally smoke-free on all school campuses and at all school-related events. MTCP's current school tobacco policy manual is available for download at www.makesmokinghistory.org.



Helping current smokers to quit

Fight 4 Your Life

In FY 2008, MTCP worked with causemedia to create *Fight 4 Your Life*, a television, transit, and internet campaign that features real people who battled to quit smoking—real people who fought for their lives.

The *Fight 4 Your Life* media campaign offered a positive message to smokers, telling them that they can and should quit by publicizing success stories from former smokers. The campaign aired on broadcast television, cable, and the internet for 12 weeks, from January through March 2008.

Fight 4 Your Life was the first state-funded quit-smoking television campaign to be aired in Massachusetts since 2001.

Although smoking rates have fallen dramatically in the past 20 years, smoking rates among low socioeconomic groups remain disturbingly high in Massachusetts and across the country. The *Fight 4 Your Life* campaign aimed to reach people in these lower-educated and lower-income groups.

MTCP's research showed that men feared disability more than death, and that support was an important part of women's decisions to quit. Ronaldo Martinez, who lost his larynx from smoking, was featured in ads aimed at men, which were designed to emphasize disability caused by smoking.



Fight 4 Your Life ads aimed at women were designed to appeal to women's health concerns, but also to offer support and encouragement from other women like themselves who had successfully quit. These campaign ads featured two

Massachusetts women who spoke from the heart about what it meant to them to quit smoking.

A total of 3,500 pre- and post-campaign telephone surveys revealed a 9.4% increase in quit attempts among the target audience during the campaign. This increase represents additional quit attempts made by an estimated 60,000 to 100,000 smokers in Massachusetts.

In comparison to all pieces of demographic and lifestyle data, recall of *Fight 4 Your Life* ads was the factor most highly related to making a quit attempt. Smokers who recalled seeing the ads were 78% more likely to have made a quit attempt than were those who did not recall the ads.

To view the ads, visit www.makesmokinghistory.org.

Local nicotine patch giveaways reach smokers in their communities

Use of medications such as the nicotine patch double a smoker's chance of quitting for good. Unfortunately, the cost of these over-the-counter medications can be a barrier to their use.

During FY 2008, MTCP addressed this cost issue by conducting nicotine patch giveaway promotions in three communities with high smoking rates: Berkshire County and the cities of Lowell and Worcester.

During the nicotine patch giveaway promotions, MTCP encouraged smokers to quit by calling the Massachusetts Smokers' Helpline to receive a free, two-week supply of nicotine patches and to take advantage of free telephone support. The promotions also raised awareness about the availability and effectiveness of medications used in combination with counseling.

In March and April 2008, MTCP conducted a nicotine patch giveaway promotion in Lowell, where the 2007 smoking rate was 22.4%, compared with the statewide rate of 16.4%. In May and June 2008, MTCP ran a nicotine patch giveaway in Worcester, where the 2007 smoking rate was 21.1%.

The Lowell and Worcester campaigns relied on community outreach and earned media to promote the giveaway. Staff from the Massachusetts Smokers' Helpline and UMass Medical School trained outreach counselors to talk about quitting smoking using the patch. Local MTCP-funded programs distributed information in several languages, coordinated press events, and worked with local community-based organizations to spread the word about the availability of free nicotine patches.

Both campaigns also paid special attention to linguistic minorities within their communities, including Hispanic, Cambodian, Brazilian, and Portuguese residents, whose smoking rates are substantially higher than that of the general population. The promotions generated 650 calls to the helpline from Lowell and another 801 from Worcester.

In June 2008, MTCP adapted its *Fight 4 Your Life* ads to support a free patch giveaway program in Berkshire County. Local programs at Berkshire Medical Center, North Adams Hospital, the Tri-Town Health Department, and Berkshire AHEC partnered with MTCP to provide maximum publicity



Public Health Commissioner John Auerbach places a nicotine patch on a volunteer at a promotion in Lowell.

for the free patch offer. The Berkshires were chosen as a focus area because the 2007 adult smoking rate in Berkshire County was 22.7%, which is approximately 25% higher than the statewide average.

As a result of the local *Fight 4 Your Life* ad campaign and patch giveaway, 403 smokers from Berkshire County called the helpline to take advantage of the free nicotine patch offer. A post-campaign telephone survey indicated that the campaign generated up to 1,000 additional quit attempts by smokers who chose not to call the helpline.

The success of these nicotine patch giveaway promotions served as the basis for a statewide, summertime nicotine patch giveaway at the beginning of FY 2009 that generated over 10,000 calls to the Massachusetts Smokers' Helpline.



Study shows MassHealth benefit helps smokers quit

Adults who use MassHealth smoke at a rate roughly double that of the general population. To address this situation, a benefit was made available through MassHealth to help its members quit smoking.

Since the benefit's implementation in July 2006, approximately 75,000 MassHealth subscribers used the new benefit in the first 30 months it was offered. This number represents approximately 40% of MassHealth smokers.

The study also found a reduction in the smoking rate among MassHealth subscribers, from 38.3% prior to the benefit to 28.3% in 2008. This represents a 26% reduction. The number of smokers on MassHealth decreased by more than 30,000. The study concludes that the availability of a smoking cessation benefit increased the number of smokers who quit.

The MassHealth cessation benefit provides both prescription and over-the-counter quit-smoking medication, and the option of face-to-face for a small co-pay amount. The benefit was enacted July 1, 2006 as a two-year pilot program to help MassHealth smokers quit, and was made permanent in FY 2008.

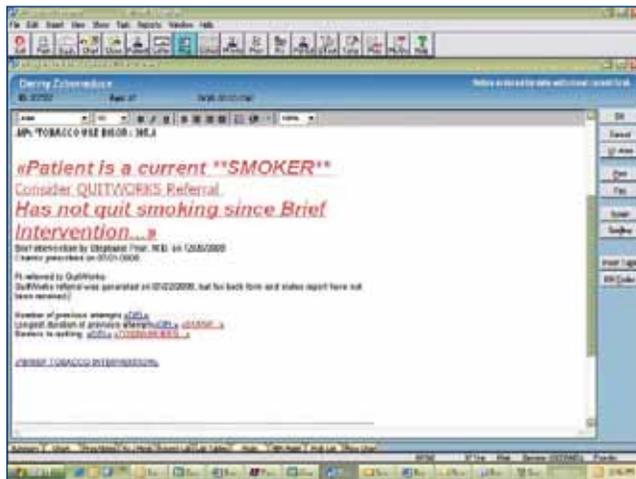
Community Health Centers improve clinical systems for helping smokers quit

In FY 2008, MTCP expanded its pilot community health center (CHC) initiative from 8 to 19 community health centers across the state. This project seeks to improve the effectiveness of health centers in motivating and assisting patients to quit smoking.

The initiative is based on research demonstrating that even brief advice from physicians and nurses can influence patients to make a quit attempt. To facilitate these provider-patient discussions into regular patient care, CHCs work collaboratively with MTCP technical assistance advisors to improve clinical protocols, provider training, and patient recordkeeping systems.

CHCs that have electronic medical record systems (EMR) are incorporating tobacco use screening and intervention questions into their templates.

When the system identifies a current smoker, the physician or other primary care provider is prompted to advise the patient on how important it is to quit. If the patient is ready to make a quit attempt, the provider may prescribe medication to help them quit and refer them to additional services. While these procedures can be incorporated into paper records, producing reports that assess CHC and patient progress are greatly facilitated with EMRs.



Participating CHCs have increased the number of patients they routinely screen for tobacco use. Many of the nineteen CHCs involved in the pilot program have also achieved increases in the number of brief interventions conducted by primary care providers, as well as referrals to the Massachusetts Smokers' Helpline and on-site tobacco treatment.

Rural birth hospital outreach helps pregnant women quit smoking

In Massachusetts, smoking during pregnancy is more prevalent in low-income, rural areas, particularly in the western part of the state. Babies born to mothers who smoke are at high risk for low birth weight and other serious health problems, including Sudden Infant Death Syndrome, but evidence shows that pregnant women are often not counseled to quit smoking or encouraged to access resources to help them quit.

In FY 2008, MTCP expanded its outreach to women who smoke during pregnancy, adding a program at Heywood Hospital in Gardner to existing programs at North Adams Regional Hospital and the Berkshire Medical Center in Pittsfield. At these rural birth hospitals, MTCP funds a systems-change initiative that trains hospital and community-based health care providers to conduct and track interventions with pregnant smokers and provide smoking cessation counseling.

At North Adams Regional Hospital, the increase in the number of women reached by the program was especially dramatic. In FY 2008, documented brief interventions nearly doubled from 45% to 75% for women of childbearing age. Women who reported being smokers were then offered services and support to help them quit smoking in much higher numbers than were seen in FY 2007.

Massachusetts Smokers' Helpline provides free counseling

MTCP offers confidential information and telephone-based counseling services to help smokers quit through the Massachusetts Smokers' Helpline, 1-800-Try-to-Stop, which is free to all Massachusetts residents. In FY 2008, MTCP moved to a web-based system to assist Helpline callers. This system allows MTCP to have remotely based tobacco cessation counselors, which expands capacity during times of high call volumes. In FY 2008, there were a total of 5,667 callers to the Helpline, including those who were referred through QuitWorks.

The QuitWorks fax referral service of the Massachusetts Smokers' Helpline allows health care providers to connect their patients to free phone counseling services. In FY 2008, health care professionals made nearly 3,000 referrals to the Helpline through QuitWorks. More than one hundred hospitals, community health centers and DPH programs have formally adopted the QuitWorks program. QuitWorks was developed by MTCP in 2002 in collaboration with all major health care insurers in Massachusetts.

In FY 2008, the Massachusetts Smokers' Helpline's website was integrated into MTCP's communications campaign website, makesmokinghistory.org, as an efficiency and cost-containment measure. Smoking cessation information on the combined site includes an interactive quitting tool, articles from experts, and e-postcards to encourage smokers who are trying to quit. Up-to-the minute campaign information on the site includes details about nicotine patch giveaways, advertising campaigns, and follow-ups on real people who have quit smoking.

Community Smoking Intervention Projects active in high-need communities

MTCP's Community Smoking Intervention (CSI) demonstration projects work in high-need communities to reduce the smoking prevalence rate. The CSIs are located in areas with higher than average tobacco use rates, in communities in Boston, Franklin County, Lawrence, New Bedford, and Worcester. In FY 2008, MTCP added two new planning-phase CSIs in Springfield and the North Berkshires.

CSIs build on community connections to convey messages in a trusted voice. Through channels such as religious institutions, local coalitions, community organizations, and cultural organizations, CSIs work to increase awareness of the harms of smoking and move smokers to quit using evidence-based methods.

Programs use multiple strategies to achieve their goals. For example, the Lawrence Tobacco-Free Partnership CSI trained 82 health and human service partners about smoking cessation resources and how to conduct cessation interventions with smokers. The program also contracted with two human service organizations that provided cessation resources education to over 1,090 adults in Lawrence. The partnership then conducted a mass media campaign that reached an estimated 14,000 Lawrence adults to raise awareness of resources available to help smokers quit.

Signs in pharmacy clinics warn of tobacco-related illnesses

FY 2008 saw the advent in Massachusetts of Limited Service Clinics, also known as "minute clinics," that provide basic health care in pharmacies. When the Massachusetts Public Health Council approved these clinics, it mandated that any clinic located within a retail location that also sells tobacco must prominently post information regarding the dangers of tobacco use. In response, MTCP designed signs for that purpose. The signs highlight common smoking-related illnesses and refer smokers to the Massachusetts Smokers' Helpline for assistance in quitting smoking.

Looking Ahead

The Massachusetts Legislature passed a tobacco tax that took effect on July 1, 2008, which was the first day of FY 2009. To help smokers who were motivated to quit by this tobacco tax increase, the Massachusetts Department of Public Health offered a free two-week supply of nicotine patches to any Massachusetts resident, a retail value of approximately \$50. The statewide free nicotine patch promotion was based on smaller, local promotions MTCP had run in FY 2008 and in previous years. The statewide free patch promotion ran through the summer from July 1 through August 31 and generated over 10,000 calls to the Helpline from interested smokers who wanted to quit.



Protecting children and adults from secondhand smoke

Secondhand smoke is a serious health hazard. Of the more than 4,000 chemicals it contains, at least 60 are known to cause cancer, according to the US Centers for Disease Control and Prevention. Exposure to secondhand smoke can also lead to asthma, lower respiratory infections, ear infections, and sudden infant death syndrome in children, and to lung cancer and heart disease in nonsmoking adults. The Surgeon General has stated that there is no safe level of secondhand smoke.

