Annual Report of the Massachusetts Tobacco Control Program
Fiscal Year 2007

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

Make smoking history.
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Introduction

Letter from the Director

In Fiscal Year 2007, the Massachusetts Legislature made a commitment to health care reform. As part of its strategy to improve health in the Commonwealth, legislators began rebuilding the Massachusetts Tobacco Control Program (MTCP), increasing its funding from $4.3 million in FY 2006 to $8.3 million in FY 2007.

The benefits of this renewed commitment to public health have already become apparent. We have made substantial progress toward key goal areas outlined in our strategic plan. We have initiated innovative youth outreach programs, conducted groundbreaking research, implemented new media strategies, protected Massachusetts residents from secondhand smoke, and helped thousands of smokers from underserved populations quit.

In FY 2007, we strengthened our efforts to prevent young people from starting to smoke and saw the rate of illegal tobacco sales to minors fall by half. We increased the level of activity in prevention programs for young people, awarding 45 mini­grants to youth groups across the Commonwealth, holding a youth summit, and drawing 160 participants in a statewide film shorts competition.

We worked closely with MassHealth, the Commonwealth’s Medicaid program, to design and promote a smoking cessation benefit. This benefit is a key component of Massachusetts’ health care reform and reaches a vulnerable population that smokes at twice the rate of the state average.

Our statewide communications efforts raised public awareness of the new MassHealth smoking cessation benefit and targeted low-income smokers across the Commonwealth with a radio and transit campaign aimed at helping them quit.

In keeping with our high standards for research and evaluation, we released a groundbreaking report on nicotine content in cigarettes that received international press coverage.

With this report, the first since FY 2001, we are pleased to resume MTCP’s tradition of annual reports to the Commonwealth. We are looking forward to reporting even more progress from what promises to be an exciting FY 2008.

More than 9,000 Massachusetts residents die each year from the effects of tobacco—one person every hour of every day. With an increased FY 2008 budget, the solid support of Governor Patrick and the Legislature, and the guidance of Secretary of Health and Human Services Dr. JudyAnn Bigby and Public Health Commissioner John Auerbach, we are working with renewed energy to end this public health crisis.

Lois Keithly, PhD, MSMIS
Director, Massachusetts Tobacco Control Program

Sociedad Latina and BOLD Teens during a youth tobacco awareness event in downtown Boston.
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.
Investing in tobacco control

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.

Local initiatives include supporting and implementing programs and policies in the Commonwealth’s 351 cities and towns. Supporting youth prevention efforts and funding local boards of health to enforce the state’s Smoke-Free Workplace Laws are two ways MTCP works at the community level.

Statewide programs provide the structure that enables MTCP to be comprehensive and sustainable. Smoking cessation activities, from the state’s toll-free quitline to training cessation counselors, are included in this budget line. Youth programs, secondhand smoke issues, tobacco control policy, and training for local programs are also funded through this line.

Communications is woven into 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.

Research and evaluation allows MTCP to monitor tobacco-related attitudes, behaviors, and health outcomes at regular intervals, making results available to the public. MTCP bases its program decisions on solid research and regularly evaluates its initiatives.

Administration coordinates tobacco control efforts throughout the state, communicating best practices, managing contracts, and providing oversight and leadership.

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Highlights of FY 2007

Reduced minors’ ability to purchase tobacco products
Sales of tobacco to minors dropped by more than 50% in Massachusetts in FY 2007. This dramatic decrease in illegal sales coincided with a significant increase in funding to local programs to conduct regular tobacco retailer education and random compliance checks. The implementation of a new Retailer Database Management System ensured instant, accurate reporting of violations. The Under 27 campaign was also launched in FY 2007, building awareness about tobacco sales laws and helping retailers train their employees to check for proper ID.

Promoted smoking cessation to low-income populations
Members of Massachusetts’ Medicaid program, MassHealth, smoke at rates twice the state average. In FY 2007, the Legislature funded a smoking cessation benefit pilot program for MassHealth members, which MTCP helped design. MTCP was instrumental in the design and promotion of the new pilot benefit, creating the What’s Your Story? radio and transit advertising campaign that encouraged smokers to quit and promoted the new MassHealth cessation benefit. MTCP also created and distributed print materials about the new benefit in several languages. By the end of FY 2007, an estimated 10% of all MassHealth smokers had attempted to quit using the new medication benefit.

Increased programs focusing on youth
In FY 2007, MTCP increased its efforts to reach young people in Massachusetts with prevention messages, engaging youth in a statewide movement to prevent tobacco use among their peers. To oversee these efforts, MTCP formed Mass Youth Against Tobacco (MYAT), creating a more efficient and cost-effective way to coordinate youth efforts. MYAT awarded 45 mini-grants to youth groups across the Commonwealth to enable them to work on smoke-free schools, preventing youth access to tobacco, and countering the messages of the tobacco industry. MYAT also held a film shorts contest, convened a youth advisory group that designed and hosted a youth summit, and presented exceptional young people with youth leadership awards.
Increased innovative data reporting
MTCP released several important reports in FY 2007, including its groundbreaking study examining changes in the amount of nicotine in cigarettes. This report, which generated international news coverage, revealed that the amount of nicotine contained in cigarettes increased 16.6% in the seven-year period from 1998 to 2004. As a result of using new, cost-effective, and more accurate technologies in its data collection efforts, MTCP also released smoking prevalence estimates for individual neighborhoods in the Commonwealth’s 12 largest cities. MTCP continued to collaborate on large-scale studies, an efficient means of collecting important data about adult and youth tobacco use.

Introduced health systems change to address tobacco use
In FY 2007, MTCP introduced new programs to change health care systems to improve the way providers address tobacco use with their patients. Local programs funded by MTCP developed and implemented new smoking intervention protocols in two rural birth hospitals and in eight community health centers across the Commonwealth. These settings were chosen because they serve high-risk populations. The new protocols were based on research showing that smokers are more likely to make a quit attempt when prompted by their health care provider. These systems changes require health care providers to ask patients about smoking, encourage them to quit, prescribe medications if appropriate, and to refer them to quit-smoking counseling or other support programs.

In 2004, MTCP worked with partners, stakeholders, and community members to establish a strategic plan for reducing tobacco use in the Commonwealth. This Annual Report is structured around the six main goals from that strategic plan:

- Preventing young people from starting to smoke
- Protecting children and adults from secondhand smoke
- Helping current smokers to quit
- Identifying and eliminating tobacco-related disparities
- Developing and implementing a comprehensive tobacco control communications plan
- Conducting surveillance and evaluation
Preventing young people from starting to smoke

Changing social norms—reducing youth demand for tobacco

Young people take action against tobacco in their communities

Supported by MTCP mini-grants, nearly 500 young people from 22 Massachusetts cities and towns addressed the problem of tobacco in their communities. The majority of mini-grants targeted low- and moderate-income communities with significant populations of racial and ethnic minorities—areas where tobacco companies market heavily.

MTCP funded Mass Youth Against Tobacco (MYAT) at The Medical Foundation to award three categories of mini-grants to youth groups in 24 cities and towns across the Commonwealth.

