

August 2005

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

Final Report

Prepared for

New York State Department of Health
Corning Tower, Room 710
Albany, NY 12237-0676

Prepared by

RTI International
3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

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*RTI International is a trade name of Research Triangle Institute.

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EXECUTIVE SUMMARY

The 2005 Independent Evaluation Report (IER) constitutes RTI International's (RTI's) second annual independent assessment of the New York Tobacco Control Program (NYTCP). In the 2004 IER, we found that NYTCP was following a well-reasoned approach to tobacco control, built on evidence-based interventions. We also found that funding for the program was approximately half that recommended by the Centers for Disease Control and Prevention (CDC) and at the national average. We noted that the program did not expend all of its available resources, in part because of the natural process of building program capacity and in part because of avoidable delays from cumbersome bureaucratic processes.

Because the primary purpose of the 2004 IER was to establish baseline measures against which to assess future progress, many of the evaluation findings pointed to opportunities for the program to address gaps in knowledge. Specifically, we found that smokers underestimated the health risks of smoking and had misperceptions about the benefits of low-tar cigarettes and the dangers of nicotine. The 2004 IER contained a range of findings pertaining to the impact of the Clean Indoor Air Act (CIAA). These findings indicated that compliance with the CIAA was generally high, with the exception of bars and bingo halls; that support for the law was high and increasing over time; and that there was no apparent adverse economic impact as a result of the law. We also noted that the program's mass media efforts lacked sufficient coordination with other aspects of the program; used ineffective messages that failed to elicit strong emotional responses that have been shown to be effective; and were absent for long stretches of time, including following implementation of the CIAA—a missed historic moment in tobacco control in New York.

Major recommendations included directing the program to use more effective media to reach 60 percent of New Yorkers and to redouble its efforts to combat the estimated \$830 million annual tobacco advertising and promotional expenditures in New York. In response to the successful implementation of the CIAA that was fostered by NYTCP, we recommended focusing future efforts to eliminate exposure to secondhand smoke (SHS) on promoting voluntary smoke-free home and car policies to reduce the primary source of exposure to SHS. Finally, we noted that current efforts to enforce compliance with the Adolescent Tobacco Use Prevention Act (ATUPA) fall short of what is needed to reduce youth's access to tobacco. However, we did not recommend investing scarce program resources into increased enforcement in lieu of other more promising youth interventions.

Response to 2004 IER

Since the 2004 IER, the program has been actively building its capacity for tobacco control and refining current approaches in response to feedback from the independent evaluation

and based on its own assessments of program performance. Building on the existing evidence-based strategies, NYTCP has expanded its programmatic activities by

- establishing 19 Cessation Centers focused on increasing the number of health care provider organizations that have systems to screen patients for tobacco use, provide brief advice to quit to all patients, and refer patients to appropriate resources such as the Quitline;
- actively promoting the New York State Smokers' Quitline Fax-to-Quit health care provider referral system in concert with establishing the Cessation Centers;
- distributing free nicotine replacement therapy (NRT) starter kits to eligible Quitline callers;
- implementing a new statewide initiative to combat the influence of tobacco advertising, sponsorships, and promotions; and
- overhauling its approach to media and countermarketing by funding Community Partners to implement effective, coordinated media and committing department resources to stronger media messaging.

NYTCP also revisited its Strategic Plan in January 2005 and made reasonable revisions to reflect the expansion of programmatic activities noted above and changes in the tobacco control environment. Specifically, the program implemented the initiative to counter tobacco marketing in response to an increasing trend in tobacco marketing expenditures and pervasive promotion of smoking in the movies. The program no longer actively promotes support for the CIAA because support is already quite high. The program also dropped two cessation-related objectives because it does not have adequate resources to have a meaningful impact on access to cessation services: one that focused on promoting increased access to cessation counseling and services and another aimed at promoting access to low-cost NRT for low-income, non-Medicaid tobacco users.

With respect to improving the existing programmatic interventions, the program has been very responsive to the 2004 IER recommendations. The program has made significant improvements to countermarketing efforts. The choice of television advertisements has improved markedly, and our findings indicate that New Yorkers have responded favorably to these changes:

- awareness of media messages increased;
- messages with greater emotional content have elicited more favorable reactions from New Yorkers than previous, less effective messages; and
- the advertisements have had a positive impact on selected knowledge, attitude, and behavioral outcomes.

Despite these improvements and impacts, a 6-month gap when no media messages were aired negatively affected awareness and may explain why there was not a more consistent

influence on important programmatic outcomes. In addition, although the program increased awareness of media messages, the level of awareness fell short of our recommendation to reach 60 percent of the population. In light of the choices of media messages, this shortfall is likely because of limited resources. We did find that when a Community Partnership aired effective messages, in combination with NYSDOH state ads, overall awareness reached 59 percent. Although this illustrates the potential for the program to reach the recommended target, there are media markets in the state where the cost of television advertising requires a larger investment of resources.

NYTCP has also continued to build capacity among its Community Partners. The program developed and implemented the Advertising, Sponsorship, and Promotion (ASP) initiative to counter tobacco marketing. Launching this initiative has required a significant investment by the program to develop a tool kit and provide training and ongoing technical assistance. In addition, the program established 19 Cessation Centers, which has involved increased programmatic workload to provide training, technical assistance, and oversight and establish these centers consistent with the program's vision.

Overall, the level of programmatic activity and direction of the program indicate that the program is highly functioning, productive, and shrewd with available resources.

2005 IER Conclusions and Recommendations

Findings from the current report suggest that the program is having an impact on tobacco use, and rates of decline in New York have outpaced rates of decline in the rest of the country. Given the average level of program funding, this is a positive finding. However, our analyses indicate that tax evasion (i.e., purchasing cigarettes from low- or untaxed sources) has reduced the impact of recent increases in cigarette excise taxes by negatively affecting smoking cessation outcomes.

Nonsmokers' exposure to SHS has declined among youth and adults, although exposure to SHS in the workplace remained at 10 percent from Q3 2003 to Q1 2005, despite being prohibited in virtually all workplaces. We found that the CIAA has had no adverse economic impact on revenue for bars and full-service restaurants and compliance is high, with the exception of bars where compliance was lower compared with restaurants. Voluntary restrictions on smoking in homes and cars increased slightly from the third quarter of 2003 to the first quarter of 2005. Moving forward, we recommend that the program increasingly focus efforts on promoting smoke-free homes and cars by reducing other Goal 1-related activities (e.g., any remaining activities focused on supporting the CIAA).

NYTCP's emphasis on efforts aimed at decreasing smoking in the movies and tobacco advertising and promotions via the new ASP initiative is well supported in the literature, where these influences have been shown to increase youth smoking. It is too early to conclude whether this initiative will have its intended impact, and little is known about the

effectiveness of such interventions. One important missed opportunity that will likely affect the future success of the ASP initiative was the failure to coordinate Department mass media with the community-based ASP activities because of the bureaucratic and politicized approval process. As noted above, NYTCP has made significant progress toward addressing critiques of mass media efforts from the 2004 IER, including achieving the recommended levels of campaign awareness by airing “high impact” ads. Although the program appears to have made significant progress in implementing televised media, this improvement in the quality of television ads began in 2005, and therefore we only have limited evidence that knowledge, attitudes, and outcomes have changed significantly over time among youth and adults. As we note elsewhere, this is partially explained by intermittent media campaign efforts and evolving programmatic strategies that require the establishment of additional baseline knowledge and attitude questions. In the future, the program should avoid delays in the approval of media to prevent gaps in mass media efforts that can adversely affect program outcomes. We also recommend that the program continue to select messages with a strong emotive quality and establish appropriate short-term indicators of impact that are consistent with the objectives of the media efforts.

This report establishes the indicators by which the success of the newly created Cessation Centers will be measured. Baseline data point to gaps that the Cessation Centers are designed to address. In addition, although we do not have sufficient data to assess the impact of NRT starter kits, New York City’s NRT giveaway did increase the quit success rate among those who received NRT. We observed several positive trends in cessation-related outcomes. Although exposure to mass media messages was not associated with these increases, it was associated with greater awareness of and number of calls to the Quitline. Our findings also suggest that smokers’ access to low-tax cigarettes is correlated with a lower percentage of smokers making a quit attempt and with decreased intentions to quit.

Our analyses suggest that NYTCP’s approach to curbing youth smoking by changing adult norms and behaviors is likely to succeed—we found that declines in adult smoking are predictive of subsequent declines in youth smoking. Compliance with youth access laws in New York has not significantly increased since the 2004 IER. To speed declines in youth smoking would require greater investment in youth-targeted interventions such as mass media campaigns that have been shown to have a more direct and immediate influence on youth smoking. However, this is only feasible with an increase in program resources consistent with CDC recommendations.

In summary, we recommend the following programmatic changes:

- Double funding for NYTCP to the CDC minimum recommended level.
- Increase investment in effective media to consistently reach a minimum of 60 percent awareness.
- Increase resources for the New York State Smokers’ Quitline to

- accommodate increases in demand from increased use of effective media, and
- provide additional NRT starter kits.
- Increase funding for cessation to address key programmatic gaps.
- Place greater emphasis on effectively promoting smoke-free homes and cars in households with smokers.
 - Ensure that smoke-free home and car interventions are effective, based on available evidence.

1. INTRODUCTION

The 2005 Independent Evaluation Report (IER) constitutes RTI International's (RTI's) second annual independent assessment of the New York Tobacco Control Program (NYTCP). According to the Health Care Reform Act (§1399-jj), the purpose of the independent evaluation is to "direct the most efficient allocation of state resources devoted to tobacco education and cessation to accomplish the maximum prevention and reduction of tobacco use among minors and adults." In the 2004 IER, we found that NYTCP's strategic approach was solidly grounded in evidence-based strategies and that programmatic resources were invested appropriately and that it established baseline indicators to monitor program progress in achieving its statutorily-mandated objectives: to change attitudes toward tobacco and decrease prevalence of smoking among youth and adults. We also noted that program funding was half of what the Centers for Disease Control and Prevention (CDC) recommends, well short of estimated tobacco industry expenditures on advertising and promotion (\$830 million) in New York State, and not commensurate with the health and economic burden of tobacco to New Yorkers. We also found that the program was not able to fully expend available programmatic funding in recent years. In addition to these broader findings, we made a number of specific recommendations. In this report, we (1) assess responses to our recommendations and describe other programmatic changes since our previous report, (2) briefly describe changes and enhancements to the evaluation, and (3) evaluate progress toward stated program goals with available resources. We conclude the report with a summary of findings and recommendations.

The remainder of this report is structured as follows:

- Chapter 2 summarizes recommendations from the 2004 IER and describes the program's responses to these recommendations and other programmatic changes.
- Chapter 3 provides a brief overview of the comprehensive evaluation plan, describes new evaluation studies put in place since the first IER, and describes the methodological approach used to conduct the analyses presented in this report.
- Chapter 4 presents evaluation findings to date, both cross-cutting and for NYTCP's four primary programmatic goals.
- Chapter 5 presents conclusions and recommends next steps for the program.

2. OVERVIEW

This chapter summarizes programmatic changes in the past year, including responses to recommendations from the first Independent Evaluation Report (IER). In the 2004 IER, we indicated that the program's approach was well-grounded in evidence-based strategies. However, we also noted a number of shortcomings with respect to implementation of the program's plan and other constraints on the program. The current report focuses on programmatic changes from September 2004 to June 2005 and analyzes data from the Adult Tobacco Survey (ATS), the primary evaluation data source, through March 2005.

We begin by discussing changes made to the Strategic Plan in January 2005. We then summarize our previous recommendations and assess the program's response. This discussion focuses on changes to the overall program and its constituent interventions.

2.1 Changes to the Strategic Plan

The New York Tobacco Control Program (NYTCP) takes a comprehensive approach to achieve four primary programmatic goals: (1) eliminate exposure to secondhand smoke (SHS), (2) decrease the social acceptability of tobacco use, (3) promote cessation from tobacco use, and (4) prevent initiation of tobacco use among youth and young adults. To make progress toward achieving these goals, the program uses a three-pronged approach to tobacco control, consisting of community mobilization, media and countermarketing, and cessation. In the 2004 IER, we noted that the program is grounded in evidence-based strategies, including the following:

- Smoking bans and restrictions
- Multicomponent mass media campaigns with interventions
- Multicomponent telephone support systems (Quitlines)
- Health care provider reminders alone or with provider education to promote cessation
- Reducing patient costs for treatments
- Increasing the unit price of tobacco products

In this section, we review and assess changes to the Strategic Plan.

In January 2005, NYTCP updated its August 2003 Draft Strategic Plan and associated goals and objectives. The program periodically revises its Strategic Plan to respond to changes in the tobacco control environment, adapt to evolving tobacco industry marketing, and reflect the expansion of programmatic activities. The January 2005 revision recognizes three important recent changes:

- Successful implementation of the Clean Indoor Air Act (CIAA)
- Significant increases in tobacco industry expenditures on tobacco marketing and promotions
- Expansion of programmatic activities, including establishment of 19 Cessation Centers; implementation of the Advertising, Sponsorship, and Promotion (ASP) initiative; and distribution of nicotine replacement therapy (NRT) via the New York State Smokers' Quitline

Overall, the program made reasonable revisions to the plan in response to the changes noted above. The revised plan provides more specific and measurable objectives and provides a fuller description of the program's approach. In making these changes, the program eliminated 4 objectives, left 13 objectives unchanged, and created new objectives by expanding 10 previous objectives into 15 more specific objectives. Exhibit 2-1 summarizes the four primary program goals and associated objectives in 2003 and 2005.

The one change in Goal 1 (Eliminate Exposure to Secondhand Smoke) objectives was the removal of the first objective: to increase public support for the CIAA. Our previous report indicated a high and increasing level of public support for the CIAA; therefore, it is reasonable not to continue to emphasize this objective. With the historic passage of the CIAA, the program now focuses primarily on eliminating exposure to SHS in homes and family vehicles and in educational institutions. In the 2004 IER, we reported that overall 69 percent of adults reported that smoking was not allowed in their homes. However, only approximately one in four adults in homes with at least one adult smoker reported that smoking is banned in the home. Previous research indicates that even a partial restriction on smoking in the home can decrease exposure (Biener et al., 1997; Kegler and Malcoe, 2002). In addition, smokers who are aware of the health benefits of smoking bans may be more likely to implement them (Gilpin et al., 1999; Pizacani et al., 2002; Norman et al., 2000). Finally, there is some evidence that restrictions on smoking in the home promote cessation (Kegler and Malcoe, 2002; Farkas et al., 1999; Gilpin et al., 1999; Norman et al., 2000; Pierce, Gilpin, and Farkas, 1998). These data provide a strong rationale for promoting restrictions on smoking in the home.

The revised Goal 2 objectives are now more descriptive, specific, and measurable. The specific changes refer to reducing tobacco advertising and promotions occurring in (1) bars, fraternities, and other "adult only" facilities; and (2) newspapers and magazines. The program also now aims to reduce all types of retail advertising, not only point-of-purchase advertising. These changes reflect increased attention to reducing tobacco advertising and promotions, which is consistent with our previous recommendation that the program redouble its efforts to counter the tobacco industry's expenditures on tobacco advertising and promotion: in 2002, New Yorkers were exposed to an estimated \$830 million of

Exhibit 2-1. NYTCP Strategic Plan, 2003 and 2005

| NYTCP Strategic Plan | |
|---|---|
| 2003 | 2005 |
| <i>Goal 1. Eliminate exposure to secondhand smoke.</i> | |
| Increase public support for New York's comprehensive clean indoor air law. | Dropped |
| Increase compliance with New York's comprehensive clean indoor air law. | No change |
| Increase the percent of adults and youth who live in households where smoking is prohibited. | No change |
| Increase the percent of adults who drive or ride in vehicles where smoking is prohibited. | No change |
| Increase the number of educational institutions (elementary, secondary and post-secondary) that implement effective tobacco-free policies to eliminate tobacco use from all facilities (including dormitories), property, vehicles, and events. | Increase the number of educational institutions (elementary, secondary and post-secondary) that effectively implement tobacco-free policies to eliminate tobacco use and tobacco products from all facilities (including dormitories), property, vehicles, and events. |
| <i>Goal 2. Decrease the social acceptability of tobacco use.</i> | |
| Increase antitobacco attitudes among youth and adults. | No change |
| Reduce tobacco sponsorship of sporting, cultural, and entertainment and other events in the community, region, and state. | Increase the number of sporting, cultural, entertainment, art, and other events in the community, region, and state that have a written policy prohibiting acceptance of tobacco company sponsorship. |
| Reduce tobacco use and promotion in movies, arts, and entertainment. | Reduce tobacco promotions occurring in sporting, cultural, entertainment, art and other events in the community, region, and state. |
| | Reduce tobacco promotions occurring in bars, fraternities, and other "adult only" facilities. |
| Reduce the proportion of retailers that post point-of-purchase tobacco advertising. | Reduce the amount of tobacco advertising in the retail environment. |
| | Increase the number of magazines and newspapers that have a written policy prohibiting acceptance of tobacco company or product advertising. |
| | Increase the number of local laws, regulations, and voluntary policies that prohibit tobacco use in outdoor areas, including public parks, beaches, play grounds, campuses, and outdoor areas of businesses, other grounds, recreation areas, and in proximity to building entryways. |

(continued)

Exhibit 2-1. NYTCP Strategic Plan, 2003 and 2005 (continued)

| NYTCP Strategic Plan | |
|--|---|
| 2003 | 2005 |
| <i>Goal 3. Promote cessation from tobacco use.</i> | |
| Increase the number of health care provider organizations that have a system in place to implement the Prevention Services Task Force clinical guidelines for cessation. | Increase the number of health care provider organizations that have a system in place to screen all patients for tobacco use and provide brief advice to quit at every patient visit. |
| Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation through the Medicaid program. | Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation through Medicaid or through the Quitline. |
| Increase the number of health plans that provide coverage of evidence-based treatment for nicotine dependence. | Increase the percent of smokers with health insurance who report that their health plan provides coverage for tobacco dependence treatment. |
| Increase the number of non-Medicaid eligible low-income tobacco users who receive free or reduced-priced pharmacotherapy from the NYTCP to support a cessation attempt. | Dropped |
| Increase access to cessation counseling and services. | Dropped |
| | Increase the percent of smokers who have heard of and who have called the New York State Smokers' Quitline. |
| | Increase the number of smokers referred to the New York State Smokers' Quitline through the Fax-to-Quit program. |
| | Increase the percent of smokers who have quit successfully (for at least 6 months) in the past 12 months. |
| <i>Goal 4. Prevent initiation of tobacco use among youth and young adults.</i> | |
| Increase the unit price of cigarettes sold in New York State. | No change |
| Increase the number of jurisdictions that levy their own tobacco excise taxes. Increase the amount of each local tobacco excise tax. | Increase the number of jurisdictions that levy their own cigarette excise taxes. Increase the amount of each local tobacco excise tax. |
| Increase the number of jurisdictions with a 5 percent or less illegal sales rate to minors. | No change |
| Reduce the statewide retailer noncompliance with sales to minor's law rate to 5 percent or less. | Dropped |
| | Increase the percent of adults who agree that movies rated G, PG, and PG-13 should not show actors smoking. |
| | Decrease the number of movies rated G, PG, and PG-13 that contain smoking or tobacco product placement. |

advertising and promotions. In addition, Goal 2 now includes a new objective aimed at increasing voluntary policies that prohibit tobacco use in outdoor areas.

Goal 3 objectives changed in two substantive ways from the 2003 Strategic Plan. First, the program dropped two objectives: one to increase the number of non-Medicaid eligible low-income tobacco users who receive free or reduced-priced pharmacotherapy from NYTCP and another to increase access to cessation counseling and services. The program made the latter change because it does not currently have adequate resources to have a meaningful impact on access to cessation counseling and services. Rather than focusing on providing direct cessation services, the program is focusing on fostering system-level changes in health care provider organizations (through the Cessation Centers) with the objective of increasing the percentage of organizations that screen all patients for tobacco use and provide brief advice to quit at every patient visit. The reduced emphasis on non-Medicaid eligible low-income tobacco users reflects several factors: efforts to promote cessation are focused on all smokers, including this population; resources are not sufficient to dedicate to promoting cessation within this population; and it is not clear how best to reach this population with complementary cessation activities.

Changes in Goal 4 objectives reflect the importance of the influence of smoking in the movies on youth smoking. Two new objectives are to (1) increase the percentage of adults who agree that movies rated G, PG, and PG-13 should not show actors smoking; and (2) decrease the number of movies rated G, PG, and PG-13 that contain smoking or tobacco product placement. Although both of these objectives are sensible and well-grounded in the literature, they appear more consistent with Goal 2 because they have to do with decreasing the social acceptability of tobacco and have the potential to influence adults as well as youth. We therefore recommend including them in Goal 2 objectives.

2.2 Addressing Recommendations from the 2004 Independent Evaluation Report

In the 2004 IER, we commented on and made recommendations that pertain to the (1) overall functioning of the program and its ability to implement activities consistent with its Strategic Plan, (2) individual programmatic interventions/strategies and their implementation, and (3) gaps in knowledge and other evaluation findings that suggest potential opportunities for the program. We revisit each of these in the following subsections and comment on how the program has responded to recommendations.

2.2.1 Overall Program Implementation

One of the findings from the 2004 IER was that the program failed to expend all of its available resources. We revisit this issue and examine program funding and expenditures. In 2004, \$48.8 million was allocated for tobacco control from the Health Care Reform Act (HCRA) (current annualized appropriation plus carry-forward of unspent funding from

previous years). NYTCP spent 77 percent of the available allocation for 2004 and 96 percent of its annualized appropriation (Exhibit 2-2). This represents an improvement over last year when the corresponding statistics were 70 percent and 86 percent, respectively.

Exhibit 2-2. Expenditures Versus Allocation, 2000–2004

| | 2000 | 2001 | 2002 | 2003 | 2004 ^a |
|---|--------------|--------------|--------------|--------------|-------------------|
| Expenditures | \$11,147,742 | \$32,624,996 | \$40,210,122 | \$35,361,233 | \$37,676,350 |
| Annualized Appropriation | \$32,500,000 | \$42,500,000 | \$42,500,000 | \$40,975,000 | \$39,450,000 |
| Program Allocation | \$39,938,999 | \$52,129,999 | \$52,749,999 | \$50,789,999 | \$48,857,900 |
| Percentage of Allocated Funds Expended | 28% | 63% | 76% | 70% | 77% |
| Available Funds | \$32,500,000 | \$63,852,258 | \$73,727,262 | \$72,967,140 | \$77,055,907 |
| Expenditures as a Percentage of Available Funds | 34% | 51% | 55% | 48% | 49% |

^aEstimated.

The 2004 allocation represents 51 percent of CDC's recommended minimum funding level for New York State. As shown in Exhibit 2-3, New York's annual 2004 expenditures represented 39 percent of CDC's minimum recommended levels for the state. The most significant gap between planned and actual expenditures in 2004 was in the area of countermarketing, followed by school programs. As previously noted, the program has faced barriers in implementing its media plans. Ignoring these two line items, the program expended 92 percent of allocated funded in 2004.

We previously reported that delays in the procurement and contracting process helped explain the gap between planned and actual expenditures. We found that the program requires a minimum of 18 months for new programmatic procurements before contracts are fully executed because of cumbersome bureaucratic procedures. As a result of such delays, Community Partners did not have fully executed contracts from August to November/December 2004, the procurement for training services is in its 26th month of processing, and the expansion of the school policy initiative is more than 1 year behind schedule.

We are aware of one contract for the distribution of NRT via the Quitline that was established in 10 months. Two other procurements (Promising Interventions and Tobacco Free Schools Support) are still in process, and it appears that these will require 15 to 18 months before contracts are fully executed—similar to the pattern observed in our previous report. Hence, the procurement process has not changed that significantly since the 2004 IER.

Exhibit 2-3. Program Expenditures by CDC Activity Type, 2004

| Program Component | Expenditure Level | Percentage of CDC Recommended Minimum | Allocation | Percentage of CDC Recommended Minimum |
|-------------------------------|--------------------------|--|---------------------|--|
| Community Mobilization | \$12,417,897 | 91.7% | \$11,750,000 | 86.7% |
| Statewide Programs | \$86,166 | 1.2% | \$850,000 | 11.7% |
| Countermarketing | \$5,296,734 | 29.2% | \$10,000,000 | 55.1% |
| School Programs | \$2,257,344 | 16.7% | \$6,207,900 | 46.0% |
| Cessation Programs | \$6,937,769 | 35.0% | \$10,950,000 | 55.2% |
| Chronic Disease Programs | \$0 | 0.0% | \$0 | 0% |
| Enforcement | \$4,650,000 | 58.5% | \$4,600,000 | 57.8% |
| Surveillance and Evaluation | \$4,030,440 | 48.4% | \$2,500,000 | 30.0% |
| Administration and Management | \$2,000,000 | 48.0% | \$2,000,000 | 48.0% |
| Total | \$37,676,350 | 39.3% | \$48,857,900 | 51.0% |

A final cross-cutting recommendation from the 2004 IER called for better coordination between mass media efforts and other programmatic activities and significant policy events, such as passage of the CIAA of 2003. As described below under countermarketing campaigns, the program put plans in place to complement community-based activities with mass media campaigns. An upcoming opportunity to coordinate media with a policy change is the new cigarette excise tax collection law that goes into effect on March 1, 2006. This law requires the state to implement cigarette sales and excise taxes made to non-Native Americans on recognized reservations in the state. The legislation also requires that tax exemption coupons be provided to the recognized governing bodies of the Indian tribes or nations to ensure that cigarettes sold to tribal members on their respective reservations do not include state taxes. NYTCP could implement a media campaign to educate the public about the facts about cigarette tax evasion and the benefits of the new law to ensure more effective implementation. To determine whether investing in such a campaign would be a wise use of resources compared to other programmatic activities, the program should first assess the potential impact that such a campaign could have on key audiences and how best to reach these audiences.

2.2.2 Program Component Implementation

The program has implemented a range of interventions consistent with its Strategic Plan, including the following:

- Tobacco countermarketing
- Multicomponent smoking cessation Quitline

- Community Partners
 - Community Partnerships
 - Cessation Centers
 - Reality Check Youth Action Partners
- Enforcement of the Adolescent Tobacco Use and Prevention Act (ATUPA)
- School health programs

In the subsections below, we provide an update on the status of program implementation for each of these major program components.

Tobacco Countermarketing

In our previous report, the most critical comments focused on the program's mass media efforts. We found that NYTCP was missing an opportunity to have a large impact on program outcomes by failing to implement media campaigns that are consistent with best practices—campaigns with messages that (1) elicit strong emotional responses among the target audiences; and (2) support, reinforce, and extend programmatic activities and significant tobacco control policies. In addition, we noted that there was no long-term media plan and no coordination with other aspects of the program, even though the literature indicates that countermarketing is effective when combined with other interventions. Finally, mass media efforts were off the air for long stretches of time, including the period around the passage of the comprehensive CIAA—an historic opportunity to reinforce the impact of policy with effective media.

We recommended that, moving forward, NYTCP implement media campaigns consistent with best practices by designing a long-term media campaign strategy that aligns media messages with the goals and objectives of the program. The media message schedule should be coordinated with other NYTCP interventions and policy changes, and to ensure use of more effective messages, the program should contract with an advertising agency with a track record of producing high-impact advertisements. To ensure that these efforts have their intended effect, we suggested that the program set a goal of 60 percent for awareness of NYTCP-sponsored advertisements.

In this section, we review the program's progress toward implementing last year's recommendations by assessing the program's planned media activities, the appropriateness of those activities, and what the program can expect to achieve given current activity levels and the types of media messages being employed.

Tobacco Control Media Plan. Following the recommendations in the 2004 IER, NYTCP developed a Tobacco Control Media Plan for 2004 and 2005 that describes specific statewide media activities designed to raise awareness about tobacco use and effect change in achieving the objectives of each program goal area. Specifically, NYTCP's Media Plan aims to

raise awareness of the dangers of SHS, counter the impact of tobacco industry advertising and promotions, motivate smokers to stop smoking, and counter the impact of smoking in movies. These objectives mirror the long-term program goals set forth in the NYTCP Strategic Plan. Like the program goals detailed in the Strategic Plan, the elements of the NYTCP Media Plan are cross-cutting and supportive of all goal efforts. Evidence shows that media campaigns are effective when integrated with a larger comprehensive program. Therefore, the NYTCP Media Plan calls for the design, production, and implementation of media campaigns that are coordinated with program interventions and policy change efforts across all goal areas. In the following section, we describe specific elements of the planned media activities in support of each of the program goals and the extent to which these activities are consistent with best practices and recommendations from the 2004 IER.

Eliminating Exposure to Secondhand Smoke. SHS has been classified as a Group A carcinogen by the U.S. Environmental Protection Agency and has been linked to the development of lung cancer in scientific studies and surgeon generals' reports. SHS has also been associated with thousands of cases of asthma, bronchitis, and pneumonia among children in the United States. To bring attention to these and other dangers of SHS, NYTCP and its Community Partners aired a number of ads in 2003 and 2004 (see Exhibit 2-4) and a series of advertisements in the second and third quarters of 2005. Partner run advertisements were from the "Careful" series, which originally aired in Massachusetts, and featured candid interviews with chemists and other professionals who work with hazardous substances and are unaware of the similarity between the materials they work with and chemicals found in secondhand cigarette smoke. The state run ads vividly depicted the effects of secondhand smoke on children or adults.

Decreasing the Social Acceptability of Tobacco. The tagline "Now you know/What are going to do about it?" was also planned to launch with two ads created by NYTCP in support of the ASP initiative. The ASP initiative is aimed at reducing retail tobacco advertising and promotions; periodical advertising; sponsorship and corporate giving; and promotion in movies, adult facilities, and through the mail in New York State. These ads, entitled "Walk to School" and "Convenience Store," were designed to portray the myriad tobacco promotional materials and smoking children may see during a typical walk to and from school or during a stop at a convenience store. These ads were planned to air simultaneously with a series of Community Partner-run ads during the second quarter of 2005, entitled "Breeding Ground," "Ethnic Targeting," and "Reverse Psychology," that also highlighted the deceptive marketing practices of the tobacco industry. These ads were intended to air in May and early June, prior to Community Partner press events in support of the ASP initiative, as a way to introduce communities to the messages that partners would be sharing at the press events.

Production of "Walk to School" and "Convenience Store" was delayed by 6 months because of New York State Department of Health (NYSDOH) changes in the concepts of NYTCP-

created ads. As a result, the ads were never aired. The June 2005 community press events in support of the ASP initiative were held as scheduled but were supported only by Community Partner-run ads "Breeding Ground," "Ethnic Targeting," and "Reverse Psychology" and not the intended NYTCP-created ads discussed above. As such, NYTCP missed an opportunity to fully coordinate its media activities with other program initiatives, such as ASP.

Promoting Smoking Cessation. NYTCP uses television and radio advertisements from CDC's Media Campaign Resource Center as part of a media campaign designed to motivate and assist current smokers to quit. During fiscal year 2004–2005, the NYTCP media campaign to promote smoking cessation included several types of advertisements with high emotional impact, such as the "Pam Laffin" series that depicts a young woman who dies at an early age from emphysema. These ads, which aired locally and statewide during the first quarter of 2005 (Q1 2005), use intense images to depict the serious health consequences of smoking in addition to severe emotional consequences resulting from family grief. The program has also supported less traditional television campaigns, such as the "Bob Quits" campaign that invites viewers to track the progress of a young man during his attempts to quit smoking. These ads emphasize the dire consequences of not quitting, including long-term health effects and family concerns and were run by the Erie-Niagara Tobacco-free Coalition (with NYTCP funds) and the New York City Department of Health and Mental Hygiene (with its own resources). In addition to television and radio advertising, the program has used transit advertising that displays the Quitline phone number on the sides of buses and in the New York City subway system.

Implementation of Planned Media Activities. Consistent with the recommendations set forth in the 2004 IER, NYTCP has broadcast antismoking media messages that contain significantly greater emotional content. Beginning in Q1 2005, NYTCP implemented a new approach to airing antismoking messages. This new approach provides funds to Community Partners to run antismoking messages in a coordinated fashion statewide to complement messages aired by NYSDOH. To reflect this change, we summarize antismoking television advertisements that aired before and after this change in approach. Exhibit 2-4a summarizes ads that were run statewide by NYSDOH and locally by at least one Community Partner between Q3 2004 and Q1 2005. Exhibit 2-4b summarizes ads run statewide by NYSDOH and Community Partners under the new approach. In these exhibits, we provide a qualitative assessment of each of the ad's "impact" based on the use of intense imagery and/or strong emotions. Overall, statewide and partner-run advertising has increased its focus on smoking cessation with emotionally-laden messages that highlight the long-term effects of smoking and family concerns as reasons for quitting in addition to a number of cross-cutting messages that provide information on the New York State Smokers' Quitline.

Exhibit 2-4a. Statewide and Local Antismoking Television Advertising in New York, Q2 2004–Q1 2005

| Title | Time | Goal Area | Local/ Statewide | Message Strategies | Emotion/ Impact |
|--|--------------------|-----------|---------------------|---|--------------------|
| Bartender | Q3 2003 | SHS | Local | Personal testimony, long-term effects (heart attacks) | Low |
| Outside the Bar | Q3 2003 | SHS | Local | Humor | Low |
| Waitress | Q3 2003 | SHS | Local | Long-term effects of SHS, appeal for CIAA | Low |
| Baby Seat | Q2 2004 | SHS | Statewide | Family endangerment, industry quote, health effects to infants | High |
| Quitting Takes Practice | Q2 2004 | Cessation | Statewide | Humor, cartoon | Low |
| Sign of the Times | Q2 2004 | SHS | Statewide | Changing social norms | Low |
| Cigarette Pack | Q2 2004 | Cessation | Statewide | Long-term effects as reasons for quitting, concern for family | High |
| Little Girl | Q2 2004 | SHS | Statewide | Personal testimony, short-term effects of SHS | Low |
| Front Porch | Q2 2004 | SHS | Statewide | Personal testimony, family endangerment | Low |
| Never Smoke | Q2 2004 | SHS | Statewide | Personal testimony, short-term effects of SHS | Low |
| Quit Yet | Q2 2004 | Cessation | Statewide | Humor, entertainment | Low |
| Clean Indoor Air Testimonials for Business | Q3 2004 | SHS | Local | Personal testimony | Low |
| Heather Crowe | Q3 2004 Q4 2004 | SHS | Local | Personal testimony, long-term effects | High |
| CIAA Testimonials in Mall | Q3 2004 | SHS | Local | Personal opinions | Low |
| Paul Decker | Q3 2004 | SHS | Local | Personal testimony, long-term effects of SHS (lung cancer) | High |
| Quitting Is Hard | Q3 2004 Q4 2004 | Cessation | Local | Personal testimony | Low |
| Smoke Free New York | Q3 2004 | SHS | Local | Child endangerment | Low |
| Judy Dying | Q3 2004 | Cessation | Local | Personal testimony, long-term health effects of smoking | High |
| Bob Quits | Q4 2004 Q1 2005 | Cessation | Local | Contemporary analogy to Reality TV but with dire consequences | Low |
| Every Cigarette Does You Damage | Q1 2005 Q2 2005 | Cessation | Local | Graphic images of internal physical damage | High |
| I Need You | Q1 2005 | Cessation | Community Partner | Who will teach your children when you are dead because you smoked | High |

Exhibit 2-4b. NYSDOH- and Community Partner-run Statewide Antismoking Television Advertising in New York, Q2 2004-Q1 2005

| Title | Time | Goal Area | NYSDOH/ Community Partner | Message Strategies | Emotion/ Impact |
|---------------------------|--------------------|----------------------|---------------------------------|--|--------------------|
| Pam Laffin (Abuse) | Q1 2005 | Cessation | Community Partner | Graphic images and consequences of long time use | High |
| Pam Laffin (Krystell) | Q1 2005 | Cessation | Community Partner | Family guidance of what not to do | High |
| Pam Laffin (Last Goodbye) | Q1 2005 | Cessation | Community Partner | Emotional appeal with family angle | High |
| Pam Laffin's Kids | Q1 2005 | Cessation | NYSDOH | Emotional appeal with family angle | High |
| Clinical | Q2 2005 | SHS | NYSDOH | Graphic images and consequences of breathing SHS | High |
| Heather Crowe | Q2 2005 | SHS | NYSDOH | Personal testimony, long-term effects | High |
| One Lung | Q2 2005 | SHS | NYSDOH | Emotional appeal with family angle | High |
| I Smoke When I'm Coloring | Q2 2005 | SHS | NYSDOH | Family endangerment | Low |
| Careful Dave | Q2 2005 Q3 2005 | SHS | Community Partner | Chemical dangers of SHS | Low |
| Careful Tim | Q2 2005 Q3 2005 | SHS | Community Partner | Chemical dangers of SHS | Low |
| Careful Kevin | Q2 2005 Q3 2005 | SHS | Community Partner | Chemical dangers of SHS | Low |
| Breeding Ground | Q2 2005 | Social Acceptability | Community Partner | Industry manipulation | High |
| Ethnic Targeting | Q2 2005 | Social Acceptability | Community Partner | Industry manipulation | High |
| Reverse Psychology | Q2 2005 | Social Acceptability | Community Partner | Industry manipulation | High |

The program has also sustained its focus on messages that highlight the dangers of secondhand cigarette smoke. A number of advertisements, such as "Clinical," "Heather Crowe," and "One Lung," were broadcast statewide during the second quarter of 2005. Unlike SHS messages NYSDOH has used in the past, these ads use intense images and strong emotional appeals to depict the physical and emotional consequences of exposure to SHS. Data on confirmed awareness of and reactions to these ads were captured in the Q2 2005 ATS, which RTI will analyze as these data become available.

Local-level advertising has also used more intense, emotionally-laden messages, such as the "Every Cigarette Does You Damage" campaign that aired locally in western New York during the first quarter of 2005. This campaign features graphic images of internal physical damage that occurs because of smoking. A number of other locally aired advertisements,

such as “Judy Dying” and “Paul Decker,” which aired during the third and fourth quarters of 2004, also used strong emotional appeals through personal testimonies about the long-term health effects of smoking, including lung cancer and death. Many of these advertisements also include taglines promoting the New York State Smokers’ Quitline, providing a resource for smokers who need assistance in quitting.