Educating parents and caregivers about secondhand smoke

Nearly a quarter of a million Massachusetts children live in homes where smoking occurs. Children exposed to secondhand smoke are at an increased risk for more frequent and more severe asthma attacks, ear infections, acute respiratory infections, and other serious health issues.



Because their bodies are still developing, infants and young children are especially vulnerable to the poisons in secondhand smoke. According to the US Surgeon General, no level of exposure to secondhand smoke is safe.

In FY 2008, working with Argus Communications, MTCP developed a campaign highlighting the dangers of secondhand smoke, particularly as they relate to children. The campaign

focused on secondhand smoke as a trigger for asthma attacks and ear infections in children.

The campaign used the slogan “*Before you light up, look down,*” and was aimed at parents and caregivers who may currently smoke around children. Posters, flyers, radio ads, billboards, and transit ads were placed in Boston, Springfield, Fall River, New Bedford, and Lawrence. The ads appeared in English, Spanish, and Portuguese.

An independent evaluation of the campaign was conducted in the communities where it ran. Random-digit-dial phone surveys were conducted before and after the campaign. The surveys detected a significant increase in awareness of the health conditions related to secondhand smoke. A full 46,000 residents of the communities where

the campaign ran showed a greater understanding of general health risks related to secondhand smoke, and 36,000 residents had a greater understanding of risks to children from secondhand smoke.

The number of current smokers who reported that they had asked their health care providers about the effects of secondhand smoke rose by 8%. The number of current smokers surveyed who stated that they would try to quit also increased, by 7%.

For more information about the *Before You Light Up* campaign, visit www.makesmokinghistory.org.

Evaluation shows high compliance with the Massachusetts Smoke-Free Workplace Law

The Massachusetts Smoke-Free Workplace Law, which went into effect in July 2004, states that all workplaces that have one or more employees must be smoke-free. The Massachusetts State Legislature has charged MTCP with providing regular reports on the effectiveness of, and compliance with, the law. In FY 2008, MTCP partnered with John Snow, Incorporated (JSI) to complete an innovative study to measure compliance across the Commonwealth.

Most previous surveys measuring smoke-free workplace compliance focused on bars and restaurants, which are only a small percentage of all workplaces statewide. Previous studies have been limited because there is no complete list of workplaces in Massachusetts.

In the first-ever compliance study of its kind, MTCP generated lists of all businesses within a radius of random sets of geographic coordinates, using Google Maps. JSI provided field evaluators whose task it was to visually inspect randomly selected workplaces in order to document compliance with the law. The evaluators noted whether anyone was actually smoking at the time of the visit and whether there were signs of recent smoking, such as the odor of tobacco smoke or the presence of ashtrays.

The evaluators made 387 non-intrusive, anonymous site visits and found an impressive 94% rate of compliance with the Smoke-Free Workplace Law. This innovative evaluation model will be used again in the future to continue measuring and documenting compliance with the law.

MTCP partnered with the Harvard School of Public Health in FY 2008 to study the effect of the Massachusetts Smoke-Free Workplace Law. The study found that there were 577 fewer than expected heart attack deaths annually after the Massachusetts Smoke-Free Workplace Law was implemented in 2004. The study concludes that it is likely that reduced exposure to secondhand smoke had a significant effect in reducing heart attack deaths.

The findings indicate that even relatively low levels of secondhand smoke are dangerous, and that smoking bans have short-term benefits in addition to the long-term benefits of reducing lung cancer and heart disease. The Department will release a full report early in 2009 that will include estimates of local impact and cost savings to the Massachusetts health care system. Basic information about the findings is available at www.mass.gov/dph/mtcp.

The Massachusetts Smoke-Free Workplace Law Four-Year Report (2004-2008) contains details about the compliance study. Download the report at www.mass.gov/dph/mtcp.

Summary of other secondhand smoke initiatives

The 2006 Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*, clearly outlines the health hazards of secondhand smoke. MTCP continues to work to reduce exposure to secondhand smoke where it occurs.

To protect children and other vulnerable populations from exposure in the home, MTCP launched the Smoke-Free Families Initiative in February 2008. The initiative raises awareness of secondhand smoke as an issue, especially with health and human service agencies and with landlords of multi-unit buildings. In FY 2008, the initiative focused primarily on needs assessment and planning.

In FY 2008, the Hampshire County Tobacco-Free Network partnered with the Smoke-Free Families initiative. In response to the clear demand for more smoke-free housing, they launched a local pilot website featuring smoke-free rental units in western Massachusetts. As part of the Hampshire Council of Governments' website, www.hampshirecog.org, the site allows landlords in Western Massachusetts to post advertisements for their rental properties at no charge as long as the properties are smoke-free.

Although the statewide compliance rate with the Smoke-Free Workplace Law is high, the Lawrence Tobacco-Free Partnership at the Greater Lawrence Family Health Center found that community members were not aware that they were protected by the law. In response, the program created an educational billboard to increase awareness of the workplace law. The billboard appeared in English and Spanish and provided a telephone number for information and reporting violations.

With its “Stop the Secondhand!” ad campaign, MTCP worked with schools to educate parents, staff, and visitors that smoking is prohibited by law on public school property, including grounds and playing fields. Campaign ads declaring “It’s time to stop secondhand smoke in schools” ran in special school sections of newspapers at the beginning of the school year. Free campaign materials, including door decals, posters, and newsletter articles were made available to schools. Information about the campaign is available at www.makesmokinghistory.org.

In FY 2008, the Hampshire County Community Smoking Intervention planning grant responded to the demand for more smoke-free housing by launching a website featuring smoke-free rental units in western Massachusetts. As part of the Hampshire Council of Governments’ website, www.hampshirecog.org, the site allows landlords in Western Massachusetts to post advertisements for their rental properties at no charge as long as the properties are smoke-free.

Looking Ahead

The *2006 Surgeon General’s Report* also links asthma attacks and secondhand smoke exposure in children. In FY 2008, MTCP collaborated on the development of the Commonwealth’s asthma plan, which is required by the CDC. MTCP staff provided data and helped to draft targets related to secondhand smoke.



Identifying and eliminating tobacco-related disparities

Although the statewide smoking rate has fallen, people in certain demographic groups bear a disproportionate burden of harm from tobacco use. People with no health insurance and those who use MassHealth smoke at rates more than twice the state average.

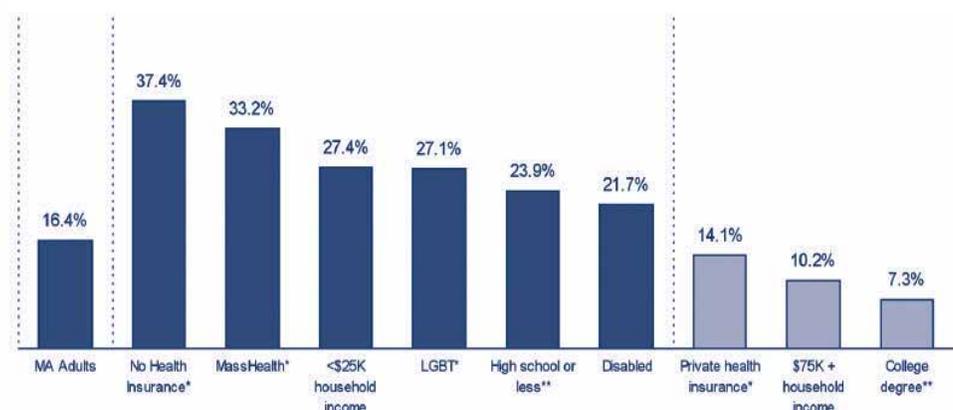
Smoking rates significantly higher than the state average are also found among people with household incomes of less than \$25,000; those who have high school educations or less; people who identify themselves as lesbian, gay, bisexual or transgendered; and people with disabilities.

MTCP analyzes data from several sources to track trends in smoking prevalence among special populations. Based on this data, MTCP targets its programs to reach those populations where smoking rates are high.

MTCP's Community Smoking Intervention (CSI) programs target communities where smoking rates are substantially higher than the statewide average. By connecting with existing community programs, CSIs are able to reach high-need populations more effectively.

Community Health Centers (CHCs) also work with populations with higher than average smoking rates. Many of their patients have no health insurance or are on MassHealth. Pilot programs at CHCs work toward institutionalizing smoking interventions into patients' interactions with health care professionals.

Smoking Prevalence for Population Subgroups in Massachusetts, 2007



Data Source: Massachusetts Behavioral Risk Factor Surveillance System 2007
*Adults, age 18-64 ** Adults age 25+

Media campaigns also targeted low socioeconomic groups. *The Fight 4 Your Life* media campaign was created to reach this population. The campaign drew on research with representatives from the demographic target group, shaping a positive message through stories of real people who had quit smoking.

Children and adults who live with smokers are also more likely to be exposed to secondhand smoke, meaning that children from low-income families, or those whose parents are less educated, are at higher risk of secondhand smoke exposure. In FY 2008, MTCP targeted its *Before you light up, look down* campaign toward low-income families in several geographic areas where smoking rates are highest: Springfield, New Bedford, and certain Boston neighborhoods. The campaign educates parents and caregivers about the harms of secondhand smoke to children. The campaign was developed with input from low-income, smoking parents of young children.

FY 2008 saw the positive impact of targeting a special population. The rate of smoking among MassHealth members has fallen due to the implementation and promotion of a new smoking cessation benefit.

Looking ahead

In May 2008, MTCP organized a meeting to bring together the Department of Public Health and members of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community to discuss ways to address that population's high level of tobacco use. MTCP continues to communicate with the meeting participants while planning for programs to be implemented as funding becomes available.



Developing and implementing a comprehensive tobacco control communications plan

Using social marketing guidelines and CDC best practices recommendations, MTCP develops and disseminates messages that help prevent young people from starting to smoke, encourage current smokers to quit, and protect all residents from the dangers of secondhand smoke.

MTCP focuses its messages on groups that suffer a disproportionate burden from tobacco use. Each message is tailored to a specific target audience using market segmentation techniques. Demographic data determines the target audience and focus testing helps form and refine the message. In some cases, phone surveys are used to help establish the psychographics of the target audience.

For its *Fight 4 Your Life* campaign, MTCP analyzed BRFSS data to develop demographic and psychographic profiles of low-income smokers. MTCP then conducted a pre-campaign telephone survey with 2,500 Massachusetts residents to further refine these psychographic profiles, measuring smokers' attitudes and lifestyles based on twelve key variables, including gambling behavior, alcohol and other drug use, anxiety, risk-taking, and other factors.

Once the audience characteristics were established, MTCP worked with causemedia to hold focus groups to determine the message. Information from the focus groups provided the impetus for using real former smokers telling their stories and inspired the campaign slogan, *Fight 4 Your Life. Quit Now.*

All major MTCP media campaigns are evaluated, usually through pre- and post-campaign telephone surveys. Subsequent messages are adapted based on evaluation results. An independent evaluation of the *Fight 4 Your Life* campaign determined that there was an increase in quit attempts during the period the campaign aired. The study estimated that 60,000-100,000 additional smokers made quit attempts at that time. Data showed that the factor most highly related to these quit attempts was reporting having viewed the *Fight 4 Your Life* ads.

In FY 2008, MTCP also worked with Argus to develop and implement a campaign about secondhand smoke. The *Before you light up, look down* campaign was designed to educate smokers about the dangers of secondhand smoke to children. An independent post-campaign evaluation concluded that after seeing the printed campaign material or hearing the ads, understanding of general secondhand smoke health risks increased significantly.

In addition to mass media campaigns, MTCP provides information through educational and promotional materials, a website, and publications providing program information. In FY 2008, MTCP undertook consolidation efforts to contain costs and streamline services for materials distribution by transferring all printed materials to the Massachusetts Health Promotion Clearinghouse at The Medical Foundation.

More evaluation information on the *Fight 4 Your Life* campaign can be found on page 12. More evaluation information on the *Before you light up, look down* campaign can be found on page 20.

Likewise, MTCP combined several stand-alone websites into its main health promotion website, www.makesmokinghistory.org. The website contains information about public information campaigns targeted at schools, parents, tobacco retailers, smokers, caregivers, landlords, and other special demographic groups. The consolidation of websites was designed to provide one central place for Massachusetts residents to access information about tobacco, its impact, and how to quit. The Commonwealth's official website, www.mass.gov, continues to hold MTCP's reports, statistics, and program information.

Information related to communications campaigns is available at www.makesmokinghistory.org.