- Twelve youth groups received Standing Up to Big Tobacco mini-grants that helped them document the influence of tobacco in their communities, raise awareness and visibility of tobacco as an issue, and present their findings to stakeholders.

- Eighteen youth groups received Smoke-Free Schools mini-grants that allowed young people to document the influence of tobacco in schools, raising awareness and visibility of tobacco as an issue to students and teachers.

- Fifteen youth groups won Tobacco Use in the Entertainment Industry mini-grants, enabling them to document the influence of tobacco in the media and entertainment industries and to raise awareness and visibility of this issue in their community.

By the numbers

490 youth were directly involved in mini grant projects, representing 24 cities and towns from across the Commonwealth.

12 youth from the statewide Youth Advisory Group designed and organized the statewide Youth Summit.

135 youth and adults attended the statewide Youth Summit.

160 youth from across the Commonwealth participated in the film shorts contest, submitting a total of 40 entries.

235 store alert surveys were conducted by young people to monitor local tobacco retail marketing practices.
HIGHLIGHTS INCLUDED:

- **Boston** – Students from the Grover Cleveland Middle School successfully advocated for Smoke-Free Schools signs to be posted on their school grounds after documenting areas where people were likely to smoke.

- **Boston** – Two Boston groups, Sociedad Latina and BOLD Teens, collaborated to hold a youth briefing at the State House to inform legislators about the impact of tobacco advertising and the need for concrete solutions to prevent youth access to tobacco products.

- **Fitchburg** – Young people from LUK, Inc. created Geographic Information Systems maps overlaying tobacco retail stores with playgrounds, schools, and after-school centers, demonstrating the proximity of in-store tobacco advertising to concentrated areas of children.

- **Malden** – After hearing a presentation from the YWCA’s mini-grantees, the City Council is considering a new ordinance related to tobacco signage in store windows.

- **Orange and Athol** – Youth from the Boys to Men program successfully advocated for an illegal Joe Camel poster to be removed from a storefront.

- **Provincetown** – A group from Provincetown High School organized a community-wide tobacco cleanup and used the resulting three boxes of cigarette butts in a protest to major tobacco companies.

- **Springfield** – Dunbar Community Center organized and hosted Youth Xplosion, a tobacco-free youth event that brought together 200 young people in a show of talent, fashion, and tobacco knowledge.

- **Worcester** – Youth from the HOPE Coalition informed their state senator about the need for stronger enforcement of youth access laws, backing up their argument with local research they had previously conducted.

The growing youth movement in Massachusetts also featured a statewide youth advisory group, a youth summit for young people engaged in fighting tobacco, and Mass Youth Against Tobacco, which supported young people in their efforts to combat tobacco use in their communities. Samantha Tobia of Stow received MYAT’s Youth Leadership Award in FY 2007. Linh Nguyen of Boston was the first runner-up.
Film shorts contest combines creativity with a positive message

The film shorts contest challenged Massachusetts’ high school-aged young people to produce 30-second video spots aimed at delivering a positive, tobacco-free message to their peers. Forty entries were received from groups in 14 cities and towns across the Commonwealth. In all, 160 young people were involved.

DPH Commissioner John Auerbach announced the grand prize-winning video and presented awards to the top 10 finalists and honorable mention awardees at a film festival held at Boston’s WCVB-TV Channel 5. The grand prize winner was a group from Boston Trinity Academy in Hyde Park. The first runner-up was from Northampton High School.

The winning spot was shown for a full month on Channel 5, and the top ten film shorts were posted on Channel 5’s website in Spring 2007. The winning spot and the first runner-up were also featured on movie theater screens across the Commonwealth throughout the month of June. All qualifying spots were posted online on the Mass Youth Against Tobacco website and are also available at www.the84.org.

Commissioner John Auerbach talks with young people involved with a mini-grant activity in Worcester.
Young people develop website to engage peers

Young people from across the Commonwealth provided advice and guidance in the creation of a new website for nonsmoking youth. The84.org was created to reinforce the message that most young people in Massachusetts don’t smoke — a full 84% of all middle and high school students in the Commonwealth.

Twenty young people served on MTCP’s statewide Youth Advisory Group, which provided guidance in the creation of a new website to engage young people in fighting tobacco in their communities. The website was launched in August 2007 and provides a resource and meeting place for young people fighting tobacco in Massachusetts.

The statewide Youth Advisory Group designed the site to include upcoming events and examples of strategies that youth have used to advocate against Big Tobacco. The site also features blogs and MySpace-like pages. The site’s look, feel, and message reflects the viewpoint and values of youth and is designed to appeal to young people across the Commonwealth.

Current Cigarette Use Among High School Students in Massachusetts 1993 - 2007

Data Source: MDE, Massachusetts Youth Behavioral Risk Survey 1993-2007
*Current cigarette use is reported use in the last 30 days.
Reducing the supply of tobacco to youth

Sales of tobacco to minors cut in half in FY 2007

Sales of tobacco to minors dropped by more than 50% in Massachusetts in FY 2007. This dramatic decrease in illegal sales coincided with a significant increase in funding to local programs to conduct regular tobacco retailer education and random compliance checks. The Under 27 campaign was also launched in FY 2007, building awareness about tobacco sales laws and helping retailers train their employees to check for proper ID.

Across the Commonwealth, sales of tobacco products to minors fell from 22.7% in FY 2006 to 10.3% in FY 2007. MTCP collected this data to fulfill the federal Synar Amendment, which requires states to conduct randomly selected, unannounced compliance checks with local retailers, where underage youth attempt to purchase tobacco.

Massachusetts law prohibits the sale of any tobacco products to those under age 18, and regulations from the Massachusetts Attorney General’s office require retailers to ask for photo ID from anyone attempting to purchase tobacco who appears to be under age 27.

For more details on the status of efforts to reduce youth access to tobacco, read MTCP’s FY 2007 Annual Report on Reducing Youth Access to Tobacco, which can be found online at www.mass.gov/dph/mtcp.

Under 27 campaign

The Under 27 campaign was launched in FY 2007 to increase awareness among retailers, their employees, and the general public about state and local tobacco sales laws. Information about the campaign can be found on Page 27.
Retailer Data Management System developed

In FY 2007, MTCP developed a comprehensive, cost-effective, web-based Retailer Data Management System (RDMS), which is used to monitor retailers’ compliance with state law prohibiting sales of tobacco to minors. Using a handheld device or any computer with internet access, state and local programs can enter and retrieve compliance check data, retail store and signage inspection results, and create useful, timely, and accurate data reports.

The new RDMS allows MTCP to maintain complete data records on all tobacco retailers in the Commonwealth and to track in real time where youth access issues exist. The system also increases the accuracy of data collection by removing steps from the reporting process. MTCP has immediate access to data from across the state that previously took months to be entered. By June 2007, 16 programs covering 213 municipalities were using the new system.