In the 2004 IER, we noted that many stakeholders indicated that the media campaign should have been coordinated with other aspects of the program and that the messages should arouse stronger emotional responses to be effective. The stakeholders further indicated that NYTCP did not have sufficient control over the media campaign to select advertisements and coordinate them with the Quitline and other program efforts. Our assessment of the media campaign was consistent with that of the stakeholders. Since the 2004 IER, it appears that NYTCP has made significant progress in addressing these concerns by using emotionally-laden advertisements that are coordinated with other program activities, such as the New York State Smokers’ Quitline. Given these efforts, we expect to observe an overall increase in statewide awareness of antismoking advertising. In subsequent sections, we assess the extent to which awareness of antismoking media has changed since the 2004 IER by examining data from the ATS.

Remaining Gaps in Planning and Implementation. Although NYTCP appears to have made significant strides in addressing the criticisms of mass media efforts in the 2004 IER, gaps in planning and implementation remain. As noted above, the program missed a key opportunity to coordinate media activities with the ASP initiative during April, May, and June 2005. After initially approving the production and concepts underlying the NYTCP-created “Walk to School” and “Convenience Store” ads, NYSDOH pushed for changes to the conceptual content of these ads, resulting in production delays. This ultimately led to the launch of ASP-related community press events and advertising without the support of statewide media created by NYTCP as well as the complete absence of the unifying tagline “Now you know,” which was intended to be associated with other NYTCP-sponsored advertising. Although the “Walk to School” and “Convenience Store” ads are now in production, they will likely not air until next year. Furthermore, we note an approximate 6-month gap in statewide antismoking advertising that occurred during the third and fourth quarters of 2004 because of contract delays for the Community Partners and the statewide media buying contract.

Another gap in the NYTCP Tobacco Control Media Plan is the lack of significant youth-targeted media in support of Goal 4, which aims to prevent initiation of tobacco use among youth and young adults. Four youth prevention ads aired in Q2 2005 (three NYSDOH-created and one from another state), and three aired in 2002. Without a sustained effort over time, it is unclear what, if any, impact these isolated efforts will have. Evidence from statewide and national antismoking media evaluations suggests that sustained youth-targeted campaigns with strong antitobacco industry messages are effective in changing

youth attitudes, beliefs, intentions, and behaviors related to smoking. For example, data from the Florida Anti-tobacco Media Evaluation (FAME) showed that the Florida "TRUTH" campaign's use of counterindustry messages led to high rates of campaign awareness, changes in behavior-related attitudes and beliefs, and lower rates of youth smoking (Sly et al., 2001). Similar findings have been reported from evaluations of the American Legacy Foundation's (Legacy's) national "truth" campaign (Farrelly et al., 2002, 2005). During the past 5 years, Legacy has devoted significant resources to its national "truth" campaign, which has decreased the importance of state-level youth prevention messages. However, Legacy's funding is declining, limiting the reach of the "truth" campaign. Given the available evidence on the effectiveness of well-executed youth media campaigns and decreasing funds for the national "truth" campaign, RTI recommends increased investment in youth-targeted antismoking media campaigns to the extent that adequate resources are available. In light of the program's programmatic priorities, investing significantly in youth-targeted media would require that additional resources be allocated to the program.

Finally, although NYTCP has responded to stakeholder concerns by developing a detailed Media Plan, the plan focuses primarily on long-range goals and does not incorporate any short-term indicators of campaign success. The development of short-term goals and indicators ensures more timely feedback on how media messages resonate with intended target audiences, allowing campaign planners to implement intermediate course corrections in media strategies where needed. Intermediate indicators of campaign success should be developed by using simple conceptual models of behavior change, such as the Theory of Reasoned Action (Fishbein and Ajzen, 1975) and the Health Belief Model (Rosenstock, 1974), which dictate that changes in attitudes, beliefs, and intentions precede behavior changes. Moving forward, the program should update its planned media activities to include shorter-term indicators of success.

Multicomponent Smoking Cessation Quitline

In the 2004 IER, we found that customer satisfaction with the Quitline was high and that since its implementation in 2000, the Quitline has steadily enhanced its array of services. We also noted that the program had plans to begin offering NRT starter kits through the Quitline and provide one to four scheduled counseling calls to eligible smokers ready to quit. The starter kits were available to Quitline callers beginning in December 2004. A total of \$2.6 million is dedicated to this effort over a 1-year period. Given the available number of kits, the program has (by design) only implemented limited promotion of this option through print advertising in May and June.

Community Partners

By the time of the 2004 IER, we had not yet completed our evaluation systems for NYTCP's Community Partners and hence could not address issues of program implementation. Since that time, we have developed and implemented the Community Activity Tracking (CAT)

system and completed our case study of Community Partners. We describe both of these below.

Community Activity Tracking System. The CAT data collection system is a Web-based tool designed to facilitate program monitoring for NYTCP and to enable standardized report preparation for funded NYTCP partners. These partners—Cessation Centers, Community Partnerships, and Reality Check Youth Action Partners—record their annual work plans and monthly progress reports online. CAT was launched in December 2004.

CAT is organized based on the NYTCP Strategic Plan goals and objectives and by “strategy” and “focus area.” Partners enter their Annual Plans one strategy at a time. A strategy is an activity or group of activities associated with one specific goal, objective, and focus area. A strategy may be an event, campaign, or several related activities. “Focus areas” are cross-cutting functional categories that provide some general description of the type of activities that each strategy involves. For example, a strategy that uses paid media to disseminate a message is different from a strategy that advocates for policy change with school administrators. The types of questions asked on progress reports are specific to the focus area (e.g., community education reports include questions about the setting and the focus of the tobacco communication, whereas paid media reports address target audience and communication channel). Exhibit 2-5 provides descriptions and examples of the focus areas:

- Government policy-maker education
- Paid media
- Community education
- Monitoring or assessment of organizational policies and practices
- Survey of public’s knowledge, attitudes, beliefs, or behaviors
- Provision or promotion of cessation services
- Advocating with organizational decision makers
- Infrastructure development

The CAT system (a) allows Community Partners to efficiently document their strategies and the immediate outputs of those strategies and (b) will allow NYTCP staff at various levels to review any partners’ specific plans or strategy reports and to call up reports aggregating data for an individual partner or across multiple partners (e.g., by partner type, geographic area, specific time period). Every month, partners provide progress reports (“Monthly Strategy Reports”) that provide details about the activities conducted under each strategy. For example, for Paid Media, the reports describe the target audience, the medium (e.g.,

Exhibit 2-5. CAT Description of Activities by Focus Areas

| Focus Area | Description of Activities Under Focus Area |
|--|---|
| Government policy-maker education | <p>This focus area involves educating local, state, regional, or national policy makers about tobacco issues and the implications of policy change.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Meeting with New York State legislators to inform them of the existing NYTCP activities and the need for ongoing funding • Writing letters to elected officials • Teens speaking at legislative sessions on issues facing their group |
| Paid media | <p>The primary purpose of paid media is to educate the public or a subgroup of the public. This includes education about, and promotion of, cessation services. This does not include paid media merely to announce or promote an event. This <u>does</u> include media “donated” as part of a purchase plan (e.g., two for one).</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Radio advertisement targeting youth smoking • Theater slide • Public service announcement (PSA) • Mass mailings • TV advertisements |
| Community education | <p>The purpose of community education is to educate the public (or subsets of the public) about tobacco control issues with the intention of influencing individual opinions, beliefs, and behaviors. This focus area includes not only discrete “events” but also information dissemination of various types (although not mass mailings, which are classified as a type of paid media).</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Information dissemination in community venues • Press event regarding launching an initiative or on assessment findings • Hosting a forum/event with a tobacco control focus • Movie Stomp |
| Monitoring or assessment of organizational policies or practices | <p>In this focus area, Partners develop program strategies based on findings. Analysis of secondary data for the same purpose should be included. Target organizations might include businesses (e.g., bars, restaurants, tobacco retailers, health insurers), schools, and community organizations.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Interviews with administrators at health care settings to assess implementation of tobacco user identification and screening systems • Observing retailers who sell tobacco |
| Survey of public's knowledge, attitudes, beliefs, or behaviors | <p>Partners periodically conduct formal assessments of the public, or a sub-group, to determine public (individual) knowledge, attitudes, beliefs, and self-reported behaviors concerning tobacco-related issues, with the objective of developing program strategies based on findings.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Interviews with youth about antismoking ads • Telephone surveys about household tobacco use • Interviews with members of the public about their support for CIAA laws |

(continued)

Exhibit 2-5. CAT Description of Activities by Focus Areas (continued)

| Focus Area | Description of Activities Under Focus Area |
|---|---|
| Provision or promotion of cessation services | <p>This focus area involves providing cessation services (if Cessation Center) or promoting cessation services that are provided by other agencies or organizations.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Promoting availability of NRT through the Quitline • Distributing promotional materials to pharmacies/clinics • Promoting Medicaid-funded cessation services |
| Advocating with organizational decision makers (Cessation Centers) | <p>This focus is specific to Cessation Centers and entails influencing organizational decision makers to change their organizations' policies, programs, or practices.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Providing technical assistance to hospitals to encourage adoption of clinical guidelines for cessation • Advocating for change with health care provider organizations to create and improve systems to identify and treat tobacco users • Training health care providers to promote the Fax-to-Quit program |
| Advocating with organizational decision makers (Community Partnerships and Reality Check Youth Action Partners) | <p>This focus area is unique to Community Partnerships and Reality Check Youth Action Partners to influence organizational decision makers to change their organizations' policies, programs, or practices.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Assisting community organizations with implementing policies prohibiting tobacco sponsorship • Conducting interventions with retailers to reduce point of purchase advertising • Working with school boards to eliminate magazines containing tobacco advertising from school libraries |
| Infrastructure development | <p>All Partners mobilize and organize resources to enhance their effective implementation of tobacco control strategies.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Developing clear staff roles within NYTCP • Organizing trainings for Partner staff and volunteers • Reality Check activities focused on recruiting new youth members |

television, radio), and the content of the messages; for community education events, partners describe the setting, target audience, collaborators, and the number of people in attendance. Given the limited data on activities at the time of this report, we chose to report partners' strategies or planned activities to illustrate how they are focusing their efforts. Although the strategies do not necessarily accurately reflect the level of effort required to complete each strategy, we feel they do provide a reasonable impression of how partners are spending their time across programmatic goals and across focus areas. Future reports will summarize data from the Monthly Strategy Reports and will attempt to reflect the level of effort (and/or funding) that each activity represents. By systematically collecting data on partner activities, RTI can better evaluate the implementation of partner activities and the program can better manage its funded Community Partners.

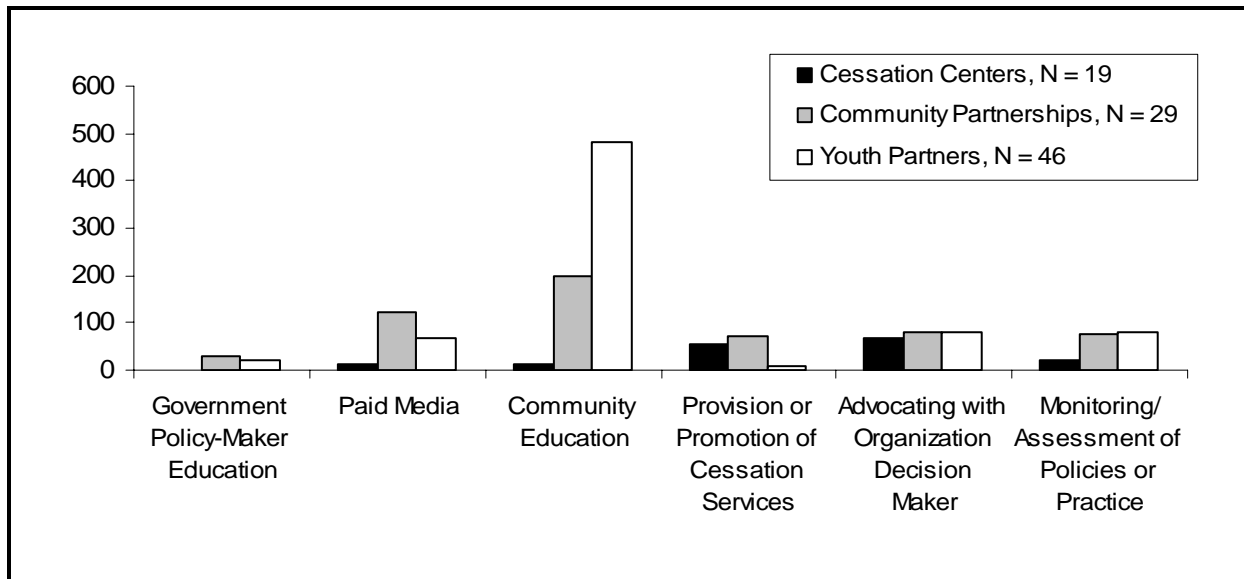
As an example of CAT's capabilities, Exhibit 2-6 shows how the Partners' strategies are distributed across the program's four programmatic goals and two capacity-building goals (Goal 5: Build and maintain an effective tobacco control infrastructure, and Goal 6: Contribute to the science of tobacco control). For the period 2004–2005, Community Partners' planned activities focused most on decreasing the social acceptability of tobacco use, followed by reducing exposure to SHS and promoting cessation. Reality Check Youth Action Partner strategies were predominantly focused on decreasing the social acceptability of tobacco use. Although the Program's philosophy dictates that youth smoking initiation will be curbed primarily indirectly by reducing the social acceptability of tobacco use and reducing adult tobacco use, it is striking that only 5 percent of planned strategies across all partners are aimed at reducing smoking initiation.

Exhibit 2-6. Number of Community Partner Strategies by Goal and Partner Type

| Partner Type | Goals | | | | | | Total |
|--|------------|------------|------------|----------|------------|----------|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| Cessation Center (N=19) | 5 3% | 5 3% | 160 87% | 0 0% | 11 6% | 3 2% | 184 100% |
| Community Partnerships (N=29) | 185 26% | 258 36% | 142 20% | 9 1% | 101 14% | 16 2% | 711 100% |
| Joint Strategy | 1 4% | 18 69% | 5 19% | 2 8% | 0 0% | 0 0% | 26 100% |
| Reality Check Youth Action Partners (N=46) | 150 15% | 534 52% | 21 2% | 78 8% | 211 21% | 31 3% | 1,025 100% |
| Total | 341 18% | 815 42% | 328 17% | 89 5% | 323 17% | 50 3% | 1,946 100% |

Exhibit 2-7 shows the number of strategies in several of the focus areas by partner type. Both Reality Check Youth Action Partners and Community Partnerships use the focus area of "community education" most frequently to work toward their objectives, and Cessation Centers use the focus areas "advocating with organizational decision makers" and "provision or promotion of cessation services" most often.

Sentinel Site Study. In summer 2004, before the new Community Partner contracts were in place, RTI conducted a case study of selected New York counties that have been implementing tobacco control initiatives for a number of years. The purpose of this study was to understand the context within which tobacco control has been operating and to inform NYTCP about local characteristics that have enabled or prevented past successes or are likely to impact future local accomplishments. The selected counties serve as "sentinel sites," providing a first look at how tobacco control programs operate within the local context. Within these counties, we gathered detailed information about the historical and

Exhibit 2-7. Strategies by Selected Focus Areas and Partner Type

political context within which local tobacco control efforts have operated, with the goal of understanding how these factors may influence future efforts.

The decision to use a case study as a research design was largely driven by the research questions of interest. The major focus of this study was to explore the how and why of local tobacco control efforts and to understand how differences in local context may influence these efforts. To that end, we selected five counties in which to obtain an in-depth understanding of the following:

- Health status of the community related to tobacco control and other public health issues
- History of addressing tobacco use and related behaviors or diseases
- Barriers the community has experienced in addressing tobacco control
- Opportunities the community has identified in developing tobacco control initiatives
- Lessons learned about the most advantageous structure and partners to involve in local initiatives

Working collaboratively with NYTCP, we selected the following counties for the study: Erie, Franklin, Jefferson, Oneida, and Westchester.

Data collection measures for this study were drawn from three sources: (1) qualitative interview data collected through local site visits and telephone calls to each county, (2) data obtained through other components of the comprehensive evaluation for NYTCP, and (3)

secondary data sources. In the primary data collection for this study, three groups of individuals were contacted to provide input: Community Partnership coordinators and current Community Partnership members; local political leaders, including each County Executive; and staff from the local health department, including the Health Commissioner/Director. Data from these sources, including 39 interviews conducted across the five counties, were then analyzed through a rigorous process to ensure valid and reliable findings.

A number of important conclusions were drawn from the five counties in terms of contextual factors that influence how tobacco control is implemented and how effective tobacco control efforts prove to be. The following provides a brief overview of the conclusions drawn from Phase I of the sentinel site study:

- The local historical and political contexts across the five counties were quite varied and seemed to impact tobacco control efforts as follows:
 - A rich history in tobacco control did not necessarily translate into a supportive political context. Counties that had been actively working in tobacco control since the late 1980s often experienced negative reactions to their efforts to the same degree as counties with a shorter history in this area.
 - Political context is extremely important to what a Community Partnership is able to achieve. In all five counties, the political context set the tone for the community, both in how resistant people would be in accepting new policies and in how the Community Partnership would operate in this context.
 - The local environment and the priorities for tobacco control are regularly changing, requiring the Community Partnership to quickly shift in its approach to delivering interventions.

A number of notable conclusions can be drawn about the characteristics of the Community Partnerships that appear to facilitate effective local tobacco control:

- Location and physical presence of the Community Partnership within the boundaries of a county seems to influence how well a Community Partnership can impact local tobacco control.
- Having a formal “partnership” like the Community Partnerships does not necessarily mean that collaboration across partners is taking place. In many instances, the Community Partnership seemed to operate as a clearinghouse for information on tobacco control, instead of developing and implementing its own initiatives.
- Because there was no programmatic requirement for Community Partnerships and Reality Check Youth Action Partners to develop joint initiatives, we found little evidence of significant collaboration. Although the Community Partnerships had generally supported Reality Check efforts and included their coordinator in meetings, there was no evidence of any Community Partnership working with Reality Check to plan and implement a joint initiative. Beginning with the new contracts for Community Partners in late 2004, there is one manager for all partners within each of NYTCP's eight program areas, rather than separate managers for Reality Check and Community Partnerships. This change in management helps foster collaboration

across partners. More recent data from the CAT system indicate that there is more extensive planning and joint strategies between Community Partnerships and Reality Check Youth Action Partners.

- Maintaining a positive and productive relationship with the local health departments appears to be critical to the ongoing success of the Community Partnership but was difficult to achieve. Because the health departments are a component of the executive branch of each county government, they were often in the position of following the lead of the County Executive, even when it was counter to tobacco control efforts.

Findings indicated that the relationship between each Community Partnership and NYSDOH, while very strong in some places, could be improved. Input from the Community Partnerships included the following:

- Community Partnership members were concerned about what they perceived to be a shift in NYTCP priorities away from more local control of activities. The state has developed statewide initiatives, such as ASP, that require the participation of Community Partnerships and Reality Check Youth Action Partners. However, findings from this study suggest that Community Partnerships are more focused and productive when they are participating in specific initiatives. In addition, impressions we have gathered from Community Partnerships since the time of the sentinel site study indicate that there is enthusiasm for ASP, as it makes Community Partnerships feel as though they are part of a larger initiative that has the potential to have an impact statewide.
- Respondents noted that NYTCP uses a “top down” model to implement local tobacco control efforts and characterized this as a “cookie cutter” approach. Many expressed the desire for NYTCP to provide support and guidance for local tobacco control efforts but also to allow more flexibility in what activities communities undertake. The program has responded by investing greater resources into training for local tobacco control efforts by establishing a Tobacco Control Training contract that will provide training services to the staff of 135 local tobacco control partners through regional, subregional, and statewide training opportunities.
- Communication between the state and Community Partnerships could be improved. Misperceptions of the shift in NYTCP’s focus were apparent and could be addressed through enhanced communication. This issue has been actively addressed by NYTCP since this study by convening meetings more regularly with the Community Partnerships and Area Managers, but it is unknown what impact this has had on the Community Partnerships’ understanding of NYTCP priorities.

Enforcement of ATUPA

We observed that the levels of tobacco retailer compliance with ATUPA fell far short of what is needed to reduce access to cigarettes and curb youth smoking. However, in light of the evidence base, we did not recommend increasing funding for enforcement. Given the statutory requirement to “direct the most efficient allocation of state resources. . . to accomplish the maximum prevention and reduction of tobacco use among minors and adults,” we could not support additional investment in enforcement activities.

Other Program Components

In 2004–2005, the program continued to actively build its capacity by releasing additional requests for applications (RFAs) and requests for proposals (RFPs). In May 2004, NYTCP issued an RFP for Tobacco Control Training Services. The purpose of this RFP was to establish a contract to provide training services to the staff of the 135 local tobacco control partners through regional, subregional, and statewide training opportunities. Training topics will include project management, public speaking, and a wide variety of tobacco control issues. The program awarded a 5-year contract to Cicatelli Associates of New York City for \$480,000, however, the contract had not yet been executed as of August 2005.

On February 2, 2005, NYTCP released the Promising Tobacco Control Interventions RFA, and applications were due April 2005. The purpose of this effort is to fund projects that will explore the effectiveness of promising, but unproven, tobacco control interventions. Contracts have not yet been awarded. The Promising Interventions RFA requires that projects include a rigorous evaluation component to demonstrate effectiveness. As a result, RTI will not evaluate these projects.

On February 23, 2005, the program released the Tobacco-free Schools Support Programs RFA and received 40 applications on May 26, 2005. The purpose of this RFA is to establish programs that will provide technical assistance and training to school districts across the state on the formulation and implementation of tobacco-free school policies that meet the requirements of state and federal law. Technical reviews of the applications were completed during the week of June 20, and the program made funding recommendations in early July, 2005. The funded school partners will conduct similar work across the state, and RTI will modify the CAT system to capture activities performed by these new partners. Baseline data collection is scheduled for spring 2006.

2.2.3 Addressing Programmatic Goal-Oriented Evaluation Findings

In addition to findings and recommendations that pertain to the quality of the program's strategic approach and implementation of tobacco control interventions, we presented findings in the 2004 IER from analyses of existing evaluation data systems. These analyses addressed the four primary programmatic goals and pointed out gaps in knowledge and other opportunities for the program to adjust its strategies. In this section, we revisit these findings and discuss any changes the program has made to address these findings.

Goal 1: Eliminate Exposure to Secondhand Smoke

Exhibit 2-8 summarizes our findings and recommendations from the 2004 IER as they pertain to Goal 1. Our primary conclusion in the 2004 IER was that compliance with the statewide CIAA was high soon after the law took effect on July 24, 2003. However, we noted that compliance in bars lagged behind other affected venues and that continued compliance monitoring was warranted. In addition, our findings indicate that although only

Exhibit 2-8. 2004 IER Findings and Recommendations for Goal 1

| Goal 1: Eliminate exposure to secondhand smoke. | |
|--|--|
| Finding | Recommendation |
| Approximately 10 percent of workers reported exposure to SHS despite the fact that the CAAA prohibits smoking in virtually all workplaces. | Identify workplaces where 10 percent of workers continue to be exposed to SHS to explore where and why this exposure continues. |
| Compliance with the CAAA was generally high soon after implementation; however, compliance in bars lagged behind other venues. | Continue to monitor compliance, especially in bars. |
| The CAAA appeared to have no adverse economic data based on the available measures (sales tax receipt data for bars and restaurants were not available at the time). | To gain a more thorough understanding of the economic impact of the law, examine sales tax data to understand the impact of the CAAA on businesses. |
| Exposure in homes and cars is now the primary source of exposure to SHS. | Programmatic efforts should increasingly focus on educating New Yorkers about the dangers of SHS to promote voluntary restrictions on smoking in homes and cars. Countermarketing efforts are one such strategy to promote these restrictions and to increase New Yorkers' understanding of the health risks associated with exposure to SHS. Research should explore the factors associated with voluntary restrictions on smoking in these settings to understand how the program can engage in activities that promote these restrictions. |
| Youth reported higher rates of exposure to SHS. | Examine the 2004 YTS data to understand the possible effects of the CAAA on youth exposure to SHS. |
| Data suggest that New Yorkers did not fully understand all of the risks associated with exposure to SHS, especially the risk of heart disease and sudden infant death. | NYTCP efforts to eliminate exposure to SHS should focus on educating New Yorkers about the dangers of SHS to promote voluntary restrictions on smoking in homes and cars. |

10 percent of workers reported exposure to SHS, this level was higher than expected considering the comprehensive CAAA that prohibits smoking in virtually all workplaces. We recommended that future evaluation of the public health impact of the CAAA should focus on identifying workplaces where workers continue to be exposed to SHS to explore where and why this exposure continues.

Our analyses also suggested that the CAAA was not having an adverse economic effect on the hospitality industry, although key indicators of economic impact, such as sales tax receipt data (a measure of economic activity), were not available at the time. We recommended analyzing these data more fully to understand the impact of the CAAA on businesses that may be potentially affected (positively or negatively), such as bars and restaurants.

Our research found that exposure in homes and cars is now the primary source of exposure to SHS. Thus, we recommended that programmatic efforts should focus increasingly on promoting voluntary restrictions on smoking in homes and cars.

Analyses in the 2004 IER also suggested that New Yorkers did not fully understand all of the risks associated with exposure to SHS, especially the risk of heart disease and sudden infant death. We also found that youth reported higher rates of exposure to SHS, and we recommended examining the 2004 Youth Tobacco Survey (YTS) data to understand the possible effects of the CIAA on youth exposure to SHS.

Response to Recommendations. With respect to continued monitoring of compliance, the program discontinued direct observation of compliance 1 year after the CIAA went into effect. However, NYTCP can rely on data from the New York ATS to provide indirect measures of compliance with the CIAA in bars and restaurants. The analyses presented below illustrate if compliance has remained at relatively high levels.

We also recommended examining sales tax data to understand the impact of the CIAA on businesses. In response to a request by state legislators, the Office of Tax Policy Analysis in the Department of Tax and Finance conducted an analysis of sales tax receipt data, which we present in Chapter 4.

Our description of countermarketing efforts above demonstrates that the program is actively addressing the recommendation to focus on exposure to SHS in homes and personal vehicles.

Finally, analyses of the 2004 YTS on exposure to SHS are presented in Chapter 5 and will illustrate changes in self-reported exposure to SHS after implementation of the CIAA.

Goal 2: Decrease the Social Acceptability of Tobacco Use

Exhibit 2-9 summarizes findings and recommendations from the 2004 IER as they pertain to Goal 2. There were three primary findings: tobacco advertising and promotions are ubiquitous, and the tobacco industry exposed New Yorkers to an estimated \$830 million in advertising and sponsorships; countermarketing efforts, when active, only reached one third of New Yorkers; and there are several knowledge gaps illustrated by data from the New York ATS. We recommended that NYTCP aggressively combat tobacco advertising and promotions; that they strive to reach 60 percent of New Yorkers with their countermarketing efforts; and that they consider addressing smokers' knowledge gaps, particularly around misperceptions of the benefits of low-tar or light cigarettes.

Exhibit 2-9. 2004 IER Findings and Recommendations for Goal 2

| Goal 2: Decrease the social acceptability of tobacco use. | |
|---|--|
| Finding | Recommendation |
| New York youth and adults are frequently receiving and/or exposed to advertisements and promotions from the tobacco industry. We estimated that the industry exposed New Yorkers to \$830 million of advertising and promotions in 2002. For example, 40 percent of adult smokers received gifts or special offers, and 50 percent received a special price offer. In addition, 70 percent of youth indicate frequently being exposed to advertising in retail outlets. | Redouble efforts to counter ubiquitous tobacco marketing and promotions, including combating the influence of smoking in the movies. Invest more aggressively in effective countermarketing, community education, and specific interventions to reduce, eliminate, or otherwise address tobacco company marketing efforts. |
| Only one third of New Yorkers recalled seeing specific NYTCP advertisements in the second quarter of 2004, when eight advertisements were on the air. | Set a goal of awareness of specific NYTCP advertisements of 60 percent of New Yorkers. Countermarketing efforts should include messages consistent with best practices and should be planned far enough in advance to permit coordination with other program efforts, such as community mobilization. Longer-term planning for countermarketing efforts will also aid the evaluation because it will permit us to modify the ATS and other surveys to include knowledge and attitude questions that are consistent with the targeted media messages. |
| Smokers' knowledge and understanding of the health risks of tobacco is inadequate. More than half of smokers overstate the benefits of low-tar or light cigarettes; nearly one quarter fail to recognize that smoking increases the risk of lung cancer; and one third underestimate the benefits of cessation. | Address these significant knowledge deficits and misperceptions with countermarketing and other efforts to correct gaps in knowledge. |
| Findings also indicate widespread support (70 percent) among adults for not allowing smoking in movies rated G, PG, and PG-13, and nearly two thirds believe that smoking in the movies encourages youth smoking. More than half of middle and high school students report frequently seeing smoking in the movies. | NYTCP's Smokefree Movie Initiative should continue as it may have raised awareness of this issue. It is a well-placed program priority, given the exposure of youth to smoking in movies and the impact of that exposure on youth initiation. |
| We found a relatively low level of awareness of specific NYTCP advertisements; only half of adults recall hearing or seeing messages about "places to get help in quitting." | Implement additional activities to promote the Quitline and other services for smokers who want to quit. |

Response to Recommendations. NYTCP has undertaken a number of activities that are consistent with our recommendations. First, the program launched the ASP initiative, aimed at reducing retail tobacco advertising and promotions; periodical advertising; sponsorship and corporate giving; and promotion in movies, adult facilities, and through the mail in New York State. Second, as described above, the program has made significant strides to improve its countermarketing efforts. Although the program has not begun to develop a strategy to correct the misperceptions of the benefits of low-tar cigarettes, this recommendation was not tied to a specific time frame, and addressing this knowledge gap is not necessarily a top priority for the countermarketing efforts. Below, we provide more detail about the program's efforts to address tobacco advertising and promotions.

Addressing Tobacco Advertising, Sponsorships, and Promotions. In the 2004 IER, we found that youth and adults in New York are exposed to increasing amounts of tobacco industry advertising and promotions. The most recently available data indicate that the tobacco industry exposed New Yorkers to \$830 million of advertising and promotions in 2002. The 2004 IER findings indicated that youth and adults were receiving and were receptive to these advertisements and promotions, and they are having their intended effect of normalizing and promoting tobacco use. Our findings suggested that the program redouble its efforts to counter ubiquitous tobacco marketing and promotions, including combating the influence of smoking in the movies, and to correct gaps in knowledge and attitudes related to the dangers of smoking, the benefits of quitting and effective quitting strategies, and the role of nicotine in smoking and in quitting. To do this, we recommended that the program invest more aggressively in effective countermarketing; community education; and specific interventions to reduce, eliminate, or otherwise address tobacco company marketing efforts.

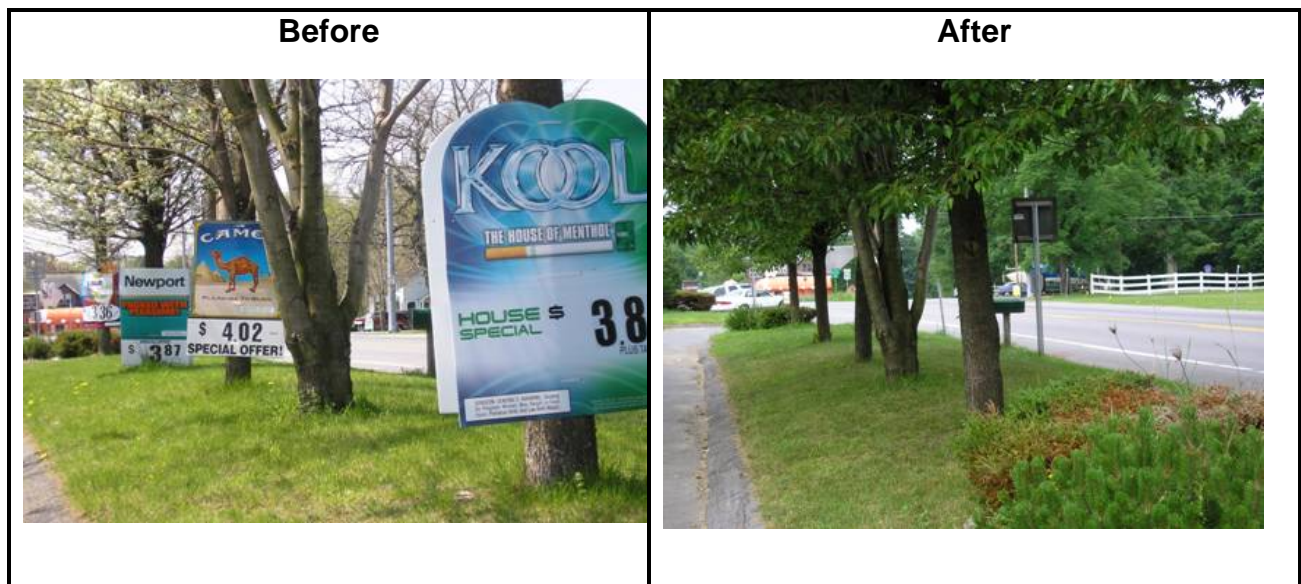
In January 2005, NYTCP introduced the ASP statewide initiative to counter the industry's advertising, sponsorship, and promotion of tobacco products in New York communities. The ASP initiative addresses five types of tobacco marketing:

- Point-of-purchase advertising
- Periodical advertising
- Commercial sponsorship and corporate giving
- Smoking and tobacco product placement in movies
- Actions to circumvent the MSA restrictions

Currently, Community Partners' work aims to raise awareness of the extent of tobacco advertising, sponsorship, and promotion in these various settings and the influence it has on youth and adult tobacco use. They also work to build support for the eventual elimination of tobacco advertising at the point of sale, in periodicals, and in movies.

Point-of-Purchase Advertising. The tobacco industry devotes significant resources to promoting tobacco in retail outlets, with point-of-purchase advertising, price discounts, purchase promotions (e.g., buy two, get one free), and retailer incentives. Partners are assessing tobacco point-of-purchase advertising in their communities, holding press events to announce the launch of various ASP point-of-purchase initiatives, educating community members about the impact of tobacco point-of-purchase advertising, and mobilizing the community to take action against tobacco point-of-purchase advertising. Partners are also conducting tobacco point-of-purchase interventions with retailers to reduce and eliminate point-of-purchase advertising and using earned and paid media to achieve all of these tobacco point-of-purchase advertising objectives. For example, Exhibit 2-10 illustrates how retailers may respond when Community Partners draw attention to the extent of tobacco advertising in the community. In this case, a local newspaper wrote an article following a Community Partner press release and as a result of the article, a local retailer removed some of their outdoor advertising.

Exhibit 2-10. Retail Advertising Before and After a Community Partner Press Release



Periodical Advertising. Cigarette advertising in magazines and newspapers has been a staple of the tobacco industry's efforts to promote smoking for decades. Funded Community Partners will implement activities to reduce tobacco advertising in magazines and newspapers. A number of studies have shown that youth's exposure to cigarette advertising in magazines is a risk factor for smoking (Biglan and Cody, forthcoming). Reality Check Youth Action Partners have taken the lead on this aspect of the ASP initiative, with other

partners playing supporting roles. Reality Check Youth Action Partners are working to decrease advertising in periodicals by

- working with school libraries to conduct assessments of tobacco advertising in magazines,
- holding press events to announce the launch of the magazine initiative,
- educating schools and communities about tobacco advertising in magazines,
- mobilizing schools to take action against tobacco advertising in magazines, and
- using earned and paid media to educate the community about the impact of tobacco advertising in magazines.

Of notable mention is the survey conducted by the Reality Check Youth Action Partners of 223 middle and high schools that documented that more than 70 percent of the school libraries had copies of *Time*, *Newsweek*, *People*, and *Sports Illustrated* with tobacco advertising. These findings aided efforts by New York Attorney General Eliot Spitzer and the National Association of Attorneys General in reaching an agreement that was announced on June 20, 2005, with two national magazine publishers to eliminate tobacco advertising from school library editions of four major magazines with high youth readerships. The agreement was reached with Time, Inc. (which publishes *Time*, *People*, and *Sports Illustrated*) and Newsweek, Inc. (which publishes *Newsweek*). It is not clear, however, how much this will reduce youth's exposure to tobacco advertising in magazines. In addition, it is uncertain how the program's efforts will lead to a significant reduction in youth's exposure to tobacco advertising in magazines and/or change youth's knowledge, attitudes, and beliefs.

Commercial Sponsorship and Corporate Giving. Partners are also conducting activities to decrease commercial promotions, sponsorship, and corporate sponsorship/giving by the tobacco industry. These activities include

- increasing awareness among community members about the impact of tobacco industry promotion on tobacco use and youth initiation through educational presentations in school and community events and earned and paid media;
- conducting sponsorship/corporate giving interventions with community organizations; and
- identifying tobacco promotional events that take place in bars, fraternities, and "adult only" facilities.

As an example of the last activity, Community Partners are signing up to receive promotional materials from the six major tobacco companies to identify opportunities for interventions in these venues. Partners are also providing positive feedback to organizations by organizing and holding area-wide recognition events acknowledging organizations that have policies prohibiting tobacco commercial sponsorship and corporate sponsorship/giving.

Smoking and Tobacco Product Placement in Movies. Reality Check Youth Action Partners conduct a number of activities to draw attention to the issue of smoking in the movies:

- Writing letters to members of the Motion Picture Association of America (MPAA), Director's Guild, and Hollywood celebrities
- Distributing "tobacco use alert" flyers at local movie rental stores and inside video cartridges, on pizza boxes, and at various other locations
- Holding smoke-free movie nights to educate teens about smoking scenes in movies
- Calling and visiting movie rental businesses to request smoke-free movies
- Educating community organizations on the issue of smoking in the movies

These efforts are part of a larger national effort that includes other state tobacco control programs, the national Parent Teacher Association (PTA), the American Association of Pediatricians, the American Legacy Foundation, and the Campaign for Tobacco-Free Kids. The short-term goal of these activities is to increase awareness among community members, key opinion leaders, and Hollywood leaders about the impact of smoking in movies on youth initiation and tobacco use. The ultimate goal of these activities is to decrease the number of movies rated G, PG, and PG-13 that contain smoking or tobacco product placement.