Campaign educational materials are available free to individuals or groups from the Massachusetts Health Promotion Clearinghouse at www.maclearinghouse.com.

Reports, data, and program information is available through the official website of the Commonwealth of Massachusetts at www.mass.gov/dph/mtcp.



Conducting surveillance and evaluation

The Massachusetts Tobacco Control Program conducts surveillance and evaluation to ensure maximum results from its efforts. MTCP's surveillance tracks changes in tobacco use and effects over time, while its program evaluation determines the effectiveness of a specific program or activity.

The tools MTCP uses in surveillance and evaluation include:

- telephone surveys
- electronic tracking of physician interventions
- hospital records
- insurance claims
- birth records and death records
- all measurements of specific program outcomes, including cost-effectiveness

In recent years, MTCP has focused on presenting surveillance information in ways that help inform local decisions on tobacco. To disseminate this information at real-time speed, MTCP launched the Tobacco Automated Fact Sheet Information (TAFI) system in FY 2008. TAFI is an internet-based system that creates fact sheets based on the most current statistics and program information for each municipality in Massachusetts.

In FY 2008, MTCP completed work on a comprehensive method of planning and evaluating program effectiveness: logic models that focus on each of the four tobacco control goal areas highlighted by the CDC. These logic models provide a science-based roadmap for reducing tobacco use in Massachusetts. Each of the four logic models includes general descriptions of short, intermediate, and long-term outcomes. They can be found in the appendix starting on page 51.

The table in the appendix starting on page 57 provides a comprehensive summary of statistical indicators for the short, intermediate, and long-term outcomes that are found in the logic models. For each outcome indicator, the table includes the most recent measurement of that indicator. For example, the most recent measurement of adult smoking prevalence in Massachusetts is obtained from the 2007 BRFSS. That rate was 16.4%.

Where available, the appendix also includes the previous measurement and the degree to which that indicator changed in the time between the two most recent assessments.

MTCP surveillance and evaluation projects in FY 2008

- Behavioral Risk Factor Surveillance System (BRFSS) – Annual survey of adults conducted to evaluate risky behaviors, including smoking, in Massachusetts.
- A call-back survey of respondents to the 2007 BRFSS – An effort to validate responses to health insurance questions on the original BRFSS call and to determine awareness of and use of the MassHealth smoking cessation benefit.
- Pre- and post-surveys for the *Fight 4 Your Life* media campaign – Surveys to evaluate the effectiveness of the *Fight 4 Your Life* media campaign. Surveys included psychographic type questions that permitted analysts to cluster types of smokers.
- Observational field survey of workplaces to assess compliance with the Massachusetts Smoke-Free Workplace Law.
- Survey of Massachusetts adults to assess awareness and use of the MassHealth smoking cessation benefit. Additional questions were added that focused on housing and secondhand smoke, quitting behavior of older adults, and included psychographic type questions that permitted analysts to cluster types of smokers.
- Post-campaign surveys for the Lowell Free Patch Giveaway – Survey to evaluate the knowledge and effectiveness of the Lowell Free Patch Giveaway (March – May 2008).
- Post-campaign surveys for the Worcester Free Patch Giveaway – Survey to evaluate the knowledge and effectiveness of the Worcester Free Patch Giveaway (May – June 2008).
- Post-campaign surveys for the Berkshire County Free Patch Giveaway – Survey to evaluate the knowledge and effectiveness of the Berkshire County Free Patch Giveaway (June 2008).



MTCP programs active in FY 2008

Local programs

Twenty-one **Board of Health Tobacco Control Programs** enforce youth access and secondhand smoke laws in 180 municipalities.

Andover Board of Health - Healthy Communities Tobacco Control Program

Andover	Methuen	North Reading
Dracut	Middleton	Reading
Haverhill	Newburyport	Stoneham
Lynnfield	North Andover	Topsfield

Barnstable County Health and Human Services – Cape Cod Regional Tobacco Control Program

Acushnet	Eastham	Provincetown
Aquinnah	Edgartown	Rochester
Barnstable	Falmouth	Sandwich
Bourne	Harwich	Tisbury
Brewster	Marion	Truro
Carver	Mashpee	Wareham
Chatham	Nantucket	Wellfleet
Chilmark	Oak Bluffs	West Tisbury
Dennis	Orleans	Yarmouth

Belmont Board of Health – Smokefree Communities

Belmont	Needham	Watertown
Brookline	Newton	Wellesley
Milton	Waltham	

Boston Public Health Commission – BPHC Tobacco Control Program

Fall River Health Department – Fall River Tobacco Control Program

Fall River	Somerset	Westport
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Hingham Board of Health – South Shore Boards of Health Collaborative Tobacco Control Program

Abington	Holbrook	Rockland
Braintree	Hull	Scituate
Cohasset	Kingston	Weymouth
Duxbury	Marshfield	Whitman
Hanover	Norwell	
Hingham	Plymouth	

Lawrence Board of Health – Lawrence Board of Health Tobacco Control Program

Leominster Board of Health – Boards of Health Tobacco Control Alliances

Amherst	Heath	Royalston
Athol	Hubbardston	Shelburne
Barre	Leominster	Stow
Buckland	Maynard	Sunderland
Clinton	Montague	Templeton
Deerfield	New Braintree	Westminster
Fitchburg	Oakham	Whately
Gardner	Orange	Williamsburg
Gill	Paxton	Winchendon
Greenfield	Petersham	
Hardwick	Phillipston	

Longmeadow Board of Health – Longmeadow Board of Health Tobacco Control Consortium

Brimfield	Ludlow	Wilbraham
East Longmeadow	Monson	
Longmeadow	Palmer	

Lowell Board of Health – Lowell Tobacco Control Program

Malden Board of Health – Mystic Valley Tobacco Control Program

Malden	Medford	Wakefield
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Marblehead Board of Health – North Shore Area Boards of Health Collaborative

Beverly	Nahant	Swampscott
Danvers	Peabody	
Lynn	Salem	
Marblehead	Saugus	

New Bedford Board of Health – Greater New Bedford Tobacco Control Program

Dartmouth	Fairhaven	New Bedford
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Quincy Health Department – Quincy Tobacco Control

Somerville Board of Health – Five City Tobacco Control Collaborative

Cambridge	Everett	Somerville
Chelsea	Revere	

South Hadley Board of Health – Mt. Tom Tobacco Control Coalition

Easthampton	Holyoke	Southampton
Granby	Northampton	
Hatfield	South Hadley	

Springfield Department of Health and Human Services – Springfield Tobacco Control Program

Tri-Town Health Department – Tobacco Awareness Program of the Berkshires

Dalton	Lee	Otis
Egremont	Lenox	Pittsfield
Great Barrington	Monterey	Sheffield
Hinsdale	New Marlborough	Stockbridge

Westford Board of Health – Westford/Acton/Chelmsford/Tyngsboro Tobacco Control Program

Acton	Tyngsborough	Westford
Chelmsford		

Winchester Board of Health – Metro West Suburban Tobacco Control Program

Billerica	Lexington	Wilmington
Burlington	Tewksbury	Winchester

Worcester Board of Health – Worcester Regional Tobacco Control Collaborative

Ashland	Leicester	Spencer
Auburn	Marlborough	Sturbridge
Boylston	Millbury	Webster
Charlton	Northborough	West Boylston
Dudley	Oxford	
Grafton	Shrewsbury	
Holden	Southborough	
Hudson	Southbridge	

Five Youth Access Prevention Programs serve 93 municipalities by conducting compliance checks and providing education to tobacco retailers, parents, and the community in municipalities without funded boards of health.

Berkshire County – Berkshire Area Health Education Center (AHEC)

Essex County – Greater Lawrence Family Health Center

Franklin and Hampshire Counties – Hampshire Council of Governments

Hampden County – Gandara Mental Health Center, Inc.

Southern Worcester County – Spectrum Health Systems, Inc.

Five Community Smoking Intervention Demonstration Projects work with partners to change social norms and reduce smoking prevalence in high-risk communities.

Boston – Boston Public Health Commission

Franklin County – Franklin Regional Council of Governments

Lawrence – Greater Lawrence Family Health Center

New Bedford – Seven Hills Behavioral Health, Inc.

Worcester – Spectrum Health Systems, Inc.

Six Community Smoking Intervention Planning Projects are developing strategic plans to reduce smoking prevalence in high-risk communities.

Fall River – Seven Hills Behavioral Health, Inc.

Holyoke – Hampshire Council of Governments

North Berkshires – Berkshire Area Health Education Center (AHEC)

Pittsfield – Berkshire Area Health Education Center (AHEC)

Revere – Massachusetts General Hospital Community Health Associates

Springfield – Gandara Mental Health Center, Inc.

Three Pilot Hospital Programs are improving health care provider reminder systems in OB/GYN and pediatric practices to support quitting among women who smoke during pregnancy.

Gardner – Heywood Hospital

North Adams – North Adams Regional Hospital

Pittsfield – Berkshire Medical Center (Hillcrest Hospital)



Nineteen Pilot Community Health Center Programs are improving provider reminder systems to support tobacco use interventions and operationalize the new MassHealth smoking cessation benefit.

Boston – Codman Square Community Health Center

Boston – Dorchester House Community Health Center

Boston (Jamaica Plain) – Brookside Community Health Center

Boston (Roxbury) – The Dimock Center

Brockton – Brockton Neighborhood Health Center

Cape Cod (Upper Cape area) – Community Health Center of Cape Cod

Fall River – The Family HealthCare Center at SSTAR

Fitchburg – Community Health Connections Family Health Center

Franklin County – Community Health Center of Franklin County

Holyoke – Holyoke Health Center

Lawrence – Greater Lawrence Family Health Center

Lowell – Lowell Community Health Center

Lynn – Lynn Community Health Center

Martha's Vineyard (Edgartown) – Island Health Care

New Bedford – Greater New Bedford Community Health Center

Revere - MGH/Revere HealthCare Center

Springfield – Caring Health Center

Worcester – Family Health Center

Worcester – Great Brook Valley Community Health Center

Statewide programs

The Massachusetts Smokers' Helpline, the Commonwealth's toll-free phone service to help smokers quit, is operated by John Snow, Inc. The QuitWorks referral program (www.quitworks.org) is run through the Helpline.

Mass Youth Against Tobacco, coordinated by The Medical Foundation, manages the statewide youth tobacco prevention program, including mini-grants, the84.org, youth summit, and a film-shorts contest.

The Smoke-Free Families Initiative increases awareness of the danger of secondhand smoke and increases the demand for and supply of smoke-free housing in the Commonwealth. The Medical Foundation and the Institute for Health and Recovery integrate the secondhand smoke message into the daily work of human service providers. The Public Health Advocacy Institute of Northeastern University focuses on educating and assisting landlords about making properties smoke-free. The initiative started in February 2008.

Smoking cessation technical assistance and training is provided by the University of Massachusetts Medical School.

Technical assistance and training on secondhand smoke and youth access policy is provided by the Massachusetts Association of Health Boards, the Massachusetts Health Officers Association, and the Massachusetts Municipal Association.

The Massachusetts Health Promotion Clearinghouse is managed by The Medical Foundation. The Clearinghouse develops and distributes tobacco prevention and cessation materials, signs, and enforcement materials for MTCP. Clearinghouse materials are available online at www.maclclearinghouse.com.

Youth Action mini-grants awarded in FY 2008

Eighteen Mass Youth Against Tobacco mini-grants were awarded to existing youth groups to work on preventing youth access to tobacco, changing social norms around tobacco and youth, and countering the messages of the tobacco industry.

Connecting for Change mini-grants

Boston	MAPS Dorchester Youth Group Program “Geracao Jovem” at Mass Alliance of Portuguese Speakers (MAPS), Dorchester
Greenfield	Community Action Youth Programs: QUACK at Community Action of the Franklin, Hampshire, and North Quabbin Regions
Worcester	HOPE Coalition

Taking on Tobacco mini-grants

Newburyport	Beacon Youth Council at Beacon Coalition; City of Newburyport
Everett	Teens in Everett Against Substance Abuse at Cambridge Health Alliance/Everett Community Health Improvement Partnership
Taunton	Project YELL’s S.T.O.P. at Greater Taunton Health and Human Services
Boston	Drug and Alcohol Prevention Specialists at Project RIGHT, Inc., Dorchester
Boston	South Boston Youth Assets Campaign at South Boston Action Council, South Boston
Stoughton	Stoughton SADD at Stoughton Youth Commission/O.A.S.I.S.
Weymouth	Weymouth Youth Coalition Teen Advisory at Weymouth Youth Coalition
Boston	BOLD Teens at Codman Square Neighborhood Council, Dorchester

Fall River Teens Against Drug Abuse (TADA) at Stanley Street
Treatment and Resources Inc.