![Portable handheld devices allow instant reporting to the RDMS system.](image)

**Illegal Sales to Minors Rate**

*FY 2002 - FY 2007*

Data Source: MDPH, Bureau of Substance Abuse Services, Annual Synar Report

Preventing young people from starting to smoke
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 non-smoking adults. The Surgeon General has stated that there is no safe level of secondhand smoke.

Ensuring an effective law

The Massachusetts Tobacco Control Program has continued to work with the public and local boards of health on implementing and enforcing the 2004 Smoke-Free Workplace Law.

Due to a combination of public education, clear implementation, and reliable enforcement, more than 90% of all workplaces—including bars and restaurants—complied with the law in FY 2007.

In FY 2007, board of health tobacco control programs conducted 6,850 workplace inspections to ensure compliance with the Smoke-Free Workplace Law. Of the 933 violations found, the vast majority dealt with missing signage; a total of 774 warnings were given. Only 119 of the inspections resulted in confirmation of active smoking, and 86 tickets were given. Local board of health tobacco control programs collected $13,500 in fines as a result of the tickets.

MTCP continues to educate business owners about the law and to evaluate its impact. MTCP has developed fact sheets and other materials to further clarify the law’s impact on specific business categories, most recently explaining rules for taxis and for bars whose business centers on the use of hookahs (water pipes).

MTCP maintains a statewide, toll-free number for public complaints and queries about the workplace law. Complaints about workplace smoking violations have dropped from 372 in FY 2005 to 149 in FY 2007. Queries about the workplace smoking law have also tapered off since the first year of the law’s implementation. In FY 2007, 28% of the toll-free line’s queries were about secondhand smoke exposure in housing. These calls to the toll-free line provide an insight into the secondhand smoke issues that currently are of most concern to Massachusetts residents.
Changing social norms, changing lives

Efforts to educate the public about the harms of secondhand smoke are paying off in Massachusetts. The percentage of adults who have voluntary “no smoking in the home” rules has nearly doubled since 1993.

Seeing such a large increase in these rules in a relatively short time span — just 12 years — points to evidence of a change in social norms. After decades of acceptance, it is now considered unusual for an adult to permit smoking in the home.

Not everyone is protected, however; nearly one-quarter million Massachusetts children still live in homes where they may be exposed to secondhand smoke.

The gradual implementation of local smoke-free workplace laws, a growing awareness of the risks of secondhand smoke, and rising media coverage on the topic contributed to a steady decline in secondhand smoke exposure. The resulting change in social norms helped set the stage for further decreases in exposure with the 2004 implementation of the statewide Smoke-Free Workplace Law.
Local media efforts support statewide workplace smoking law

Local MTCP programs developed innovative communications campaigns to increase awareness of Massachusetts’ Smoke-Free Workplace Law. Using dedicated funds from the Commonwealth’s health care reform initiative, the campaigns reminded the public of their rights under the law and referred them to MTCP’s toll-free line for information and enforcement.

Worcester’s board of health created and aired a radio campaign that featured high-profile speakers explaining the importance of the Smoke-Free Workplace Law: Lieutenant Governor Tim Murray, Senator Harriette Chandler, Senator Ed Augustus, Congressman Jim McGovern, then-Mayor Konnie Lukes, Worcester Public Health Commissioner Dr. Leonard Morse, and Dick Kennedy, President and CEO of the Worcester Regional Chamber of Commerce.

Leominster’s board of health tobacco control program produced radio ads that emphasized workers’ right to a smoke-free environment and listed MTCP’s toll-free line as a resource. These were aired in Hampshire, Hampden, Franklin, and Worcester counties. Easthampton’s board of health tobacco control program built on the concept and developed billboards, flyers, and transit ads carrying the same message. These materials were used in the Berkshires, Hampshire and Hampden Counties, and in the Leominster area.
Helping programs succeed: technical assistance and training

The Massachusetts Municipal Association, the Massachusetts Association of Health Boards, and the Massachusetts Health Officers Association provided technical assistance to 136 boards of health during FY 2007.

The key issues addressed during these sessions were: strategies for enforcing the Smoke-Free Workplace Law, school tobacco policies, smoke-free private clubs, smoke-free housing, and hookah bars. Retailer education techniques and strategies for enforcing regulations governing youth access to tobacco were also addressed.

No Smoking signs distributed to schools
MTCP produced and distributed more than 2,800 durable metal No Smoking signs to schools across the Commonwealth. Schools permanently hung these signs in outdoor areas and playing fields on their campuses, places where smoking violations are likely to occur. The signs are a permanent reminder to students, parents, staff, and visitors that Massachusetts state law prohibits smoking on school grounds, including playing fields.

Metal No Smoking sign makes rules clear at Winchester High School.
Helping current smokers to quit

New benefit, new opportunities

While smoking rates for the general population of Massachusetts continue to decline, the smoking rates for MassHealth members remain disturbingly high; MassHealth members smoke at rates twice the state average. In FY 2007, the Massachusetts Legislature mandated a two-year pilot program to help address this situation, covering medications and counseling to help MassHealth members quit smoking.

MTCP collaborated with MassHealth to design, implement, promote, and evaluate the new benefit. MTCP’s involvement resulted in a strong, scientifically-based initiative. MassHealth members can receive the nicotine patch, gum, lozenge, and prescription stop-smoking medicines with a $1 or $3 co-payment. The benefit also includes face-to-face individual and group cessation counseling.

MTCP also worked with MassHealth to determine cessation-related reimbursement rates for health care professionals at a level comparable to private insurance, making it practical and desirable for providers to counsel their MassHealth patients to quit smoking.

To increase awareness of the benefit, MTCP developed and produced new cessation brochures, posters, and palm cards featuring information on the MassHealth cessation benefit. See page 29 of this report for more information about these materials.
MassHealth subscribers use benefit to quit

In FY 2007, it is estimated that several thousand MassHealth subscribers quit smoking using the new benefit. As the awareness campaign took hold in the fall of 2007, increasing numbers of MassHealth smokers continued to use the medication benefit to help them quit smoking. By the end of FY 2007, it is estimated that over 10% of all MassHealth smokers had attempted to quit using the medication benefit.

Several studies have found that medication doubles the likelihood that a smoker will be able to quit permanently. During the first year of the benefit, approximately half of MassHealth members who successfully quit did so with the aid of medications. Of those who quit, nearly all (95%) reported that the medications were important in helping them quit.

Smoking Prevalence by Health Insurance Status in Massachusetts 2002 - 2006

Percentage of Current Smokers

Data Source: Massachusetts Behavioral Risk Factor Surveillance System, 2002-2006
Rural birth hospitals reach out to pregnant smokers

In Massachusetts, smoking during pregnancy is more prevalent in 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.

To pilot a systems change strategy to address this issue, MTCP chose two rural birth hospitals in Western Massachusetts, an area with a disproportionately high level of women who smoke during pregnancy. North Adams Regional Hospital and Berkshire Medical Center in Pittsfield designed and implemented system-wide strategies to refer pregnant women to tobacco treatment. The pilot programs trained hospital and community-based health care providers to conduct and track brief interventions with pregnant smokers. The programs also collected baseline data from hospitals and community practices and provided supportive counseling to women who accepted referrals.