Our assessment of the ASP initiative is that it is addressing an important topic—the widespread advertising and promotion of tobacco in movies, the retail environment, and other venues. Youth are widely exposed to cigarette brands and images of people smoking in the movies (Sargent et al., 2001), and recent studies have demonstrated that these images are associated with cigarette experimentation and initiation (Dalton et al., 2003). As described above, Reality Check Youth Action Partners are engaging in efforts to raise awareness of the problem of smoking in the movies in their communities in addition to trying to influence policies in Hollywood. Because this is a new and innovative initiative, we do not have a literature base to indicate how effective these activities (as well as activities by other states and national organizations) may be in pressuring the MPAA to rate movies with smoking "R." However, achieving policy change often takes years, as was the case for smoke-free workplaces. We may, however, observe shorter-term measures of impact, such as the number of schools that have policies to run only smoke-free movies and the percentage of parents who limit the number of movies their children see that contain smoking.

Turning to the aspect of the ASP initiative that aims to reduce the amount of tobacco advertising in the retail environment, one study found that among seventh grade students, experimentation with smoking was 38 percent more likely for those reporting weekly visits

to convenience stores and remembering cigarette advertisements (Schooler, Feighery, and Flora, 1996). A similar study showed that even after controlling for a wide range of social influences to smoke, weekly visits to convenience stores were associated with a 50 percent increase in the odds of ever smoking (Henriksen et al., 2004). These studies suggest that reducing youth's exposure to tobacco advertising in retail environments may reduce experimentation with cigarettes. As demonstrated anecdotally above, the ASP initiative has the ability to reduce tobacco advertising in the retail environment. However, it remains to be seen whether NYTCP can reduce youth's exposure to retail tobacco advertising sufficiently to have a meaningful effect on youth smoking. In addition, it is not clear from the literature how much retail tobacco advertising would have to decrease to have an effect on youth smoking.

In summary, we praise the program for implementing a major initiative to combat the pervasive influence of tobacco advertising and promotions. It is not yet certain, however, that this initiative can achieve its stated objectives.

Goal 3: Promote Cessation from Tobacco Use

In the 2004 IER, we noted that NYTCP's approach to cessation is well grounded in evidence-based strategies. We also noted that the program made recent enhancements to its approach, with the addition of NRT distribution to the Quitline and the establishment of 19 Cessation Centers. Overall, none of the 2004 IER findings suggested that the program needed to alter its current strategy. The primary constraint in making progress in promoting cessation is having sufficient resources to support the evidence-based strategies. We did present several findings that point out opportunities for the program to invest in additional or complementary efforts (see Exhibit 2-11). For example, fewer than 6 in 10 smokers are aware of the Quitline, suggesting that greater promotion of the Quitline is needed. However, increased promotion of the Quitline would likely lead to demand that the program cannot currently support. In addition, if we find (when 12-month follow-up data are available) that the program's distribution of NRT via the Quitline leads to higher rates of successful smoking cessation, the program will need additional resources to reach a significant proportion of smokers who are prepared to quit.

We also found that substantial numbers of New York smokers are using cessation strategies that are not optimal or may even be counterproductive (e.g., switching to light cigarettes). To address this knowledge gap, we recommended informing smokers about effective cessation strategies through media messages, the Quitline, and Community Partners.

With respect to health care provider encouragement of smoking cessation, we found that among smokers who visited a health care provider in the past year, 88 percent were asked if they currently use tobacco and 71 percent were advised to quit. At the time of the 2004 IER, NYTCP had already begun establishing 19 Cessation Centers that will encourage greater involvement of health care providers in smoking cessation. The Cessation Centers will

Exhibit 2-11. 2004 IER Findings and Recommendations for Goal 3

| Goal 3: Promote cessation from tobacco use. | |
|--|---|
| Finding | Recommendation |
| Our findings identified clear gaps in smokers' knowledge of effective cessation strategies (e.g., 11 percent reported switching to light cigarettes). | We recommended disseminating information about effective cessation strategies through media messages, the Quitline, and Community Partners. |
| Less than 6 out of 10 smokers are aware that New York has a Quitline. | We recommended increasing efforts to promote the Quitline if supported by additional program resources. |
| Our findings identified a low rate of successful cessation among those who attempt to quit. | We recommended adding resources to the program so that it can serve additional smokers via the Quitline (beyond 6 percent of smokers) and increase the effectiveness of smokers' quit attempts with NRT by increasing efforts to expand the availability of free or low-cost NRT to the population. |
| Less than half of smokers were advised by a health care provider to quit. | This finding validates the program's investments in the 19 Cessation Centers that will promote the adoption of reminder and other systems within health care provider organizations, designed to encourage providers to consistently support smokers' efforts to quit by providing cessation advice and assistance. |
| Medicaid recipients were less likely to be successful at maintaining a cessation attempt than other adults. This result is important because smoking rates are higher in lower-income populations. | We recommended the program continue efforts to increase the use of NRT, increase awareness of cessation-related media messages, increase insurance coverage for NRT, and increase employer support for cessation services for employees. |

accomplish this by providing technical assistance and support for putting systems in place that will screen all patients for tobacco use and prompt providers to offer advice to quit to those who use tobacco. Thus, among smokers who visit a health care provider, we expect to see a greater percentage reporting being asked if they use tobacco and advised to quit. However, the Cessation Centers will only have an impact on the 62 percent of smokers who visit a health care provider.

Finally, with respect to the Medicaid population, our data indicated that although a greater proportion of Medicaid recipients reported having made a quit attempt in the past 12 months than non-Medicaid recipients, Medicaid recipients were less successful in maintaining quit attempts. This result is important because smoking rates are higher in lower-income populations. It also validates the program's objective to promote cessation among low-income smokers. It is important to note that Medicaid does not currently support counseling for smoking cessation, an evidence-based strategy that could lead to more effective quit attempts for this population.

Response to Recommendations. In light of the recent enhancements to cessation efforts, such as the 19 Cessation Centers and the distribution of NRT via the Quitline, NYTCP is adequately addressing our key recommendations from the 2004 IER.

Goal 4: Prevent Initiation of Tobacco Use Among Youth and Young Adults

NYTCP's overall programmatic approach to reducing smoking initiation among youth and young adults involves influencing community and adult norms that in turn affect youth smoking behavior. This approach recognizes the strong link between youth smoking and social normative influences, such as peer and parental smoking, the glamorization of smoking in the movies, and other contextual factors. These contextual dimensions are focal points of other NYTCP goals and objectives as outlined in the Strategic Plan whereby all initiatives undertaken by NYTCP in every other goal area are expected to have an impact on youth and young adult smoking. For example, eliminating exposure to SHS (Goal 1), decreasing the social acceptability of tobacco use (Goal 2), and promoting smoking cessation (Goal 3) are expected to encourage the adoption of negative attitudes toward tobacco, reduce and denormalize tobacco use among adults, and contribute to the prevention of smoking initiation among youth and young adults.

In addition to these more indirect routes to influencing youth smoking, the program established two strategies within Goal 4 that involve activities that have the potential to have more direct effects: increasing cigarette prices by increasing cigarette excise taxes and increasing statewide retailer compliance with ATUPA, which restricts youth access to tobacco. The literature shows a strong influence of price on youth smoking, but it is not clear how the program can successfully increase low cigarette excise taxes.

Findings from the 2004 IER focused on youth access. Exhibit 2-12 summarizes findings and recommendations from the 2004 IER as they pertain to Goal 4. The findings demonstrated that despite several years of increased enforcement activity of youth access laws, New York youth are no more likely than youth in the rest of the United States to be asked for proof of age while purchasing cigarettes or to be refused cigarettes because of age. In total, the evidence suggests that current efforts to enforce youth access laws may not be sufficient to curb youth access to cigarettes or to reduce youth tobacco use. In light of the available data and the state of the literature on youth access enforcement, we found that current enforcement efforts may not be sufficient to curb youth access to cigarettes or to reduce youth tobacco use. The literature suggests that retailers need to be monitored four to six times per year—much more than the annual compliance checks currently in place—to curb youth access to tobacco effectively. In light of the evidence for the effectiveness of youth access enforcement and the likely opportunity cost of investing additional available resources in enforcement, we did not recommend increased enforcement effort. As a result, we did not have specific recommendations for Goal 4 from the 2004 IER.

Exhibit 2-12. 2004 IER Findings and Recommendations for Goal 4

| Goal 4: Prevent initiation of tobacco use among youth and young adults. | |
|--|---|
| Finding | Recommendation |
| Despite several years of increased enforcement activity of youth access laws, New York youth are no more likely than youth in the rest of the United States to be asked for proof of age while purchasing cigarettes or to be refused cigarettes because of age. | The literature suggests that retailers need to be monitored four to six times per year, much more than the annual compliance checks currently in place. However, in light of the evidence base, we did not recommend increasing funding for enforcement. Given the statutory requirement to "direct the most efficient allocation of state resources... to accomplish the maximum prevention and reduction of tobacco use among minors and adults," we could not support additional investment in enforcement activities. |

2.3 Summary of Progress in Addressing 2004 IER Recommendations

We assessed programmatic changes since the 2004 IER, paying particular attention to how NYTCP addressed recommendations made in the 2004 report. Overall, we found that the program has acted decisively to address these recommendations by

- expending a greater proportion of available resources to NYTCP;
- substantially improving countermarketing efforts by
 - developing a media plan and schedule,
 - placing greater emphasis on coordinating media with other programmatic efforts, and
 - airing antismoking ads with more intense imagery and stronger emotional appeals; and
- developing a new initiative to counter tobacco advertising, sponsorships, and promotions.

The program has also made a number of other changes, not specifically tied to recommendations from the 2004 IER. In January 2005, the program updated its Draft Strategic Plan. The changes involved refining its Strategic Plan to respond to expanding programmatic activities and changes in the tobacco control landscape, notably the successful implementation of the CIAA and a continued increase in tobacco advertising and promotions. In addition, the plan now has more specific and measurable programmatic objectives. The program also successfully procured a contract to distribute NRT starter kits through the Quitline. Experience from New York City suggests that this new feature of the Quitline will have a positive effect on cessation outcomes for those who receive the starter kits.

Although the program has made significant progress in addressing the recommendations from the 2004 IER, some challenges remain. For example, as part of the launch of community-based ASP initiative activities, the program had planned to develop and implement NYSDOH-created antismoking ads to complement the community-based activities; however, delays in departmental approval prevented NYTCP from achieving this coordination with statewide media. Barriers to implementing the statewide media appear to be similar to those noted in the 2004 IER. Despite this barrier, the program was able to air complementary NYTCP-approved media through its Community Partners. The program also failed to air antismoking messages for the last two quarters of 2004 because of a 6-month contract delay for the media buying contract. During this same time, there was a slowdown in Community Partner activities because of contracting delays, similar to those noted in the 2004 IER. The impact of these gaps in programmatic activities will be examined in subsequent chapters.

Finally, although the changes to the program's countermarketing efforts are quite positive, the program's media plan requires a better articulation of short-term objectives for the media efforts. In other words, what knowledge, attitudes, and beliefs does the program expect will change as a result of the planned media?

3. EVALUATION STUDIES AND METHODS

In RTI's first Independent Evaluation Report (IER), we described the many evaluation and surveillance systems that were in place to support a comprehensive evaluation of the New York Tobacco Control Program (NYTCP). In this chapter, we describe new evaluation activities put in place since our last report and essential details (e.g., sample size, timing) of all key evaluation studies that support this report. In addition, we provide an overview of our analytic approach to evaluation.

3.1 Evaluation Studies

Because NYTCP is large and complex, the data needs for evaluation are extensive and diverse. Relevant ongoing data collection activities include the following:

- Adult Tobacco Survey (ATS), administered quarterly with data available from the third quarter of 2003 (Q3 2003) to the first quarter of 2005 (Q1 2005) for the current report
- ATS 1-year longitudinal follow-up surveys: smokers and former smokers are surveyed approximately 1 year after they are initially surveyed in the ATS
- Youth Tobacco Survey (YTS) from 2000, 2002, and 2004
- Monthly tax-paid cigarette sales data for New York State and New York City
- Longitudinal evaluation survey of youth aged 13 to 16, spring/summer 2005
- Web-based Community Activity Tracking (CAT) system
- Community sentinel site study
- News media (clipping) tracking study to monitor tobacco-related news articles
- Monitoring of cigarette advertising and promotional activities in retail environments
- Employee health study
- Health care provider and provider organization surveys
- Substance abuse treatment facility surveys of tobacco use policies and treatment practices
- Quitline call volume data
- Various extant secondary data sources

In the remainder of this section, we briefly describe relevant details for the data presented in this report.

3.1.1 Adult Tobacco Surveys

The ATS was initially developed by the Centers for Disease Control and Prevention (CDC) and then adapted to New York's needs by the program in partnership with RTI. The survey was first fielded on June 26, 2003, by RTI. The target population for the ATS is adults aged 18 and older living in residential households in New York. The purpose of the ATS is to monitor progress toward program goals by measuring tobacco use behaviors and attitudes and related influences on tobacco use. In addition, the survey monitors awareness and use of NYTCP activities and services. The New York ATS contains data on approximately 2,000 adults; Exhibit 3-1 summarizes sample sizes for each quarter of data collection.

Exhibit 3-1. ATS Sample Sizes per Quarter, Q3 2003 to Q1 2005

| Survey Quarter and Year | Dates of Survey Administration | Sample Size |
|-------------------------|--------------------------------|-------------|
| Q3 2003 | June–September 2003 | 1,894 |
| Q4 2003 | October 2003–January 2004 | 2,063 |
| Q1 2004 | January–April 2004 | 1,849 |
| Q2 2004 | April–June 2004 | 2,346 |
| Q3 2004 | July–September 2004 | 2,014 |
| Q4 2004 | October–December 2004 | 2,059 |
| Q1 2005 | February–April 2005 | 1,949 |

3.1.2 Youth Tobacco Surveys

The New York YTS is a state-representative school-based survey of middle and high school students in grades 6 through 12. It includes questions that relate to tobacco use; access to tobacco products; knowledge, attitudes, and beliefs about tobacco; awareness of media messages aimed at promoting and curbing tobacco use; exposure to secondhand smoke; student demographics; and household environment. The YTS was conducted in 2000, 2002, and 2004. Exhibit 3-2 summarizes the sample sizes by year.

Exhibit 3-2. YTS Sample Sizes by Middle School and High School and Year

| YTS Survey Year | Middle School | High School | Overall |
|-----------------|---------------|-------------|---------|
| 2000 | 4,196 | 4,669 | 8,919 |
| 2002 | 4,445 | 3,635 | 8,124 |
| 2004 | 4,301 | 3,963 | 8,325 |

3.1.3 Monthly Tax-Paid Cigarette Sales

Tax-paid cigarette sales data can be a timely measure of smokers' responses to policies and programs because they are available monthly and annually. Monthly data for New York can be obtained directly from New York State, whereas data from other states come from the *Tax Burden on Tobacco* series, a historical compilation of cigarette sales, taxes, and prices (Orzechowski and Walker, 2004).¹ However, because data on all states are not readily available in a timely manner, we contacted relevant authorities in neighboring states to obtain current data on sales trends. Currently, we have cigarette sales data for New York and all surrounding states through December 2004. We have national cigarette sales data through June 2003.

From total cigarette sales, we calculated per capita cigarette sales (in packs) by dividing state tax-paid cigarette sales by state population estimates provided by the U.S. Census Bureau. Annual cigarette sales correspond to the fiscal year ending June 30, and cigarette taxes are adjusted for inflation. Because tax-paid sales do not necessarily reflect actual consumption due to tax evasion, we made adjustments that can account for some of these factors in our analysis (details provided in Section 4.1).

3.1.4 Web-Based Community Activity Tracking System

The CAT data collection system is a Web-based tool designed to facilitate program monitoring for NYTCP and to enable standardized report preparation for funded NYTCP partners. CAT, which NYTCP launched in December 2004, permits Community Partnerships, Reality Check Youth Action Partners, and Cessation Centers to systematically record their annual work plans and monthly progress reports online.

Partners' work plans consist of a wide range of individual strategies. These strategies describe the type of intervention used to influence a given programmatic goal and objective. A single strategy may involve a media campaign with television, radio, and print ads to promote smoking cessation; a tobacco retailer intervention aimed at curbing tobacco promotions; or a community event encouraging families to ban smoking in their homes and cars. The number of strategies entered into CAT provides a general idea of the types of activities that partners are conducting throughout the fiscal year and the programmatic focus of these activities.

A total of 1,920 strategies were entered into CAT for the 2004–2005 fiscal year; the 29 Community Partnerships entered 711 strategies; the 46 Reality Check Youth Action Partners entered 1,025 strategies; and the 19 Cessation Centers entered 184 strategies. Although

¹Through 1998, the *Tax Burden on Tobacco* was produced by the Tobacco Institute, which was disbanded by the Master Settlement Agreement (MSA), along with all other tobacco industry trade groups. The Tobacco Institute reconstituted itself as the economic consulting firm of Orzechowski and Walker in 1999 and continues to produce the *Tax Burden on Tobacco*.

the number of strategies is not a measure of the level of work planned or expended, it provides a picture of the way in which partners plan to work toward the NYTCP strategic goals. The number of strategies provides an idea of the number of different types of activities conducted for each objective, but different strategies involve different levels of planning, implementation, and follow-up. We provide a brief summary of data from CAT entries in this report to describe programmatic goal-specific activities in Chapter 4 to illustrate how partners plan to focus their activities.

3.1.5 News Media Tracking

RTI, in collaboration with NYTCP staff, created a news media tracking system to monitor tobacco-related issues of interest to NYTCP that are published in the print news media. Burrelle's Luce New York Clipping Service (Burrelle) collects the news media data in accordance with an RTI-designed protocol that includes a search among all print newspapers written in English and distributed in New York and that excludes, among other things, magazines and penny savers. Burrelle identifies tobacco-related articles using the three-tiered approach from the American Stop Smoking Intervention Study (ASSIST) evaluation (Evans et al., 2003). The first tier includes tobacco key words, the second tier includes restriction/legislative terms, and the third tier includes policy-related key words. RTI coders then review articles delivered by Burrelle to verify that they meet the inclusion criteria, are consistent with the search strategy, and have at least one paragraph dealing exclusively with tobacco-related issues. RTI reviewers code each relevant article with one primary theme (e.g., secondhand smoke and related smoke-free policies), a primary topic (e.g., indoor smoking and bans), and a set of key words and then record the data in the news media tracking system.

The news media tracking data can show the extent of news media coverage of NYTCP efforts and may indicate how news media coverage is helping or hindering NYTCP objectives. In addition, the data can help answer questions concerning how the effects of news media coverage of NYTCP program components and activities translate to short-term, intermediate, and long-term program objectives. In Exhibit 3-3, we present annual and monthly data of news media tracking activity that occurred between February 2004 and January 2005; we focus on articles and advertisements with themes of "Secondhand Smoke and Smoke-free Policies" and "Education, Prevention, and Cessation Programs" and discuss news coverage of local partner activities.

From February 2004 to September 2004, we coded all articles that met the study's inclusion criteria. However, given the volume of articles to code, we investigated the possibility of coding a random sample of all identified articles. Previous research indicated that random sampling would provide comparable results and save resources. As a result, starting in October 2004, we coded a random sample of 50 percent of all identified articles.

Exhibit 3-3. Monthly Number of Coded News Media Articles, February 2004 to January 2005

| | Articles | Advertisements | Total |
|----------------------------|----------|----------------|--------|
| February 2004 | 1,125 | 0 | 1,125 |
| March 2004 | 1,370 | 0 | 1,370 |
| April 2004 | 1,087 | 1 | 1,088 |
| May 2004 | 897 | 135 | 1,032 |
| June 2004 | 958 | 454 | 1412 |
| July 2004 | 759 | 696 | 1455 |
| August 2004 | 587 | 748 | 1335 |
| September 2004 | 582 | 691 | 1273 |
| October 2004 ^a | 330 | 436 | 766 |
| November 2004 ^a | 478 | 450 | 928 |
| December 2004 ^a | 330 | 375 | 705 |
| January 2005 ^a | 221 | 349 | 570 |
| Total | 8,724 | 4,335 | 13,059 |

^aBeginning in October 2004, 50 percent of articles that met the study's inclusion criteria were coded for content themes.

3.1.6 Retail Advertising Tracking Study

NYTCP Community Partnerships, Reality Check Youth Action Partners, and RTI implemented the Retail Advertising Tracking Study (RATS), a surveillance system, in the last quarter of 2004 to assess tobacco advertising and promotions in the stores of licensed tobacco vendors within the state of New York. RTI developed a protocol for measuring community and retailer characteristics, levels of store interior and exterior tobacco advertising, prevalence of ads within 3 feet of the floor or within 12 inches of candy and toys, number of store-owned functional items (such as clocks or shopping baskets), and prevalence of promotions (multipack discount, gifts with purchase, cents-off). In addition, we also measured violations of the Master Settlement Agreement (MSA) and New York Youth Access Laws: stores with exterior signage that exceeds 14 square feet, brand name merchandise free giveaways, self-service displays of tobacco products in unlocked containers located in areas accessible to the public, and compliance with the signage provisions of the Adolescent Tobacco Use Prevention Act (ATUPA).

RTI contracted with Research Diagnostics Inc. (RDI) to collect baseline data following this protocol from a representative sample of 2,250 New York retailers in November 2004. In addition, RTI trained adult members of Community Partnerships and Reality Check Youth Action Partners to collect data from tobacco vendors on a monthly basis. RTI is validating the data from stores monitored by the Community Partners by contracting with RDI to

collect data in 20 percent of the partner stores. Future reports will present data from the validation study and preliminary findings. This report presents findings from the baseline data, including frequencies of type of point-of-purchase advertising and promotions in Section 4.3.

3.1.7 Health Care Provider, Provider Organization, and Substance Abuse Treatment Facility Surveys

RTI's evaluation plan calls for surveys of health care provider organizations and health care providers. The health care provider organization survey effort includes surveys of hospitals and group medical practices. These surveys provide system-level information about adherence to clinical practice guideline recommendations and tobacco cessation services offered and provide a baseline against which RTI can measure progress toward related programmatic goals and objectives. To date, RTI has completed the survey of hospitals, successfully completing 96 surveys or 82 percent of the target sample. The group medical practice survey is in progress, and a survey of health care providers recently began. The latter effort will inform adherence to clinical practice guideline recommendations and tobacco cessation services offered by providers.

A related data collection effort is the Substance Abuse Facility Surveys (SAFS), which are gathering information on the current state of treatment for tobacco dependence provided by substance abuse treatment facilities to their patients/clients and on the facilities' attitudes, beliefs, and concerns regarding tobacco control policies, especially smoke-free campuses. Our data collection plan involves sampling approximately 25 percent (N = 300) of the 1,191 substance abuse treatment facilities in the state. To obtain both an administrative and a clinical perspective, we targeted two participants from each facility: the program director and the clinical/medical director (or head nurse).

To date, 308 surveys have been completed, representing 74 percent of programs (256) and 57 percent of potential respondents. RTI will summarize data from this survey later this year.

3.1.8 Quitline Call Volume Data

The New York State Smokers' Quitline (1-866-NY-QUITS) is located at Roswell Park Cancer Institute (Roswell Park) and supported through the New York State Department of Health (NYSDOH). Roswell Park monitors the type and volume of calls that the Quitline receives on a daily basis, collecting demographic and tobacco-related data from callers. We use Quitline call volume data to assess demand and possible trends in the relationships with other NYTCP programmatic efforts. One feature of the call volume data that is useful for evaluation purposes is the caller's source of referral to the Quitline. Exhibit 3-4 shows the seven sources of referrals to the Quitline, along with some examples for each.

Exhibit 3-4. Quitline Data for New York State, January 2000–April 2005

| Source | Category |
|-----------------------------|---|
| Advertising | Pack of cigarettes, television, radio, Internet, billboard, newspaper, subway, bus |
| Other | 311, workplace, and school/college |
| Family/Friend | Family member, friend |
| Clinic/Health Care Provider | Doctor, health center, and hospital |
| Referrals | Roswell Park, American Cancer Society, American Lung Association, community organizations, NYTCP partners |
| Fax-to-Quit | Fax-to-Quit program |
| Cessation Center/Program | Cessation program in the community |

3.1.9 Quitline Follow-up Surveys

Roswell Park conducted annual follow-up surveys of Quitline callers from 2000 through 2003. However, no surveys were conducted in 2004. The most recent survey began in March 2005—a 3-month follow-up survey of Quitline callers. Random samples of at least 500 subjects who have called for cessation services are reinterviewed at 3 and 12 months after their initial call to the Quitline. Items assessed include process issues, such as receipt of the stop-smoking materials; methods used to quit; and smoking behavior. The main purpose of this survey is to determine how many of the smokers who contacted the Quitline within the past year have stopped smoking. The primary dependent variable is 7-day nonsmoking prevalence. This survey also collects information on methods used to stop smoking and satisfaction with the service.

3.2 Evaluation Methods

Developing and implementing an evaluation of a comprehensive, multifaceted tobacco control program such as NYTCP requires understanding the program and its goals, the context in which the program operates, and the available surveillance and evaluation systems relevant to evaluating progress toward program goals. The key evaluation questions that we aim to address overall and by goal are as follows:

- Are program activities being implemented as planned?
- What are the strengths, weaknesses, and areas for improvement?
- Are limited resources being used efficiently?
- Are program outcomes changing as expected?
- Are outcomes the result of the tobacco control program or other factors?

- How are significant policy and other tobacco control events (independent of the program) influencing program-related outcomes?

In Chapter 4, we tailor these questions to each of the program goals and address additional cross-cutting evaluation questions that are not specific to any one particular goal. In the remainder of this section, we discuss reasonable expectations for the timing of changes in program-related outcomes and briefly describe the analytic methods used in this report to address evaluation questions.

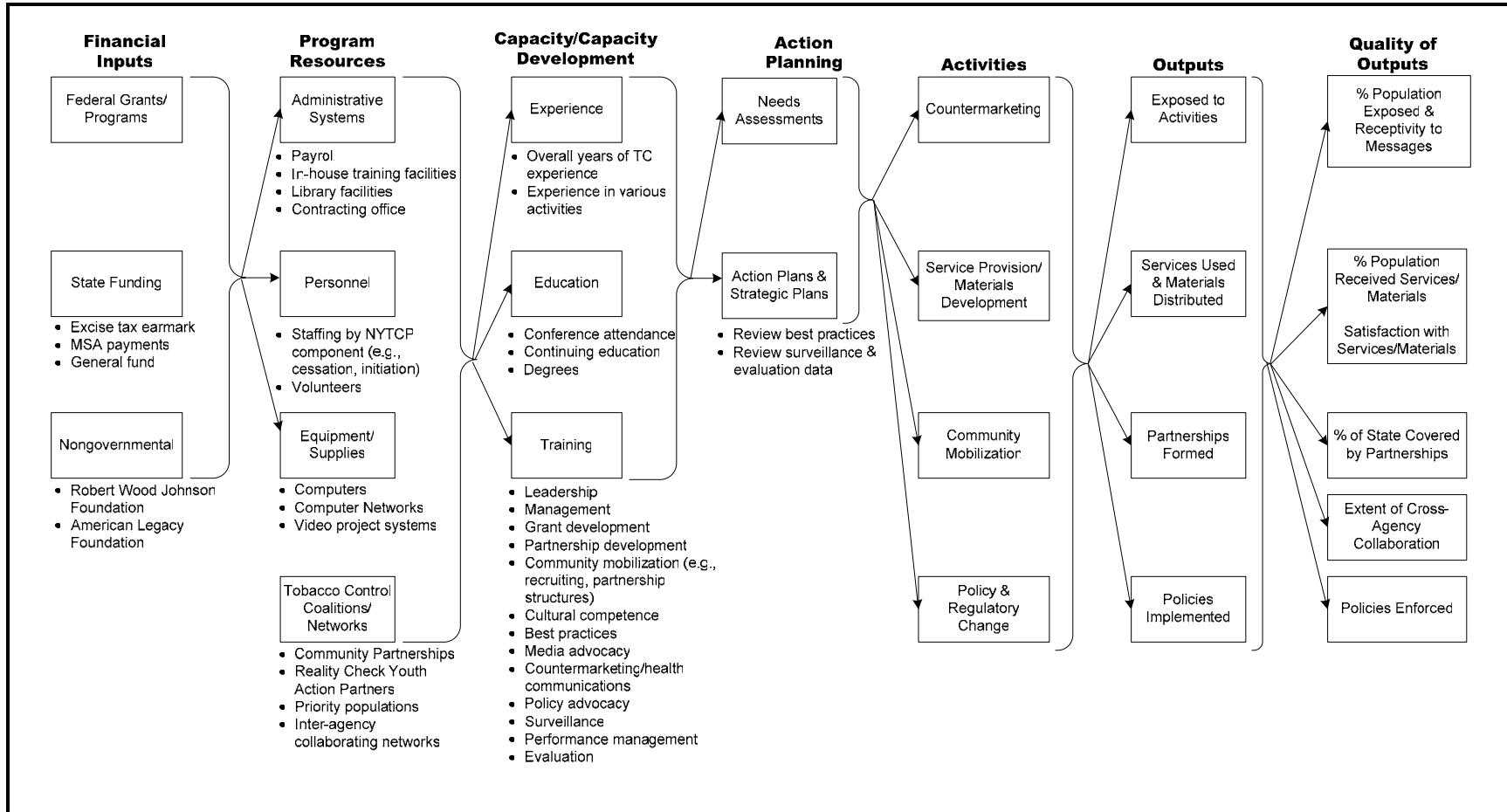
3.2.1 Reasonable Expectations for the Size and Timing of Outcome Changes

To effect change, NYTCP must first transform resources into activities. Next, these activities have to reach the intended target audiences. To understand how these activities can affect behavior, we have to understand how New Yorkers react to these activities: Do they find the information salient to their decision to smoke? Are they exposed to the program messages frequently enough to influence their health behaviors? How long does this process take?

In light of the comprehensive design and varied mix of NYTCP activities and objectives, it is important to discuss how resources invested in the program are transformed into activities and how activities can effect behavior change. Exhibit 3-5 illustrates the multistep process of transforming financial resources into activities. This exhibit lists examples of the types of resources and competencies that are needed to effectively implement tobacco control interventions at the state and local levels. Recognizing the importance of enhancing the capacity of the program, NYTCP has established a goal (5) to “build and maintain an effective tobacco control infrastructure.” Building capacity is a key to success because it helps ensure that resources are being used wisely and effectively. However, building capacity takes time. For example, the program recently established 19 Cessation Centers and implemented a new and innovative initiative (Advertising, Sponsorship, and Promotion [ASP]). These new efforts require significant resources by the program to ensure that they are being established consistent with their original design and purpose. To do this, the program needs to review work plans and budgets, provide technical assistance, and educate new partners about the program and its priorities. The development and implementation of the CAT system greatly facilitates our (and NYTCP's) ability to monitor how a significant portion of program resources (by way of Community Partners) is converted into activities and outputs. As we illustrate in subsequent sections of this report, the CAT system allows us to monitor partner activities as they pertain to the four primary programmatic goals.

In addition to monitoring how existing resources are being used, the nature of tobacco control also requires that the program stay informed about and respond to changing tobacco marketing practices that encourage youth smoking, discourage smoking cessation, and promote smoking as a normative behavior. The program also has to periodically review the evidence on the effectiveness of tobacco control interventions to ensure that its current practices are in line with the current data.

Exhibit 3-5. Logic Model of Translating Financial Resources into Tobacco Control Interventions

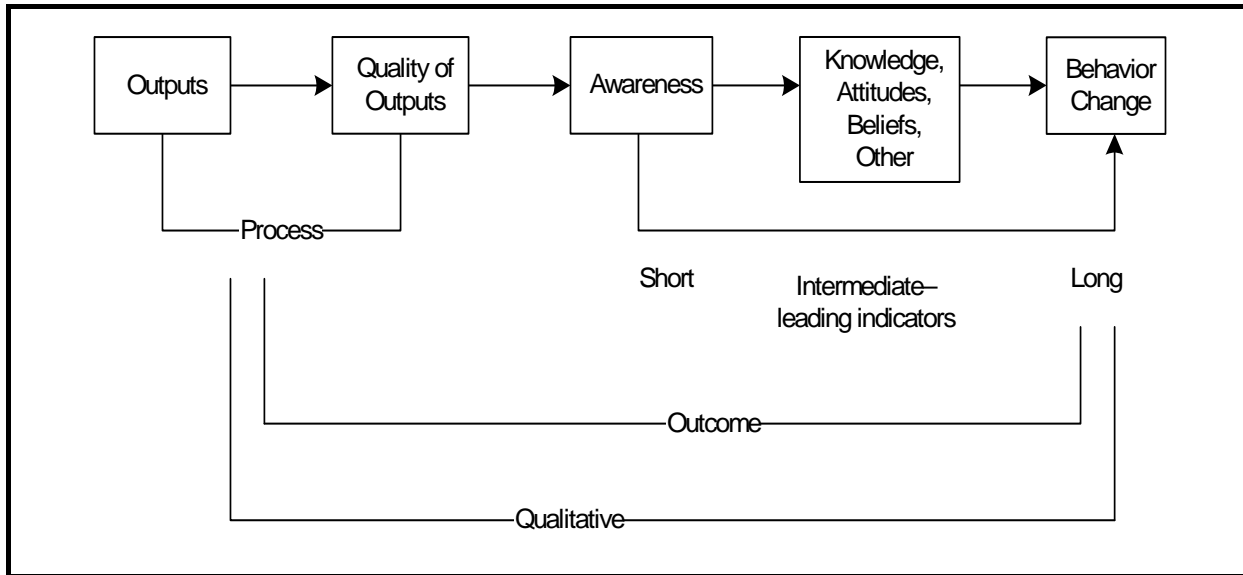


With this information in hand, the program must translate plans into activities and monitor the quality of the implementation of these activities. For example, are target audiences aware of the interventions and are they receptive to the messages? In the last column of Exhibit 3-5, we include measures of the quality of program outputs (e.g., appeal of media messages, quality of collaborations, customer satisfaction with program services and materials). To date, the New York ATS, Quitline customer satisfaction surveys, and the CAT system represent examples of systems that provide some measures of the quality of program outputs. For example, from the ATS, we gauge awareness of and reaction to program-sponsored media messages. Feedback from these systems allows the program to adjust activities and strategies to increase the potential impact of its efforts.

Finally, it is important to measure whether interventions are reaching a significant enough proportion of the target audience to have an impact. Understanding the timing between activities and impact is challenging, however, because the current evidence base does not necessarily provide adequate information about how and when activities will have their intended impact. It is important to note that, even under ideal circumstances, various program interventions will require varying amounts of time to have their desired impact. For example, one would expect that a media campaign has a short-term impact on awareness (within months of implementation) and subsequently influences knowledge, attitudes, and beliefs (within 6 to 12 months) and then behavior (1 to 3 years) (Exhibit 3-6). However, in the case of advocating for policy change, it is more difficult to monitor progress and predict when change will occur. Efforts to promote smoke-free environments in New York began in the early 1990s, and although change did occur incrementally over time, it took more than a decade before there was sufficient support for a comprehensive law such as the current CIAA.

Further complicating our ability to assess the timing of changes in outcomes are the synergies inherent in a comprehensive program design. In other words, we cannot easily trace the specific chain of events that may exist from specific program activities to increases in awareness and decreases in tobacco use to assess effectiveness; therefore, we need to employ additional methods to attribute changes in long-term outcomes, such as increased successful quit rates, to the program.

To accomplish this, we first examine trends to assess whether they are changing in the expected direction. We then compare these trends with reasonable comparison groups, when available. For example, comparing New York with the country as a whole indicates whether trends in New York outcomes reflect average state experiences. However, because comparison data are not available for many of the relevant measures, we have to make informed judgments about the size and timing of changes in program outcomes.

Exhibit 3-6. Simple Evaluation Framework

3.2.2 Evaluation Methods

Following the logic of Exhibit 3-6, our approach to evaluating progress involves assessing program resources and how they have been translated into activities overall and consistent with each of the four primary programmatic goals. Building on this understanding, we then analyze available surveillance data on behavioral determinants (e.g., awareness, attitudes, intentions) and behavioral outcomes (e.g., initiation, cessation). A number of analytic descriptive and multivariate strategies are available to assess program impact on intermediate and long-term outcomes. These methods are consistent with those described in the 2004 IER.

Descriptive Techniques:

- Examine trends in self-reported exposure to program activities (e.g., awareness of antitobacco advertisements).
- Examine trends in self-reported outcomes by level of self-reported program exposure (e.g., exposed/not exposed or dose of exposure).
- Examine trends in self-reported program exposure and outcomes by level of program exposure based on external measures.
 - Media market measures of the dose of antitobacco advertisements
 - Number/intensity of Community Partner activities
 - Regional per capita volume of Quitline calls
 - Regional variation in news media coverage of tobacco issues

- Interrupted time-series analysis of changes in program outcomes as policies are changed or new interventions are implemented. For example, pre-post analyses of
 - the effects of the July 24 implementation of the comprehensive CIAA on secondhand exposure,
 - tax-paid sales data in New York State and City after implementation of the excise tax increases, and
 - self-reported cessation behavior once regional Cessation Centers are established and promoted.
- Analyze trends in intermediate and long-term outcomes over time (e.g., quarterly data from the ATS) and contrast with any relevant and available comparison data from other states.

Multivariate Methods:

- Relate self-reported exposure to program activities to self-reported program outcomes in cross-sectional surveys at a point in time and with time-series data, controlling for confounding factors.

The first three descriptive analyses help us understand the basic trends in these important measures. To attribute changes in program outcomes to the program, it is necessary to first document changes in the expected direction for exposure to program activities and targeted outcomes. The other descriptive and multivariate models attempt to correlate exposure to program activities to program outcomes. The heart of these quantitative strategies focuses on the notion that individuals will differ in their exposure to various program activities (e.g., media campaign, Community Partners). By relating these exposures to outcomes, we will better understand how program initiatives work independently and jointly to contribute to the attainment of program goals. For example, adults who work in a smoke-free environment, live in a community with active Community Partners and readily available support for cessation, and are frequently exposed to antitobacco media messages will be less likely to smoke than comparable adults who receive a smaller “dose” of these interventions. This strategy points to the critical importance of having good measures of exposure and awareness of program activities. A similar approach has been used in California (Rohrbach et al., 2002).