Malden YWCA Malden TASK

Mission: Tobacco Sales Impossible mini-grants

Boston The Friday Night Science Club at Harvard Street
Neighborhood Health Center, Dorchester

Springfield Urban Achievers at Urban League of Springfield, Inc.

Fitchburg GIFTS Peer Leaders at LUK Crisis Center, Inc.

Boston Youth Community Organizers at Sociedad Latina,
Roxbury

Fall River Team Reduce Tobacco Use at Health Youth Task Force

Staff Listing

Massachusetts Tobacco Control Program FY 2008

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Gwen Stewart, Communications Coordinator
Eileen Sullivan, Director of Policy & Planning
Donna Warner, Director of Cessation Policy & Program Development

Appendix

Complaints about workplace smoking processed through the Massachusetts Smoke-Free Workplace Law Complaint and Information Line:

Fiscal year	# of complaints	# of violations	Tickets given	Warnings given
FY 2005	372	54	54	45
FY 2006	205	46	46	23
FY 2007	149	20	20	6
FY 2008	137	11	3	5

As of January 1, 2009, a total of 104 municipalities have enacted regulations that restrict smoking in ways that are stricter than the state law. Although MTCP attempts to maintain accurate records, all information gathered is dependent upon municipalities submitting accurate and up-to-date information to MTCP.

Municipalities enacting the most common types of provisions stronger than state law:

Location where smoking is prohibited	No. of municipalities with regulations
Membership associations	44
Smoking bars (including hookah bars & cigar bars)	33
Outdoor seating areas	25
Buffer zones around all workplaces	29
Buffer zones around municipal buildings	41
Playgrounds, parks, beaches, or other outdoor areas	16

Municipalities by the numbers

MTCP collects tobacco-related data on every town and city in the Commonwealth. This information is updated regularly and is available online at www.makesmokinghistory.org/tafi.php.

Reliable information is not available for all categories in all municipalities.

City/Town	Population (2007)	% of current smokers*	% of women who smoked during pregnancy (2001-2005)	Lung Cancer Hospitalizations Age-Adjusted Rate (2003-2005)		Lung Cancer Mortality Age-Adjusted Rate (2003-2005)	
				Female	Male	Female	Male
Abington	16,365	20.1	6.9	53.43	45.57	75.74	66.34
Acton	20,753	8.3	1.7	46.88	41.23	58.66	36.08
Acushnet	10,443	20.2	8.9	57.41	55.24	27.77	91.74
Adams	8,214	22.5	30.7	90.29	48.51	-	-
Agawam	28,333	19.7	10.6	35.33	54.00	60.95	60.40
Alford	394	9.2	-	-	-	-	-
Amesbury	16,429	19.7	7.9	38.09	100.91	48.99	78.15
Amherst	34,275	13.9	5.6	30.37	42.28	27.22	49.63
Andover	33,284	9.0	2.2	24.51	53.47	38.16	58.96
Aquinnah	354	19.8	-	-	-	-	-
Arlington	41,144	11.4	2.3	29.47	47.99	39.72	41.88
Ashburnham	5,959	17.2	7.9	-	-	-	-
Ashby	2,944	16.3	6.5	-	-	-	-
Ashfield	1,815	13.1	7.9	-	-	-	-
Ashland	15,796	14.3	3.7	64.91	40.79	62.92	50.61
Athol	11,601	22.6	22.6	53.72	71.30	60.56	79.74
Attleboro	43,113	19.7	8.1	46.05	54.58	47.73	72.06
Auburn	16,259	18.0	7.0	103.47	54.10	80.49	44.12
Avon	4,303	18.7	9.6	-	-	68.90	86.44
Ayer	7,369	19.6	10.5	71.35	74.62	-	-
Barnstable	46,738	16.4	12.7	29.88	43.54	50.55	48.72
Barre	5,419	17.1	9.9	-	-	-	-
Becket	1,797	17.7	26.7	-	-	-	-
Bedford	13,146	8.3	2.5	53.76	26.87	28.56	56.96
Belchertown	13,971	17.4	8.7	-	-	45.52	61.75

City/Town	Population (2007)	% of current smokers*	% of women who smoked during pregnancy (2001-2005)	Lung Cancer Hospitalizations Age-Adjusted Rate (2003-2005)		Lung Cancer Mortality Age-Adjusted Rate (2003-2005)	
				Female	Male	Female	Male
Bellingham	15,908	18.2	7.5	83.15	87.25	72.29	77.77
Belmont	23,356	8.6	1.9	21.12	27.47	26.68	35.39
Berkley	6,433	19.1	5.9	-	-	-	-
Berlin	2,699	15.2	7.6	-	-	-	-
Bernardston	2,225	15.9	9.9	-	-	-	-
Beverly	39,198	17.0	7.8	65.55	80.87	56.03	58.47
Billerica	42,038	21.7	9.1	57.30	83.40	64.72	121.22
Blackstone	9,042	22.9	12.7	86.41	130.58	67.24	88.96
Blandford	1,279	18.2	12.6	-	-	-	-
Bolton	4,481	8.6	1.5	-	-	-	-
Boston	599,351	14.1	4.2	61.77	87.10	42.53	75.59
Bourne	19,023	19.4	11.2	99.18	80.56	48.71	71.14
Boxborough	5,097	9.3	2.3	-	-	-	-
Boxford	8,074	7.6	0.8	-	-	-	-
Boylston	4,266	13.9	5.3	-	-	-	-
Braintree	34,422	16.2	4.3	43.65	49.88	43.62	51.00
Brewster	10,023	14.4	7.1	30.06	46.04	39.89	85.41
Bridgewater	25,514	18.2	5.9	60.50	36.28	75.77	76.02
Brimfield	3,695	17.8	11.1	-	-	-	-
Brockton	93,092	22.5	11.7	62.20	70.62	46.02	90.58
Brookfield	3,030	20.0	14.4	-	-	-	-
Brookline	54,809	8.4	0.8	49.06	34.95	30.80	35.69
Buckland	1,990	17.5	8.9	-	-	-	-
Burlington	25,034	12.1	2.6	53.41	58.81	51.20	91.78
Cambridge	101,388	14.3	2.3	43.81	44.47	34.82	47.97
Canton	21,916	12.8	2.9	50.49	49.75	35.34	46.16
Carlisle	4,882	4.3	1.5	-	-	-	-
Carver	11,547	18.3	11.0	55.72	72.60	52.50	80.84
Charlemont	1,367	18.6	19.6	-	-	-	-
Charlton	12,576	19.9	7.3	107.66	113.80	83.99	146.81

City/Town	Population (2007)	% of current smokers*	% of women who smoked during pregnancy (2001-2005)	Lung Cancer Hospitalizations Age-Adjusted Rate (2003-2005)		Lung Cancer Mortality Age-Adjusted Rate (2003-2005)	
				Female	Male	Female	Male
Chatham	6,726	12.1	7.8	-	-	35.04	39.31
Chelmsford	34,128	13.0	5.1	39.92	83.26	38.44	68.71
Chelsea	38,203	21.3	4.2	90.96	70.87	58.31	72.71
Cheshire	3,299	17.8	15.3	-	-	-	-
Chester	1,296	22.2	19.1	-	-	-	-
Chesterfield	1,273	18.9	13.9	-	-	-	-
Chicopee	53,876	23.9	16.2	39.89	75.54	40.96	79.26
Chilmark	963	11.2	-	-	-	-	-
Clarksburg	1,631	20.8	19.1	-	-	-	-
Clinton	14,030	20.4	9.4	60.00	110.51	48.89	78.07
Cohasset	7,182	9.0	1.0	51.34	79.51	-	-
Colrain	1,840	19.1	27.0	-	-	-	-
Concord	16,840	5.6	1.6	-	-	16.92	26.84
Conway	1,884	12.5	6.4	-	-	-	-
Cummington	974	15.5	11.4	-	-	-	-
Dalton	6,582	16.7	13.8	-	-	-	-
Danvers	26,736	15.0	6.2	57.58	63.02	56.01	53.64
Dartmouth	31,241	17.2	8.9	38.62	57.88	24.87	49.39
Dedham	24,132	15.8	4.1	51.45	55.31	53.30	50.23
Deerfield	4,731	15.4	5.5	-	-	-	-
Dennis	15,473	15.3	17.5	33.65	36.48	40.92	45.92
Dighton	6,748	17.6	7.0	-	-	-	-
Douglas	7,924	19.0	8.2	-	-	-	-
Dover	5,627	5.1	1.4	-	-	-	-
Dracut	29,498	20.8	9.1	57.52	63.29	53.09	88.91
Dudley	10,780	20.3	12.2	-	-	-	-
Dunstable	3,290	11.3	4.9	-	-	-	-
Duxbury	14,444	9.5	1.7	-	-	49.73	53.65
E.Bridgewater	13,879	19.9	8.6	49.52	98.22	57.15	44.28
East Brookfield	2,069	21.2	9.5	-	-	-	-

City/Town	Population (2007)	% of current smokers*	% of women who smoked during pregnancy (2001-2005)	Lung Cancer Hospitalizations Age-Adjusted Rate (2003-2005)		Lung Cancer Mortality Age-Adjusted Rate (2003-2005)	
				Female	Male	Female	Male
E.Longmeadow	15,222	14.4	5.4	36.27	46.90	38.09	49.65
Eastham	5,445	16.4	14.1	-	-	-	-
Easthampton	16,064	20.8	13.7	-	-	37.06	93.43
Easton	22,969	14.7	3.8	35.67	70.62	60.70	79.30
Edgartown	3,920	15.3	7.9	-	-	-	-
Egremont	1,350	9.7	11.7	-	-	-	-
Erving	1,537	22.1	19.3	-	-	-	-
Essex	3,323	16.2	2.7	-	-	-	-
Everett	37,269	23.1	7.6	64.61	105.64	54.96	86.68
Fairhaven	16,124	22.5	9.4	43.67	78.78	44.42	51.82
Fall River	90,905	27.1	21.1	37.84	100.29	33.65	84.25
Falmouth	33,247	15.5	12.5	57.84	75.35	43.28	55.35
Fitchburg	39,835	24.5	15.1	31.19	53.76	31.21	64.07
Florida	678	19.2	21.7	-	-	-	-
Foxborough	16,298	15.4	5.8	-	-	64.30	52.61
Framingham	64,786	15.4	4.7	33.62	49.42	33.20	57.30
Franklin	31,381	15.0	4.4	57.13	71.89	42.95	72.68
Freetown	8,935	18.5	10.3	-	-	-	-
Gardner	20,613	24.7	22.3	51.69	46.88	36.85	60.14
Georgetown	8,147	14.2	4.1	-	-	-	-
Gill	1,379	15.8	8.8	-	-	-	-
Gloucester	30,308	20.0	13.4	52.56	70.67	47.90	92.25
Goshen	956	18.1	9.1	-	-	-	-
Gosnold	84	28.2	-	-	-	-	-
Grafton	17,525	15.2	4.9	47.51	59.04	26.12	81.42
Granby	6,285	17.0	5.4	-	-	-	-
Granville	1,676	16.8	9.1	-	-	-	-
Great Barrington	7,372	17.7	8.6	-	-	30.96	99.85
Greenfield	17,706	23.4	21.6	71.75	111.19	49.91	92.18
Groton	10,641	11.7	2.8	-	-	-	-