In just a few months, the hospitals increased the number of brief provider interventions for tobacco use with pregnant women. Health care providers asked hundreds of pregnant women if they smoked. Three-quarters of those who were advised to quit smoking were offered treatment.

Rural birth hospital program coordinator Jennifer Civello (left) helps Jodi Deeley quit smoking during pregnancy at North Adams Regional Hospital.
Community health centers improve services

A lifeline for many underserved areas, community health centers provide cessation information and services to patients at high risk for tobacco use and tobacco-related health conditions. In FY 2007, eight community health center projects in six cities worked to improve these services by implementing systems-level, evidence-based interventions to address tobacco use.

These efforts resulted in improvements in health center systems for identifying patients who use tobacco and helping them quit with brief interventions, referrals to internal or external cessation resources, and follow-up. This initiative will be expanded in FY 2008 to include more community health centers from rural and urban areas with high smoking rates.

Community health centers participating in the FY 2007 pilot program were located in Boston, Lawrence, Lowell, Lynn, New Bedford, and Worcester.

Legend
- 1st Quintile - Lowest Rate (i.e., lowest 20% of towns)
- 2nd Quintile
- 3rd Quintile (i.e., middle 20% of towns)
- 4th Quintile
- 5th Quintile - Highest Rate (i.e., highest 20% of towns)

Data Source: Massachusetts Vital Records and Mass Chip
URL: http://masschip.state.ma.us
Community involvement: *Ready, Set, Quit*

TCP reaches out to low-income smokers in communities with high smoking rates through *Ready, Set, Quit*, a program that distributes free nicotine patch kits to eligible smokers. Through various promotional activities, adult smokers are encouraged to call the state’s toll-free quitline, and if eligible, they also receive a free, two-week supply of nicotine patches.

*Ready, Set, Quit* was held in Worcester and Lawrence during FY 2006. A full 1,350 of Worcester and Lawrence’s 24,000 heavy smokers participated. Over 40% of the participants were MassHealth members.

Six months later, in FY 2007, MTCP conducted a follow-up telephone survey of 551 participants who received services through *Ready, Set, Quit*. In both Worcester and Lawrence, four out of five participants reported having made a serious attempt to quit smoking. Nearly 20% had remained quit for more than a month. These quit rates are roughly four times those of smokers who attempt to quit “cold turkey.”

Worcester will repeat *Ready, Set, Quit* in FY 2008 and will be joined by Lowell. Both communities have started the planning process and are moving forward.
Established quit-smoking programs remain strong

The Commonwealth’s toll-free quitline, 1-800-Try-To-STOP, is managed by John Snow, Inc., and provides free telephone counseling services to help Massachusetts smokers quit. Counseling is available in English and Spanish, and interpreters are available for people who speak other languages. In FY 2007, 6,288 callers received services through the Quitline. Online, www.trytostop.org provides information, counseling, quit tools, and a supportive online community.

Of all callers to the Quitline, a full 42% were MassHealth members, low-income residents who receive care through Massachusetts’ Medicaid program. Another 10% of those served by the Quitline were uninsured.

MTCP collaborated with all major health insurers in Massachusetts to establish the QuitWorks fax-referral program in 2002. Through the program, health care providers in Massachusetts can refer any of their patients who use tobacco to the Quitline. Providers using QuitWorks are located in roughly 300 health care facilities across the state. In FY 2007, through these partnerships and internal partnerships within DPH, the Quitline acted on 3,962 faxed referrals from health care providers. Quitline counselors sent 3,758 reports to health care professionals in FY 2007 to update them on their patients’ progress.

Helping programs succeed: technical assistance and training

The University of Massachusetts Medical School provided cessation-related technical assistance to 40 community health centers, hospitals, and professional organizations. These sessions centered on QuitWorks and integrating smoking cessation into health care systems. UMass Medical School also provided special trainings to the Massachusetts Academy of Family Physicians and the Massachusetts League of Community Health Centers.

UMass Medical School also trains individuals to become tobacco treatment counselors. In FY 2007, 151 Massachusetts residents completed a basic online tobacco treatment specialist course conducted by UMass Medical School.
Identifying and eliminating tobacco-related disparities

An unequal burden

In Massachusetts, the burden of tobacco use is heaviest among low socioeconomic groups, people with physical disabilities, and people with mental health and substance abuse problems.

African-American, Latino/Hispanic, and Asian communities in Massachusetts experience disparities in health and health care and have frequently been targeted by tobacco industry marketing, as have lesbian, gay, bisexual, and transgender (LGBT) populations.

Recent immigrants and others who are not fluent in English are less likely to have access to health care resources that are culturally and linguistically appropriate - including information about the dangers of tobacco use, secondhand smoke exposure, and help to quit smoking.

MTCP continues to focus its efforts toward reducing tobacco-related disparities by funding community smoking intervention projects and planning grants in cities and towns across the Commonwealth with high smoking prevalence and significant numbers of low-income and racially and ethnically diverse residents.

Through formal research, meetings with community leaders, and information from local programs, these communities are helping design programs and interventions that will shape MTCP’s initiatives in years to come.

### Smoking Prevalence for Population Subgroups in Massachusetts, 2005

**More Likely to Smoke**
- Statewide: 18.1%
- Medicaid insurance: 39.4%
- No health insurance: 36.4%
- No college degree: 25.0%
- Under $25K household income: 26.2%
- Private health insurance: 17.2%
- $75K + household income: 10.5%
- *College degree: 9.0%

**Less Likely to Smoke**

Data Source: Massachusetts Behavioral Risk Factor Surveillance System 2005
*Collapsed five years of data (2001-2005) for estimate
Local programs help high-need populations

FY 2007 marked the beginning of a comprehensive planning process for several communities. MTCP funded five agencies as Community Smoking Intervention (CSI) demonstration projects, charged with working in high-need communities, assessing challenges, and finding innovative ways to begin to address these specific issues.

These CSI programs received funds starting in January 2007, halfway through the fiscal year. They represent MTCP’s shift toward greater emphasis on reducing health disparities. The CSI model replaces Community Mobilization Networks (CMNs), which had been in place for over 10 years and focused mainly on smoke-free worksites, youth access regulations, and coordinating local tobacco control efforts. CMNs were funded to continue that work through the first half of FY 2007.

The new CSI programs convened planning groups in their communities: Boston, Franklin County, Lawrence, New Bedford, and Worcester, areas with a diversity of needs, assets, and perspectives. In each of these five communities, planning groups conducted needs assessments and identified gaps in representation and services. They then recruited additional community members who could help provide insight and connections to specific local populations which were not being adequately served. Each planning group identified goals and activities to reduce tobacco-related health disparities. The programs will implement these plans in FY 2008.

Outreach workers from Casa de Salud received recognition for spreading the stop-smoking message to Spanish-speaking residents of Lawrence.
While making longer-range plans, Franklin County’s CSI ran a media campaign to reinforce the norm of smoke-free environments. New Bedford’s CSI collaborated with the local substance abuse coalition to conduct a community awareness campaign about young people’s use of little cigars and blunt wraps containing tobacco and marijuana. The Lawrence and Worcester CSIs each worked to promote smoking cessation among low-income women of childbearing age by training WIC and Head Start providers to integrate brief interventions into their work.