By using the mix of program activities across schools, workplaces, communities, and media markets, we can better measure the impact of each program component on key outcomes to determine program successes and failures. In assessing program effectiveness, our evaluation must also attend to the possibility that the context in which these program activities occur will influence program outcomes. Sociodemographic characteristics and the communities' capacity to organize and deliver tobacco control interventions may influence program effectiveness.

We attempt to draw conclusions about program impact using trend analyses, including pre-post analyses, and multivariate analyses, which relate self-reported outcomes to self-reported exposures. We describe these approaches in the following subsections.

Trend Analysis

First, to evaluate the effectiveness of the overall program, aggregate time-series models (trend analysis) can be used to observe if NYTCP implementation has had an effect on the observed trend in a particular aggregate outcome (e.g., smoking rates, tax-paid sales). This type of analysis could be used to examine outcomes specific to a particular program goal (e.g., smoking cessation) and separate program activities individually (e.g., Community Partner efforts, media campaign). However, with such a model, attributing an observed change in trend to any particular program activity is difficult.

This is essentially a type of pre-post model that examines the trend in a specific outcome before and after implementation of the NYTCP. This method implicitly controls for state-level unobserved factors that are time invariant. However, because other unobserved factors, other than implementation of the NYTCP, could have an impact on outcomes, this method provides only weak statements about the program's effectiveness. The strength of causal claims of NYTCP's effectiveness can be enhanced for these types of models (aggregate time-series) by comparing the trend in New York to similar states that have few or no tobacco control program activities.

Multivariate Analysis—Cross-Sectional Data

Second, when sufficient data exist for measuring program exposure and/or awareness and for important outcomes and controls, then more advanced multivariate time-series models can be specified that attempt to attribute observed trends in outcomes to trends in program activities, controlling for possible confounders. This type of model requires repeated cross-sectional surveys (the same variables measured consistently over time). If the same aggregate unit is measured over time (e.g., community, county, school, or school district), then unobserved time-invariant factors associated with that aggregate unit can be controlled for in the analyses. This model allows for stronger causal statements about the effectiveness of the NYTCP.

A single cross-section of data can be used for a correlational analysis. This type of model is best for exploring associations between variables but does not allow causal statements about program effectiveness (except in cases when a strong theory is guiding the analysis, and even then a cautious interpretation of any causal claims is warranted). Multilevel models and/or structural equation models can be specified and estimated using cross-sectional data.

Much of the data available for evaluating the NYTCP come from several repeated cross-sectional surveys like the ATS. Thus, any of the models discussed above can be employed to examine the effectiveness of the NYTCP. However, all of the above models have deficiencies in making causal claims about program effectiveness, especially when the outcomes of interest are at the individual level. To make the strongest causal claims about the impact of NYTCP on individual outcomes (given a nonexperimental design), longitudinal data on individuals are required.

Quantitative methods, while providing evidence of the program's effectiveness, have limitations in explaining the observed effectiveness. Results of the quantitative methods do not always provide answers that are useful to those implementing and conducting NYTCP activities. To add a richer level of detail and suggest possible explanations for the observed quantitative results, we suggest complementary qualitative methods. The aim of these efforts is to better understand the context within which change may be occurring and the "how" and "why" of program implementation. Currently, we are relying on process data from the CAT system and plan additional qualitative methods to complement CAT.

4. EVALUATION FINDINGS

In this chapter, we present two distinct types of evaluation findings: (1) cross-cutting findings and (2) findings pertaining to each of the four programmatic goals. Cross-cutting findings pertain to cross-cutting outcomes and influences that are not specific to any one or are affected by many of the four primary programmatic goals, such as the prevalence of smoking among adults and the number of tax-paid cigarette sales as a related program outcome. The remaining findings pertain to each of the four programmatic goals, relying heavily on measures in the Adult Tobacco Survey (ATS) and the Youth Tobacco Survey (YTS) to assess progress toward stated goals. Many of the measures in the ATS provide indicators that are more proximal to the activities implemented by the program and hence should be more sensitive measures of change or progress. Although it is difficult say with certainty how much change constitutes reasonable progress, we make informed assessments by comparing the range and intensity of programmatic efforts to changes in related indicators of progress. In addition to the analyses presented below, we present two sets of tables that complement the exhibits presented in this chapter. One set provides annual comparisons of the ATS (2003–2004) and YTS (2000–2004) statistics presented in this chapter (Appendix A), and the other set provides analyses by demographic characteristics for the 2004 ATS and 2004 YTS (Appendix B). Statistically significant differences by year or by demographic characteristics in these tables are indicated with an asterisk. Both sets of tables are numbered to correspond with the exhibit numbers in this chapter (with the prefix “AC” for the annual comparisons and the prefix “DT” for the detailed tables by demographic characteristics).

4.1 Cross-Cutting Evaluation Findings

For many of the programmatic objectives, there is a relatively clear link between the objective; the corresponding program activities; and the short- and intermediate-term outcomes that the activities are intended to influence. In fact, the comprehensive design of the New York Tobacco Control Program (NYTCP) assumes that many programmatic activities can have far-reaching effects that cut across specific programmatic goals and objectives and work together to effect change. In addition, it is important to assess the impact of legislative changes and factors independent of the program or even outside the state that may affect tobacco-related outcomes. In this section, we examine how the cumulative effect of all programmatic activities and other factors may influence trends in the prevalence and intensity of tobacco use in New York.

Specifically, we address a number of evaluation questions that help us understand both the progress that NYTCP is making and the influence of relevant policy changes in the state:

1. Are trends in the prevalence of smoking among adults and youth in New York declining faster than in the United States as a whole?

2. Is monthly cigarette consumption among adult smokers declining over time?
3. Are trends in the prevalence of other tobacco product use declining among adults and youth?
4. Are trends in tax-paid cigarette sales declining faster in New York than in the United States as a whole?
5. Is tax evasion eroding the effects of cigarette excise tax increases in New York?

4.1.1 Are Trends in the Prevalence of Smoking Among Adults and Youth in New York Declining Faster than in the United States?

As we noted in the 2004 Independent Evaluation Report (IER), investments in tobacco control have been shown to reduce the prevalence of youth and adult smoking, but there is a lag between the appropriation of funding; implementation of program activities; and resultant changes in tobacco-related attitudes, knowledge, and behavior. This lag exists because tobacco use is an addictive behavior and changing behavior takes time and because building the necessary program infrastructure (e.g., talented, trained staff; strategic plans) takes time. By comparing trends in New York with trends in the United States as a whole, we can assess whether trends compare favorably to the average experience in the country 5 years after the program began (in 2000). We noted that New York's investments in tobacco control were approximately on par with average expenditures in the United States. Comparing trends in New York to the country provides indirect evidence of whether New York's tobacco control efforts are having an effect above the average.

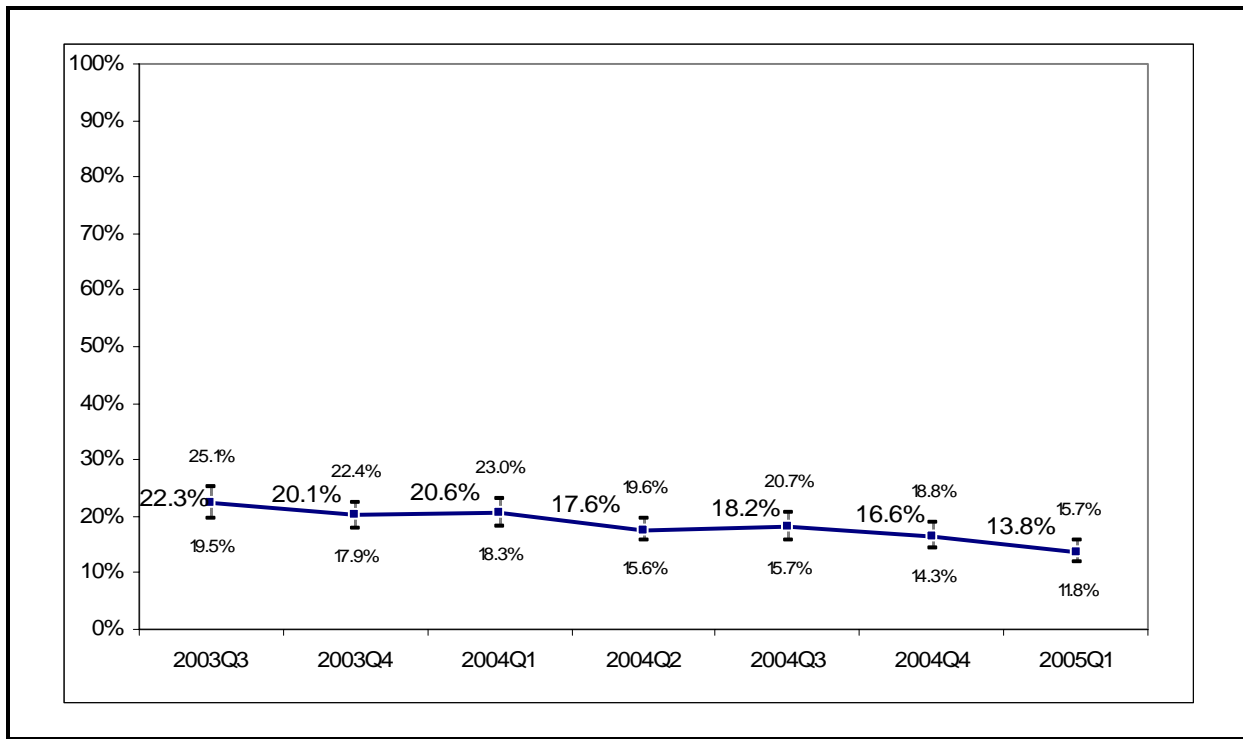
Trends in Adult Smoking

Drawing on annual National Health Interview Surveys (NHIS), New York State's Behavioral Risk Factor Surveillance System (BRFSS), and the New York ATS, we are able to compare trends in smoking among adults between New York and the country as a whole. Exhibit 4-1 shows that from 2001 to 2003, trends in the percentage of adult current smokers in New York tracked trends in the United States as a whole very closely. There were no statistically significant differences across the three surveys in 2003. In contrast, the percentage of adults who smoke declined faster in New York than in the United States as a whole from 2003 to 2004, according to the ATS ($p < 0.009$). This decline in the percentage of New Yorkers who smoke, from 20.8 to 18.1 percent, represents a 13 percent relative decline and 300,000 fewer smokers. To provide more detail on the trends in adult smoking in New York, we present ATS data from the third quarter of 2003 (Q3 2003) to the first quarter of 2005 (Q1 2005) in Exhibit 4-2. This exhibit shows that the percentage of adults who are current smokers declined from 22.3 percent in Q3 2003 to 13.8 percent in Q1 2005, a relative decline of 38 percent ($p < 0.001$).

Exhibit 4-1. Percentage of Adults Who Smoke Nationally and in New York, 2001–2004 [95 Percent Confidence Intervals]

| Year | NHIS | New York BRFSS | New York ATS |
|------|------------------|------------------|------------------|
| 2001 | 22.7 [22.1–23.3] | 23.2 [21.6–24.8] | — |
| 2002 | 22.4 [21.7–23.0] | 22.3 [20.8–23.8] | — |
| 2003 | 21.6 [21.0–22.2] | 21.6 [20.3–22.9] | 20.8 [19.0–22.5] |
| 2004 | 20.9 [20.3–21.5] | 19.9 [18.7–21.1] | 18.1 [16.9–19.2] |

Exhibit 4-2. Percentage of Adults Who Currently Smoke Every Day or Some Days, ATS Q3 2003–Q1 2005



These comparisons provide indirect evidence that the programmatic and policy changes in New York are having an effect. With the available data, we are not currently able to tease out the effect above the United States as a whole of the NYTCP versus the effects of taxes and other policy changes, such as the Clean Indoor Air Act (CIAA), on the prevalence of smoking through 2004. Although there were no new cigarette excise taxes in 2003 or 2004, studies of the impact of cigarette excise taxes on smoking indicate that there are both short-run (less than 1 year) and long-run effects (more than 1 year). However, these studies have not examined the effect of relatively large cigarette excise taxes like those in

New York City and State. As more data become available, we will pursue analyses that permit us to estimate the effect of the program separate from other policy changes.

Trends in Youth Smoking

To examine whether the percentage of middle and high school students in New York who smoke has changed over time, we present data from the 2000, 2002, and 2004 YTS. We compare these data with data for the United States as a whole by presenting data from the 2000, 2002, and 2004 National Youth Tobacco Surveys (NYTS) as reported in the *Morbidity and Mortality Weekly Reports*.¹ Using data from the YTS, we define current smoking behavior as any cigarette use in the 30 days preceding the school survey.

Exhibits 4-3 and 4-4 present trends in youth smoking from 2000 to 2004 for youth in New York and in the United States. These data show that the percentage of youth who currently smoke declined significantly between 2000 and 2004 among both middle school and high school students in New York and the United States. Among middle school students in New York, current smoking declined from 10.5 percent in 2000 to 5.4 percent in 2004 ($p < 0.001$), a relative decline of 49 percent. Although the percentage of youth who smoke in New York was similar to the percentage in the United States in 2000, it was lower than the national average in 2004, indicating that the percentage of middle school students who smoke in New York declined faster than in the United States as a whole. The percentage of high school students in New York who smoke declined from 27.1 percent to 18.5 percent from 2000 to 2004 ($p < 0.003$), a relative decline of 32 percent. The declines among high school students in New York were similar to those in the United States as a whole.

Similar to the declines in adult smoking in New York that outpaced declines in the United States as a whole, the declines in smoking among middle school students in New York provide indirect evidence that the programmatic and policy changes in New York from 2000 to 2004 are having their intended effects.

4.1.2 Is Monthly Cigarette Consumption Among Adult Smokers Declining Over Time?

To assess whether cigarette consumption among smokers is changing over time, we created a measure of monthly cigarette consumption from the ATS. The ATS asks every-day smokers "On average, in the past 30 days, about how many cigarettes a day do you now smoke?" and some-day smokers, "On the average, on the days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" Some-day smokers are also asked "During the past 30 days, on how many days did you smoke cigarettes?" Based on responses to these questions, we calculated the number of packs smoked per month

¹We do not currently have access to state identifiers for the NYTS 2004 data, so we cannot examine trends for New York versus the remaining United States. Therefore, our analyses compare New York to the United States as a whole, including New York.

Exhibit 4-3. Percentage of Middle School Students Who Currently Smoke, YTS 2000–2004 and NYTS

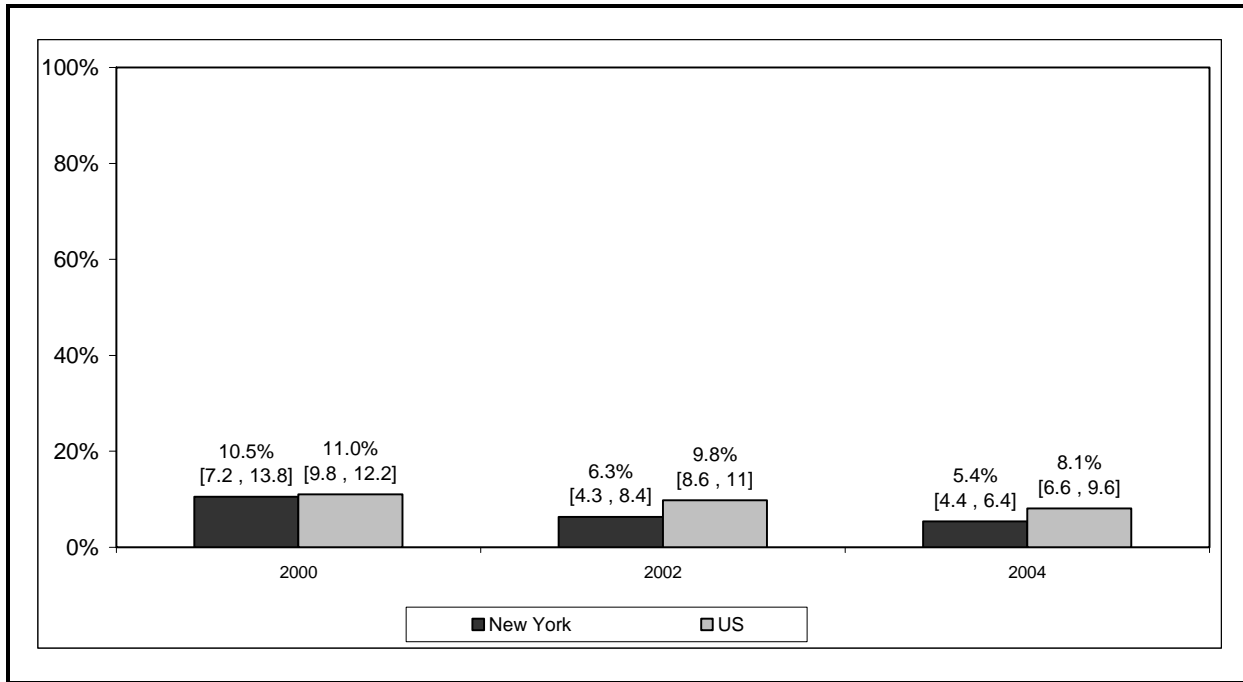
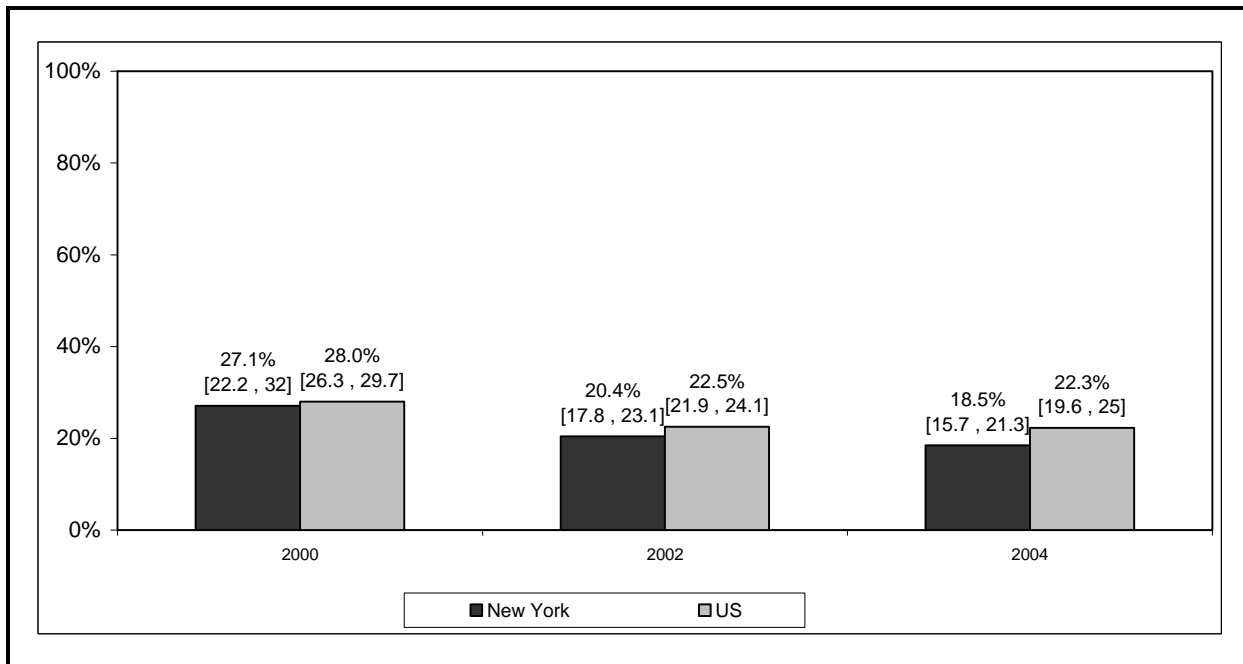
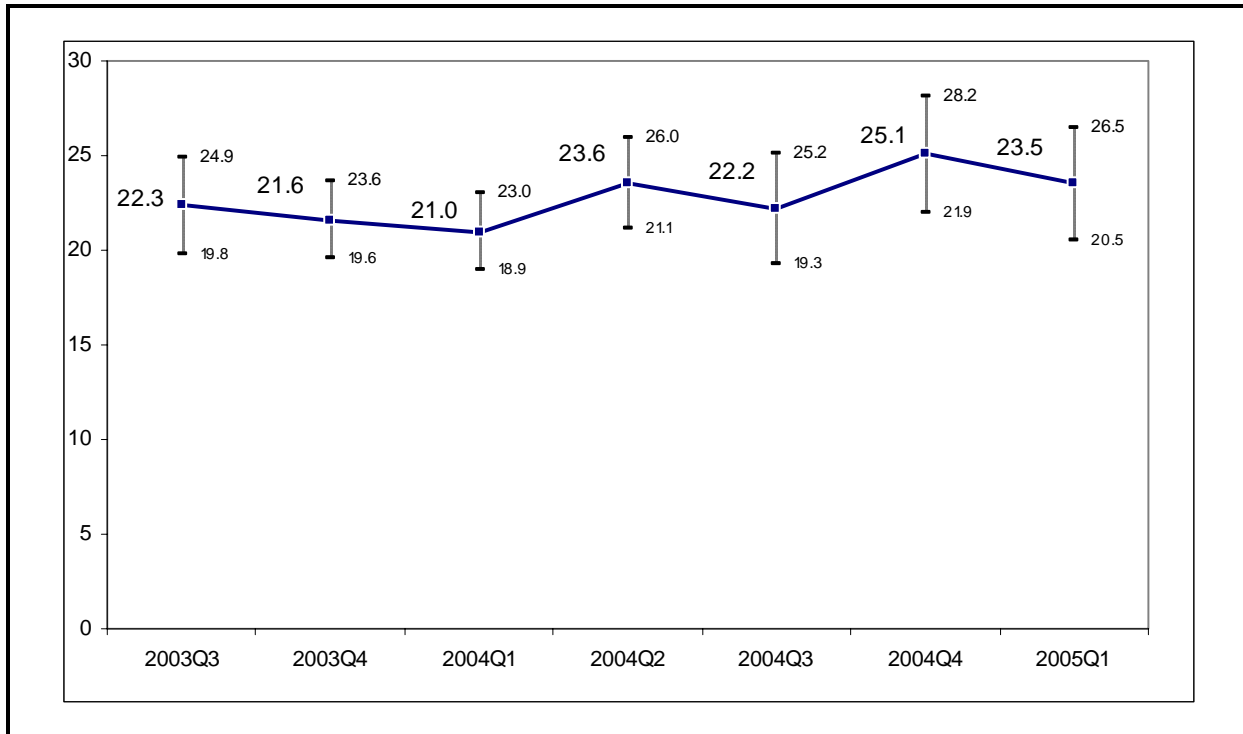


Exhibit 4-4. Percentage of High School Students Who Currently Smoke, YTS 2000–2004 and NYTS



among smokers by multiplying daily cigarette consumption by the number of days smoked in the past 30 days. Exhibit 4-5 shows that monthly cigarette consumption among current smokers has remained stable over time at approximately 23 packs.

Exhibit 4-5. Average Number of Packs of Cigarettes Smoked Per Month by Adult Current Smokers, ATS Q3 2003–Q1 2005



4.1.3 Are Trends in the Prevalence of Other Tobacco Product Use Declining Among Adults and Youth?

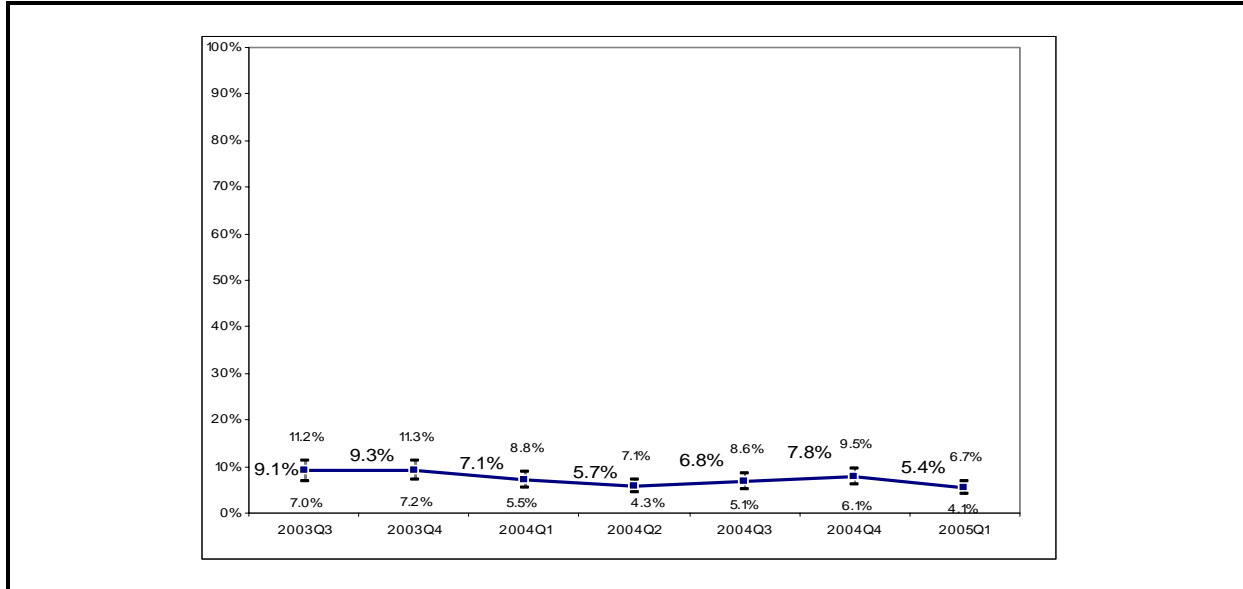
Trends in Adults' Use of Other Tobacco Products

In addition to being asked to report their current smoking status, ATS respondents are asked the following questions about their use of other tobacco products:

- Please tell me whether or not you now use any of the following tobacco products:
 - Chewing tobacco, snuff, or dip (smokeless tobacco)
 - Cigars, cigarillos, or little cigars
 - Pipe tobacco
 - Flavored cigarettes from India called bidis
 - Clove cigarettes or kreteks

For each positive response, respondents are then asked if they now use the product every day or some days. Based on these questions, we calculated the percentage of respondents who currently use any of these products every day or some days (Exhibit 4-6). This percentage declined from 9.1 percent in Q3 2003 to 5.4 percent in Q1 2005. The percentage of adults who currently smoke cigars constitutes the majority of other tobacco product use.

Exhibit 4-6. Percentage of Adults Who Currently Use Any Tobacco Product Other than Cigarettes, ATS Q3 2003–Q1 2005



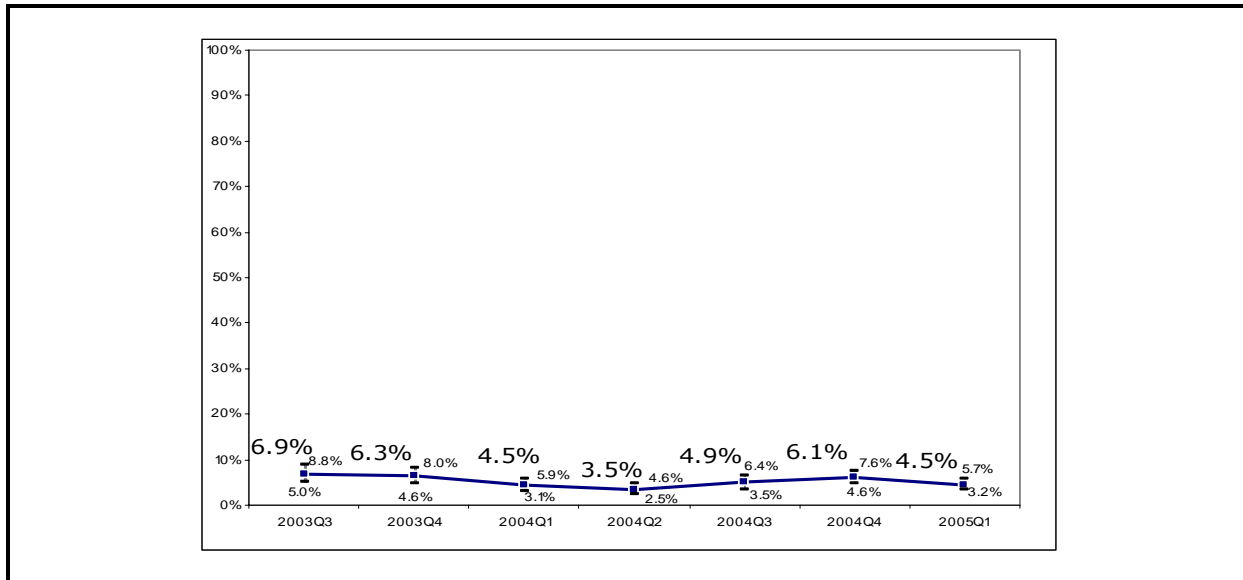
The percentage of adults who use smokeless tobacco, pipes, bidis, and clove cigarettes is less than 1 percent in Q1 2005 and does not exceed 2 percent in any quarter from Q3 2003 to Q1 2005 (data not shown). The percentage of adults who smoke cigars ranges from 3.5 to 6.9 percent across all quarters and shows no statistically significant trend (Exhibit 4-7).

Trends in Youth's Use of Other Tobacco Products

We present trends in the percentage of middle and high school students who use tobacco products other than cigarettes using data from the 2000, 2002, and 2004 YTS. The YTS asks youth if they have used each of the following tobacco products in the past 30 days:

- Smokeless tobacco
- Cigars
- Pipes
- Bidis
- Clove cigarettes (kreteks)

Exhibit 4-7. Percentage of Adults Who Currently Smoke Cigars, ATS Q3 2003–Q1 2005



Based on responses to these questions, we created an indicator for the percentage of youth who have used any of these products in the past 30 days. This indicator (presented in Exhibit 4-8) shows that the percentage of other tobacco product use has declined among middle school students from 7.2 to 5.6 percent ($p < 0.02$) and among high school students from 17.9 to 12.5 percent ($p < 0.02$). These declines translate to a relative decline of 22 and 30 percent in other tobacco product use among middle school and high school students, respectively. The relative percentage decline in other tobacco product use from 2000 to 2004 among high school students (31 percent) is comparable to the decline in cigarette use in this group (33 percent) but smaller than the decline for middle school students (54 percent). The decline in other tobacco product use among high school students is largely due to a statistically significant decline in cigar use among high school students (Exhibit 4-9), from 11.9 in 2000 to 8.2 percent in 2004 ($p < 0.04$), a relative decline of 32 percent. The use of other smokeless tobacco did not change over time among middle or high school students (Exhibit 4-10). There were no changes in the use of other less commonly used tobacco products, such as pipe tobacco, clove cigarettes (kreteks), or bidis. Although it is not clear whether the declines in the use of tobacco products other than cigarettes compare favorably with changes in the United States as a whole, they do represent large and meaningful declines of a similar magnitude to changes in current smoking.

Exhibit 4-8. Percentage of Middle and High School Students Who Have Used Tobacco Products Other Than Cigarettes in the Past 30 Days, YTS 2000–2004

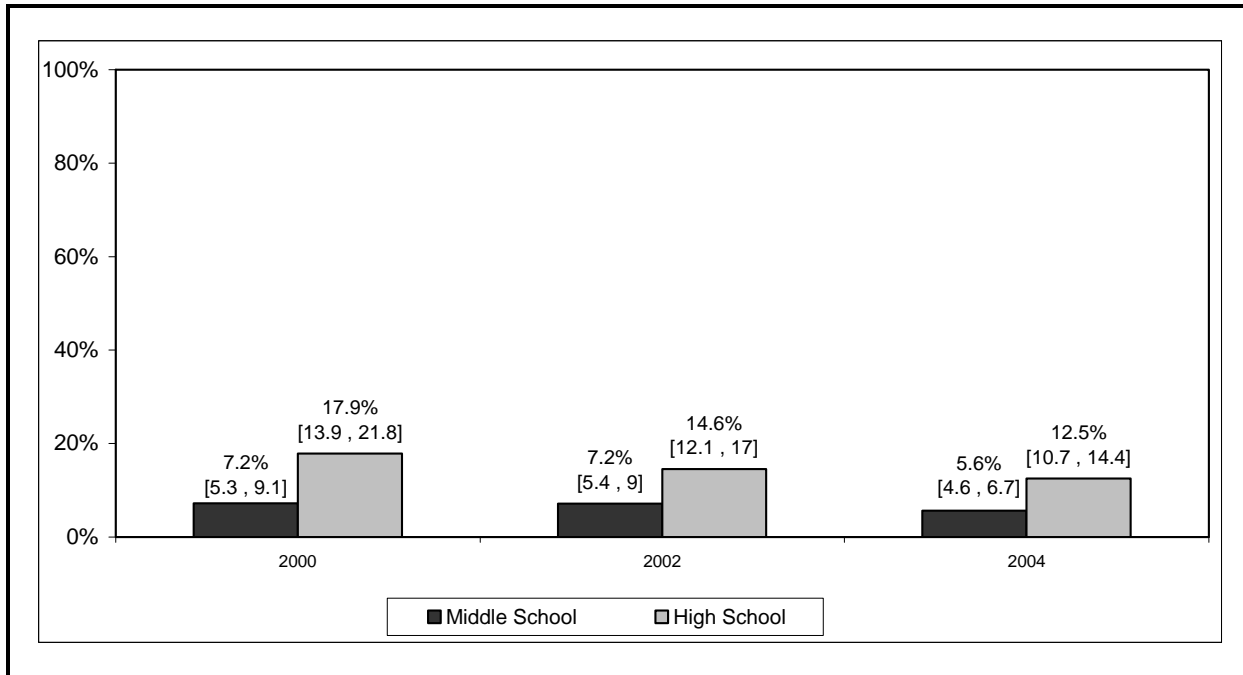


Exhibit 4-9. Percentage of Middle and High School Students Who Have Smoked Cigars in the Past 30 Days, YTS 2000–2004

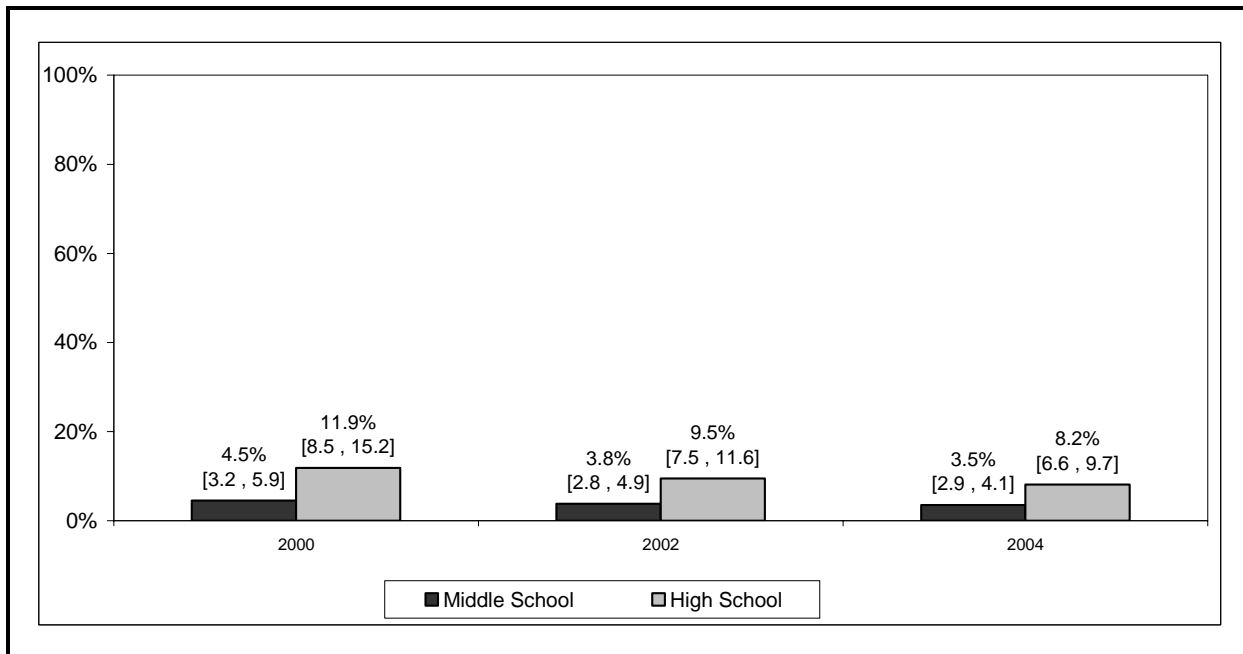
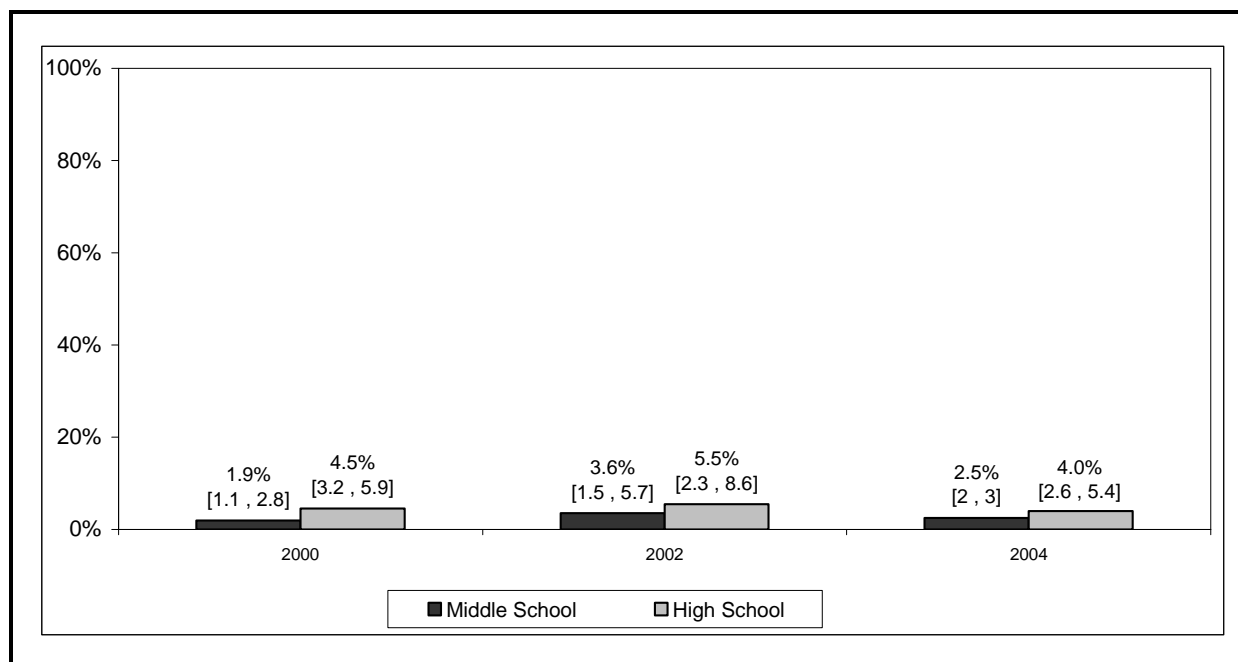


Exhibit 4-10. Percentage of Middle and High School Students Who Have Used Smokeless Tobacco in the Past 30 Days, YTS 2000–2004



4.1.4 Are Trends in Tax-Paid Cigarette Sales Declining Faster in New York than in the United States as a Whole?

In addition to investments in tobacco control, increases in the price of cigarettes have been shown to reduce the prevalence and intensity of cigarette smoking. In light of the increases in cigarette excise taxes in New York State and City in recent years, we would expect that cigarette consumption and the prevalence of smoking would decline in response to these changes. However, New York is somewhat unique in that it has a number of American Indian reservations that sell tax-free cigarettes. The availability of low-price cigarettes through this and other low-price venues (e.g., the Internet) may erode the effects of cigarette excise taxes. We present data that address the extent to which this appears to be an important phenomenon in New York State.