City/Town	Population (2007)	% of current smokers*	% of women who smoked during pregnancy (2001-2005)	Lung Cancer Hospitalizations Age-Adjusted Rate (2003-2005)		Lung Cancer Mortality Age-Adjusted Rate (2003-2005)	
				Female	Male	Female	Male
Groveland	6,923	13.7	6.2	-	-	-	-
Hadley	4,787	14.0	9.5	-	-	52.69	63.34
Halifax	7,700	18.6	9.7	-	-	48.74	61.88
Hamilton	8,188	12.2	1.9	-	-	-	-
Hampden	5,305	14.4	8.5	-	-	-	-
Hancock	1,082	16.3	9.2	-	-	-	-
Hanover	13,966	15.1	1.8	37.11	41.39	30.81	67.58
Hanson	9,956	19.0	6.6	67.32	90.96	72.07	87.22
Hardwick	2,650	20.5	17.0	-	-	-	-
Harvard	6,001	7.1	2.0	-	-	-	-
Harwich	12,387	16.0	11.4	35.05	38.20	39.53	37.52
Hatfield	3,258	15.9	7.9	-	-	-	-
Haverhill	59,902	20.8	12.2	36.37	58.47	34.87	86.22
Hawley	336	20.2	29.7	-	-	-	-
Heath	797	17.9	9.8	-	-	-	-
Hingham	22,394	9.1	2.1	32.91	60.85	41.16	46.85
Hinsdale	1,937	20.3	17.2	-	-	-	-
Holbrook	10,663	20.4	9.9	71.99	74.95	71.70	90.97
Holden	16,581	12.2	3.3	-	-	36.64	47.88
Holland	2,532	19.8	19.7	-	-	-	-
Holliston	13,941	12.9	3.0	59.44	116.65	38.10	59.60
Holyoke	39,737	21.9	12.5	38.71	62.05	52.72	58.88
Hopedale	6,165	17.2	5.8	-	-	-	-
Hopkinton	14,307	9.7	2.3	-	-	46.34	80.20
Hubbardston	4,461	14.7	6.8	-	-	-	-
Hudson	19,580	17.5	6.6	54.12	115.81	62.30	94.69
Hull	11,067	20.3	10.3	42.65	63.14	70.45	61.58
Huntington	2,193	18.8	20.0	-	-	-	-
Ipswich	13,245	15.4	5.8	65.66	79.69	60.57	66.27
Kingston	12,339	17.9	6.2	40.96	95.25	68.58	98.42

City/Town	Population (2007)	% of current smokers*	% of women who smoked during pregnancy (2001-2005)	Lung Cancer Hospitalizations Age-Adjusted Rate (2003-2005)		Lung Cancer Mortality Age-Adjusted Rate (2003-2005)	
				Female	Male	Female	Male
Lakeville	10,587	16.0	7.1	-	-	60.90	76.03
Lancaster	7,047	15.3	3.9	-	-	-	-
Lanesborough	2,891	20.9	10.0	-	-	-	-
Lawrence	70,066	17.2	7.7	39.52	83.09	31.75	70.79
Lee	5,803	20.7	10.8	-	-	-	-
Leicester	10,982	18.6	9.4	-	-	73.96	76.99
Lenox	5,105	14.1	7.4	-	-	-	-
Leominster	41,128	18.4	10.1	41.31	56.65	49.38	90.96
Leverett	1,746	9.5	8.1	-	-	-	-
Lexington	30,332	6.6	1.2	27.77	29.02	23.47	35.78
Leyden	802	17.2	16.3	-	-	-	-
Lincoln	7,994	6.5	3.2	-	-	-	-
Littleton	8,714	12.4	4.3	-	-	-	-
Longmeadow	15,315	8.0	1.7	25.38	35.19	31.62	32.82
Lowell	103,512	22.4	12.0	47.27	72.99	58.22	81.72
Ludlow	22,062	20.0	11.1	15.60	47.51	29.03	73.33
Lunenburg	9,948	15.3	6.0	51.72	41.44	44.37	83.08
Lynn	87,122	25.1	9.7	72.45	91.08	57.79	91.06
Lynnfield	11,382	9.5	2.1	-	-	-	-
Malden	55,712	18.9	6.6	54.04	91.82	50.16	93.08
Manchester	5,265	17.0	1.8	-	-	-	-
Mansfield	22,993	16.4	4.4	50.39	53.85	33.25	71.42
Marblehead	20,039	9.3	1.1	47.21	54.84	42.72	56.62
Marion	5,217	9.5	6.1	-	-	-	-
Marlborough	38,065	17.4	5.3	59.74	71.88	44.14	66.55
Marshfield	24,576	19.8	4.1	50.21	80.43	62.88	76.95
Mashpee	14,261	15.2	10.8	51.22	68.50	51.60	80.28
Mattapoissett	6,447	13.6	4.4	54.48	63.70	50.89	68.91
Maynard	10,177	17.5	4.8	-	-	44.75	78.23
Medfield	12,266	9.2	1.8	76.06	79.76	55.58	84.05

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				Female	Male	Female	Male
Medford	55,565	16.1	6.0	39.71	66.54	48.41	69.05
Medway	12,749	14.5	5.2	41.92	98.06	-	-
Melrose	26,782	13.4	3.9	44.95	41.78	51.32	54.76
Mendon	5,767	14.6	3.3	-	-	-	-
Merrimac	6,425	17.2	7.5	-	-	-	-
Methuen	43,979	18.2	7.7	77.53	61.37	44.84	67.08
Middleborough	21,245	19.8	13.9	42.37	67.47	48.77	99.69
Middlefield	551	19.4	15.6	-	-	-	-
Middleton	9,347	14.7	5.8	-	-	-	-
Milford	27,263	18.8	7.1	46.76	73.46	26.38	65.10
Millbury	13,470	20.5	10.1	91.06	65.17	74.40	77.16
Millis	7,927	14.2	4.3	-	-	-	-
Millville	2,834	20.3	12.9	-	-	-	-
Milton	25,691	8.7	0.9	43.31	43.27	37.15	51.98
Monroe	96	45.7	41.7	-	-	-	-
Monson	8,788	20.0	11.7	79.20	96.11	49.08	64.17
Montague	8,334	22.5	17.4	68.85	66.65	63.49	54.58
Monterey	960	12.0	7.9	-	-	-	-
Montgomery	754	13.1	6.8	-	-	-	-
Mt.Washington	138	12.0	-	-	-	-	-
Nahant	3,519	10.1	7.3	-	-	-	-
Nantucket	10,531	17.9	5.2	50.11	70.79	-	-
Natick	31,975	10.4	2.4	63.69	50.67	44.59	46.40
Needham	28,263	8.0	0.8	33.90	50.36	29.83	49.31
New Ashford	248	13.0	14.3	-	-	-	-
New Bedford	91,849	27.6	18.5	51.06	83.71	40.15	73.79
New Braintree	1,112	17.9	5.5	-	-	-	-
New Marlborough	1,521	14.5	11.9	-	-	-	-
New Salem	990	15.8	8.3	-	-	-	-
Newbury	6,926	14.2	4.9	-	-	-	-

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				Female	Male	Female	Male
Newburyport	17,144	15.9	2.0	67.63	67.01	52.54	62.25
Newton	83,271	10.0	1.2	40.95	47.11	22.54	37.04
Norfolk	10,646	12.6	2.5	-	-	-	-
North Adams	13,617	27.8	33.3	66.73	64.22	86.10	96.94
North Andover	27,637	12.8	2.8	55.97	66.85	40.52	68.92
North Attleboro	27,907	18.5	6.3	34.18	85.91	37.27	82.92
North Brookfield	4,819	20.5	16.0	-	-	-	-
North Reading	14,021	14.5	3.9	-	-	42.86	54.28
Northampton	28,411	16.0	7.6	23.96	52.39	35.06	58.62
Northborough	14,611	12.7	1.9	-	-	-	-
Northbridge	14,375	20.2	12.8	64.86	58.87	42.82	64.83
Northfield	2,985	15.6	6.3	-	-	-	-
Norton	19,222	17.5	8.9	38.50	69.37	47.87	73.17
Norwell	10,271	9.2	2.1	-	-	59.85	60.95
Norwood	28,172	14.2	4.6	68.62	55.49	40.92	54.35
Oak Bluffs	3,731	19.5	10.0	-	-	-	-
Oakham	1,906	14.9	6.3	-	-	-	-
Orange	7,796	24.4	21.1	-	-	50.40	65.89
Orleans	6,315	11.6	5.9	-	-	35.02	48.28
Otis	1,394	16.0	11.3	-	-	-	-
Oxford	13,641	20.7	12.1	57.35	80.64	44.80	79.81
Palmer	12,849	23.7	22.3	33.34	124.29	25.56	77.26
Paxton	4,530	11.4	2.4	-	-	-	-
Peabody	51,441	17.4	8.4	55.18	81.91	50.43	85.23
Pelham	1,404	9.1	6.0	-	-	-	-
Pembroke	18,595	16.9	5.8	72.46	99.22	76.27	73.46
Pepperell	11,409	16.6	5.9	-	-	64.71	105.20
Peru	838	21.4	12.8	-	-	-	-
Petersham	1,283	12.6	5.8	-	-	-	-
Phillipston	1,787	20.4	11.1	-	-	-	-

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				Female	Male	Female	Male
Phillipston	1,787	20.4	11.1	-	-	-	-
Pittsfield	42,931	24.1	26.1	51.94	43.21	56.46	62.64
Plainfield	600	16.7	11.1	-	-	-	-
Plainville	8,311	16.9	8.3	-	-	-	-
Plymouth	55,188	20.6	9.5	40.51	79.25	40.24	72.53
Plympton	2,772	14.4	3.3	-	-	-	-
Princeton	3,494	9.5	4.0	-	-	-	-
Provincetown	3,390	22.3	13.0	-	-	95.48	77.65
Quincy	91,622	20.0	4.7	62.81	80.09	50.57	62.21
Randolph	30,168	15.6	4.8	70.54	67.76	47.00	82.66
Raynham	13,641	17.3	6.8	60.38	63.12	47.75	33.58
Reading	23,129	12.4	2.6	32.48	41.76	34.07	57.38
Rehoboth	11,484	14.0	2.8	-	-	-	-
Revere	55,341	25.7	8.1	62.68	96.58	48.47	94.62
Richmond	1,591	9.8	4.1	-	-	-	-
Rochester	5,218	14.5	3.0	-	-	-	-
Rockland	17,780	21.7	10.8	61.77	73.92	55.20	90.25
Rockport	7,633	14.7	10.0	47.90	94.03	46.40	43.77
Rowe	347	14.9	-	-	-	-	-
Rowley	5,839	15.0	4.1	-	-	-	-
Royalston	1,380	21.1	22.6	-	-	-	-
Russell	1,730	19.1	21.3	-	-	-	-
Rutland	7,846	19.5	4.2	-	-	-	-
Salem	40,922	18.9	9.3	87.68	71.84	51.00	56.93
Salisbury	8,521	24.6	19.8	92.38	95.33	66.40	109.09
Sandisfield	837	14.7	23.5	-	-	-	-
Sandwich	20,255	15.4	5.7	28.06	56.58	27.06	57.30
Saugus	27,192	19.6	8.7	65.79	77.48	67.17	75.79
Savoy	720	21.4	12.3	-	-	-	-
Scituate	17,881	13.5	1.7	47.44	76.41	47.30	76.87