Nine new CSI planning grants have been awarded to coalitions in Cape Cod, Chelsea, Fall River, Holyoke, the North Berkshires, Pittsfield, Revere, Springfield, and Taunton. These grantees initiated work on their needs and assets assessments during FY 2007, and have drawn up plans for identifying and recruiting community partners. Comprehensive draft project plans are due in FY 2008.

Estimated Smoking Prevalence by Town
2005

Legend
- 1st Quintile - Lowest Rate (i.e., lowest 20% of towns)
- 2nd Quintile
- 3rd Quintile (i.e., middle 20% of towns)
- 4th Quintile
- 5th Quintile - Highest Rate (i.e., highest 20% of towns)

Data Source: MDPH, Massachusetts Tobacco Control Program
Identifying need: a survey of the LGBT community

National studies have shown that members of the lesbian, gay, bisexual, and transgender (LGBT) community have high smoking rates. Until FY 2007, very little research on this topic existed on the state level.

MTCP conducted a phone survey in Spring 2007 to establish solid data on LGBT tobacco use in the Commonwealth. The resulting data indicates that smoking rates in the LGBT population are roughly twice as high as the state’s overall adult smoking rate, a dramatic figure that points to a major health disparity.

MTCP is in the first stage of a planning process to develop strategies for reducing tobacco use among people in the LGBT community. Information gained from the statewide survey will be used by MTCP in developing an action plan for decreasing the disproportionately high smoking rates in the LGBT community. To ensure that strategies are culturally appropriate and inclusive, MTCP will engage a diverse group of LGBT community stakeholders in the planning process.

**Smoking Among LGBT Adults in Massachusetts 2007**

![Graph showing smoking rates among LGBT adults versus all adults by gender and age group.](Image)

Data Source: MDPH, Massachusetts Tobacco Control Program, SurveyUSA administered in May 2007
Developing and implementing a comprehensive tobacco control communications plan

What’s your story?

Real stories from real people who quit smoking formed the basis of the What’s your story? advertising campaign. Working with ad agency causemedia, MTCP recruited former smokers who were willing to share their stories and encourage others to quit. Unscripted, the ads were edited from extensive interviews with women who had successfully quit and told their stories in their own words.

The advertisements encouraged people to quit smoking and promoted the new MassHealth cessation benefit. Ads ran on public transportation and were played on the radio from November 2006 through January 2007.

When first charged to promote the MassHealth smoking cessation benefit, MTCP analyzed the data and found that nearly half of MassHealth recipients are children. Most of these children live with their mothers and/or grandmothers.

MTCP chose low-income women aged 18-49 as the target audience for the advertising campaign, encouraging these women to quit smoking, protect their children from secondhand smoke, and serve as nonsmoking role models for others in their households. MTCP conducted focus groups to determine which messages resonated emotionally with this audience. The main campaign was based on these results, which showed that women responded to ads that share personal stories.

The What’s Your Story? campaign received a high rate of recognition, especially among women in the target audience. Campaign effectiveness was measured by 9,000 random-digit-dialed automated telephone surveys conducted before and after the campaign aired. Nearly 80% of the target audience correctly recalled the ad, and 95% of those said that the ad gave good reasons to quit smoking.

Because of the success of the ad campaign, What’s Your Story? served as the basis for planning an expanded media campaign for FY 2008.
**Under 27 campaign**

As part of its efforts to prevent youth access to tobacco, MTCP worked with causemedia and The Medical Foundation to develop and launch the *Under 27* campaign in FY 2007. This statewide effort was implemented to increase awareness among retailers, their employees, and the general public about state and local tobacco sales laws governing the sale of tobacco products to minors.

MTCP’s research with retailers and local boards of health revealed that most retailers are knowledgeable about the law prohibiting the sale of tobacco to those under the age of 18. However, many were unaware 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.

Because most illegal tobacco sales to minors are made by younger retail clerks, *Under 27* materials featured a youthful, edgy look to appeal to this demographic. The content of the materials was based on input from retail store owners and clerks as well as local programs that enforce youth access regulations.

The result was a comprehensive retailer kit that included an employee training card, customer card, sticker, easel-back sign, and fact sheets. A key educational component of the campaign, retailer education kits explain tobacco sales laws, provide required signage, show acceptable forms of ID. An employee training manual is provided for free at www.under27.org. Mini-billboards with the *Under 27* message were posted in or near more than 200 retail establishments across the Commonwealth.

These and other campaign materials were distributed to local boards of health and youth access prevention programs, which distributed them to their local retailers. Additional materials are available free of charge from the Massachusetts Health Promotion Clearinghouse, www.maclearinghouse.com/retailer.htm, and www.mass.gov/dph/mtcp.

An *Under 27* campaign sign placed prominently in Brockton.
Talking to Your Pre-teen booklet encourages communication

Working in conjunction with the Bureau of Substance Abuse Services (BSAS), MTCP developed a booklet for parents of pre-teens, *Talking to your pre-teen about alcohol, tobacco, and other drugs: A 10-step guide for parents.*

The booklet was based on research that demonstrates that children of parents who talk openly about these sensitive matters are less likely to experiment with alcohol, tobacco, and other drugs. MTCP tested the creative concepts and specific copy with parents of pre-teens in several focus groups.

Talking to your pre-teen about alcohol, tobacco, and other drugs includes tips for parents on setting norms; establishing, monitoring, and enforcing family policies about alcohol, tobacco, and other drugs; and encouraging supportive, two-way communication. Booklets are available free of charge through the Massachusetts Health Promotion Clearinghouse at www.maclearinghouse.com.
Multicultural materials available


As part of its effort to publicize the new MassHealth cessation benefit, MTCP developed and produced *Want to quit smoking?* cards highlighting the new benefit. These cards were produced in English, Spanish and Portuguese. Special versions of the card were also created for DPH’s Women’s Health Network and Men’s Health Partnership programs; these versions are also available in English, Spanish, and Portuguese.

With technical assistance from the Office of Multicultural Health, MTCP managed the cultural adaptation and translation into ten languages of a one-page consumer fact sheet about quitting smoking using the MassHealth benefit.

Using its network of partners and programs, MTCP distributed the materials for MassHealth members free of charge throughout the state, targeting locations where MassHealth smokers were likely to seek care: community health centers, hospitals, physicians’ practices, and state and community agencies.

MTCP also posted the materials online and made them available through the Massachusetts Health Promotion Clearinghouse at www.maclearinghouse.com.
The Massachusetts Tobacco Control Program is built on research. MTCP uses research to choose priority populations, expand on best practices, evaluate initiatives’ effectiveness, and improve programs. This emphasis on research targets program resources efficiently, keeping the focus on areas of greatest need.

MTCP’s media campaigns, outreach efforts, and cessation initiatives all have research components. MTCP conducts routine evaluation on all initiatives using a mixture of in-person assessments, numbers-based tracking, and innovative real-time data collection to ensure that programs stay on track and meet their goals.