We begin by presenting the trend in per capita (per adult 18+) tax-paid cigarette sales for New York from 1999 to 2004 (Exhibit 4-11). This trend indicates a decline in sales, with a noticeable drop in sales when the tax was increased statewide from \$0.56 to \$1.11. To put this trend in perspective, we compare it to sales in the country as a whole. For both the New York and U.S. trends (available only through June 2003), we add a quadratic trend line to facilitate comparisons (Exhibit 4-12). This shows that tax-paid sales are declining at a faster rate in New York than in the United States. However, because we recognize (and demonstrate below) that tax-paid sales do not reflect true consumption, we conduct an

Exhibit 4-11. Trends in Per Capita (Per Adult 18+) Monthly Tax-Paid Cigarette Sales, New York State, 1999–2004

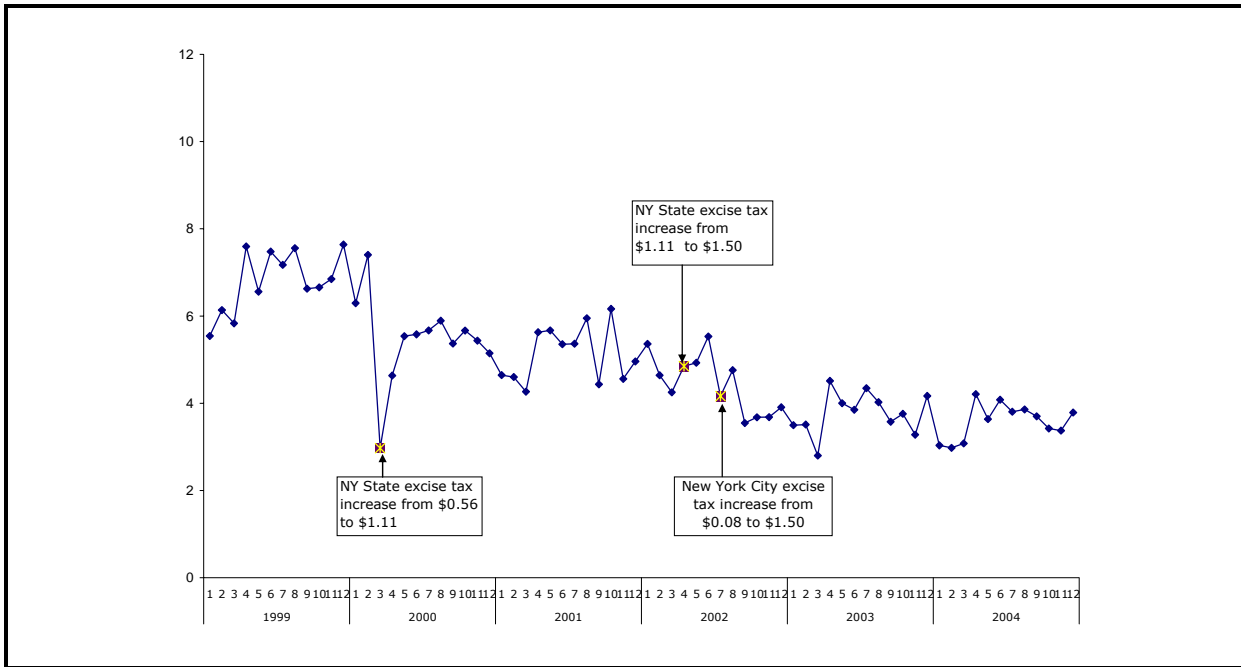
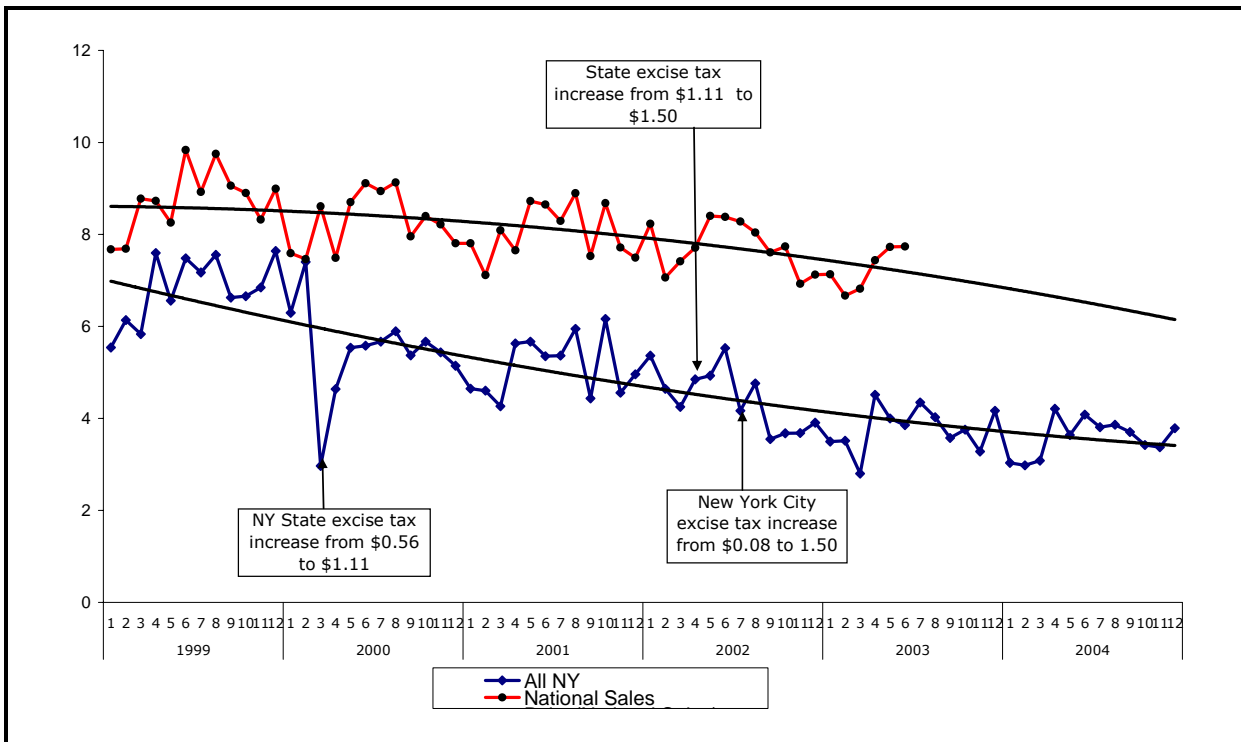


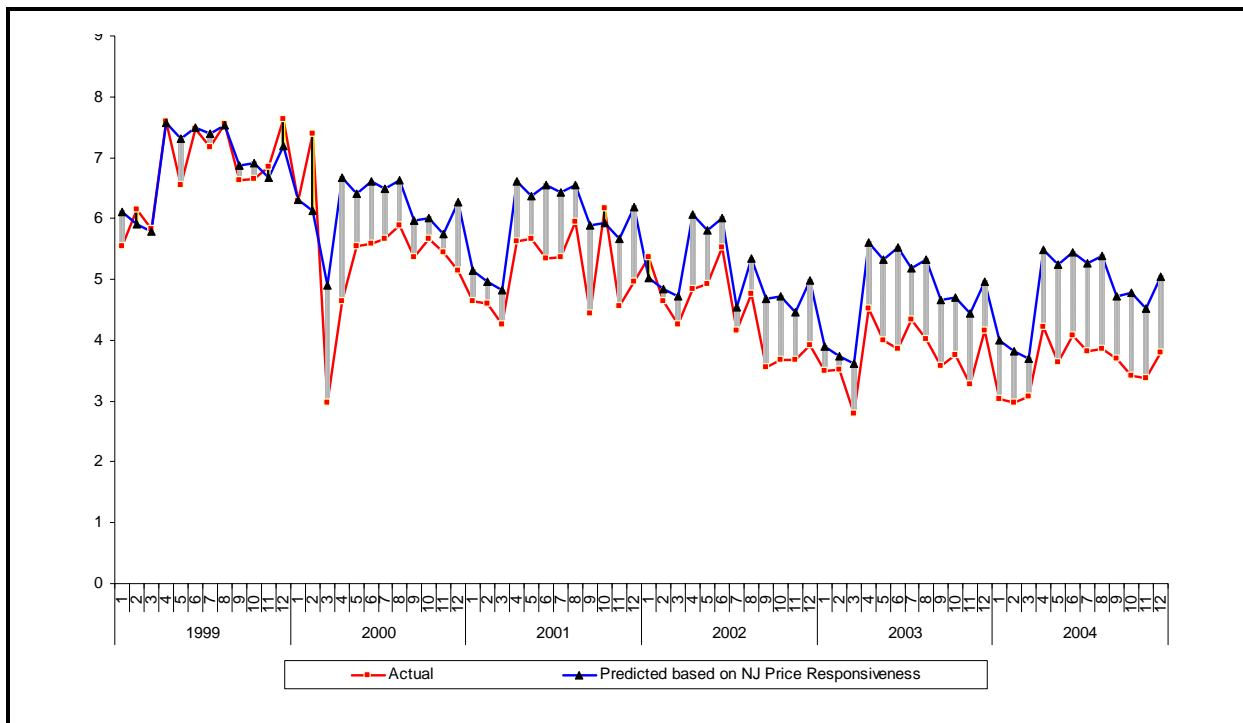
Exhibit 4-12. Trends in Per Capita (Per Adult 18+) Monthly Tax-Paid Cigarette Sales, New York and United States, 1999–2004



analysis that attempts to correct for two forms of tax evasion—purchasing in neighboring states and on American Indian reservations.

First, to adjust for the influence of New York smokers purchasing cigarettes in neighboring states, we estimate how relatively low cigarette excise taxes in neighboring states influence cigarette sales in New York. We then predict what sales would be if taxes were similar in all surrounding states. Second, to indirectly adjust for the influence of American Indian reservations on sales, we estimate how cigarette sales in New Jersey responded to large tax increases similar to those that occurred in New York. New Jersey is a helpful comparison because it does not have any federally recognized American Indian tribes. We then apply to New York estimates of how cigarette sales changed in New Jersey in response to price increases. We then compare actual sales in New York to predicted sales using the price response in New Jersey and controlling for the influence of purchases out of state. Exhibit 4-13 shows that, before the cigarette tax increases in New York, actual sales and the predicted sales from our model are closely matched. Afterwards, there are differences between the actual and predicted sales. This difference is the estimated amount of tax evasion due to cigarette purchases from American Indian retailers on reservations.

Exhibit 4-13. Actual and Predicted Cigarette Sales in New York, Adjusting for Tax Evasion, 1999–2004



From 1999 to 2004, actual tax-paid sales declined 47 percent in New York (81.6 to 43.0 packs per capita (per adult 18+)), while predicted sales dropped by 31 percent (82.8 to 57.4 packs per capita). Based on these results, cigarette sales would have been 33 percent higher in 2004 in the absence of tax evasion from American Indian reservations. This translates to 79.5 packs per smoker per year or a “corrected” per capita consumption of 57.4 (instead of 43.0). To further understand the extent to which these declines in sales represent declines in smokers’ consumption of cigarettes versus attempts to avoid the tax through purchases in neighboring states, the Internet, American Indian reservations, and other sources, we discuss the prevalence of these behaviors below.

4.1.5 Is Tax Evasion Eroding the Effects of Cigarette Excise Tax Increases in New York?

To assess the prevalence of tax evasion in New York, we use data from the ATS. The ATS asks smokers to report whether they purchased cigarettes from several low- or untaxed sources in the past 12 months. Those who respond affirmatively are then asked how often they purchased from these sources: “always,” “sometimes,” or “rarely.” The ATS includes separate questions for the various locations where smokers can purchase cigarettes tax free or at reduced tax levels: on American Indian reservations, in another state/country, from the Internet, from a toll-free number, and at duty-free shops. We begin by displaying the percentage of smokers who report purchasing from any one of these five locations in the past 12 months (Exhibit 4-14). This exhibit shows that the majority of smokers in New York have purchased cigarettes from a low- or untaxed source at least once in the past year. Exhibit 4-15 presents the percentage of smokers who purchased at each of the five locations in the past 12 months and indicates that American Indian reservations and out of the state or country are the most common locations, followed by duty-free shops, the Internet, and toll-free numbers.

Exhibits 4-14 and 4-15 demonstrate that purchasing cigarettes at low- or untaxed locations is very common, but they do not indicate how frequently smokers purchase in these locations. In Exhibit 4-16, we present the trend in the percentage of smokers who reported purchasing “always” or “sometimes” from any of these five sources (in Q3 2004, the frequency of purchasing was not asked in the ATS). This exhibit shows that between 34 and 42 percent of smokers reported purchasing cigarettes always or sometimes from at least one of these venues in the past 12 months. Although this is a considerable percentage of smokers, it is significantly less than the percentage who have purchased at least once in the past 12 months.

Because there have been no increases in New York’s cigarette excise taxes during this time frame and few large increases in neighboring states’ tax rates, one might expect the observed stable trend in tax evasion. Exhibit 4-17 shows the percentage of smokers who purchased cigarettes “all the time” or “sometimes” from each of these five sources in the

Exhibit 4-14. Percentage of Smokers Who Purchased from Any Low- or Untaxed Venue, ATS Q3 2003 to Q1 2005

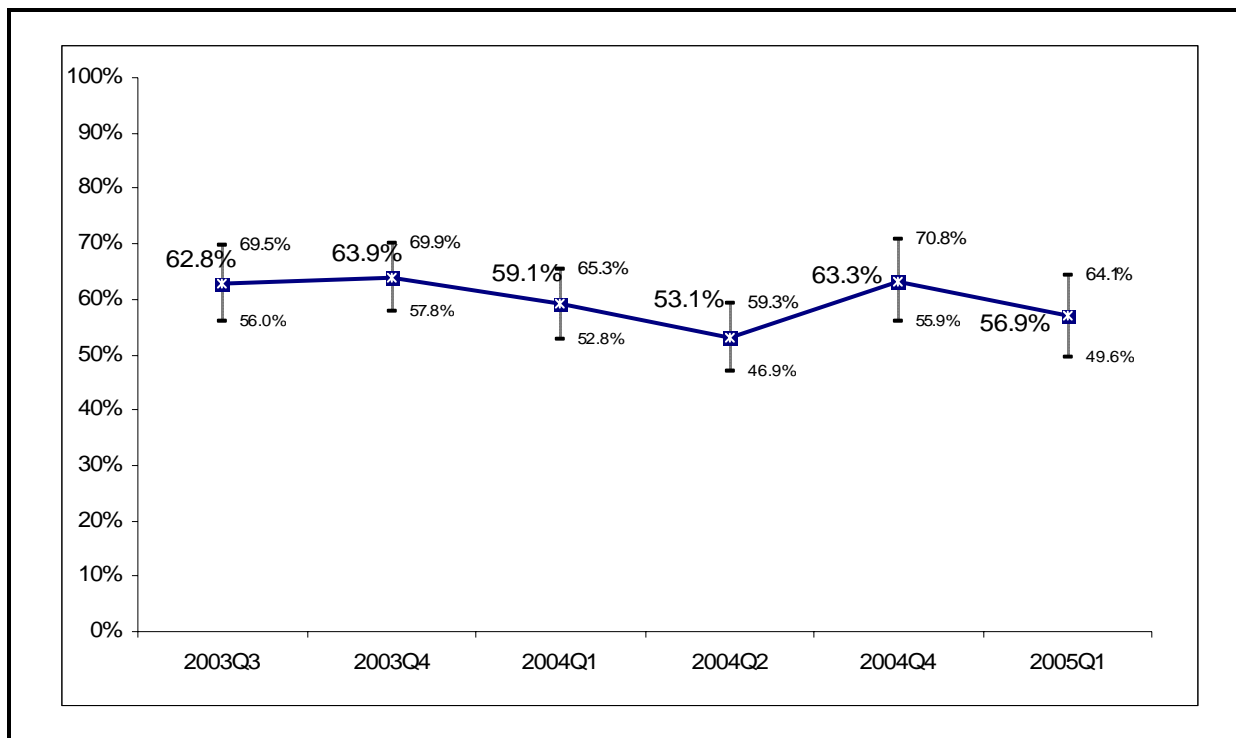


Exhibit 4-15. Percentage of Smokers Who Purchased At Least Once from Various Low- and Untaxed Venues in the Past 12 Months, ATS Q3 2003 to Q1 2005

| | 2003Q3 | 2003Q4 | 2004Q1 | 2004Q2 | 2004Q4 | 2005Q1 |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| American Indian reservation | 29.9% [24.4-35.4] | 34.8% [29.5-40.1] | 28.0% [22.9-33.2] | 32.7% [27.3-38.1] | 37.8% [31.0-44.6] | 27.1% [21.1-33.2] |
| Out of state or country | 38.4% [31.4-45.3] | 36.6% [30.8-42.3] | 35.1% [29.1-41.0] | 26.9% [21.6-32.2] | 34.5% [27.6-41.5] | 30.9% [24.1-37.7] |
| Internet | 9.0% [5.4-12.6] | 11.0% [7.4-14.5] | 9.3% [6.0-12.6] | 8.6% [5.5-11.7] | 8.9% [5.2-12.6] | 3.8% [1.6-6.0] |
| Toll-free number | 5.7% [2.6-8.8] | 6.4% [3.7-9.1] | 6.3% [3.3-9.2] | 4.8% [2.8-6.8] | 7.1% [3.5-10.7] | 5.5% [1.5-9.4] |
| Duty-free shop | 16.8% [11.6-22.1] | 12.9% [8.9-16.9] | 15.2% [10.7-19.6] | 14.0% [10.0-18.0] | 14.3% [9.4-19.2] | 16.9% [11.4-22.5] |

Exhibit 4-16. Percentage of Smokers Who Purchased “All the Time” or “Sometimes” from Any Low- or Untaxed Venue, ATS Q3 2003 to Q1 2005

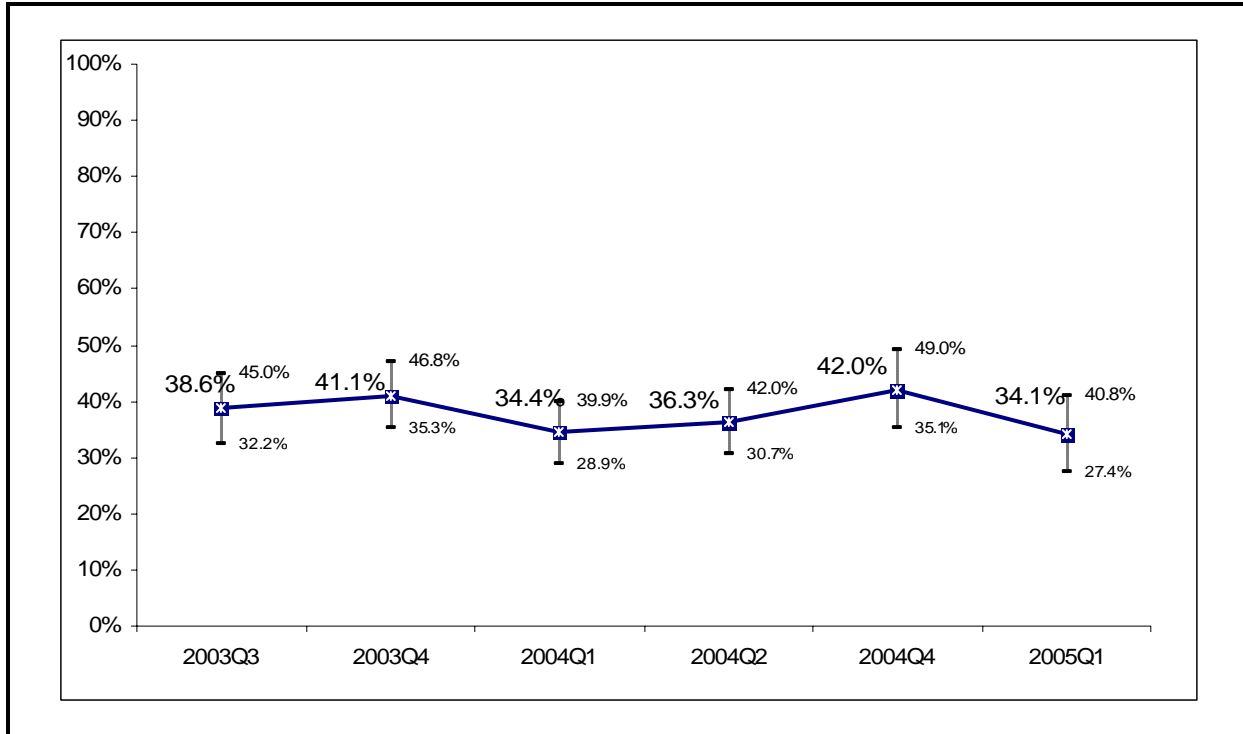


Exhibit 4-17. Percentage of Smokers Who Purchased “All the Time” or “Sometimes” from Various Low- and Untaxed Venues in the Past 12 Months, ATS Q3 2003 to Q1 2005

| | Q3 2003 | Q4 2003 | Q1 2004 | Q2 2004 | Q4 2004 | Q1 2005 |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| American Indian reservation | 22.4% [17.7-27.1] | 26.8% [21.8-31.7] | 19.7% [15.3-24.2] | 26.1% [21.1-31.0] | 29.0% [23.1-34.9] | 21.9% [16.3-27.6] |
| Out of state or country | 14.4% [9.6-19.2] | 16.0% [11.9-20.1] | 14.0% [10.0-17.9] | 10.9% [7.3-14.4] | 12.4% [8.0-16.7] | 11.7% [7.2-16.2] |
| Internet | 6.1% [3.2-9.0] | 6.4% [3.7-9.2] | 3.7% [2.1-5.2] | 5.7% [3.2-8.2] | 8.1% [4.5-11.7] | 2.6% [0.6-4.5] |
| Toll-free number | 4.4% [1.6-7.3] | 5.0% [2.7-7.4] | 3.7% [2.0-5.5] | 3.1% [1.5-4.8] | 5.4% [2.5-8.2] | 5.3% [1.3-9.2] |
| Duty-free shop | 8.2% [4.4-12.0] | 4.5% [2.0-7.1] | 5.8% [3.3-8.3] | 6.2% [3.6-8.7] | 6.6% [3.4-9.8] | 4.8% [2.3-7.4] |

past 12 months. This table shows that smokers most frequently purchase from American Indian reservations (approximately 25 percent of smokers), followed by out of state/country (11 to 16 percent of smokers).

Tax evasion can have a number of implications: (1) smokers who evade the tax may be less likely to engage in smoking cessation, (2) tax evasion can erode the effects of higher cigarette prices on youth smoking prevalence (these latter two issues are addressed in the sections of this report on smoking cessation [Section 4.4] and smoking initiation [Section 4.5]), and (3) the state loses revenue.

To examine the first issue, we summarize self-reported price paid per pack of cigarettes from the ATS for smokers who report frequently purchasing from low- and untaxed sources versus those who do not. The reported price paid is based on the smoker's last purchase. Exhibit 4-18 shows that smokers who report purchasing cigarettes frequently from low- and untaxed sources pay \$1.59 (31 percent) less per pack than those who do not. This exhibit also shows the prices for New York City and elsewhere in the state. The average price per pack is \$1.68 higher in New York City compared to elsewhere, consistent with the difference in tax between these two areas: \$3.00 versus \$1.50.

Exhibit 4-18. Average Price Per Pack of Cigarettes by Smokers' Self-Reported Frequency of Tax Evasion

| | Average Overall Price | Average Price—New York City | Average Price—Remainder of the State |
|--|-----------------------|-----------------------------|--------------------------------------|
| Overall | \$4.52 [4.43–4.61] | \$5.62 [5.44–5.80] | \$3.95 [3.86–4.03] |
| Smokers' Who Rarely or Never Report Purchasing from Low- and Untaxed Sources | \$5.11 [5.00–5.21] | \$6.04 [5.85–6.23] | \$4.49 [4.40–4.57] |
| Smokers' Who Frequently Report Purchasing from Low- and Untaxed Sources | \$3.52 [3.36–3.67] | \$4.51 [4.07–4.94] | \$3.21 [3.05–3.36] |

Because higher prices have been consistently shown to reduce both the prevalence of smoking and cigarette consumption, tax evasion is eroding the effects of higher prices on smoking behaviors. If all smokers were prevented from avoiding the tax and forced to pay the price reported by those who rarely or never avoid the tax, the average reported price of cigarettes statewide would increase by \$0.58 per pack on average, a 13 percent increase in price. This would lead to a 2 to 3 percent decrease in the prevalence of smoking (from 18.1 percent to 17.6–17.7 percent). In addition, daily consumption of cigarettes would also

decline by 2 to 3 percent.² Exhibit 4-19 provides additional information on how average cigarette prices vary based on the source of cigarettes and the frequency of purchasing from these sources.

4.1.6 Summary, Conclusions, and Recommendations

In this section, we reported trends in tobacco use as cross-cutting measures of the program's progress. Where possible, we compared trends in New York with national trends to assess whether tobacco use is declining faster in New York than in the average state. As noted in the 2004 IER, spending on tobacco control in New York was at the average across all states. We find that the percentage of adults and youth who smoke cigarettes declined faster in New York than in the United States as a whole. In addition, the use of tobacco products other than cigarettes also declined among adults and youth. Finally, we quantified the extent of cigarette excise tax evasion. In summary, we found the following:

- From 2003 to 2004, the percentage of adults who smoke declined from 20.8 to 18.1 in New York, a relative decline of 13 percent and a reduction in the number of smokers by 300,000. This compares favorably to declines in the United States from 21.6 percent in 2003 to 20.8 percent in 2004, a 3 percent relative decline.
- From 2000 to 2004, the percentage of middle school students who smoke declined from 10.5 to 5.4 percent, and the percentage of high school students who smoke declined from 27.1 to 18.5 percent.
 - The decline in smoking among middle school students in New York was greater than declines in the United States as a whole from 2000 to 2004; declines among high school students were comparable to national declines.
- The use of tobacco products other than cigarettes declined among adults (from 9.1 percent in Q3 2003 to 5.4 percent in Q1 2005), middle school students (from 7.2 percent in 2000 to 5.6 percent in 2004), and high school students (from 17.9 percent in 2000 to 12.5 percent in 2004). The decline in other tobacco product use among high school students is driven primarily by declines in the use of cigars from 11.9 to 8.2 percent.
- Self-reported monthly cigarette consumption among smokers was stable from Q3 2003 to Q1 2005, at 23 packs per month.
- Tax-paid sales declined 47 percent in New York from 1999 to 2004. However, correcting for estimated purchases from tobacco retailers on American Indian reservations, the estimated decline was 31 percent.
 - These results suggest that cigarette sales in New York were 33 percent higher in 2004 when accounting for estimated sales from American Indian reservations. This translates to 79.5 packs per smoker per year or a "corrected" per capita (per adult 18+) consumption of 57.4 (instead of the tax-paid sales rate of 43.0).

²Cigarette price elasticities for adults range from -0.3 to -0.4, indicating that a 10 percent increase in price leads to a 3 to 4 percent decrease in smoking. Most studies indicate that half of the decline is due to quitting and half is due to decreased consumption.

Exhibit 4-19. Average Price Per Pack of Cigarettes by Smokers' Self-Reported Frequency of Tax Evasion from Low- and Untaxed Venues

| Frequency of Purchasing | Overall | New York City | Remainder of the State |
|------------------------------------|-----------------------|-----------------------|------------------------|
| American Indian Reservation | | | |
| Always | \$2.45 [2.25–2.64] | \$3.09 [2.30–3.89] | \$2.38 [2.19–2.57] |
| Sometimes | \$3.88 [3.60–4.15] | \$4.05 [2.61–5.49] | \$3.86 [3.59–4.13] |
| Rarely | \$4.39 [4.10–4.67] | \$4.93 [3.81–6.05] | \$4.27 [4.01–4.52] |
| Never | \$5.02 [4.91–5.12] | \$5.78 [5.59–5.97] | \$4.40 [4.32–4.48] |
| Out of State or Country | | | |
| Always | \$3.57 [3.10–4.05] | \$3.86 [2.91–4.81] | \$3.35 [2.91–3.79] |
| Sometimes | \$4.77 [4.44–5.10] | \$5.38 [4.84–5.92] | \$4.12 [3.81–4.43] |
| Rarely | \$4.93 [4.67–5.19] | \$6.14 [5.74–6.53] | \$4.12 [3.90–4.34] |
| Never | \$4.39 [4.29–4.50] | \$5.66 [5.44–5.88] | \$3.87 [3.76–3.97] |
| Internet | | | |
| Always | \$2.84 [2.44–3.23] | \$3.42 [2.64–4.20] | \$2.55 [2.15–2.94] |
| Sometimes | \$3.55 [2.76–4.34] | \$3.35 [2.06–4.65] | \$3.74 [2.91–4.57] |
| Rarely | \$4.55 [3.84–5.26] | \$5.03 [3.63–6.43] | \$4.18 [3.56–4.79] |
| Never | \$4.59 [4.50–4.68] | \$5.80 [5.63–5.96] | \$3.97 [3.89–4.06] |
| Toll-Free Number | | | |
| Always | \$2.34 [1.96–2.73] | \$2.86 [2.00–3.72] | \$2.19 [1.79–2.59] |
| Sometimes | \$3.36 [2.65–4.07] | \$2.84 [2.10–3.58] | \$3.86 [2.87–4.85] |
| Rarely | \$4.77 [3.47–6.07] | \$5.27 [3.65–6.89] | \$3.43 [2.43–4.43] |
| Never | \$4.56 [4.47–4.65] | \$5.75 [5.56–5.94] | \$3.96 [3.87–4.04] |
| Duty-Free | | | |
| Always | \$2.65 [2.02–3.29] | \$3.96 [2.23–5.70] | \$2.13 [1.72–2.54] |
| Sometimes | \$4.00 [3.47–4.53] | \$3.87 [2.79–4.94] | \$4.07 [3.54–4.61] |
| Rarely | \$4.64 [4.21–5.06] | \$5.58 [4.83–6.33] | \$3.90 [3.52–4.28] |
| Never | \$4.53 [4.44–4.63] | \$5.71 [5.51–5.90] | \$3.94 [3.85–4.03] |

- Estimates from the ATS suggest that as of Q1 2005, 57 percent of smokers report purchasing cigarettes from a low- or untaxed source at least once in the past 12 months, and 34 percent report purchasing from these locations “all the time” or “sometimes.”
- Smokers who report purchasing cigarettes frequently from low- or untaxed sources pay \$1.59, or 31 percent, less per pack than those who do not.
- If tax avoidance were eliminated, the average reported price of cigarettes statewide would increase by 13 percent and lead to a 2 to 3 percent decrease in the prevalence of smoking and daily consumption of cigarettes.

The larger declines in smoking among adults and youth in New York compared to the United States as a whole, coupled with declines in overall tobacco use among adults and high school students, provide indirect evidence that the programmatic and policy changes in New York are having an impact. These results also suggest that tax evasion is fairly common and has hampered tobacco control efforts in New York by reducing the effects of recent cigarette excise tax increases in the state. However, with the available data, we are not currently able to tease out the effect of the NYTCP versus the effects of taxes and other policy changes, such as the CIAA, on the prevalence of smoking through 2004. Subsequent sections explore the progress made specific to each of NYTCP’s four primary programmatic goals to further assess the impact the program has had.

4.2 Goal 1: Eliminate Exposure to Secondhand Smoke

4.2.1 Overview

In this section of the report, we address a number of evaluation questions intended to describe the programmatic efforts since the 2004 IER to reduce exposure to secondhand smoke (SHS) and address the following evaluation questions:

1. What programmatic and other relevant activities have been implemented in support of Goal 1?
2. How have SHS-related topics been covered in the print news media?
3. Has overall exposure to SHS among adults and youth declined over time?
4. Has exposure to SHS in the workplace declined over time?
5. Are bars/restaurants complying with the CIAA?
6. How have sales tax receipts changed for bars and restaurants compared to the retail sector as a whole?
7. What is the level of support for smoke-free policies (i.e., CIAA and restrictions on smoking in outdoor public places and building entranceways)?
8. How have attitudes toward SHS changed over time?

9. Are voluntary restrictions on smoking in homes and cars increasing, particularly in households with smokers?

The evaluation framework presented in Chapter 3 informs our evaluation questions. This framework describes a process where programmatic activities first lead to increases in awareness of tobacco control issues and then can lead to changes in knowledge, attitudes, beliefs, behavioral intentions, and ultimately behavior. Within the goal of eliminating exposure to SHS, the program aims to educate the public about the dangers of SHS and the benefits of smoke-free workplaces, homes, and cars. To have their intended effect, New Yorkers must first be aware of and receptive to these efforts. We expect awareness to change quickly after the implementation of activities (within 6 months). Next, we expect to see increases in knowledge and changes in attitudes and beliefs. Depending on the resources invested in an intervention and the proportion of the population exposed to the activity over time, one might expect knowledge and attitudes to change in 12 to 18 months. Finally, changes in intentions (e.g., thinking about quitting or banning smoking in the home) and behavior are likely to occur after approximately 2 years.

To address these questions, we rely on a number of evaluation and surveillance systems described in Chapter 3. To address Question 1, we use data from the CAT system and review the current Strategic Plan. Question 2 is addressed with the Tobacco News Tracking system data. The remaining questions are primarily addressed with the New York ATS and YTS.

4.2.2 Summary of Activities in Support of Goal 1

In the 2004 IER, we reviewed the evidence base for the strategies aimed at eliminating exposure to SHS and found that workplace smoking bans lead to a reduction in exposure to SHS by 72 percent on average and are associated with a 3.8 percentage point reduction in smoking prevalence and a decrease of 3.1 cigarettes smoked per day on average among continuing smokers. As noted in Chapter 2, with the passage of the CIAA, virtually all workplaces are smoke-free and the primary focus of the program is ensuring that compliance with the law is high. With this change, the program now focuses primarily on eliminating exposure to SHS in homes and family vehicles and in educational institutions, including campuses, events, and dormitories.

In the 2004 IER, we reported that overall 69 percent of adults reported that smoking was not allowed in their homes. However, only approximately one in four adults in homes with at least one adult smoker reported that smoking is banned in the home, pointing to an opportunity to further protect nonsmokers. Previous research indicates that smoke-free policies in the home reduce exposure to SHS and may promote cessation (Kegler and Malcoe, 2002; Farkas et al., 1999; Gilpin et al., 1999; Norman et al., 2000; Pierce, Gilpin, and Farkas, 1998). In addition, smokers who are aware of the health benefits of smoking

bans may be more likely to implement them (Gilpin et al., 1999; Pizacani et al., 2002; Norman et al., 2000).

We summarize three primary sets of activities in this section: (1) Community Partner activities, (2) statewide media campaign messages focused on SHS, and (3) CIAA enforcement and waiver activity from the Center for Environmental Health (CEH).

Community Partner Activities

To gain an understanding of program activities in support of Goal 1, we reviewed data from the CAT system on planned activities for fiscal year 2004–2005. These data describe planned activities for Community Partners consistent with five Goal 1 objectives, including the objective that calls for increasing support for the CIAA even though that objective was dropped in the January 2005 revised Strategic Plan. As shown in Exhibit 4-20, 18 percent of all strategies (341 of 1,946) entered into the CAT system for the 2004–2005 fiscal year focused on the goal of eliminating exposure to SHS. It should be noted that the counts of strategies presented in the table do not reflect investment of resources or intensity of the interventions. Despite this limitation, we believe it provides a general sense of how the Community Partners are focusing their efforts across objectives. Across all partners, 36 percent of SHS strategies related to smoke-free homes and vehicles; 32 percent related to increasing public support for the CIAA; and 23 percent related to increasing tobacco-free policies in educational institutions. Numbers are combined in Exhibit 4-20 for smoke-free home and smoke-free vehicle objectives because many partners are implementing activities that relate to both.

Smoke-free home and vehicle strategies are mostly categorized in the Community Education focus area and include a variety of activities, such as

- developing and distributing brochures, stickers, and smoke-free home and car kits;
- getting signatures representing smoke-free pledges; and
- educating child care providers about the dangers of SHS.