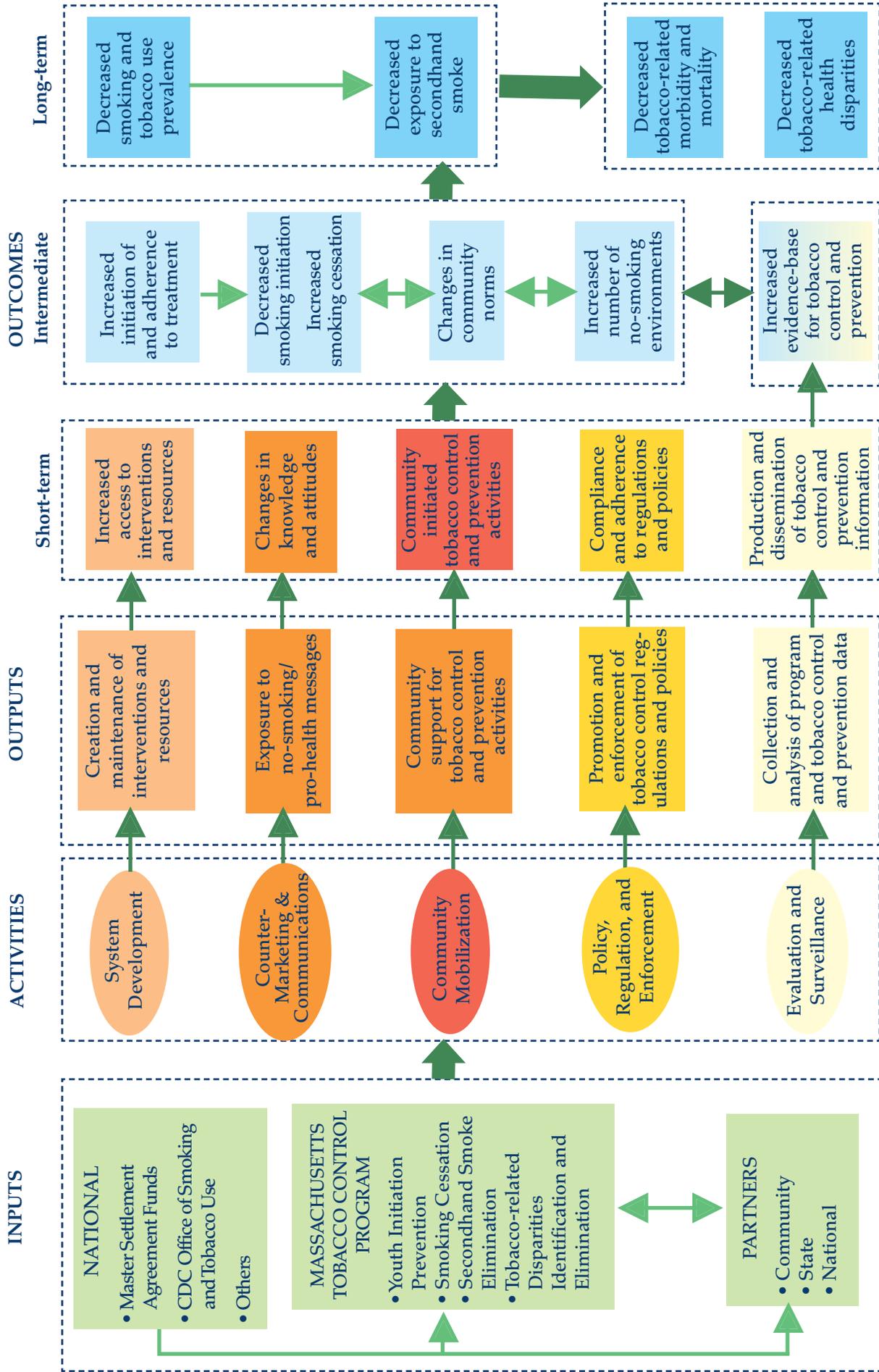
City/Town	Population (2007)	% of current smokers*	% of women who smoked during pregnancy (2001-2005)	Lung Cancer Hospitalizations Age-Adjusted Rate (2003-2005)		Lung Cancer Mortality Age-Adjusted Rate (2003-2005)	
				Female	Male	Female	Male
Swansea	13,593	16.6	2.4	-	-	74.10	76.87
Taunton	17,033	7.2	1.2	57.17	38.21	-	-
Templeton	3,334	15.8	16.4	-	-	-	-
Shelburne	2,036	14.2	8.1	-	-	-	-
Sherborn	4,217	5.4	0.9	-	-	-	-
Shirley	7,726	18.6	13.2	-	-	-	-
Shrewsbury	33,489	12.9	2.4	54.24	34.18	31.04	49.76
Shutesbury	1,834	10.4	3.4	-	-	-	-
Somerset	18,268	18.3	8.3	51.15	57.35	26.58	51.12
Somerville	74,405	16.7	5.4	55.81	77.26	45.17	68.72
South Hadley	5,962	17.8	8.9	44.97	51.77	35.26	61.62
Southampton	9,484	14.0	3.9	-	-	-	-
Southborough	16,926	8.1	1.4	-	-	-	-
Southbridge	16,952	22.1	17.7	28.67	56.15	28.65	82.59
Southwick	9,431	21.5	12.3	-	-	40.27	65.83
Spencer	12,006	23.1	15.3	40.43	71.18	55.14	79.53
Springfield	149,938	22.1	15.7	47.79	50.70	52.90	72.16
Sterling	7,874	14.5	2.8	-	-	-	-
Stockbridge	2,232	11.6	11.7	-	-	-	-
Stoneham	21,508	14.5	4.9	56.44	77.05	57.14	77.38
Stoughton	26,951	16.2	8.2	95.23	72.20	64.54	61.93
Stow	6,327	8.5	1.8	-	-	-	-
Sturbridge	9,102	16.1	4.9	42.29	71.00	68.15	60.96
Sudbury	17,159	6.8	1.4	-	-	24.83	55.22
Sunderland	3,721	16.0	4.1	-	-	-	-
Sutton	9,015	15.0	3.9	-	-	-	-
Swampscott	13,994	10.0	3.0	46.41	59.10	-	-
Swansea	16,237	19.0	9.6	28.91	88.56	39.94	106.86
Taunton	55,783	24.2	15.8	58.88	83.85	56.53	82.41
Templeton	7,783	21.7	15.2	-	-	-	-

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				Female	Male	Female	Male
Tewksbury	29,607	18.3	7.0	79.58	83.48	64.19	88.34
Tisbury	3,805	17.2	5.3	-	-	78.15	111.97
Tolland	451	15.4	8.5	-	-	-	-
Topsfield	6,067	8.4	1.9	-	-	-	-
Townsend	9,374	18.4	9.4	51.53	117.77	-	-
Truro	2,134	15.7	14.1	-	-	-	-
Tyngsborough	11,860	16.5	9.1	-	-	69.63	80.03
Tyringham	343	9.8	-	-	-	-	-
Upton	6,526	13.5	4.6	-	-	-	-
Uxbridge	12,634	18.1	7.0	60.86	67.29	39.14	75.39
Wakefield	24,706	14.1	4.5	38.55	50.47	35.39	49.09
Wales	1,844	21.8	15.2	-	-	-	-
Walpole	23,086	13.2	3.2	82.87	67.19	60.25	45.53
Waltham	59,758	15.5	4.9	34.07	60.15	36.74	50.76
Ware	9,933	23.3	21.4	39.03	88.51	41.15	73.73
Wareham	21,154	23.4	20.6	44.46	87.64	32.19	82.79
Warren	5,071	25.1	28.3	-	-	-	-
Warwick	750	17.3	21.1	-	-	-	-
Washington	548	17.5	14.3	-	-	-	-
Watertown	32,521	13.9	2.9	31.03	51.97	41.52	53.28
Wayland	13,017	6.2	0.7	55.46	31.64	-	-
Webster	16,705	25.3	18.9	37.54	69.01	42.82	70.04
Wellesley	26,985	5.8	0.5	-	-	17.11	28.62
Wellfleet	2,748	12.7	8.2	-	-	-	-
Wendell	1,003	17.5	25.0	-	-	-	-
Wenham	4,615	9.6	1.9	-	-	-	-
West Boylston	7,779	16.6	5.9	-	-	72.68	64.13
West Bridgewater	6,679	18.7	6.7	52.76	60.44	41.10	66.47
West Brookfield	3,826	18.9	23.0	-	-	-	-
West Newbury	4,269	8.6	1.3	-	-	-	-

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				Female	Male	Female	Male
W.Springfield	27,603	21.0	12.4	38.09	33.87	31.92	66.07
W.Stockbridge	1,447	12.3	7.4	-	-	-	-
West Tisbury	2,628	12.5	5.0	-	-	-	-
Westborough	18,459	11.0	2.6	34.48	49.96	41.61	45.67
Westfield	40,160	21.4	12.2	36.82	54.79	52.94	73.68
Westford	21,790	10.1	2.5	67.60	114.08	52.00	69.86
Westhampton	1,586	13.9	4.9	-	-	-	-
Westminster	7,388	18.4	5.2	-	-	-	-
Weston	11,698	5.0	1.0	-	-	-	-
Westport	15,136	19.0	10.6	50.95	60.68	49.98	89.72
Westwood	14,010	8.0	1.3	51.58	45.65	37.01	65.22
Weymouth	53,272	20.2	6.9	63.40	81.49	55.65	73.54
Whately	1,555	12.6	11.4	-	-	-	-
Whitman	14,385	22.0	8.9	50.96	47.75	64.49	82.66
Wilbraham	14,032	12.2	3.4	-	-	19.25	36.58
Williamsburg	2,440	13.6	7.8	-	-	-	-
Williamstown	8,108	12.7	7.3	-	-	29.73	57.09
Wilmington	21,679	15.9	5.0	47.83	101.57	62.44	54.60
Winchendon	10,130	25.6	16.3	-	-	82.82	54.76
Winchester	21,137	6.4	1.8	38.42	48.19	22.23	57.56
Windsor	856	17.9	8.2	-	-	-	-
Winthrop	20,154	19.2	7.2	95.46	79.31	74.33	96.80
Woburn	37,042	16.0	6.8	55.81	65.54	60.00	78.90
Worcester	173,966	21.1	7.1	51.13	90.57	50.73	70.92
Worthington	1,272	14.4	9.3	-	-	-	-
Wrentham	11,116	13.6	3.8	-	-	65.86	79.04
Yarmouth	24,010	17.8	14.3	52.79	50.39	58.95	63.37

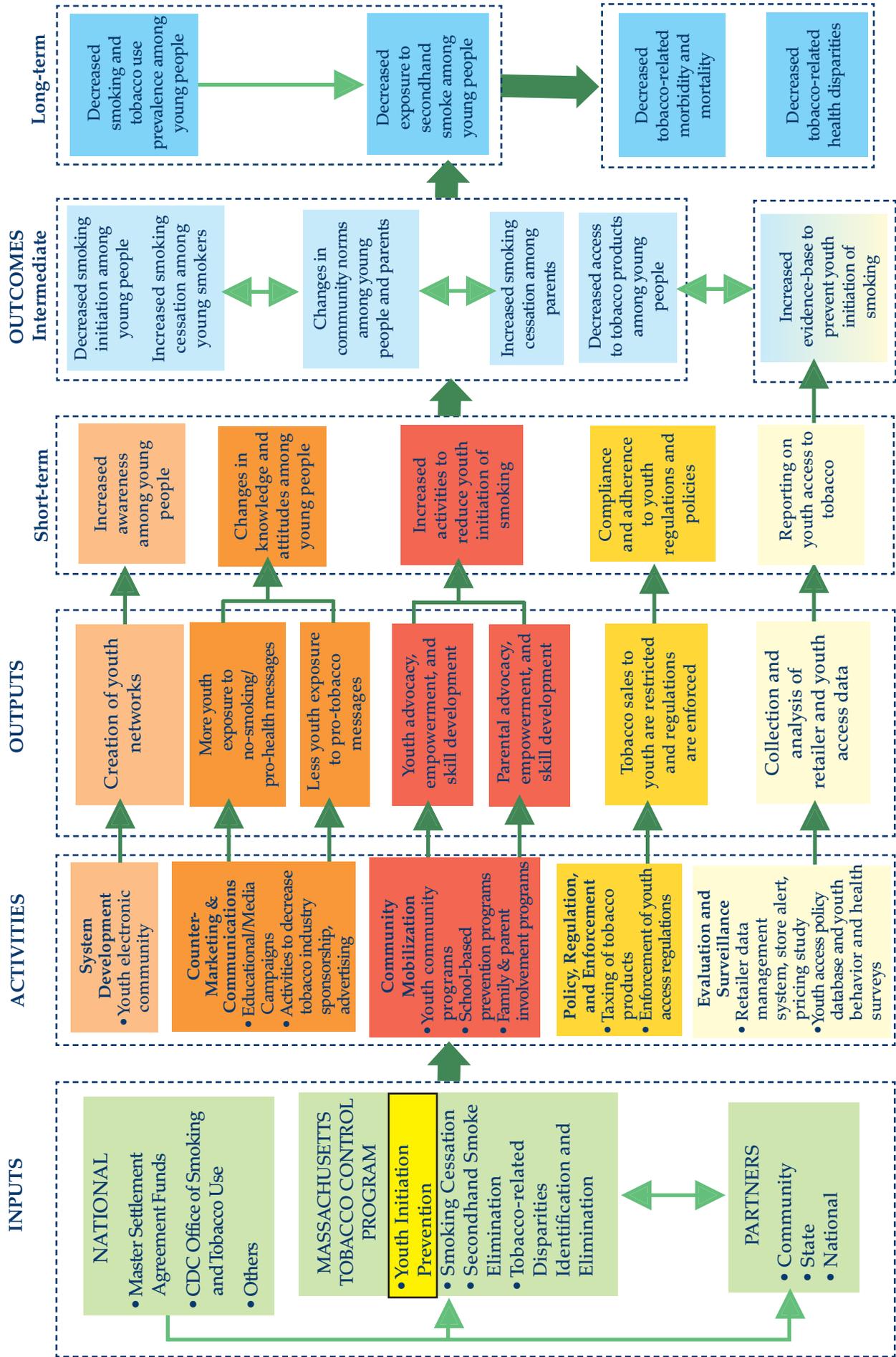
* Selected cities - Boston, Fall River, Lawrence, Lowell, New Bedford, Springfield, and Worcester - are based on 2007 BRFSS data. Other towns are based on small area estimates based on 2005 BRFSS data.