All local programs and some statewide programs submit data on their activities in monthly reports to MTCP. These reports include statistics and narrations on individual activities carried out during the month. Programs funded by MTCP had a 100% rate of compliance with these reporting requirements during FY 2007.

Tracking and assessing various aspects of tobacco use trends in Massachusetts enables MTCP to evaluate progress over time and to build a solid foundation for the future. The necessary data collection and evaluation is conducted in many ways; using telephone surveys, focus groups, long-term studies, and re-analyzing existing data. MTCP has been especially successful at linking together data from many sources to find new information that informs the direction of the program.

### Cigarette Packs Sold in Massachusetts

<table>
<thead>
<tr>
<th>Year</th>
<th>Millions of Packs Sold</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>547.3</td>
</tr>
<tr>
<td>1993</td>
<td>509.7</td>
</tr>
<tr>
<td>1994</td>
<td>465.7</td>
</tr>
<tr>
<td>1995</td>
<td>464.5</td>
</tr>
<tr>
<td>1996</td>
<td>451.4</td>
</tr>
<tr>
<td>1997</td>
<td>406.7</td>
</tr>
<tr>
<td>1998</td>
<td>398.4</td>
</tr>
<tr>
<td>1999</td>
<td>369.2</td>
</tr>
<tr>
<td>2000</td>
<td>360.8</td>
</tr>
<tr>
<td>2001</td>
<td>345.8</td>
</tr>
<tr>
<td>2002</td>
<td>355.1</td>
</tr>
</tbody>
</table>

- 1992: Tobacco Tax Increased by 25¢
- 1996: Tobacco Tax Increased by 25¢
- 2002: Tobacco Tax Increased by 75¢

Data Source: Massachusetts Department of Revenue
Nicotine disclosure report shows increases

In FY 2007, MTCP released a groundbreaking report examining changes in the amount of nicotine in cigarettes. The study described in the report determined that there were significant increases in nicotine content for all tobacco companies and every major brand of cigarettes sold in Massachusetts.

MTCP’s analysis found that the amount of nicotine contained in cigarettes increased 16.6% in the seven-year period from 1998 to 2004. As a result of these increases, smokers may find it more difficult to quit.

Data for this report is submitted annually to the Department of Public Health (DPH) by all tobacco companies that sell cigarettes in the state, as required by Massachusetts General Law. Cigarettes are tested by machines in an effort to mimic actual smoking and to measure identical qualities in each cigarette.

MTCP had released a previous report on nicotine content that covered cigarettes tested in 1998. The information for the previous report was collected prior to the signing of the Master Settlement Agreement, and no data had been released until the current report. A subsequent study from Harvard University confirmed the findings of the most recent MTCP report.

**Average Nicotine Yield Per Cigarette**

1998 - 2004

Data Source: Nicotine Disclosure Report 2004
Reducing tobacco use in Massachusetts: 20 years of progress

In March 2007, MTCP released a report covering 20 years of surveys gathered for the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the world’s largest random-digit-dialed telephone survey. It is administered to adults 18 years and older. During the survey, respondents are asked questions about subjects such as smoking, drinking, exercising, and a variety of other health-related topics.

The survey was developed by the Centers for Disease Control (CDC) in the mid-1980s as a means to gather health statistics on a state-by-state basis. Massachusetts has participated in the BRFSS program since 1986. Currently, all 50 states, the District of Columbia, and three territories participate annually.

The information contained in the report defines characteristics of adults who are most likely to smoke, tracks trends in tobacco use, and helps MTCP identify areas of greatest need. Using this information, MTCP identifies new program areas, designs comprehensive communication campaigns, and sets targets for evaluation.

The 20-year report, Tobacco Use among Massachusetts Adults: Twenty Years of Progress, 1986-2005, is available online at www.mass.gov/dph/mtcp.

Findings from the Behavioral Risk Factor Surveillance System

- Smoking rates have declined steadily over the past 20 years in Massachusetts.
- Among college educated adults in the state, smoking rates have been cut in half.
- Every year since 1997, the adult smoking rate in Massachusetts has been lower than the national rate.
- Since 2002, reported exposure to secondhand smoke has dropped significantly in Massachusetts.
- The percentage of adults who have a no smoking rule in the home has doubled in Massachusetts in recent years, from 38% in 1992 to 80% in 2006.

Percentage of Adult Smokers in Massachusetts
1986 - 2006

Tobacco sales in Massachusetts decline

Since the creation of the Massachusetts Tobacco Control Program in FY 1992 until fifteen years later in FY 2007, cigarette pack sales in the Commonwealth have dropped by more than half, from approximately 547 million packs down to 272 million packs, the lowest level ever recorded.

After increasing slightly in FY 2006, annual cigarette sales in Massachusetts dropped by 3.5% in FY 2007. The sudden inaccessibility of cigarettes through Internet sources may have contributed to the slight increase in FY 2006. In March 2005, three months before the start of FY 2006, all major credit card companies ceased processing nearly all Internet cigarette sales. At the beginning of FY 2006, in July and September 2005, respectively, UPS and DHL ceased deliveries of cigarettes to individuals.

While the overall drop in cigarette sales during the past 15 years is significant, sales have remained relatively constant over the last five years. The largest drop in cigarette sales in recent years occurred in FY 2002, following a 50-cent increase in the Commonwealth’s cigarette tax.

Since FY 2002, sales of cigars and smoking (loose) tobacco have increased steadily while sales of smokeless tobacco have been stable. Beginning in FY 2004, cigar and smoking tobacco sales exceeded the sales for smokeless tobacco. That trend has continued.
Using new technologies to collect data at the neighborhood level

MTCP has begun to employ new technologies in its data collection efforts, improving efficiency and cost effectiveness while providing the tools to continually improve program design.

Using these new tools, MTCP can target its interventions more precisely than ever; estimates of smoking prevalence are now available at the neighborhood level for the largest communities in the Commonwealth.

In FY 2006, MTCP released smoking prevalence estimates for all 351 communities in Massachusetts. In FY 2007, these estimates were refined so that smoking rates could be calculated for neighborhoods within the 12 largest communities. These include Boston, Brockton, Cambridge, Fall River, Lawrence, Lowell, Lynn, New Bedford, Newton, Quincy, Springfield, and Worcester.

The original analysis showed wide differences in smoking rates from community to community. The same sort of variation was suspected within communities. The refined analysis confirmed this fact.

The precision of these estimates ensures that populations with the greatest needs will receive the most immediate attention. Furthermore, the use of new technologies permits the program to link data sets that were previously left separate and thus provide a new perspective about effects of smoking on the citizens of the Commonwealth.

Estimated Smoking Prevalence - Boston, MA 2005

Legend
- 1st Quintile - Lowest 20% of communities
- 2nd Quintile
- 3rd Quintile (i.e., middle 20% of communities)
- 4th Quintile
- 5th Quintile - Highest 20% of communities

Data Source: MDPH, Massachusetts Tobacco Control Program
MTCP surveillance projects in FY 2007

- Behavioral Risk Factor Surveillance System (BRFSS) – Annual survey of adults conducted to evaluate risky behaviors, including smoking, in Massachusetts.