From January through May, partners reported a total of 128 paid media entries that related to the goal of eliminating exposure to SHS, or 29 percent of all paid media monthly entries. Each entry represents an ad that was aired, a mass mailing campaign, and so on, but not the number of times that particular ad aired. These paid media activities primarily included advertisements on television, radio, and newspapers. Specifically, from January to May 2005, there were 2,525 television ads aired (\$94,332); 3,205 radio ads aired (\$60,109); 67 newspaper ads (\$38,818); 700 mass mailings (data on cost not currently available); and 7 other media listings, including billboards and transit signs. Because of the lags in reporting, this does not include the approximately \$900,000 partners spent in paid media related to SHS in Q2 and Q3 2005.

Exhibit 4-20 also illustrates that most of the strategies were entered by Community Partnerships and Reality Check Youth Action Partners: 26 percent of all Community Partnership strategies, 15 percent of all Reality Check Youth Action Partners' strategies, and only 3 percent of Cessation Center strategies focused on this goal. For Community Partnerships, 46 percent of their strategies tied to this goal were specific to smoke-free homes and vehicles objectives. Reality Check Youth Action Partners reported mainly strategies to increase public support for the CIAA and to increase tobacco-free policies in educational institutions.

Exhibit 4-20. Planned Activities for Goal 1 by Community Partners, Fiscal Year 2004–2005

| Objective | Cessation Centers | Community Partnerships | Reality Check Youth Action Partners | Joint Partner Strategies | Total |
|--|-------------------------|---------------------------|-------------------------------------|--------------------------|---------------------------|
| Increase public support for the CIAA ^a | 1 20% | 46 25% | 61 41% | 0 0% | 108 32% |
| Increase compliance with the CIAA | 0 0% | 26 14% | 5 3% | 0 0% | 31 9% |
| Increase the percent of households where smoking is prohibited; | 4 80% | 86 46% | 33 21% | 0 0% | 123 36% |
| Increase the percent of vehicles where smoking is prohibited | | | | | |
| Increase the number of educational institutions that effectively implement tobacco-free policies | 0 0% | 27 15% | 51 34% | 1 100% | 79 23% |
| Total | 5 100% | 185 100% | 150 100% | 1 100% | 341 100% |

^aThis objective does not appear in the 2005 Strategic Plan but was approved as part of Annual Plans for fiscal year 2004–2005.

SHS Media Messages

In this section, we summarize SHS-related television ads placed by the state and Community Partners. The evaluation team coordinates with the program to gather information on statewide and Community Partner-run tobacco control ads. This information specifies which ads are running over what time period. For the statewide media, we rely on the media schedule; for the Community Partner-run ads, we extract information from the CAT system. Based on this information, we add questions to the quarterly ATS to capture statewide estimates of New Yorkers' awareness of and reactions to these ads. Complete

data on awareness and reactions to all ads (i.e., SHS and cessation) are presented in Section 4.3. The relevant statistics for SHS ads are presented below.

NYTCP's media activities in support of Goal 1 draw attention to the dangers of SHS, support the CIAA, and promote smoke-free homes and cars. The television ads aired by Community Partners primarily focus on the dangers of SHS and support for the CIAA. The program's Tobacco Control Media Plan notes that NYTCP is using a series of CDC Media Campaign Resource Center (MCRC) television and radio advertisements, including some radio ads that target people who smoke while driving with an emphasis on parents who smoke in cars while their children are riding with them. In the second quarter of 2005, four SHS-related TV ads aired statewide. At this time, we do not have data on New Yorkers' awareness of and reaction to these ads.

Overall, during the period for which we have data from the New York ATS (through Q1 2005), relatively few SHS-related ads have aired statewide (the 2004/2005 Media Plan called for an SHS campaign to run from about April through July 2005), and, although a number of Partners have run ads, they have not covered a large proportion of the state population (Exhibit 4-21). Since this time, additional SHS ads have been run (see Exhibit 2-4b). In Q3 2003, 13.3 percent of New Yorkers reported seeing at least one tobacco control ad with a theme of SHS, after which there was a gap in the airing of these ads through Q1 2004. In Q2, Q3, and Q4 of 2004 28.9, 2.9, and 3.2 percent of New Yorkers reported awareness of at least one SHS ad (for more discussion on all media efforts, see Section 4.3). Based on the literature on media evaluation and our own experience evaluating mass media campaigns, it can take 6 to 12 months to show the impact of ads on knowledge, attitudes, and beliefs. This occurs when the messages are focused on two to three primary themes or messages; the ads reach (defined as the percentage of the population that recalls the ads) a significant proportion of the target audience (in the 2004 IER, we recommended a target of 60 percent); and when the knowledge, attitude, and belief questions are consistent with these themes. Because the program has not aired ads with a consistent theme for long stretches of time (6 to 12 months), we do not expect the media to contribute to gains in related outcomes such as the specific knowledge, attitude, and belief questions captured in the ATS. The combination of media and other activities may contribute to increasing support for the CIAA, but disentangling the effect of media from other activities is difficult to do with certainty.

CIAA Enforcement and Waiver Activity

Turning to relevant activities that are not directed by NYTCP, CEH is responsible for enforcing the CIAA, reviewing and approving waivers to the CIAA, issuing fines, and responding to complaints. CEH is responsible for 21 counties that do not have local health departments. CEH also gathers comparable data from local health departments, including New York City, which they provided to us for this analysis. We are reporting trends in these

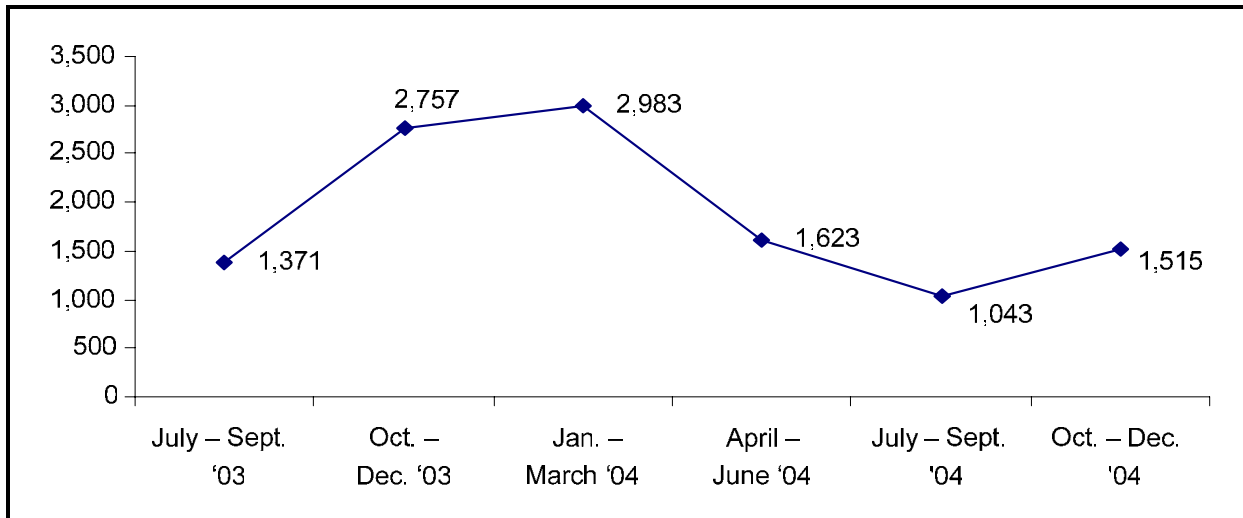
Exhibit 4-21. NYSDOH and Community Partner SHS Television Advertising in New York, Q3 2004–Q1 2005

| Title | Time | Goal Area | NYSDOH/ Community Partner | Message Strategies | Emotion/ Impact |
|--|--------------------|------------------|--|--|----------------------------|
| Bartender | Q3 2003 | SHS | Community Partners | Personal testimony, long-term effects (heart attacks) | Low |
| Outside the Bar | Q3 2003 | SHS | Community Partners | Humor | Low |
| Waitress | Q3 2003 | SHS | Community Partners | Long-term effects of SHS, appeal for CIAA | Low |
| Baby Seat | Q2 2004 | SHS | NYSDOH | Family endangerment, industry quote, health effects to infants | High |
| Sign of the Times | Q2 2004 | SHS | NYSDOH | Social norms | Low |
| Little Girl | Q2 2004 | SHS | NYSDOH | Personal testimony, short-term effects of SHS | Low |
| Front Porch | Q2 2004 | SHS | NYSDOH | Personal testimony, family endangerment | Low |
| Never Smoke | Q2 2004 | SHS | NYSDOH | Personal testimony, short-term effects of SHS | Low |
| Clean Indoor Air Testimonials for Business | Q3 2004 | SHS | Community Partners | Personal testimony | Low |
| Heather Crowe | Q3 2004 Q4 2004 | SHS | Community Partners | Personal testimony, long-term effects | High |
| CIAA Testimonials in Mall | Q3 2004 | SHS | Community Partners | Personal Opinions | Low |
| Paul Decker | Q3 2004 | SHS | Community Partners | Personal Testimony, long term effects of SHS (lung cancer) | High |
| Smoke Free New York | Q3 2004 | SHS | Community Partners | Child Endangerment | Low |

data from July 2003 to December 2004 to provide context that will help interpret subsequent analyses presented below. All statistics on enforcement and waiver activity reported in Exhibits 4-22 through 4-25 combine data on the CIAA and New York City’s Smoke-free Air Act.

Exhibit 4-22 shows the pattern of reported complaints for the first 18 months of CIAA implementation. These data show that the number of complaints hit a peak in January to March 2004 and reached their lowest point 1 year after implementation, only to increase in the next quarter. Although the latest number of complaints is half of the peak, these data suggest that there are continued violations of the law.

Exhibit 4-22. Number of CIAA-related Complaints



CEH and local health departments conduct investigations of CIAA violations both independently and in response to complaints. Exhibit 4-23 shows a somewhat different pattern compared to consumer complaints—the number of investigations remained relatively stable through Q3 2004, hovering around 20,000 investigations per quarter before dropping in the last quarter of 2004 to 11,524 investigations.

The most telling figure is the number of CIAA violations over time (Exhibit 4-24). This shows that violations began to drop steadily beginning in the second quarter of 2004. These data suggest that compliance continues to improve but that violations still exist at 300 per quarter. Given the total number of establishments subject to the CIAA and the large number of investigations that are conducted, it appears based on these data that compliance is fairly high.

Exhibit 4-23. Number of CIAA-related Investigations

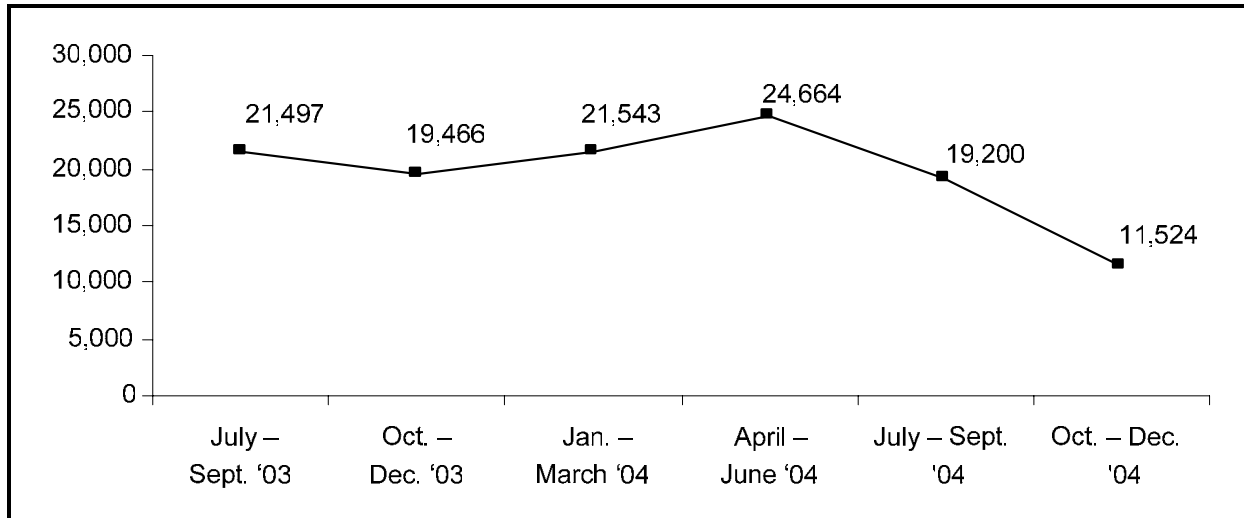
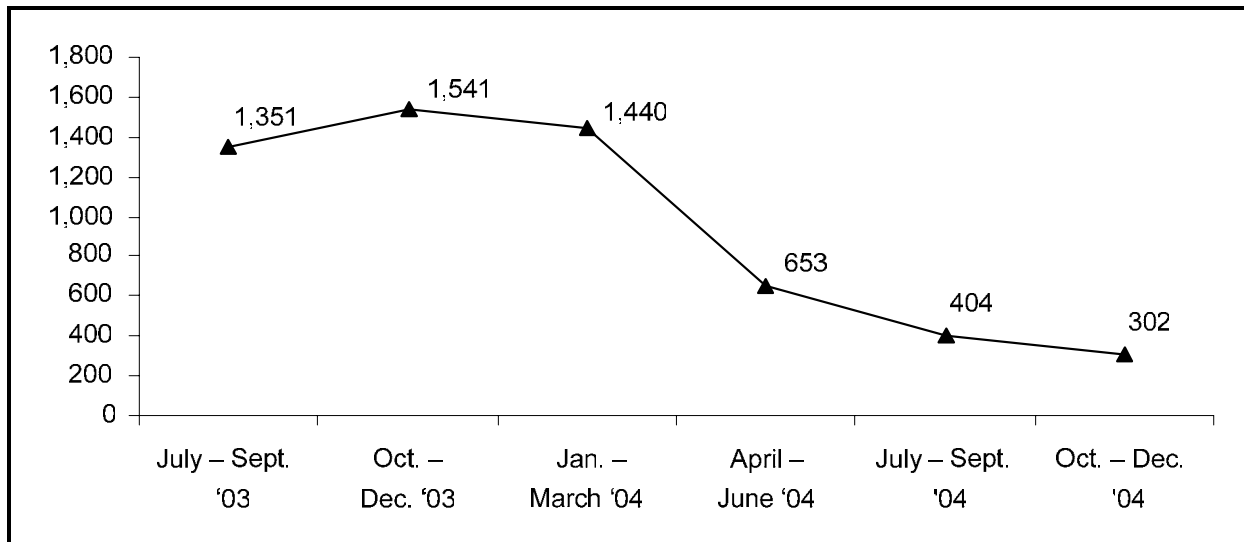
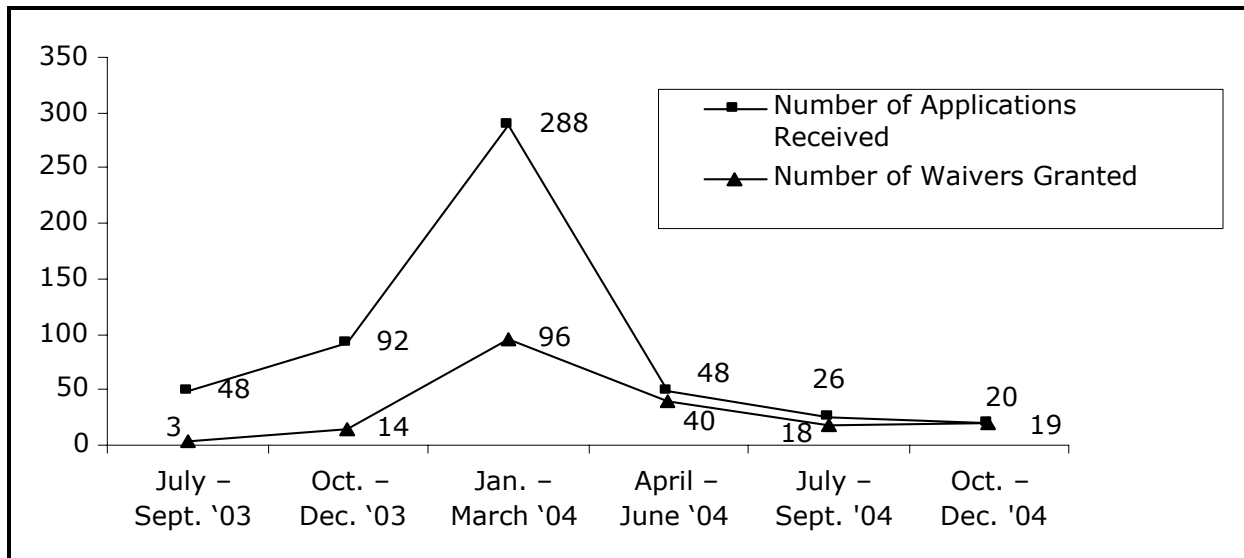


Exhibit 4-24. Number of CIAA Violations



Finally, because some establishments request waivers from the CIAA that permit smoking indoors under certain circumstances (i.e., in a separately ventilated room where no service is provided), we present trends in the number of waiver applications received and granted (Exhibit 4-25). Overall, very few waivers have been granted, and this likely has a minimal impact on smoking in the workplace.

In subsequent sections, we present trends in self-reported observations of smoking in workplaces, bars, and restaurants from the New York ATS to further evaluate compliance with the CIAA.

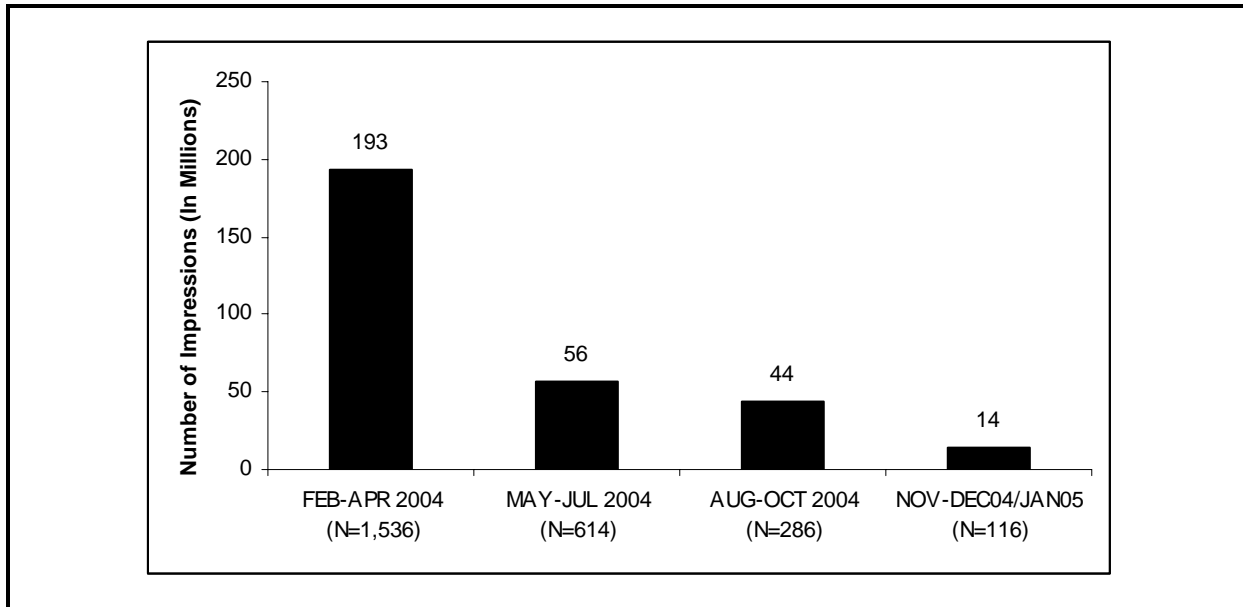
Exhibit 4-25. Number of CIAA Waiver Applications Received and Granted

4.2.3 How Have SHS-Related Topics Been Covered in the Print News Media?

Our Tobacco News Tracking system currently provides data on the volume of tobacco-related news articles from February 2004 to January 2005. As described in Chapter 3, all articles are coded for a primary theme. One of those themes is “Secondhand Smoke and Smoke-Free Policies.” We can better understand and interpret changes in attitudes related to SHS, in part, by documenting the amount and slant of tobacco-related news coverage. We explored the potential reach of SHS-related news stories as measured by article impressions. Article impressions were calculated by adding circulation estimates among all articles published in a particular newspaper. Exhibit 4-26 shows a steady decline in the number of article impressions of news stories covering SHS-related topics among all tobacco-related articles. This is likely due to decreased coverage related to the CIAA and New York City’s smoke-free law. There was considerable coverage of the 1-year anniversary of the New York City (March 31, 2004) and New York State (July 24, 2004) laws, after which coverage declined.

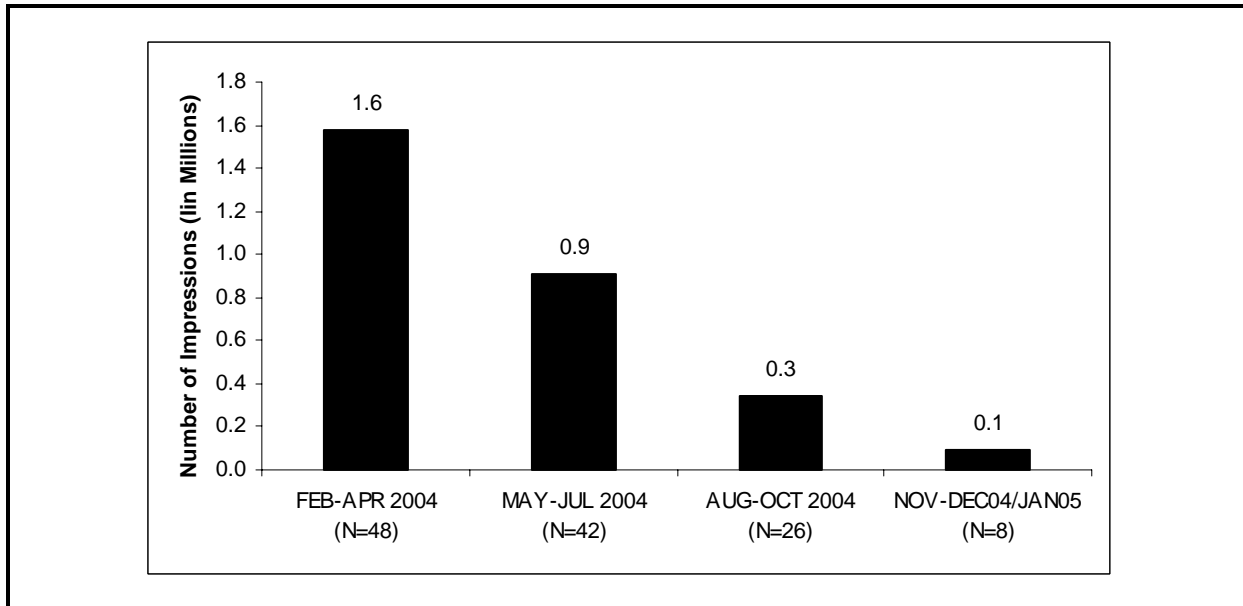
In addition to coding the primary theme, we record whether one of the funded Community Partners was mentioned in the article as a proxy for their involvement in generating news coverage of the topic. Exhibit 4-27 illustrates the number of article impressions (defined as the number of articles multiplied by the circulation of the corresponding periodical) of SHS-related articles that specifically mentioned a Community Partner. Such news coverage tended to occur in specific months, usually in conjunction with major SHS-related milestones. For instance, based on the pattern of Community Partner citations in the SHS-related news coverage, it appears that there was a concerted effort to draw attention to the

Exhibit 4-26. Number of Tobacco-Related Articles with a Theme of Secondhand Smoke and Smoke-Free Policies, February 2004–January 2005



Note: N = actual number of articles.

Exhibit 4-27. Articles Mentioning a Community Partner with a Theme of Secondhand Smoke and Smoke-Free Policies



Note: N = actual number of articles.

1-year anniversary of the CIAA. These efforts occurred primarily in July 2004, when 28 out of 200 SHS-related articles mentioned a Community Partner. A majority of these articles were news stories presenting opposing viewpoints concerning the CIAA, where a Community Partner member was quoted on various issues such as the positive results of the CIAA or the dangers of SHS. Only a small number of these articles were editorials or letters to the editor authored by Community Partnership members highlighting the success of the CIAA.

Media advocacy, which includes editorial board visits, the cultivation of relationships with the media, the issuance of press releases and letter writing campaigns, can be an effective strategy to promote changes in attitudes, behavior, and public policy by reframing ways that the public perceives and thinks about SHS issues (Durrant et al., 2003). Chapman and Dominello (2001) point out that issuing a press release to major newspapers can significantly increase coverage of tobacco in the news. Chapman and Dominello (2001) found that six press releases generated 58 stories in a 5-week period or 20.5 percent of all tobacco-related news stories during the study period. Although we have not yet linked partner's media advocacy to changes in media coverage and/or changing attitudes, we will be able to do this as more data become available on Community Partner efforts to influence news media coverage (via CAT).

An example of how media advocacy can be an effective strategy comes from California. Public health advocates were able to enact the California Smokefree Workplace Law and defend it against tobacco industry efforts to repeal it in part by engaging the public through the media and using this public pressure to influence the state legislature (Magzamen, Charlesworth, and Glantz, 2001). Media efforts conducted by tobacco control advocates, including local health departments, consisted of holding press conferences, releasing polls showing public support for the law, and using grassroots networks to write letters and visit editorial boards (Magzamen and Glantz, in press). Although there is some evidence that news media coverage of tobacco issues can influence decisions concerning public policies, no published literature has established a link between the slant of tobacco-related news coverage and changes in smoking attitudes and beliefs (Durrant et al., 2003).

4.2.4 Has Overall Exposure to SHS Among Adults and Youth Declined Over Time?

Adult Exposure to SHS

To assess changes in adults' exposure to SHS over time, we present data on self-reported number of hours that adults overall, nonsmokers, and smokers spent in a room where someone was smoking in the past 7 days. These data are based on the quarterly ATS with one exception. We collected 1,024 interviews prior to the July 24, 2003, implementation of the CIAA. One might expect that trends in exposure to SHS and other outcomes may have changed as a result of the CIAA. However, it is important to keep in mind that Nassau and Westchester Counties and New York City implemented comprehensive smoke-free laws prior

to the start of ATS data collection. Because these areas include more than half of the state's population, some of the impact of smoke-free laws will not be captured in our data, which only capture the effect of the statewide CIAA on the remainder of the state.

Exhibit 4-28 shows that the average number of hours of exposure has remained relatively stable, around 4 hours, from Q3 2003 to Q1 2005. The trend in the number of hours exposed to SHS in a vehicle is also stable over this period, hovering around 1 hour (Exhibit 4-29).

However, these aggregate data mask differences in exposure to SHS over time between nonsmokers and smokers. Exhibit 4-30 shows that exposure for nonsmokers dropped from the period prior to the CIAA to Q1 2004 and shows a statistically significant trend across all periods. In contrast, average hours that smokers spent in a room where someone was smoking in the past 7 days nearly doubles from the first period to the last quarter of data collection (Exhibit 4-31), suggesting that smokers are now smoking more in groups. Although it is reasonable to assume that the CIAA may have influenced where and when smokers choose to smoke, it is somewhat surprising to observe such a marked change. The data on exposure to SHS in vehicles among nonsmokers and smokers (Exhibits 4-32 and 4-33) show no significant change among nonsmokers but an increasing trend among smokers ($p < 0.001$).

Youth Exposure to SHS

The YTS asks youth to report how many days they spent in a room (and car) with a smoker in the past 7 days ("During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?" and "During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?"). From 2000 to 2004, self-reported exposure to SHS in both rooms and cars has steadily decreased for middle and high school students. Exhibit 4-34 shows a statistically significant decrease in the average number of days middle school students ($p < 0.001$) and high school students ($p < 0.001$) report being in a room with a smoker in the past 7 days. A similar pattern is true for the average number of days middle school students ($p = 0.003$) and high school students ($p < 0.004$) were in a car with a smoker in the past 7 days (Exhibit 4-35).

National trends in exposure to SHS are not yet available against which we could compare progress in reducing exposure to SHS. However, the declines in exposure to SHS in New York are consistent with an impact of the CIAA.

Exhibit 4-28. Average Number of Hours in the Past 7 Days That Adults Spent in a Room Where Someone Was Smoking, ATS Q3 2003–Q1 2005

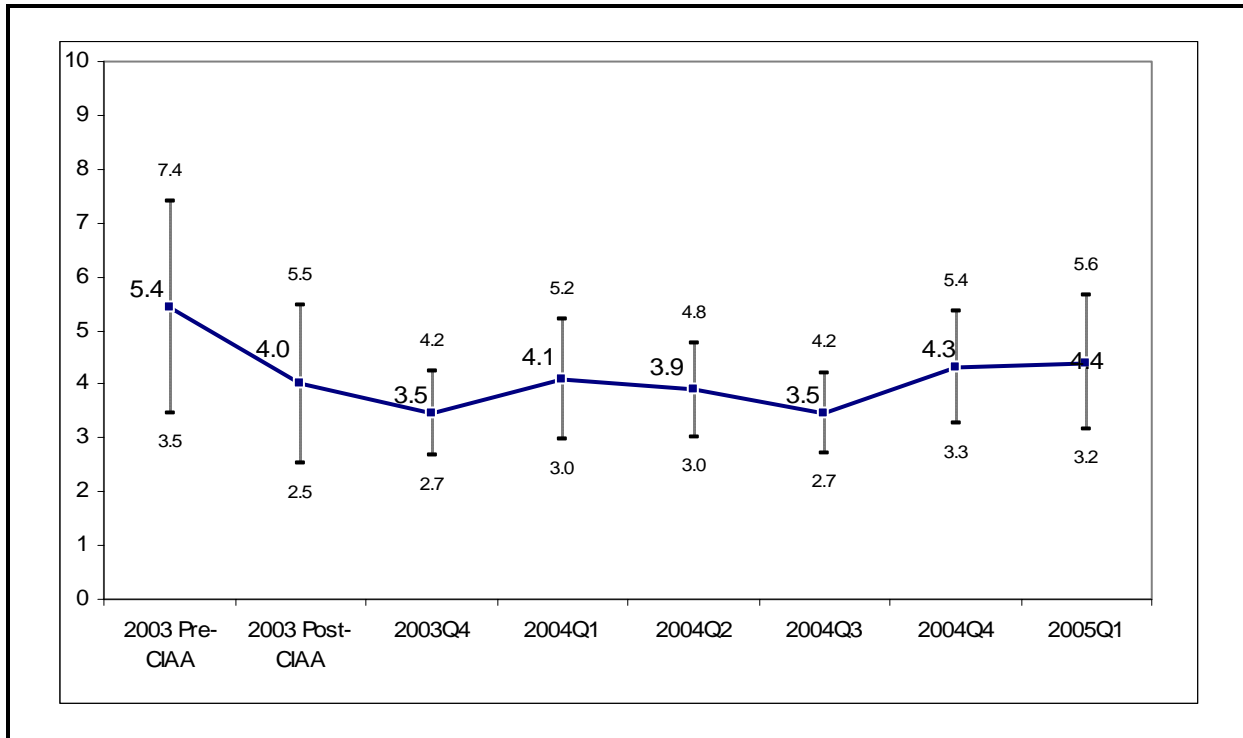


Exhibit 4-29. Average Number of Hours in the Past 7 Days That Adults Spent in a Vehicle Where Someone Was Smoking, ATS Q3 2003–Q1 2005

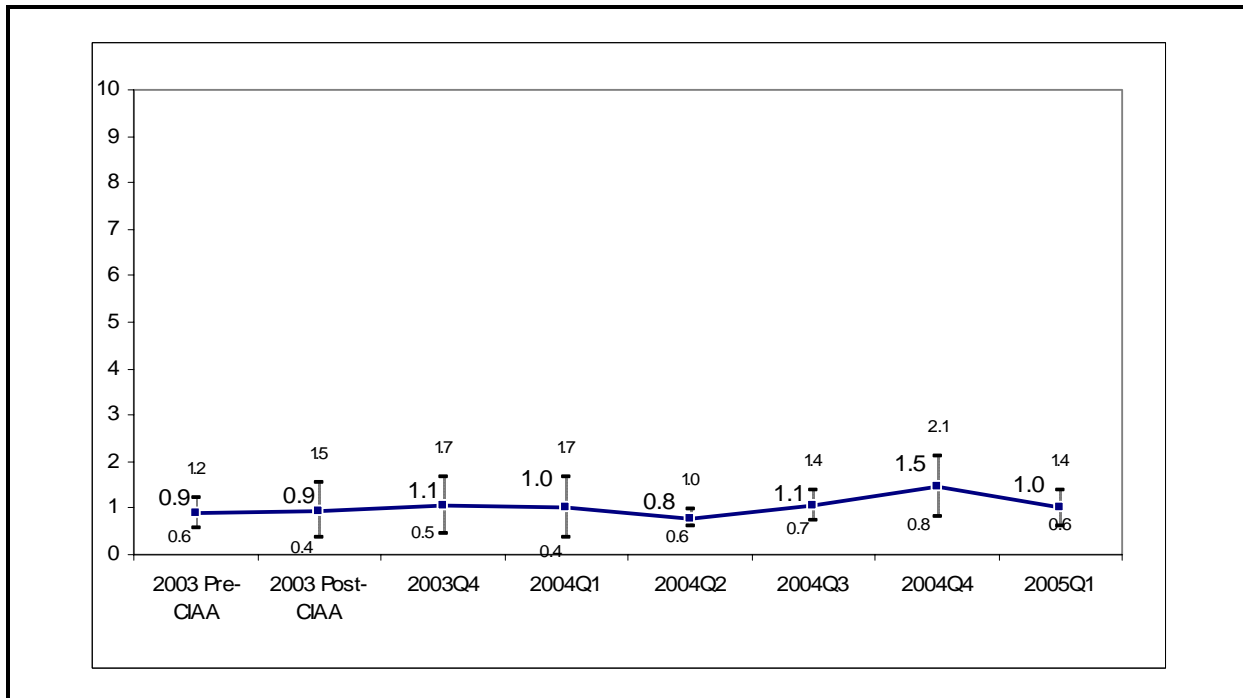


Exhibit 4-30. Average Number of Hours in the Past 7 Days That Adult Nonsmokers Spent in a Room Where Someone Was Smoking, ATS Q3 2003–Q1 2005

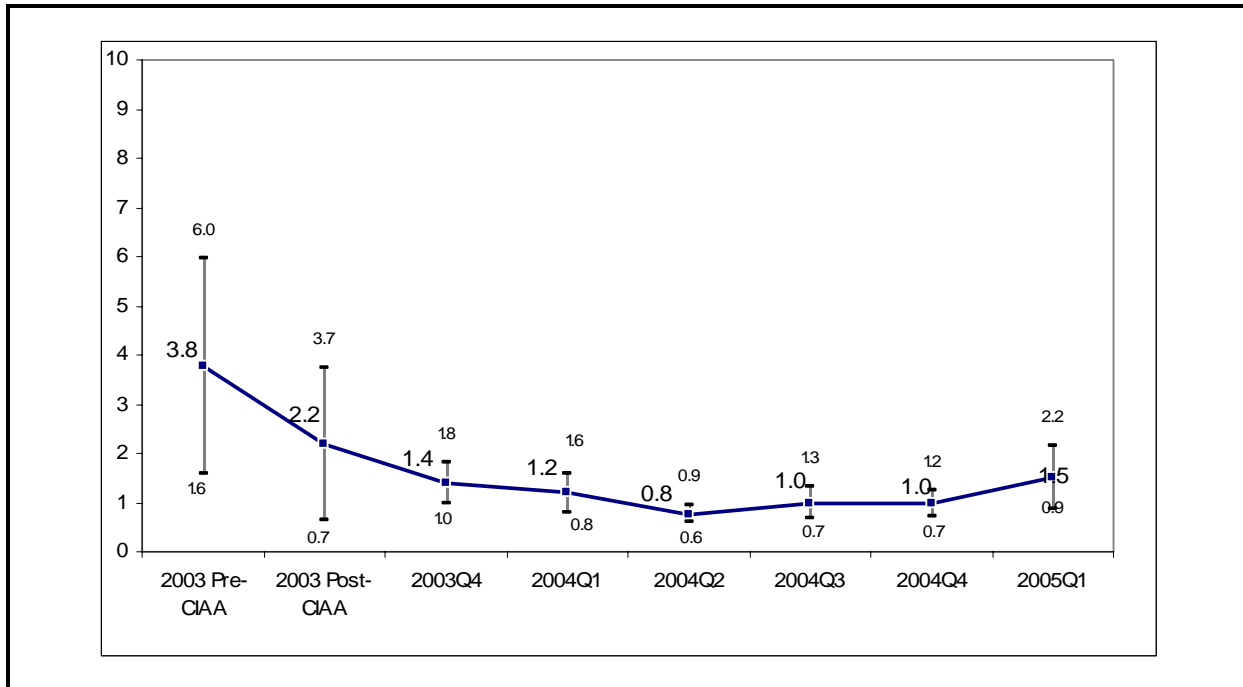


Exhibit 4-31. Average Number of Hours in the Past 7 Days That Adult Smokers Spent in a Room Where Someone Was Smoking, ATS Q3 2003–Q1 2005