FIGURE 1. MASSACHUSETTS TOBACCO CONTROL PROGRAM LOGIC MODEL



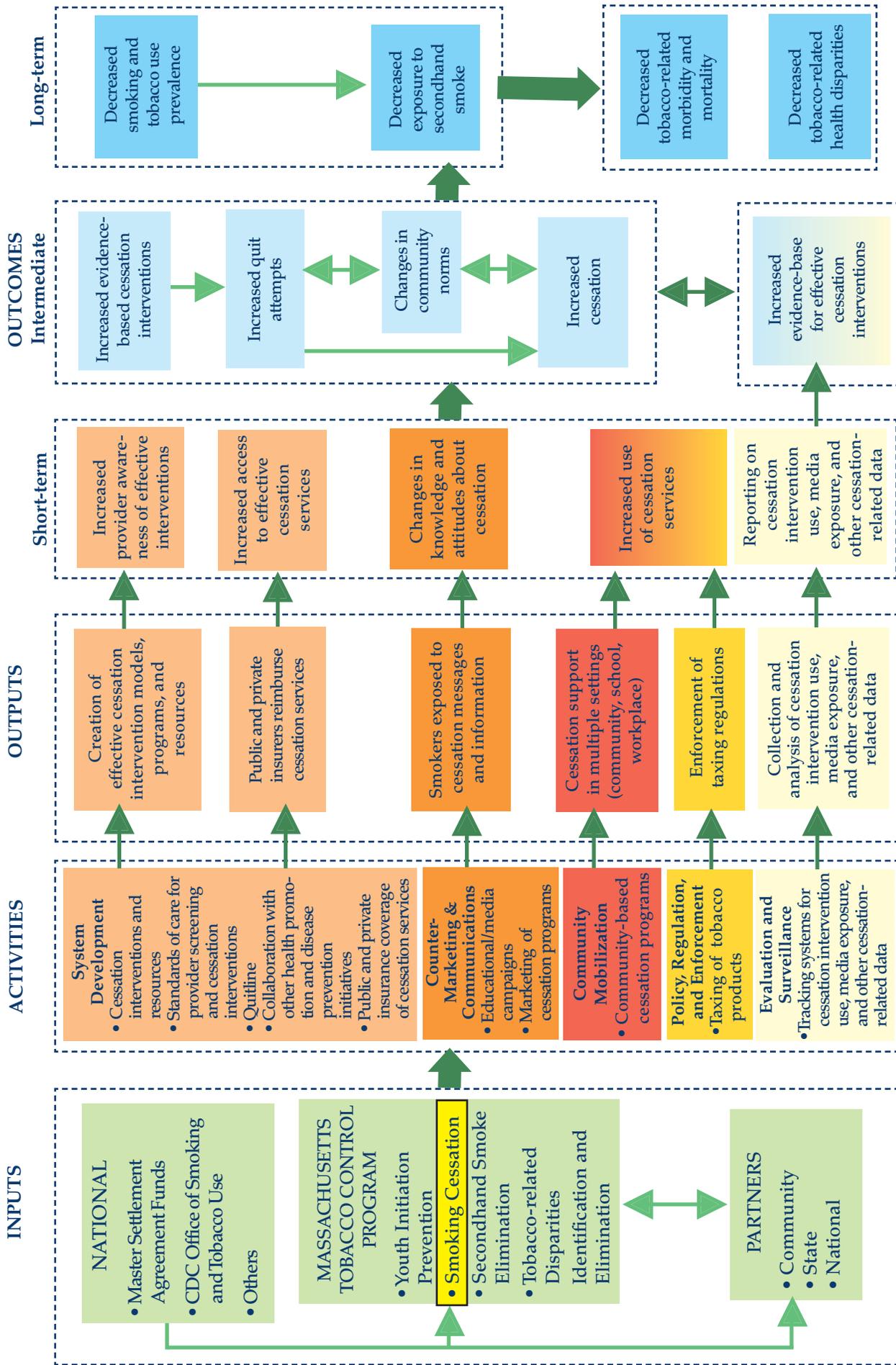
Note: Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

FIGURE 2. MASSACHUSETTS TOBACCO CONTROL PROGRAM LOGIC MODEL: Youth Initiation Prevention



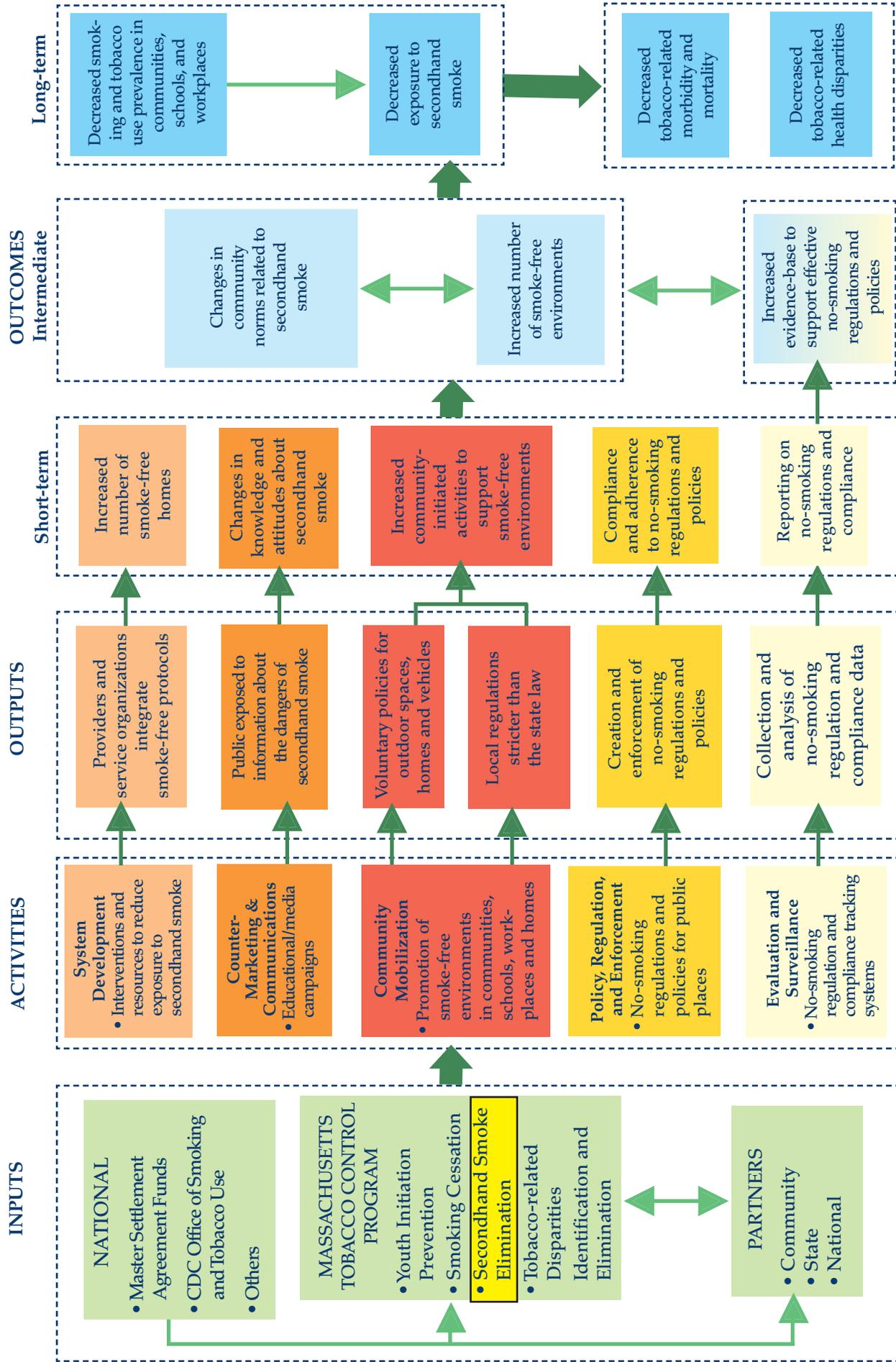
Notes: Youth include those up to age 24. The Massachusetts Department of Public Health categorizes youth in three age groups: 10 to 13, 14 to 17, and 18 to 24 years. Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

FIGURE 3. MASSACHUSETTS TOBACCO CONTROL PROGRAM LOGIC MODEL: Smoking Cessation



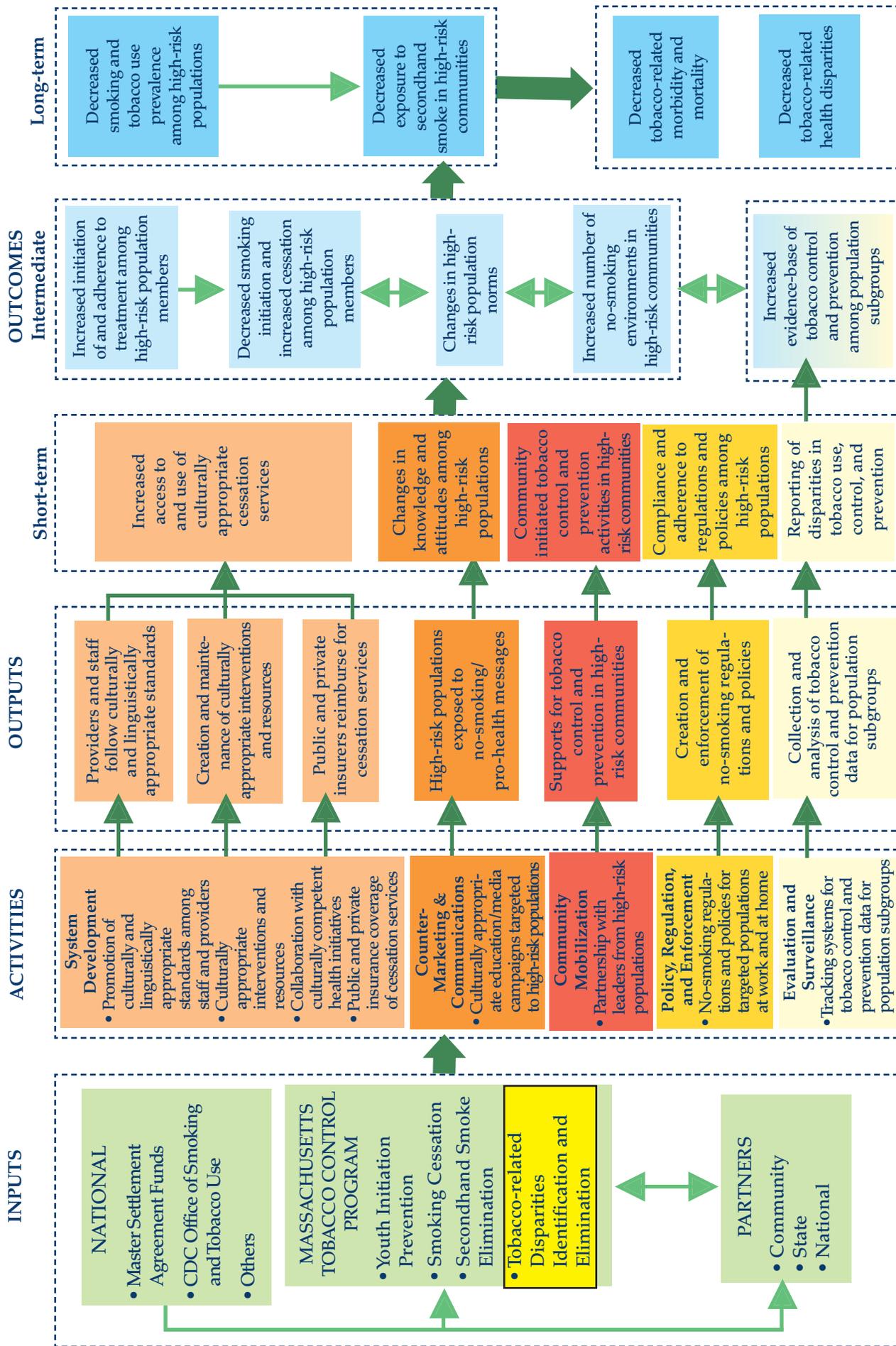
Note: Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

FIGURE 4. MASSACHUSETTS TOBACCO CONTROL PROGRAM LOGIC MODEL: Secondhand Smoke Elimination



Note: Though not explicitly depicted in this logic model, disparities are addressed in all components of the program.

FIGURE 5. MASSACHUSETTS TOBACCO CONTROL PROGRAM LOGIC MODEL: Tobacco-related disparities Identification and Elimination



Note: High-risk populations are those groups that are disproportionately affected by tobacco-related morbidity and mortality. High-risk populations may be defined on the basis of race/ethnicity, gender, age, income and education, geographic location, sexual orientation, occupation, disability or mental illness.