- Youth Risk Behavior Survey (YRBS) – Biannual report on youth risk behaviors, including smoking. The YRBS is analogous to the BRFSS except that the YRBS surveys high school students in public schools.

- Youth Health Survey (YHS) – Biannual report on youth risk behaviors with a greater emphasis on smoking. The YHS surveys public school students in grades 6 through 12.

- Survey of lesbian, gay, bisexual, and transgender (LGBT) population – Basic survey to estimate the prevalence of smoking in the Massachusetts LGBT community and to assess attitudes toward smoking, tobacco marketing, and the tobacco companies themselves.

- Survey of young adults 18-24 – Survey to assess attitudes toward smoking, tobacco marketing, and the tobacco companies themselves.

- Pre- and post-surveys for the What's Your Story? media campaign – Surveys to evaluate the effectiveness of the What's Your Story? radio campaign.

- Pre- and post-surveys for the Worcester radio campaign – Survey to evaluate the effectiveness of the Worcester Secondhand Smoke radio campaign.
MTTCP programs active in FY 2007

Local programs

Twenty-two **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**

<table>
<thead>
<tr>
<th>Andover</th>
<th>Methuen</th>
<th>North Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dracut</td>
<td>Middleton</td>
<td>Reading</td>
</tr>
<tr>
<td>Haverhill</td>
<td>Newburyport</td>
<td>Stoneham</td>
</tr>
<tr>
<td>Lynnfield</td>
<td>North Andover</td>
<td>Topsfield</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Acushnet</th>
<th>Eastham</th>
<th>Provincetown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aquinnah</td>
<td>Edgartown</td>
<td>Rochester</td>
</tr>
<tr>
<td>Barnstable</td>
<td>Falmouth</td>
<td>Sandwich</td>
</tr>
<tr>
<td>Bourne</td>
<td>Harwich</td>
<td>Tisbury</td>
</tr>
<tr>
<td>Brewster</td>
<td>Marion</td>
<td>Truro</td>
</tr>
<tr>
<td>Carver</td>
<td>Mashpee</td>
<td>Wareham</td>
</tr>
<tr>
<td>Chatham</td>
<td>Nantucket</td>
<td>Wellfleet</td>
</tr>
<tr>
<td>Chilmark</td>
<td>Oak Bluffs</td>
<td>West Tisbury</td>
</tr>
<tr>
<td>Dennis</td>
<td>Orleans</td>
<td>Yarmouth</td>
</tr>
</tbody>
</table>

**Belmont Board of Health – Smokefree Communities**

<table>
<thead>
<tr>
<th>Belmont</th>
<th>Needham</th>
<th>Watertown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brookline</td>
<td>Newton</td>
<td>Wellesley</td>
</tr>
<tr>
<td>Milton</td>
<td>Waltham</td>
<td></td>
</tr>
</tbody>
</table>

**Boston Public Health Commission – BPHC Tobacco Control Program**

**Easthampton Board of Health – Mt. Tom Tobacco Control Program**

<table>
<thead>
<tr>
<th>Easthampton</th>
<th>Holyoke</th>
<th>Southampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granby</td>
<td>Northampton</td>
<td></td>
</tr>
<tr>
<td>Hatfield</td>
<td>South Hadley</td>
<td></td>
</tr>
</tbody>
</table>

**Fall River Health Department – Fall River Tobacco Control Program**

<table>
<thead>
<tr>
<th>Fall River</th>
<th>Somerset</th>
<th>Westport</th>
</tr>
</thead>
</table>
Greenfield Board of Health – Franklin County Tobacco Control Program
Amherst    Greenfield    Shelburne
Buckland    Heath       Sunderland
Deerfield   Montague    Whately
Gill        Orange      Williamsburg

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 Alliance
Athol       Leominster  Royalston
Barre       Maynard     Stow
Clinton     New Braintree  Templeton
Fitchburg   Oakham     Westminster
Gardner     Paxton     Winchendon
Hardwick    Petersham     
Hubbardston  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

Marblehead Board of Health – North Shore Area Boards of Health Collaborative
Beverly      Nahant      Swampscott
Danvers      Peabody     
Lynn         Salem       
Marblehead   Saugus      

MTCP programs active in FY 2007
New Bedford Board of Health – Greater New Bedford Tobacco Control Program
Dartmouth Fairhaven New Bedford

Quincy Health Department – Quincy Tobacco Control

Somerville Board of Health – Five City Tobacco Control Collaborative
Cambridge Everett Somerville
Chelsea Revere

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 Westborough
Grafton Shrewsbury Worcester
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
- Hampshire 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. Community Smoking Intervention demonstration projects were funded beginning January 2007.

- 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.

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

- Cape Cod – Barnstable Health and Human Services
- Chelsea – Massachusetts General Hospital Community Health Associates
- 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.
- Taunton – Community Care Services, Inc.

Eight Community Mobilization Networks focused mainly on smoke-free worksites, youth access regulations, and coordinating local tobacco control efforts. Community Mobilization Networks were funded through December 2006.

- Blue Hills – Bay State Community Services, Inc.
- Boston Area – The Medical Foundation, Inc.
- Cape Cod and the Islands – County of Barnstable Sheriff’s Office
- Greater Lawrence – Greater Lawrence Family Health Center
- Greater New Bedford – Seven Hills Behavioral Health
- Hampden County – Spanish American Union
- Hampshire and Franklin Counties – Hampshire Council of Governments
- Worcester County – Spectrum Health Systems
Two 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.

- Pittsfield – Berkshire Medical Center (Hillcrest Hospital)
- North Adams – North Adams Regional Hospital

Eight 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
- Lawrence – Greater Lawrence Family Health Center
- Lowell – Lowell Community Health Center
- Lynn – Lynn Community Health Center
- New Bedford – Greater New Bedford Community Health Center
- Worcester – Family Health Center
- Worcester – Great Brook Valley Community Health Center
Statewide programs

Try-To-STOP TOBACCO Resource Center of Massachusetts is operated by John Snow, Inc. The Resource Center manages the Commonwealth’s toll-free quitline, its online resource center at www.trytostop.org, and its QuitWorks referral program (www.quitworks.org).