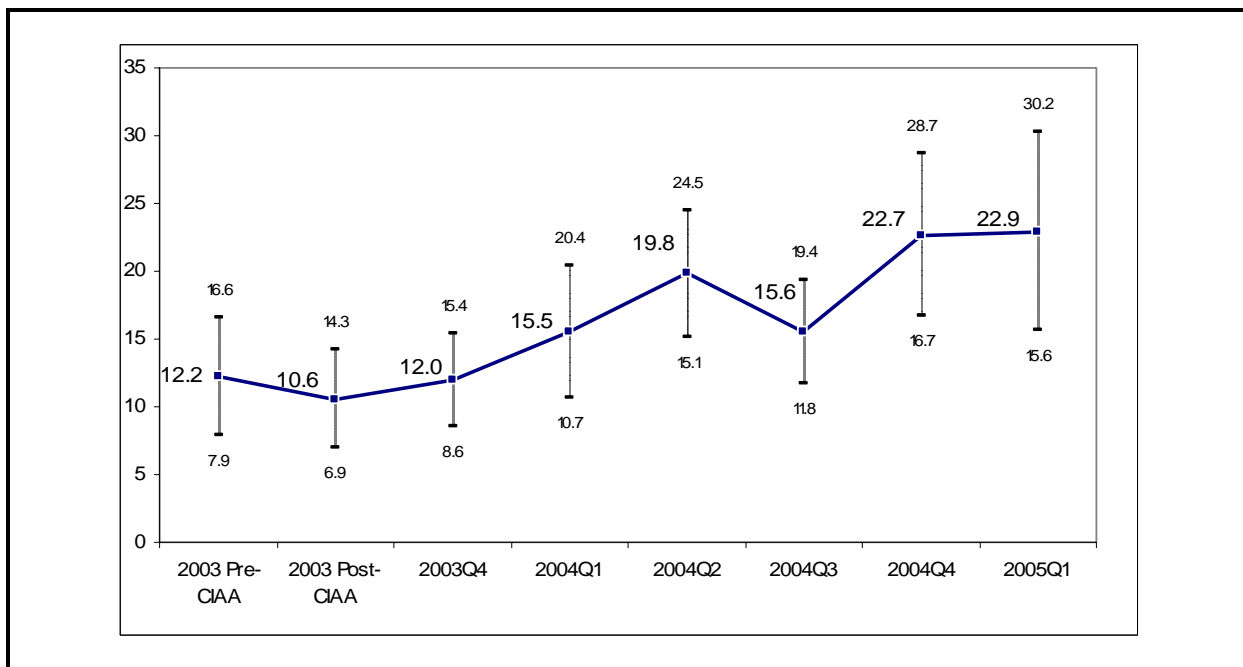


Exhibit 4-32. Average Number of Hours in the Past 7 Days That Adult Nonsmokers Spent in a Vehicle Where Someone Was Smoking, ATS Q3 2003–Q1 2005

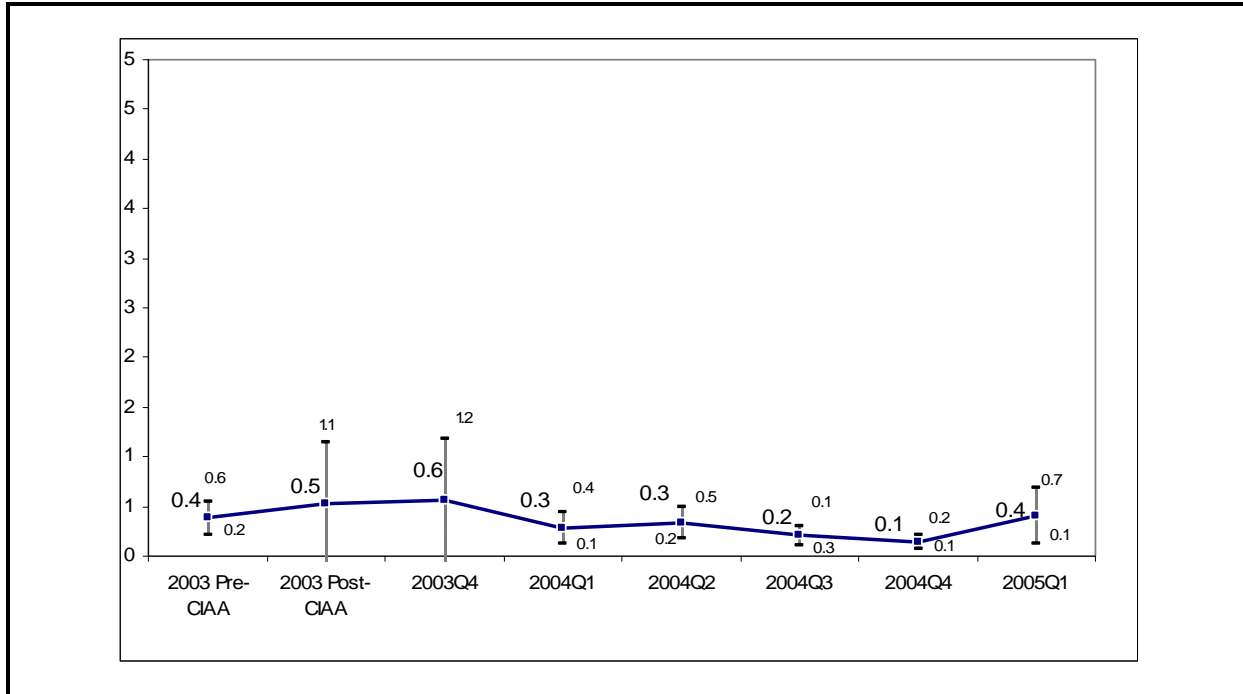


Exhibit 4-33. Average Number of Hours in the Past 7 Days That Adult Smokers Spent in a Vehicle Where Someone Was Smoking, ATS Q3 2003–Q1 2005

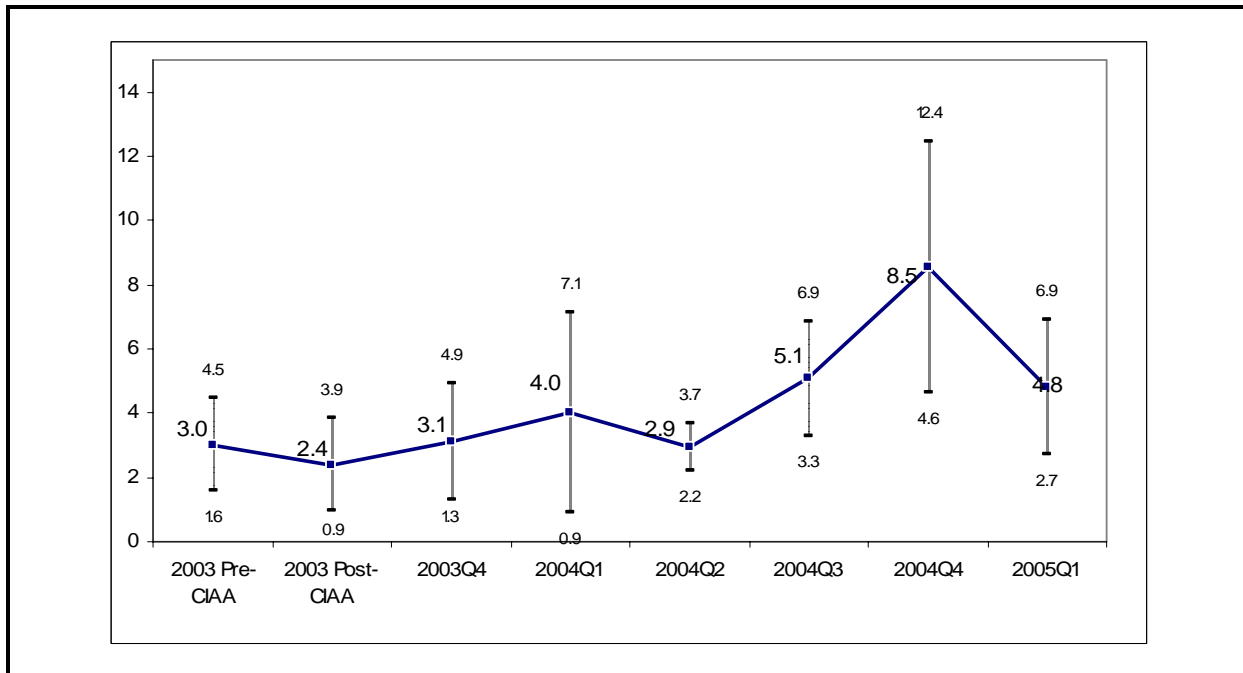


Exhibit 4-34. Number of Days in the Past Week Middle and High School Students Were in a Room with a Smoker, YTS 2000–2004

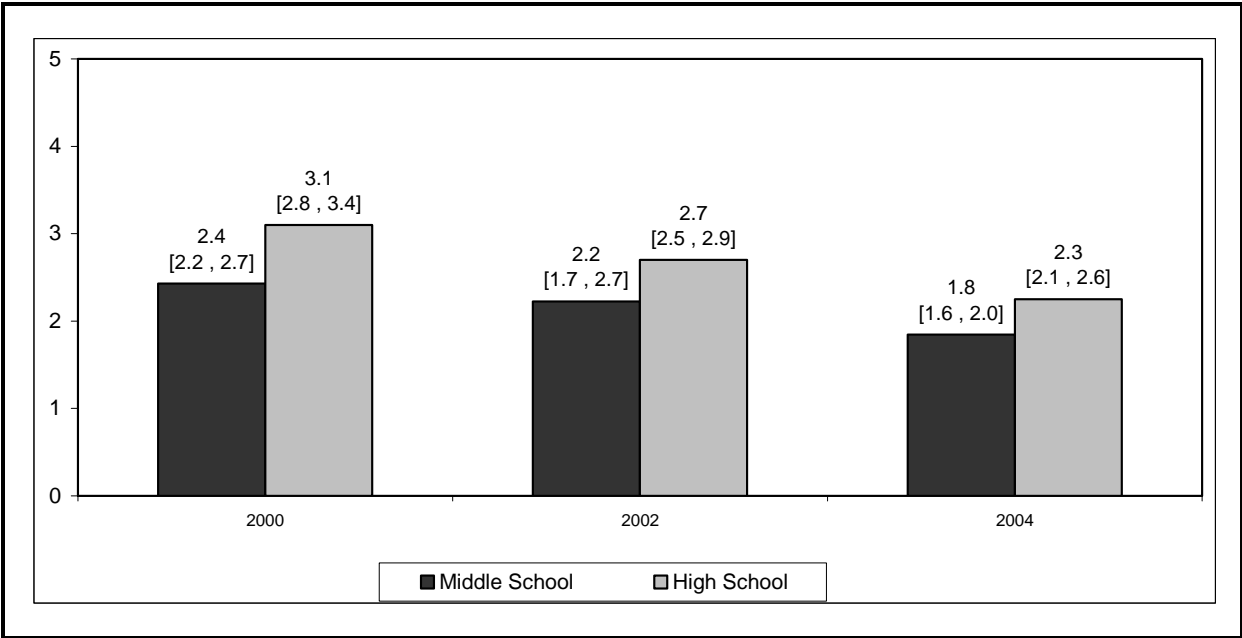
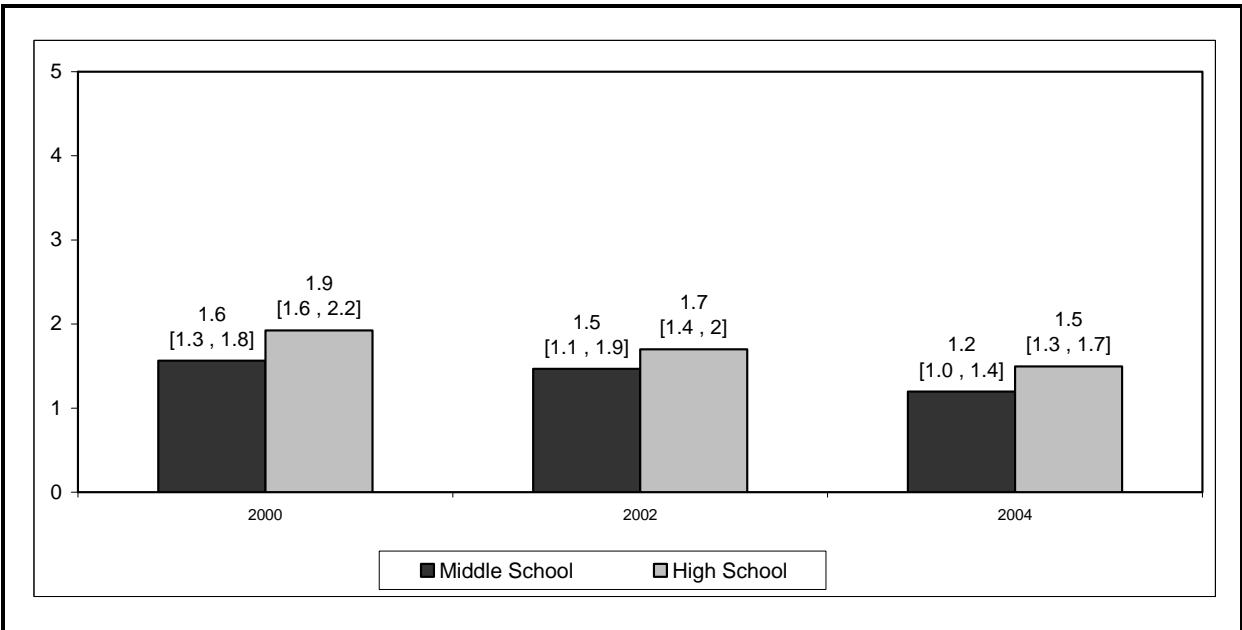


Exhibit 4-35. Number of Days in the Past Week Middle and High School Students Were in a Car with a Smoker, YTS 2000–2004



Although progress has clearly been made in reducing SHS exposure in rooms and cars among middle and high school students, it is important to examine whether the same holds true for middle school and high school students who live in households with smokers. As illustrated in Exhibits 4-36 and 4-37, the average number of days of exposure to SHS in a room declined from 2000 to 2004 for middle and high school students living with and without a smoker ($p < 0.001$ in all cases). However, the average number of days of exposure is considerably higher, as expected, for youth living with a smoker. A similar pattern holds true for exposure to SHS in cars for middle and high school students living with and without a smoker ($p < 0.02$) (Exhibits 4-38 and 4-39).

Although the average number of days of exposure to SHS in rooms and cars is declining, youth who live with smokers continue to be subject to high levels of exposure. Because it is likely that the majority of this exposure occurs in the home, voluntary restrictions on smoking in homes and cars (discussed below) must increase to reduce youth's risk of chronic respiratory problems due to SHS exposure.

Exhibit 4-36. Number of Days in the Past Week Middle School Students Were in a Room with a Smoker by Household Smoking Status, YTS 2000–2004

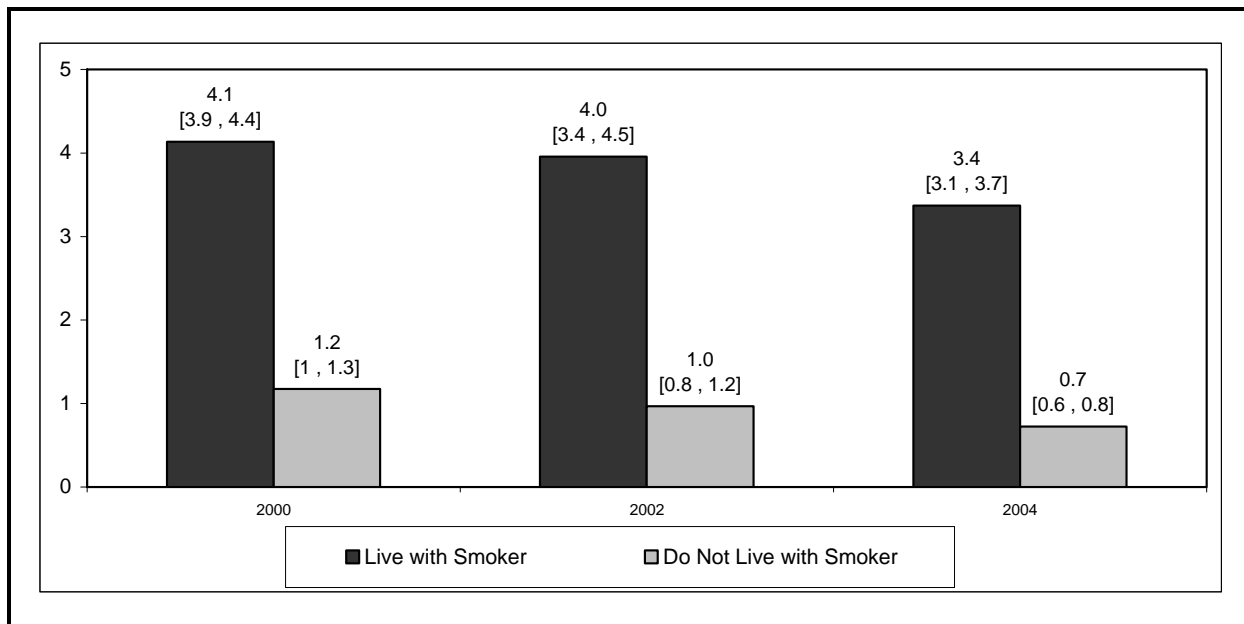


Exhibit 4-37. Number of Days in the Past Week High School Students Were in a Room with a Smoker by Household Smoking Status, YTS 2000–2004

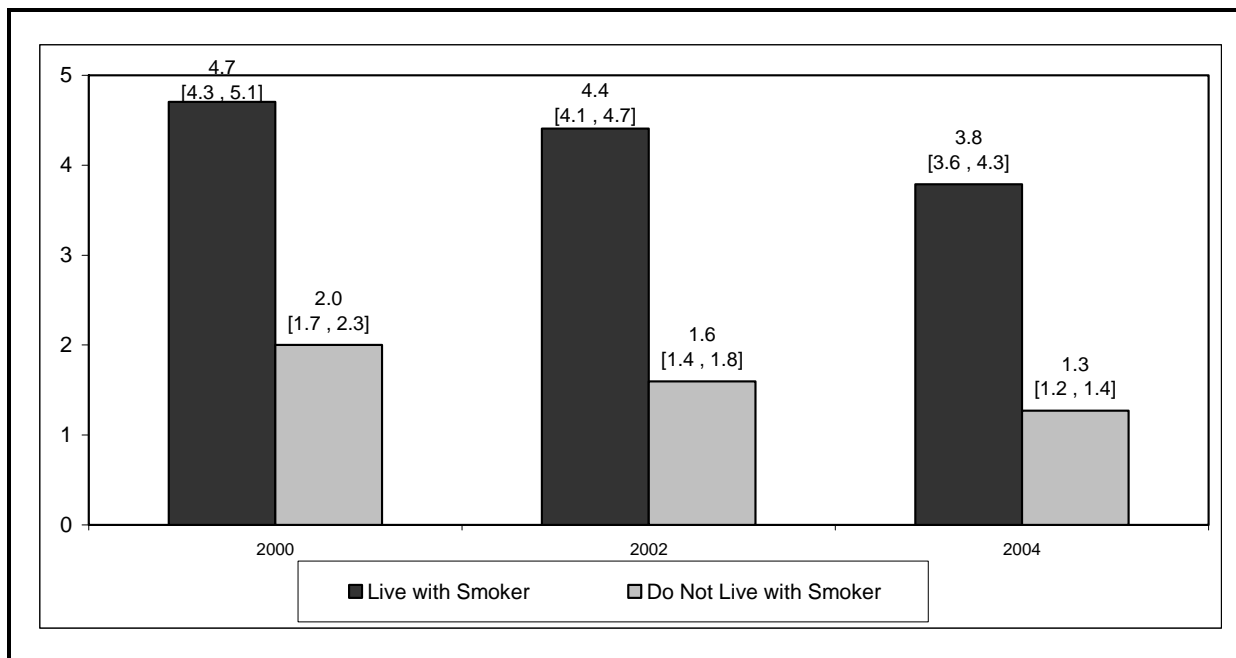


Exhibit 4-38. Number of Days in the Past Week Middle School Students Were in a Car with a Smoker by Household Smoking Status, YTS 2000–2004

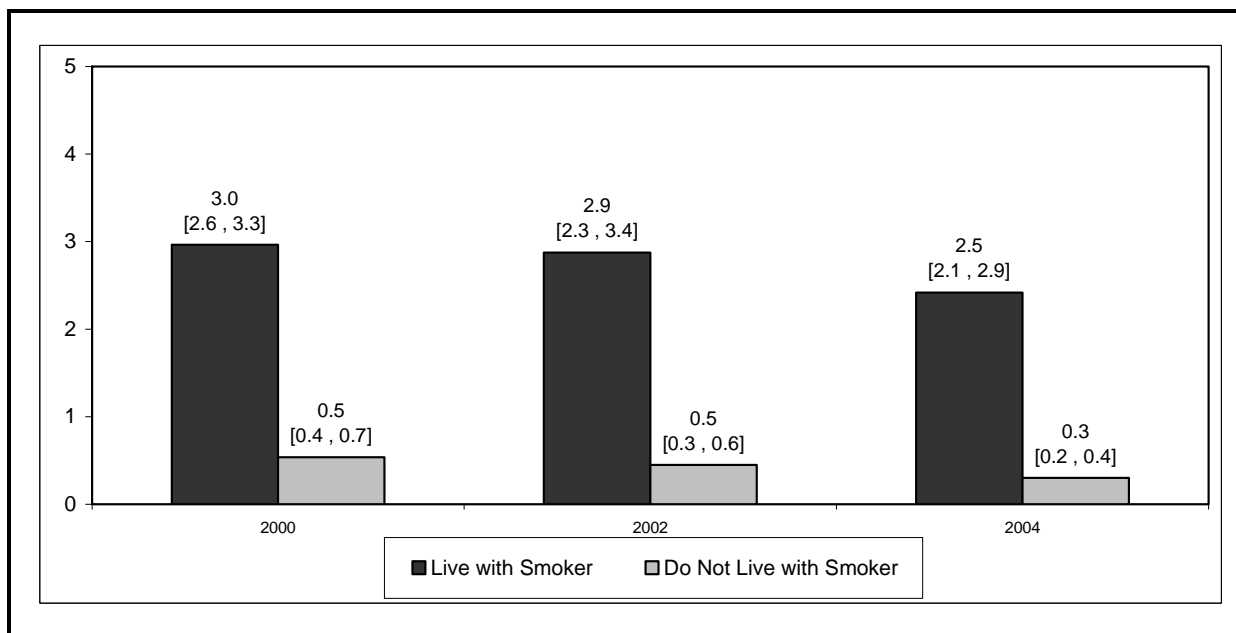
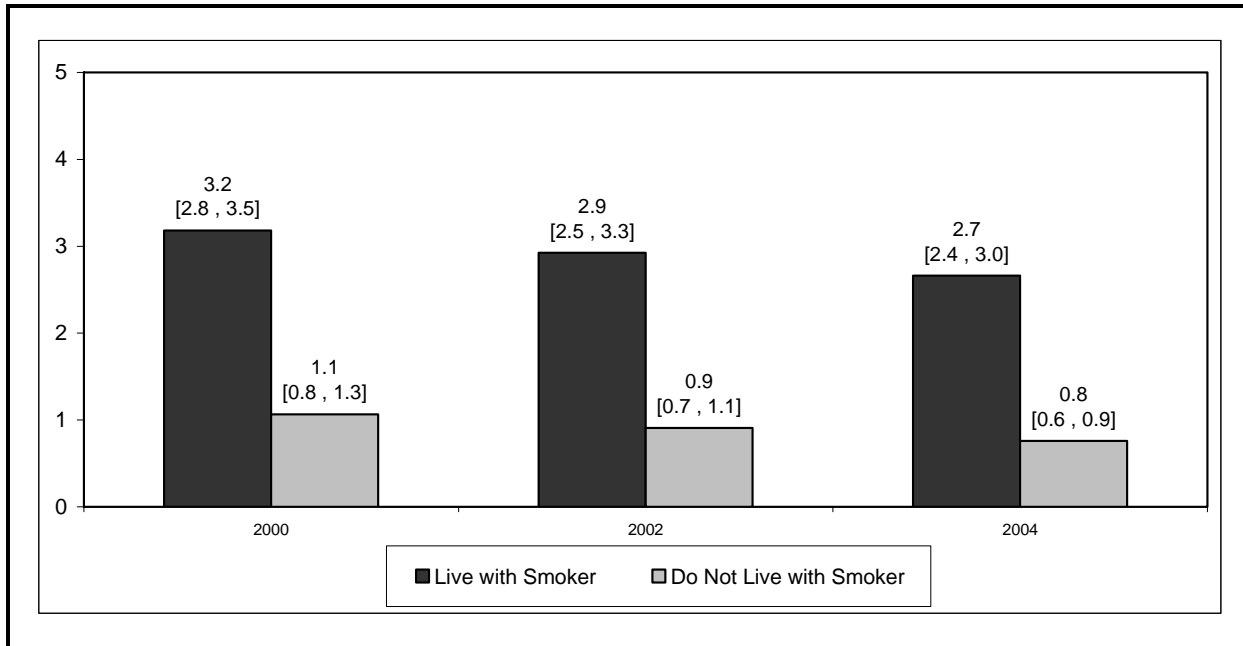


Exhibit 4-39. Number of Days in the Past Week High School Students Were in a Car with a Smoker by Household Smoking Status, YTS 2000–2004



4.2.5 Has Exposure to SHS in the Workplace Declined Over Time?

The ATS asks workers who work primarily indoors to report whether they observed smoking in the past 7 days in their work area. Exhibit 4-40 shows results similar to the 2004 IER: approximately 10 percent of workers continue to report observing smoking in their workplace despite the CIAA that bans smoking in virtually all workplaces. In addition, there is no statistically significant downward trend in this measure. These reported results do not differ significantly by smoking status of the ATS respondent.

The results for observing smoke in the workplace are consistent with the data on 100 percent smoke-free workplaces. Exhibit 4-41 reports the percentage of workplaces (for indoor workers) that are 100 percent smoke-free. This percentage fluctuated between 78 and 85 percent from Q3 2003 to Q1 2005 and shows no statistically significant trend nor any differences based on smoking status of the respondent.

4.2.6 Are Bars and Restaurants Complying with CIAA?

Exposure to SHS in Bars and Restaurants

We conducted the Employee Health Study to assess changes in tobacco smoke exposure among a cohort of nonsmoking hospitality workers (workers in restaurants, bars, or bowling facilities) after the statewide CIAA went into effect. To assess self-reported exposure to

Exhibit 4-40. Percentage of Indoor Workers Who Reported Seeing Smoking in their Work Area in the Past Week, ATS Q3 2003–Q1 2005

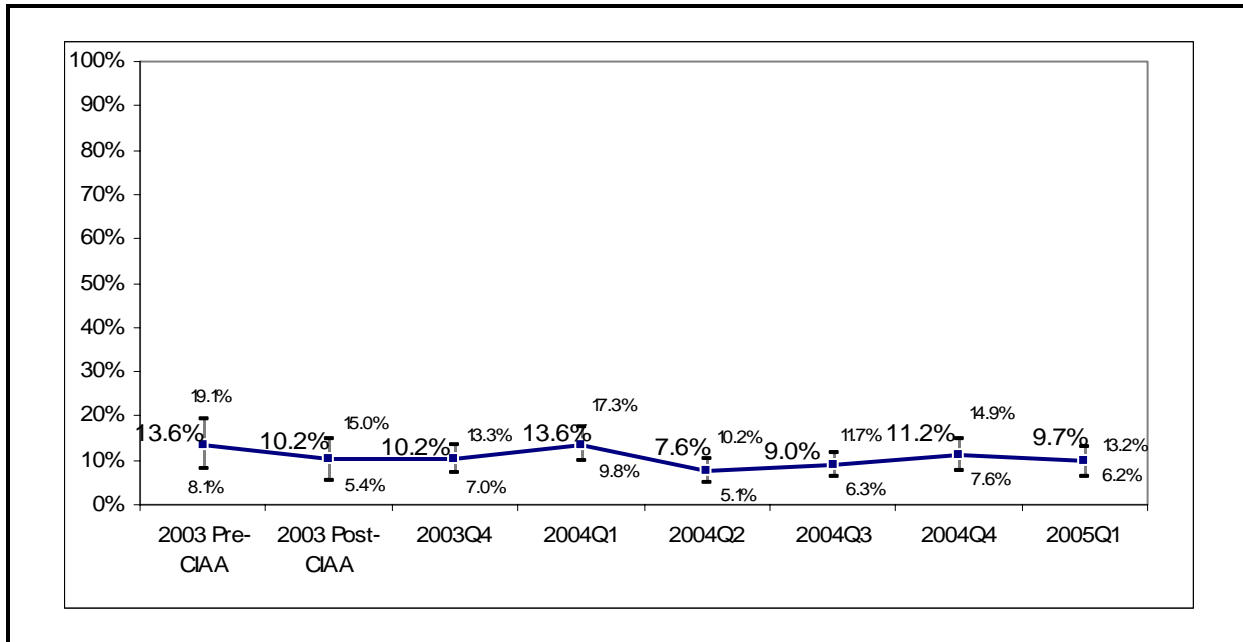
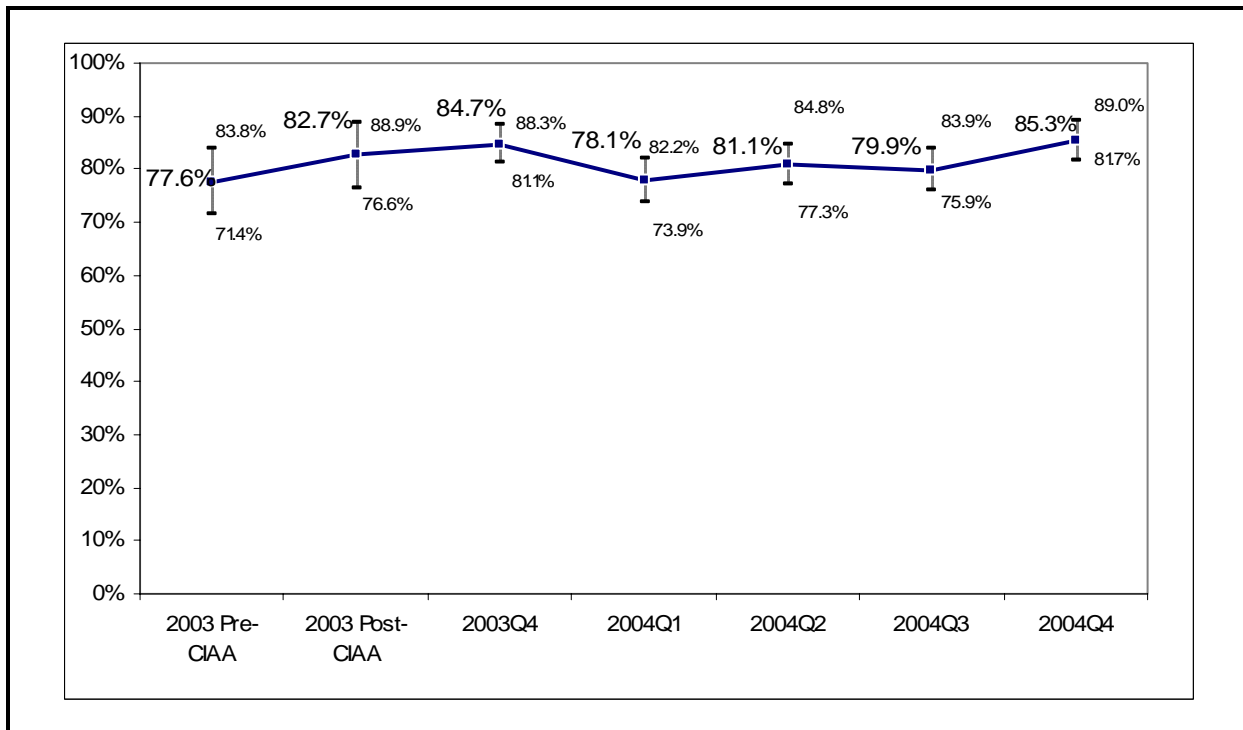


Exhibit 4-41. Percentage of Indoor Workers with Smoke-Free Workplaces, ATS Q3 2003–Q4 2004



tobacco smoke in the workplace and other settings, hospitality workers participated in a survey prior to implementation of the CIAA (baseline) and 3, 6, and 12 months after the CIAA went into effect. In addition, tobacco smoke exposure was measured by mean cotinine (a metabolite of nicotine) levels (ng/ml), which were obtained from saliva samples after each of two work shifts. Results from the baseline and 3-month follow-up were presented in the 2004 IER. Below we summarize results of the complete study (Farrelly et al., 2005). Analyses are restricted to the 24 participants who completed all waves of the study (saliva cotinine test and survey) and had cotinine levels ≤ 15 ng/mL. Above this level suggests that the participant was either an active smoker or was taking NRT—two exclusion criteria for the study.

From baseline to the 12-month follow-up, total exposure to SHS from all sources declined by 94 percent from 14.5 hours to 0.8 hours ($p < 0.001$) (Exhibit 4-42). The decrease in SHS exposure in hospitality workplaces represents an even greater change in exposure levels before and after the smoking prohibition went into effect. SHS exposure in those workplaces declined by 98 percent ($p < 0.001$), from 12.1 to 0.2 hours.

Exhibit 4-42. Mean Exposure to Secondhand Smoke for Respondents by Wave

| Exposure to SHS | Baseline | 3-Month | 6-Month | 12-Month | P-Value ^a | Trend ^b |
|--|---------------------|--------------------|-------------------|-------------------|----------------------|--------------------|
| Total hours exposed to SHS | 14.5 [10.5,18.6] | 2.9 [-0.27,6.0] | 1.4 [0.2,2.6] | 0.8 [0.0,1.6] | <0.001 | <0.001 |
| Hours exposed to SHS at hospitality workplaces | 12.1 [8.0,16.3] | 1.6 [-1.01,4.2] | 0.1 [-0.1,0.2] | 0.2 [-0.1,0.5] | <0.001 | <0.001 |

^aP-values from baseline to 12-month follow-up from Wilcoxon Sign Rank Test.

^bP-values from Cuzick nonparametric trend test across all waves.

Consistent with the declines in self-reported SHS exposure, cotinine levels significantly decreased between baseline and 12-month follow-up. Overall, mean cotinine levels decreased from 3.6 ng/ml at baseline to 0.8 ng/ml at 12-month follow-up ($p < 0.001$) (Exhibit 4-43).

Exhibit 4-43. Change in Mean Cotinine Levels by Wave

| Cotinine Level (nanograms per milliliter) | Baseline | 3-month | 6-month | 12-month | P-value ^a | Trend ^b |
|---|------------------------|------------------------|------------------------|-------------------------|----------------------|--------------------|
| Mean cotinine level | 3.6 [2.6,4.7] 24 | 1.7 [1.4,2.0] 24 | 1.9 [1.4,2.3] 24 | 0.78 [0.4,1.2] 24 | <0.001 | <0.001 |

^aP-values from baseline to 12-month follow-up from Wilcoxon Sign Rank Test.

^bP-values from Cuzick nonparametric trend test across all waves.

In addition to assessing changes in SHS exposure, we also assessed self-reported changes in experiencing sensory irritation (eyes, nose, and/or throat) and respiratory symptoms (wheeze, shortness of breath, morning cough, cough during the remainder of the day or night, and/or phlegm). Changes in sensory irritations and respiratory symptoms were assessed using the same survey that assessed self-reported exposure to tobacco smoke. The questions were adapted by Eisener et al. (1998) from respiratory and sensory symptom questions from the International Union Against Tuberculosis and Lung Disease Bronchial Symptoms Questionnaire. To measure the overall change in symptoms as a result of the law, indicators of whether the respondents experienced any sensory symptoms and any respiratory symptoms were created. To measure the average number of symptoms that participants reported before and after smoking was restricted, two symptoms scales using the sum of respiratory or sensory symptoms were created.

Exhibit 4-44 reports the changes in self-reported sensory and respiratory symptoms after the CIAA went into effect. Between baseline and the 12-month follow-up, the percentage of hospitality workers who reported experiencing any one of the sensory symptoms decreased from 88 percent to 38 percent ($p < 0.001$), and the percentage of workers experiencing individual sensory symptoms significantly decreased. Furthermore, the total number of sensory symptoms experienced by hospitality workers (symptom scale) declined by 69 percent ($p < 0.01$) from baseline (1.6 symptoms) to the 12-month follow-up (0.5 symptoms). There were no statistically significant changes in hospitality workers experiencing respiratory symptoms after the CIAA went into effect.

The results of the study demonstrate that the law is having its intended effect of reducing employee exposure to a toxic substance in the workplace. Three months after implementation of a statewide law prohibiting smoking in restaurants, bars, and bowling facilities, workers in these establishments experienced substantial reductions in exposure to SHS measured by self-reported exposure and saliva cotinine. In addition, exposure continued to decline through 12 months after implementation and was accompanied by declines in sensory and respiratory symptoms.

To complement the data from the Employee Health Study, we present the percentage of restaurant and bar patrons who observed smoking in these venues in the past 30 days from the ATS through Q1 2005. In the 2004 IER, we reported that the CIAA reduced exposure to SHS in bars, restaurants, bowling alleys, and bingo parlors and that compliance was high with the exception of bars and bingo parlors.