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Appendix: Preventing initiation of smoking by youth

Short-Term Outcomes	Indicators (Data Sources/Reports)	
Increased awareness among young people	Proportion of young people who have seen or heard antismoking messages from the TV, the internet, the radio, newspapers, or magazines (MYHS)	
Changes in knowledge and attitudes among young people	Proportion of young people who think that young people who smoke have more friends ("Definitely yes" or "probably yes")	
	Proportion of young people who have never smoked that would likely (1) try a cigarette soon, (2) smoke in the next year, or (3) accept a cigarette if a friend offered (MYHS)	
Increased activities to reduce youth initiation of smoking	Proportion of young people who have participated in community activities to discourage young people from using tobacco products in the past year (MYHS)	
	Proportion of young people who were taught about dangers of tobacco use in school during the past school year (MYHS)	
	Proportion of parents who report that they have discussed tobacco use with their children (BRFSS)	
	Proportion of schools with comprehensive tobacco policies (School Health Profile - 2006)	
	Proportion of schools or school districts that provided referrals to tobacco cessation programs for students (School Health Profile - 2006)	
Compliance and adherence to youth regulations and policies	Proportion of young people who report smoking on school property (YRBS)	
Intermediate Outcomes	Indicators (Data Sources/Reports)	
Reporting on youth access to tobacco	Completed reports on youth access enforcement and compliance in Massachusetts cities and towns (EMS)	
Decreased smoking initiation among youth	Proportion of people younger than 17 who smoke (YRBS)	
	Proportion of high school students who report never having tried a cigarette (MYHS)	
Increased smoking cessation among young smokers	Proportion of young smokers who have made a quit attempt of one day or longer (MYHS)	
Changes in community norms among young people and parents	Proportion of adults who support any cigarette tax increase to support programs aimed at preventing smoking (BRFSS)	
Increased smoking cessation among parents	Proportion of adults living with children who smoke and have made a quit attempt (BRFSS)	
Decreased access to tobacco products among young people	Proportion of young people reporting that they usually obtain cigarettes from a social source (MYHS)	
	Proportion of illegal sale of tobacco to minors (Synar)	
Long-Term Outcomes	Indicators (Data Sources/Reports)	
Decreased smoking and tobacco use prevalence among young people	Proportion of young people who passed 30 day use of any tobacco products; (1) cigarettes; (2) chewing tobacco, snuff, or dip; or (3) cigars or little cigars (YRBS)	
	Proportion of smoking young adults, age 18-24 (BRFSS)	
	Proportion of smoking high school students (YRBS)	
	Proportion of established young smokers (YRBS)	
Decreased exposure to secondhand smoke among young people	Proportion of young people who report exposure to secondhand smoke in the same room during the past 7 days (MYHS)	
	Proportion of young people who report exposure to secondhand smoke in a car during the past 7 days (MYHS)	

	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
	88.0%	80.1%	-7.9%	
	15.8%	18.1%	2.3%	
	27.0%	23.9%	-3.1%	
		5.7%		
		35.6%		
		94.2%		
		57.0%		90.0%
		53.0%		
	8.7%	7.3%	-1.4%	
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
		Youth Access Report		
	19.5%	16.6%	-2.9%	
	49.3%	53.6%	4.3%	
		53.1%		
		89.6%		
	60.1%	64.0%	3.9%	
		9.5%		
	10.3%	11.6%	1.3%	7.5%
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
	26.1%	24.4%	-1.7%	
	26.6%	23.6%	-3.0%	18.1%
	20.5%	17.7%	-2.8%	12.0%
	8.9%	8.1%	-0.8%	
	55.6%	50.9%	-4.7%	
		37.2%		

Appendix: Helping smokers quit

Short-Term Outcomes	Indicators (Data Sources/Reports)	
Increased provider awareness of effective treatment	Percentage of current or former smokers who are advised not to smoke by a health care professional (BRFSS)	
Increased access to effective treatment programs and resources	Number of community-based tobacco treatment programs	
Changes in knowledge and attitudes about cessation	Percentage of smokers that intend to quit smoking in the next 30 days (BRFSS)	
	Percentage of smokers that are aware of the 800-TRY-TO-STOP quitline. (BRFSS)	
Increased use of cessation services	Number of QuitWorks self-referrals and fax referrals from providers. (QuitWorks)	
	Number of calls to Quitline (800-TryToStop self-referred callers only)	
	Proportion of use of MassHealth smoking cessation benefit (MassHealth)	
	Percentage of adult smokers who have made an evidence-based quit attempt in past year (BRFSS)	
Reporting of treatment program use, media exposure, and other cessation-related data	Completed reports on QuitWorks, Ready-Set-Quit, and TryToStop toll-free line	
Intermediate Outcomes	Indicators (Data Sources/Reports)	
Increased evidenced-based cessation interventions	Percentage of adults who have been asked by a health care professional about smoking (BRFSS)	
	Percentage of smokers who have been advised to quit smoking by a health care professional (BRFSS)	
Increased quit attempts	Percentage of adult smokers who have made a quit attempt in the past year (BRFSS)	
Changes in community norms	Percentage of adults who support any tax increase to support programs aimed at preventing smoking (BRFSS)	
Increased cessation	Percentage of former smokers compared to those who have ever smoked (BRFSS)	
	Percentage of smokers who have quit in the last year (BRFSS)	
Long-Term Outcomes	Indicators (Data Sources/Reports)	
Decreased smoking and tobacco use prevalence	Percentage of adults who are current smokers (BRFSS)	
	Percentage of adults who have never smoked (BRFSS)	
	Per smoker cigarette pack purchases in MA (DOR, BRFSS)	
	Percentage of women who reported smoking during pregnancy (Birth Records)	
Decreased exposure to secondhand smoke	Proportion of adult non-smokers reporting exposure to secondhand smoke in the home (more than 1 hour in the past 7 days - BRFSS)	
	Percentage of households with children who do not have a rule against smoking in their home (BRFSS)	
	Ratio of tobacco-related death to total deaths (Death Records, SAMMEC)	
Decreased tobacco-related morbidity and mortality	Annual health care expenditure savings (MTCP)	
	Percentage of older adult non-smokers reporting exposure to secondhand smoke in the home (more than 1 hour in the past 7 days - BRFSS)	
Decreased tobacco-related health disparities	Percentage of non-whites who call the Quitline (800-TryToStop self-referred callers only)	

	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
	73.1%	78.3%	5.2%	
		36 (2007)		
	34.3%	41.4%	7.1%	
		54.3%		
	2979 (2006)	3068 (2007)	89	
	1,623 (FY 2007)	4,000 (FY 2008)	2377	25,000
	16.2%	23.4%	7.2%	35.0%
		36.7%		
		Quitline Data report FY04 - FY08 (Mathematica)		
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
		56.6%		
	73.1%	78.3%	5.2%	
	58.0%	59.8%	1.8%	
		74.2%		
	61.0%	63.5%	2.5%	
	6.3%	5.0%	-1.3%	
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
	17.8%	16.4%	-1.4%	12.6%
	54.5%	55.1%	0.6%	
	325.6 (2006)	346.2 (2007)	20.6	
	7.2%	7.4%	0.2%	5.7%
	4.1%	4.7%	0.6%	3.2%
	13.6%	14.3%	0.7%	9.1%
	15.6%	15.4%	-0.2%	
				\$400 million
	3.6%	3.6%	0.0%	
	16.9% (FY 2007)	15.4% (FY 2008)	-1.5%	

Appendix: Eliminating exposure to secondhand smoke

Short-Term Outcomes	Indicators (Data Sources/Reports)	
	Increase in private multi-unit rental housing, including section 8 housing, that is voluntarily smoke-free	
Changes in knowledge and attitudes about secondhand smoke	Percentage of population that thinks secondhand smoke is harmful to one's health (BRFSS)	
Increased community-initiated activities to support smoke-free environments	Proportion of population reporting voluntary tobacco-free home policies (BRFSS)	
Reporting on no-smoking regulations and compliance	Municipalities with local regulations stronger than the smoke-free workplace law (Smoke-Free Policy Database)	
	Collection rate for fines issued regarding violations of the Massachusetts Smokefree Workplace Law (MTCP Complaint Database)	
	Percentage of schools with comprehensive tobacco policies (Smoke-Free Policy Database)	
Compliance and adherence to no-smoking regulations and policies	Completed reports on no-smoking regulations and compliance in Massachusetts cities and towns	
Intermediate Outcomes	Indicators	
Changes in community norms related to secondhand smoke	Percentage of adult smokers who believe family members and peers are upset by smoking ("Strongly agree" or "Agree" - BRFSS)	
Increased number of smoke-free environments	Number of smokefree campuses (EOHHS initiative)	
Long-Term Outcomes	Indicators	
Decreased smoking and tobacco use prevalence in communities, schools, and workplaces	NONE	
Decreased exposure to secondhand smoke	Percentage of adults who are exposed to secondhand smoke at home, work, or in other settings (more than 1 hour in past 7 days - BRFSS)	
Decreased tobacco-related morbidity and mortality	Number of smoking attributable deaths in Massachusetts (SAMMEC)	
Decreased tobacco-related health disparities	NONE	

	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
		5.0%		35.0%
		94.5%		
	79.9%	81.5%	1.6%	
		94		115
	73.6%	72.2%	-1.4%	100%
	59%	63%	4.0%	90%
		4 Year Report on Smokefree Workplace Law		
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
		67.5%		
		Project begins July 2009		
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
	17.0%	13.0%	-4.0%	
	8230	8045	-185	

Appendix: Identifying and eliminating disparities

Short-Term Outcomes	Indicators (Data Sources/Reports)	
Increased access to and use of culturally competent treatment services	Number of cessation services for specific high-risk communities	
Changes in knowledge and attitudes among high-risk populations	Percentage of youth in high-risk populations (live with a smoker) who have never smoked (MYHS)	
	Percentage of adults in high-risk populations who believe family members and peers are upset by smoking (BRFSS)	
Community initiated tobacco control and prevention activities in high-risk communities	Number of tobacco control and prevention activities in high-risk communities (EMS)	
Compliance and adherence to regulations and policies among high-risk populations	Percentage of cities or towns with a 5 percent or less illegal sales rate to minors in compliance checks for funded communities (RDMS)	
Reporting on disparities in tobacco use, control, and prevention	Report on MTCP Disparities Index	
Intermediate Outcomes	Indicators (Data Sources/Reports)	
Increased initiation of and adherence to treatment among high-risk population members	Percentage of adult smokers in high-risk populations who have used evidence-based treatment in the past year (BRFSS)	
Decreased smoking initiation and increased cessation among high-risk population members	Percentage of adult smokers in high-risk populations who have made a quit attempt in the past year (BRFSS)	
	Percentage of former smokers over smokers	
	Proportion of smoking quitters in last year	
	Proportion of population that never smoked	
Changes in high-risk population norms	Percentage of adults in high-risk populations who support any tax increase to support programs aimed at preventing smoking (BRFSS)	
Increased number of no-smoking environments in high-risk communities	Percentage of adults in high-risk communities who report having a smoke-free home (BRFSS)	
Long-Term Outcomes	Indicators (Data Sources/Reports)	
Decreased smoking and tobacco use prevalence among high-risk populations	New Disparities Index (BRFSS)	
	Percentage of Medicaid enrollees who are current smokers (MassHealth Member Plan Survey, BRFSS)	
Decreased exposure to second-hand smoke in high-risk communities	Percentage of adults in high-risk communities who are exposed to secondhand smoke at home, work, or in other settings (BRFSS)	
Decreased tobacco-related morbidity and mortality	Lung cancer deaths among blacks.	
Decreased tobacco-related health disparities	Index of hospitalizations among blacks and Hispanics for tobacco-related illnesses. (UHDDS: lung cancer, ischemic heart disease, AMI, COPD, emphysema / 100 is equivalent to no disparities in target populations)	

	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
	10	22		
		45.2%		
		64.7%		
	0	3		
	44.1% (79 of 179)	50.3% (97 of 193)	6.2%	
		In Process		
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
		36.9%		
	59.4%	60.4%	1.0%	
	47.1%	60.0%	12.9%	
	6.0%	5.0%	-1.0%	
	51.9%	56.7%	4.8%	
		69.1%		
	74.0%	74.2%	0.2%	
	Previous Level	Current Level	Change	2015 Goal (assumes CDC-recommended funding level)
	140	144	4	125
	36.1%	33.2%	-2.9%	
	19.2%	16.7%	-2.5%	
	133	127	-6	
	109	104	-5	