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

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.maclearinghouse.com.
Staff Listing

Massachusetts Tobacco Control Program
FY 2007

Dazlee Alvarado, Manager of Quality Assurance & Finance
Sophia Bowden, Administrative Assistant
Liz Brown, Policy Analyst
Edna Chiang, Program Coordinator
Cathy Corcoran, Health Communications Manager
Doris Cullen, Research Analyst
Christy Fedor, Community Programs/Synar Coordinator
Joe Genova, Program Coordinator
Dr. Xu Huang, Research Analyst
Jo Ann Kwass, Special Projects Manager
Dr. Lois Keithly, Director of MTCP
Dr. Thomas Land, Director of Research & Surveillance
Anna Landau, Community Projects Manager
Dick Lunden, Research Analyst
Tom Orowan, Data Entry Clerk
Mark Paskowsky, Research Analyst
Jenna Roberts, Special Projects Coordinator
Eileen Sullivan, Director of Policy & Planning
Donna Warner, Director of Cessation Policy & Program Development
Tom Zink, Community Programs Manager
Appendix

Complaints about workplace smoking processed through MTCP’s statewide smokefree worksite hotline

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th># of complaints</th>
<th># of violations</th>
<th>Tickets given</th>
<th>Warnings given</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2005</td>
<td>372</td>
<td>54</td>
<td>54</td>
<td>45</td>
</tr>
<tr>
<td>FY 2006</td>
<td>205</td>
<td>46</td>
<td>46</td>
<td>23</td>
</tr>
<tr>
<td>FY 2007</td>
<td>149</td>
<td>20</td>
<td>20</td>
<td>6</td>
</tr>
</tbody>
</table>

Towns and cities amending youth access regulations in FY 2007:

- Acton
- Belmont
- Brookline
- Clinton
- Easthampton
- Fairhaven
- Fall River
- Falmouth
- Gardner
- Lawrence
- New Bedford
- New Marlborough
- Tewksbury
- Truro
- Tyngsboro
- Watertown
- Wellfleet
- Westport
- Wilmington
- Winchendon

Towns and cities amending secondhand smoke regulations in FY 2007:

- Abington
- Acton
- Chelmsford
- Easthampton
- Greenfield
- Lawrence
- Montague
- New Bedford
- Northampton
- Palmer
- Springfield
Youth Action mini-grants awarded in FY 2007

Forty-five Youth Action mini-grants were awarded to existing youth groups to work on smoke-free schools, preventing youth access to tobacco and countering the messages of the tobacco industry.

**Standing Up to Big Tobacco mini-grants**

<table>
<thead>
<tr>
<th>Location</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>BOLD Teens Against Tobacco at DotWell</td>
</tr>
<tr>
<td>Boston</td>
<td>Youth Community Organizers at Sociedad Latina</td>
</tr>
<tr>
<td>Boston</td>
<td>Youth Development Program at the Vietnamese-American Civic Association, Inc.</td>
</tr>
<tr>
<td>Fall River</td>
<td>Teens Against Drug Abuse (TADA) at SSTAR</td>
</tr>
<tr>
<td>Fitchburg</td>
<td>GIFTS Peer Leadership Program at LUK, Inc.</td>
</tr>
<tr>
<td>Greenfield</td>
<td>Boys to Men at Community Action of the Franklin, Hampshire, and North Quabbin Regions Inc.</td>
</tr>
<tr>
<td>Malden</td>
<td>YWCA Malden TASK Leadership Program at YWCA Malden</td>
</tr>
<tr>
<td>Newton</td>
<td>Newton Youth Social Action Council at New Community Service Center</td>
</tr>
<tr>
<td>Provincetown</td>
<td>PHS Athletes at Outer Cape Health Services</td>
</tr>
<tr>
<td>Springfield</td>
<td>Dunbar PRIDE Teen Support Program at Dunbar Community Center, Inc.</td>
</tr>
<tr>
<td>Taunton</td>
<td>Project (YELL) at Greater Taunton Health and Human Services Coalition</td>
</tr>
<tr>
<td>Worcester</td>
<td>HOPE Coalition at UMASS Memorial Health Care</td>
</tr>
</tbody>
</table>

**Smoke-Free Schools mini-grants**

<table>
<thead>
<tr>
<th>Location</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acushnet</td>
<td>National Junior Honor Society at Ford Middle School</td>
</tr>
<tr>
<td>Boston</td>
<td>Codman Square Council Teens at Boston Latin Academy</td>
</tr>
<tr>
<td>Boston</td>
<td>Kick Butts Club at English High School</td>
</tr>
<tr>
<td>Boston</td>
<td>Student Leadership Council at Grover Cleveland Middle School</td>
</tr>
<tr>
<td>Boston</td>
<td>School-Based Health Center at Hyde Park Education Complex</td>
</tr>
<tr>
<td>Boston</td>
<td>Monument High School</td>
</tr>
<tr>
<td>Boston</td>
<td>Youth Development Program at the Vietnamese-American Civic Association, Inc.</td>
</tr>
<tr>
<td>Dalton</td>
<td>Students Helping Out (SHOUT) at Wahconah Regional High School</td>
</tr>
<tr>
<td>Location</td>
<td>Program Description</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fall River</td>
<td>Reduce Tobacco Use at Durfee High School</td>
</tr>
<tr>
<td>Fall River</td>
<td>TADA at Stanley Street Treatment and Resources Inc.</td>
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<tr>
<td>Greenfield</td>
<td>Student Wellness Education with Excellent Teamwork (SWEET) at Greenfield High School</td>
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<tr>
<td>Harwich</td>
<td>Tobacco Education Can Help at Cape Cod Regional Technical High School</td>
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<tr>
<td>Littleton</td>
<td>Student Council at Littleton High School</td>
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<tr>
<td>Marion</td>
<td>Tabor Academy SADD</td>
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<tr>
<td>Newton</td>
<td>Newton Youth Social Action Council</td>
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<tr>
<td>North Adams</td>
<td>SASS at REACH Community Health Foundation</td>
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<tr>
<td>Palmer</td>
<td>Pathfinder Mentors/Health Shop at Pathfinder Vocational Technical High School</td>
</tr>
<tr>
<td>Taunton</td>
<td>Taunton High School SADD</td>
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**Tobacco Use in the Entertainment Industry mini-grants**

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<th>Location</th>
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<tr>
<td>Bolton</td>
<td>Community Service Club at Nashoba Regional High School</td>
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<td>Boston</td>
<td>Peer Leaders at Dimock Community Health Center</td>
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<tr>
<td>Boston</td>
<td>English TV at English High School</td>
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<td>Boston</td>
<td>Youth Leadership Program for Girls at Robert F. Kennedy Children's Action Corps</td>
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<td>Boston</td>
<td>Young at Arts Tobacco Fighters at South Boston Community Health Center</td>
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<td>Brockton</td>
<td>United Voices at Brockton Neighborhood Health Center</td>
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<td>Brockton</td>
<td>Future Nurses and Health Care Workers Club at Brockton Public Schools</td>
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<td>Everett</td>
<td>Teens Against Substance Abuse at Cambridge Health Alliance</td>
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<td>Gardner</td>
<td>Leo Club at Gardner High School</td>
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<td>Lynn</td>
<td>North Shore Alliance of Gay and Lesbian Youth (NAGLY)</td>
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<td>Palmer</td>
<td>Health Freshman Class at Pathfinder Regional Vocational Technical High School</td>
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<td>Stoughton</td>
<td>Organizing Against Substances in Stoughton (OASIS) at Stoughton High School SADD</td>
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<td>Taunton</td>
<td>Project YELL at Greater Taunton Health and Human Services Coalition</td>
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<td>West Springfield</td>
<td>Youth Leaders in Action at Gandara Center</td>
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<td>Worcester</td>
<td>Youth Effect at Family Health Center of Worcester</td>
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