Exhibit 4-45 shows that after implementation of the CIAA, a very low percentage of restaurant patrons report observing smoking. In contrast, Exhibit 4-46 presents a sharp and steady decrease in reports of smoking by bar patrons through Q2 2004 ($p < 0.001$) and a steady increase thereafter from 13.4 (Q2 2004) to 27.7 (Q1 2005) ($p < 0.001$). These findings suggest that investigations of compliance by CEH and local health departments

Exhibit 4-44. Self-Reported Sensory Symptoms for Respondents of Both Waves

| | Baseline | 3-Month | 6-Month | 12-Month | P-Value ^a | Trend ^b |
|--|---------------------|---------------------|---------------------|---------------------|----------------------|--------------------|
| Sensory Symptoms | | | | | | |
| Proportion with red or irritated eyes | 0.67 [0.44,0.83] | 0.21 [0.08,0.43] | 0.12 [0.04,0.34] | 0.25 [0.11,0.47] | 0.004 | 0.002 |
| Proportion with runny nose, sneezing, or nose irritation | 0.54 [0.33,0.74] | 0.42 [0.23,0.63] | 0.50 [0.30,0.70] | 0.12 [0.04,0.34] | 0.002 | 0.009 |
| Proportion with sore or scratchy throat | 0.42 [0.23,0.63] | 0.33 [0.17,0.56] | 0.25 [0.11,0.47] | 0.17 [0.06,0.39] | 0.058 | 0.046 |
| Proportion that experienced any one of sensory symptoms | 0.88 [0.66,0.96] | 0.67 [0.44,0.83] | 0.54 [0.33,0.74] | 0.38 [0.20,0.59] | <0.001 | <0.001 |
| Sum of sensory symptoms (sensory symptom scale) | 1.63 [1.22,2.03] | 0.96 [0.57,1.34] | 0.88 [0.46,1.29] | 0.54 [0.19,0.89] | <0.001 ^c | <0.001 |
| Upper Respiratory Symptoms | | | | | | |
| Proportion that experienced wheezing or whistling in chest | 0.21 [0.08,0.43] | 0.08 [0.02,0.30] | 0.21 [0.08,0.43] | 0.12 [0.04,0.34] | 0.157 | 0.708 |
| Proportion that felt short of breath | 0.17 [0.06,0.39] | 0.12 [0.04,0.34] | 0.17 [0.06,0.39] | 0.08 [0.02,0.30] | 0.157 | 0.507 |
| Proportion that experienced coughing in morning | 0.21 [0.08,0.43] | 0.12 [0.04,0.34] | 0.08 [0.02,0.30] | 0.08 [0.02,0.30] | 0.083 | 0.17 |
| Proportion that experienced coughing at all during the rest of the day or at night | 0.29 [0.14,0.52] | 0.25 [0.11,0.47] | 0.38 [0.20,0.59] | 0.21 [0.08,0.43] | 0.414 | 0.762 |
| Proportion that experienced bringing up any phlegm | 0.21 [0.08,0.43] | 0.17 [0.06,0.39] | 0.21 [0.08,0.43] | 0.21 [0.08,0.43] | No Change | 0.909 |
| Proportion that experienced any one of respiratory symptoms | 0.46 [0.26,0.67] | 0.46 [0.26,0.67] | 0.50 [0.30,0.70] | 0.29 [0.14,0.52] | 0.157 | 0.313 |
| Sum of respiratory symptoms (respiratory symptom scale) | 1.08 [0.4,1.76] | 0.75 [0.25,1.25] | 1.04 [0.45,1.63] | 0.71 [0.13,1.29] | 0.117** | 0.412 |

^aP-values from baseline to 12-month follow-up from McNemar Chi-Square Test unless otherwise noted.

^bP-values from baseline to 12-month follow-up from Wilcoxon Sign Rank Test.

^cP-values from Cuzick nonparametric trend test across all waves.

should focus foremost on bars. Some of this increase may be explained by waivers to the CIAA that permit smoking under certain circumstances, but the number of waivers (presented above) is not likely to be enough to explain such a large increase in smoking. Although the pattern of CIAA violations reported by CEH does not follow this upward trend after Q1 2004, the number of reported complaints does increase in Q4 2004 after falling from Q2 to Q3 2004.

Exhibit 4-45. Percentage of Restaurant Patrons Who Saw Smoking Indoors in the Past 30 Days, ATS Q3 2003–Q1 2005

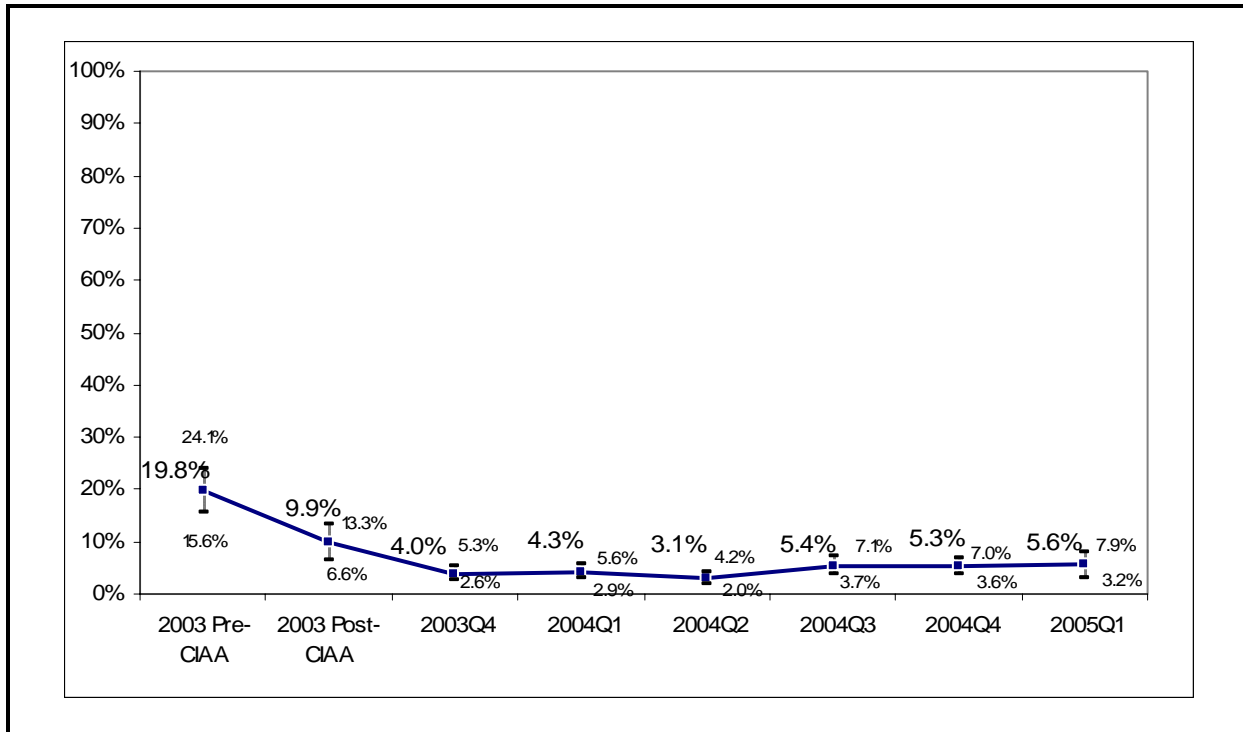
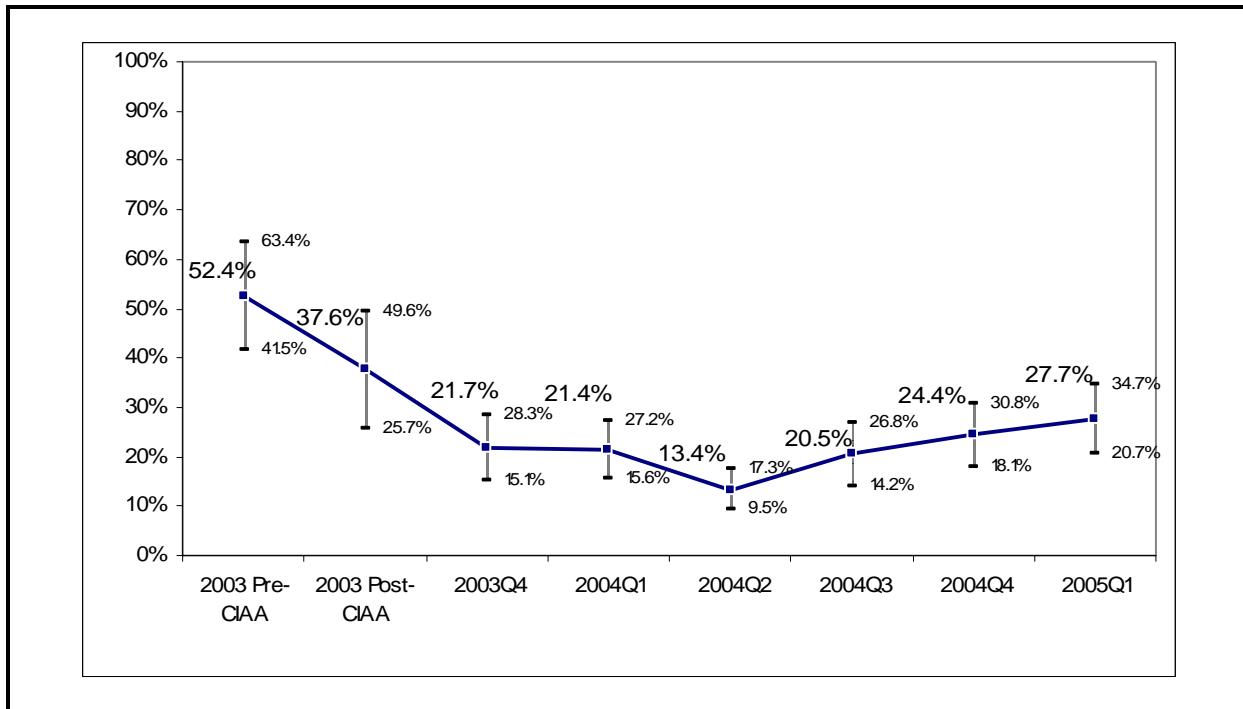


Exhibit 4-46. Percentage of Bar Patrons Who Saw Someone Smoking Indoors in the Past 30 Days, ATS Q3 2003–Q1 2005



4.2.7 How Have Sales Tax Receipts Changed for Bars and Restaurants Compared to the Retail Sector as a Whole?

New York's Office of Tax Policy Analysis in the Department of Taxation and Finance compiled quarterly data on sales tax receipts from Q2 1999 to Q3 2004 for bars, full-service restaurants, limited-service restaurants, and total retail trade, not including bars and restaurants. The data are based on a panel of 9,946 vendors in New York State from full-service restaurants and limited-service restaurants. To be included in the panel, vendors must have filed a tax return for each of the 22 quarters of data. Our analysis is limited to bars and full-service restaurants.

To facilitate comparisons of trends in sales in bars, full-service restaurants, and the total retail sector, we scaled the sales figures for full-service restaurants (divided by 10) and the total retail sector (divided by 100). Exhibit 4-47 shows no apparent effect of the comprehensive clean indoor air laws in New York City or New York State on these trends. To more formally test the potential impact of these laws on sales receipts in bars and full-service restaurants, we performed two separate time-series regressions for each of these venues (sales receipts for bars and for full-service restaurants are regressed on quarterly indicator variables to control for seasonal effects, indicator variables for the dates of implementation for the New York City and State laws, and a time trend. In the case of bars, a quadratic time trend fit the data best, whereas a linear time trend was more appropriate for the restaurant sales receipts). These models confirm that there is no statistically significant relationship between sales and the comprehensive clean indoor air laws.

4.2.8 What Is the Level of Support of Smoke-Free Policies (i.e., CIAA and Restrictions on Smoking in Outdoor Public Places and Building Entrancesways)?

Support for CIAA

In the 2004 IER, we reported that more than two thirds of New Yorkers favored the CIAA and that support was increasing among smokers and nonsmokers alike. Those trends have continued, with support peaking in Q1 2005 at 79 percent among all adults (Exhibit 4-48), 84.1 percent among nonsmokers (Exhibit 4-49), and 46.5 percent among smokers (Exhibit 4-50).

The high and growing support for the CIAA validates NYTCP's modification to the Strategic Plan to remove increasing support for the CIAA as a specific objective.

Exhibit 4-47. Trends in New York State Sales Tax Receipts for Bars, Full-Service Restaurants, and Total Retail Trade, Q2 1999 to Q3 2004

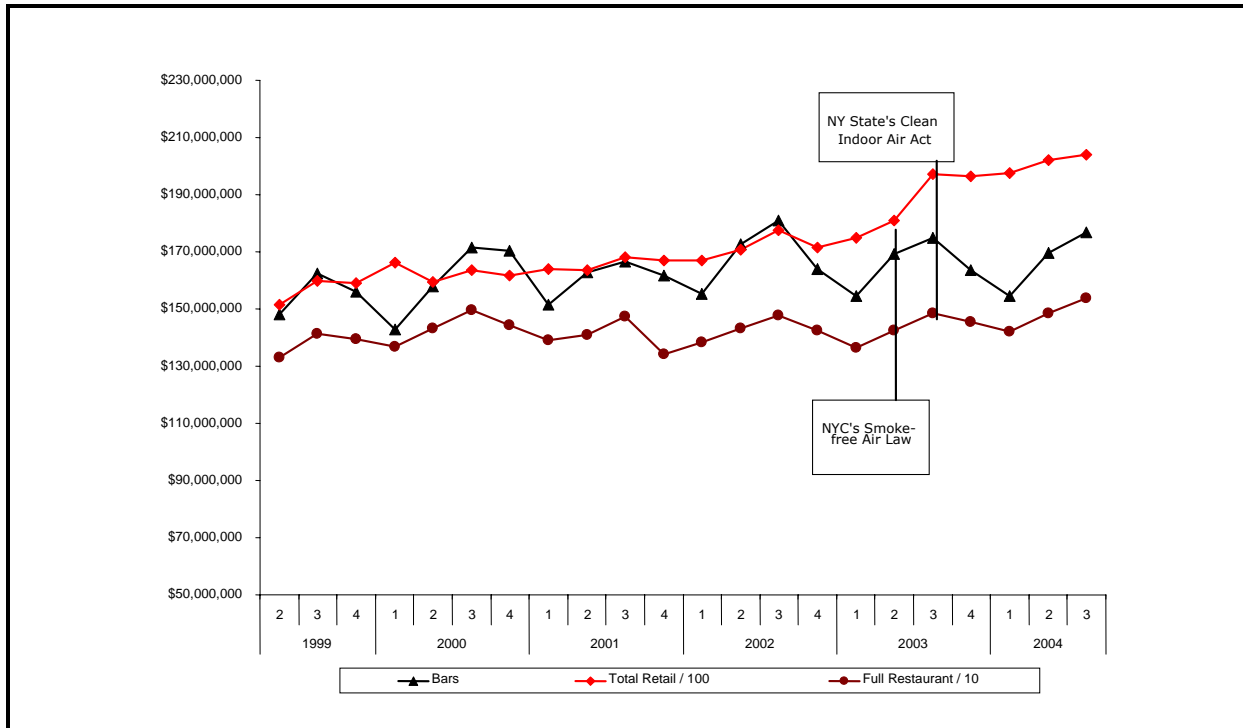


Exhibit 4-48. Percentage of Adults Who Favor the Clean Indoor Air Act, ATS Q3 2003–Q1 2005

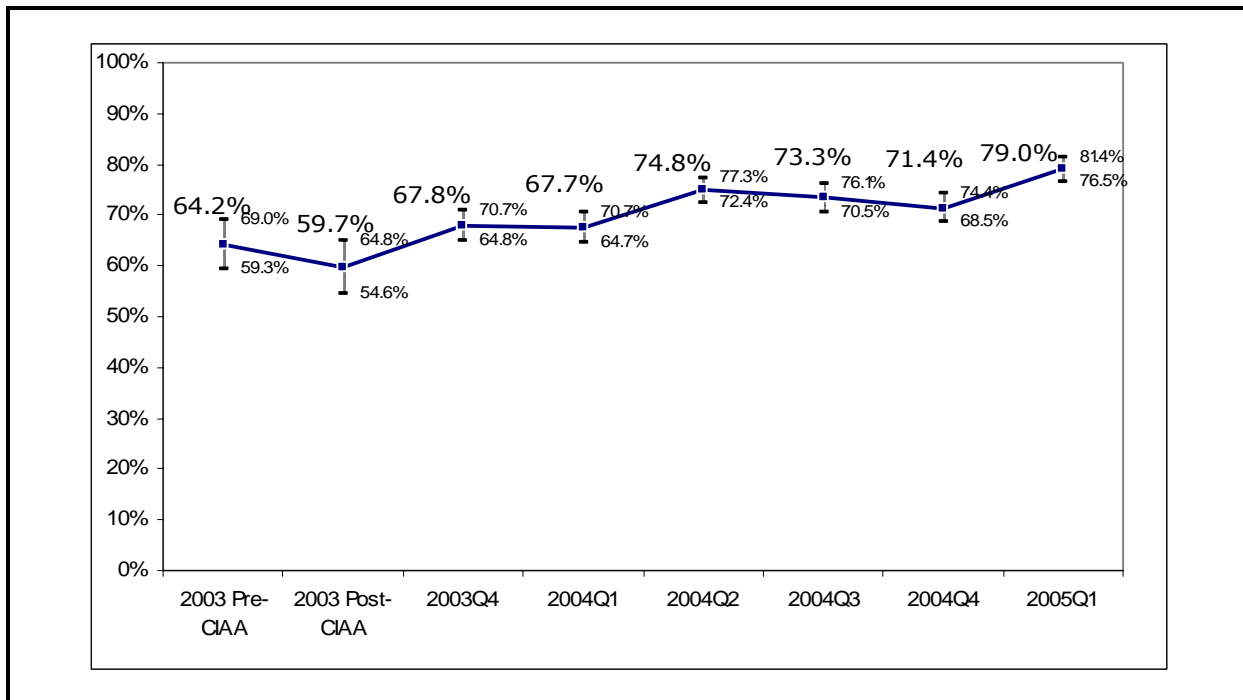


Exhibit 4-49. Percentage of Adult Nonsmokers Who Favor the Clean Indoor Air Act, ATS Q3 2003–Q1 2005

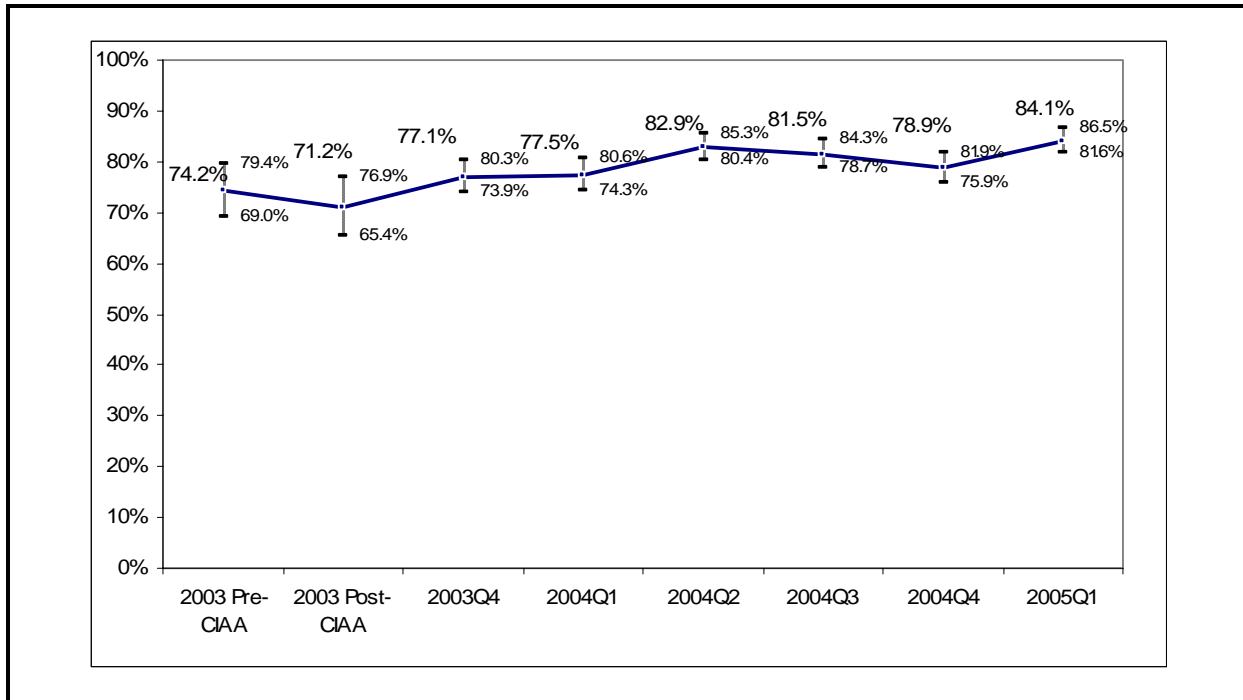
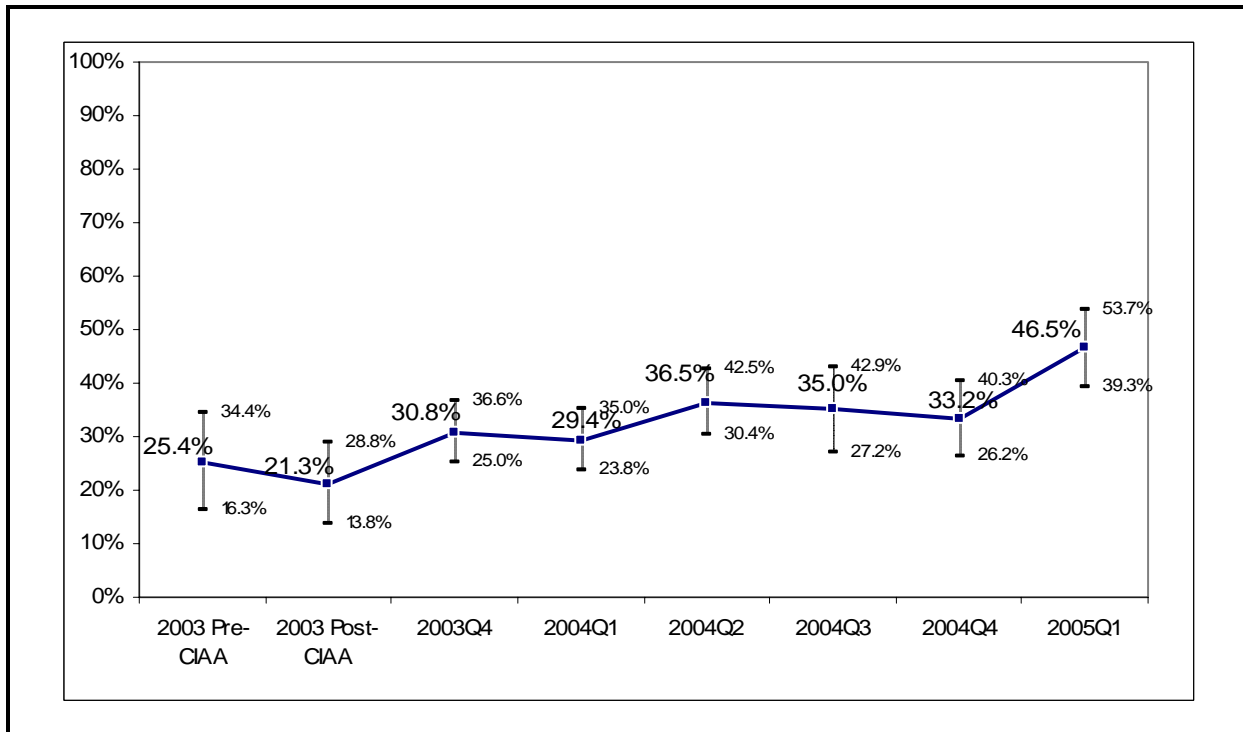


Exhibit 4-50. Percentage of Adult Smokers Who Favor the Clean Indoor Air Act, ATS Q3 2003–Q1 2005



Starting in 2004, the YTS also asks youth two questions about the CIAA:

- Does New York State have a law prohibiting smoking in public and private workplaces, including restaurants?
- Are you for or against a law prohibiting smoking in public and private workplaces or doesn't it matter to you?

The results show that 87.1 and 92.1 percent of middle and high school students are aware of the law, respectively (Exhibit 4-51). However, in contrast to adults, a lower percentage of youth are in favor of the law—35.4 and 41.0 percent of middle and high school students favor the law (Exhibit 4-52). Furthermore, almost 30 percent of middle and high school students reported that a law prohibiting smoking in public and private workplaces did not matter to them. So while the level of positive support is not as high as among adults, there is relatively little disapproval of the law.

Support for Other Public Policies Restricting Smoking

Turning to locations not currently covered by public policy, the ATS asks respondents “would you be in favor of a law banning smoking in outdoor public places such as beaches and parks?” and “would you be in favor of a law banning smoking in the entranceways of public buildings and workplaces?” We added these questions in Q1 2005 to assess the level of support for such laws. The baseline level of support (responses “definitely yes” or “probably yes”) for restricting smoking in outdoor public places is 51.6 percent overall and 56.2 and 23.8 percent for nonsmokers and smokers, respectively (Exhibit 4-53). Support for restrictions in entranceways was considerably higher—75.5 percent overall and 78.9 and 54.0 percent for nonsmokers and smokers respectively (Exhibit 4-54).

4.2.9 How Have Knowledge of and Attitudes Toward SHS Changed Over Time?

The ATS includes a number of SHS-related knowledge and belief questions. One set includes five questions about the consequences of being exposed to SHS. They begin with “Would you say that breathing smoke from other people’s cigarettes causes...”

- heart disease,
- lung cancer,
- colon cancer,
- respiratory problems in children, and
- sudden infant death syndrome (SIDS)?

Exhibit 4-51. Middle and High School Students' Awareness of the Clean Indoor Air Act, YTS (2004)

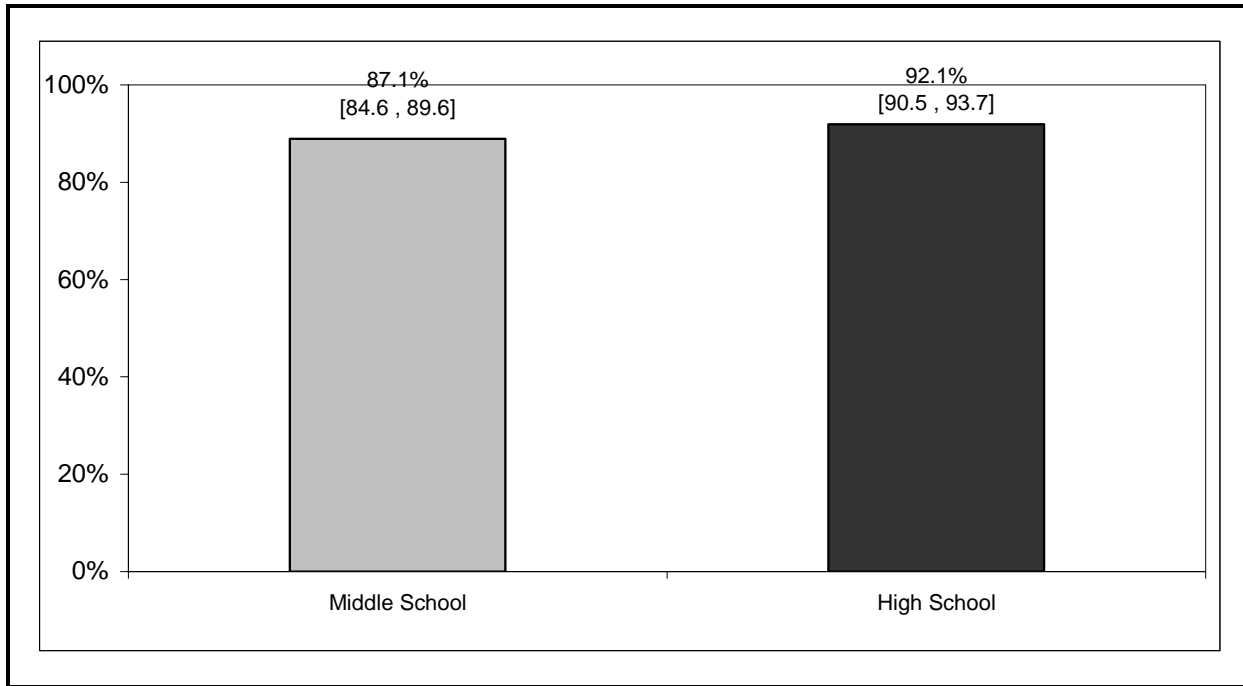


Exhibit 4-52. Middle and High School Students' Attitudes Toward the Clean Indoor Air Act, YTS (2004)

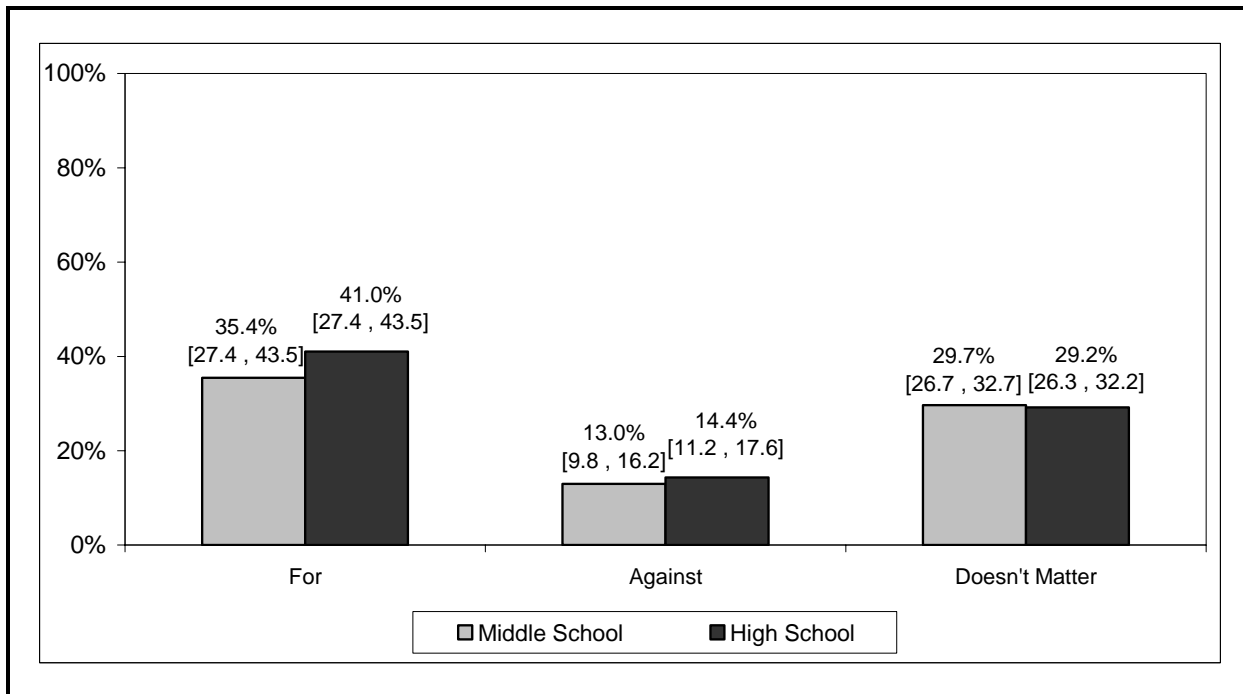


Exhibit 4-53. Percentage of Adults Who Would Be in Favor of a Law Banning Smoking in Outdoor Public Places Such as Beaches or Parks, ATS Q1 2005

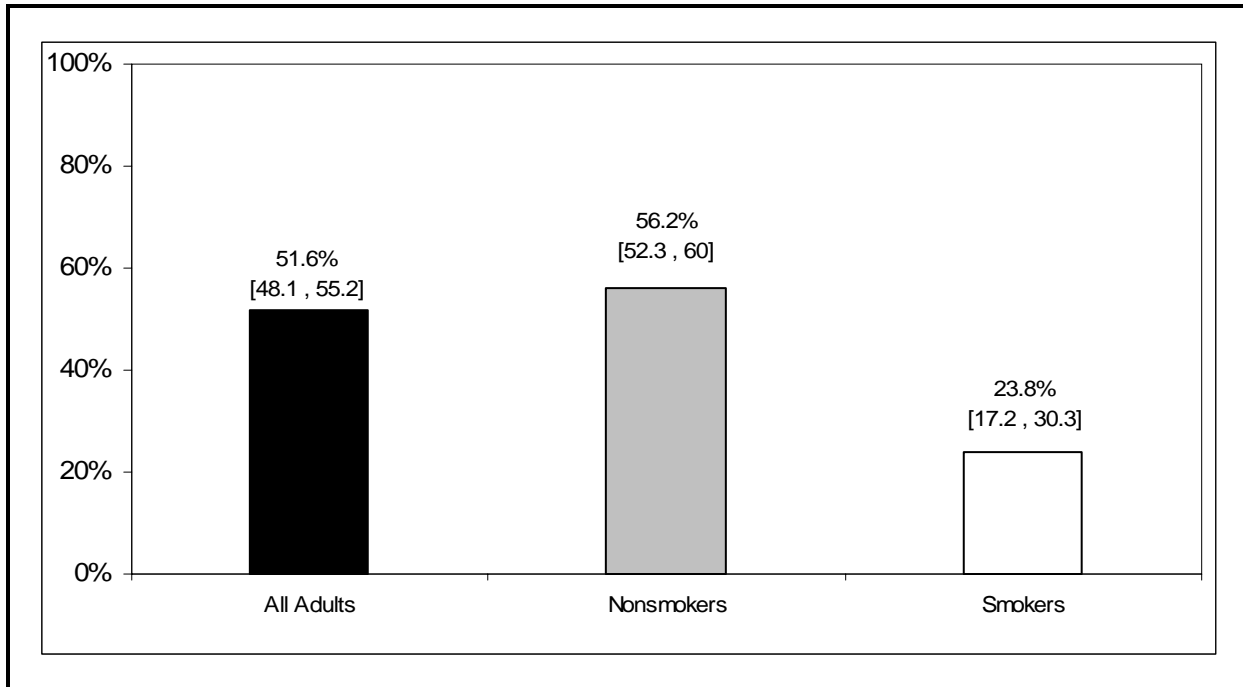
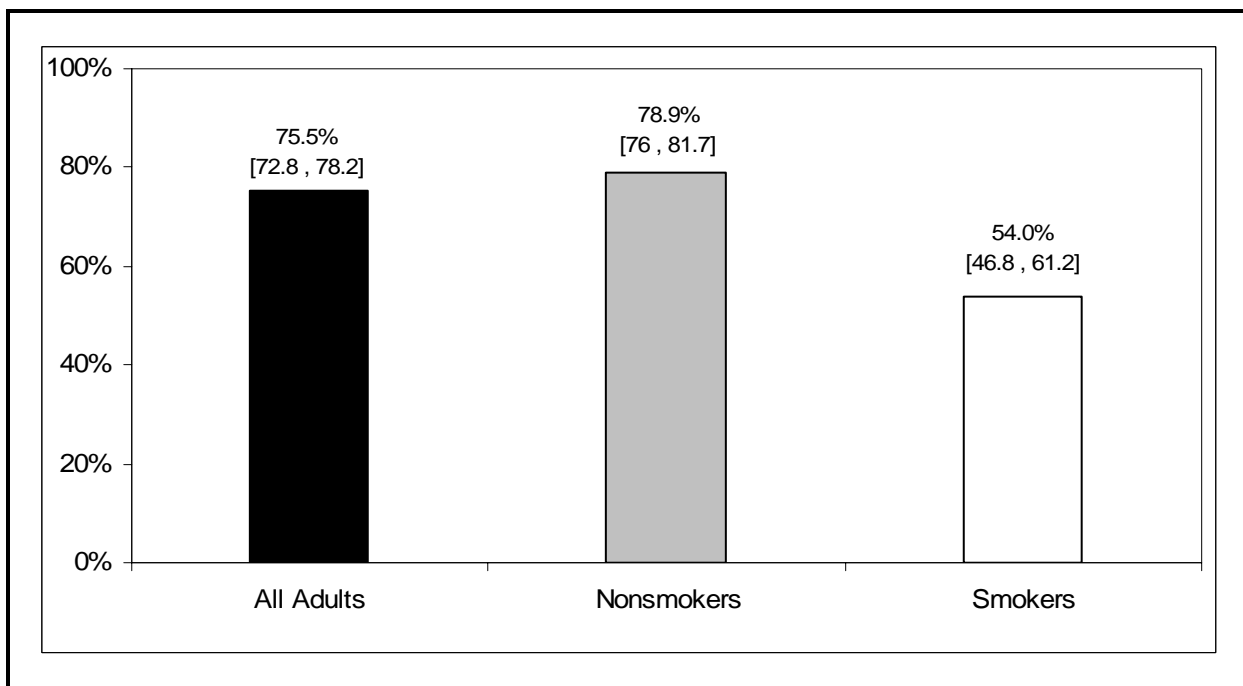


Exhibit 4-54. Percentage of Adults Who Would Be in Favor of a Law Banning Smoking in the Entranceways of Public Buildings and Workplaces, ATS Q1 2005



It is important to note that none of the television ads aired by NYTCP (and partners) through Q1 2005 (currently available ATS data) contained messages that specifically stressed SIDS. There have been some ads that have included messages about heart disease (“Bartender” in Q3 2003 and Q2 2004), lung cancer (“Heather Crowe” in Q3-Q4 2004 and “Paul Decker” in Q3 2004), and respiratory problems in children (“Never Smoke” and “Baby Seat” in Q2 2004). SHS is not a risk factor for colon cancer, so this question serves as a comparison against which to compare trends in other questions. However, given the low level of awareness of SHS messages (noted above), we would not necessarily expect to see large changes in knowledge as a result of programmatic efforts.

Below, we present overall trends in these questions and examine whether recalling SHS or cessation tobacco control media messages is correlated with increased knowledge. We test these correlations by estimating logistic regressions by smoking status for each of the SHS knowledge indicators as a function of recall of SHS and cessation media messages, controlling for other factors (age, gender, race/ethnicity, education, income, a time trend, and an indicator for living in New York City).

For all of these knowledge items, nonsmokers have greater knowledge than smokers (as expected), but we chose to only present data for smokers and nonsmokers separately when there is a significant trend in the particular knowledge item for either smokers or nonsmokers. This is true only for the belief that SHS causes heart disease.

Exhibit 4-55 shows that, overall, the percentage of adults who believe that SHS causes heart disease fluctuated over time, but there is a small but statistically significant upward trend ($p < 0.05$). The trend for nonsmokers is not statistically significant, but generally follows the trend for all adults. However, Exhibit 4-56 shows that the percentage of smokers who believe that SHS causes heart disease increased sharply after Q1 2004 and then remained at that higher level—a statistically significant trend over time ($p < 0.03$). Our regression analysis for this item shows that smokers who recall seeing SHS media messages had a greater odds (OR = 1.7, $p < 0.005$) of knowing that SHS is a risk factor for heart disease. Awareness of cessation messages was not a significant predictor. There were no significant relationships between awareness of media messages and knowledge for nonsmokers.

Although Exhibits 4-57 and 4-58 show no statistically significant trends for either all adults or smokers, the pattern of the trend for smokers is similar to that of heart disease and suggests a potential correlation with periods when the media campaign was on the air. Accordingly, we ran a regression analysis and found that recall of both SHS and cessation ads was correlated with increased knowledge for smokers. Those who recalled SHS ads had a statistically significant increased odds of agreeing that SHS was a risk factor for lung cancer (OR = 2.1, $p < 0.001$). The same was not true for recall of cessation ads. There

Exhibit 4-55. Percentage of Adults Who Believe Secondhand Smoke Causes Heart Disease, ATS Q3 2003–Q1 2005

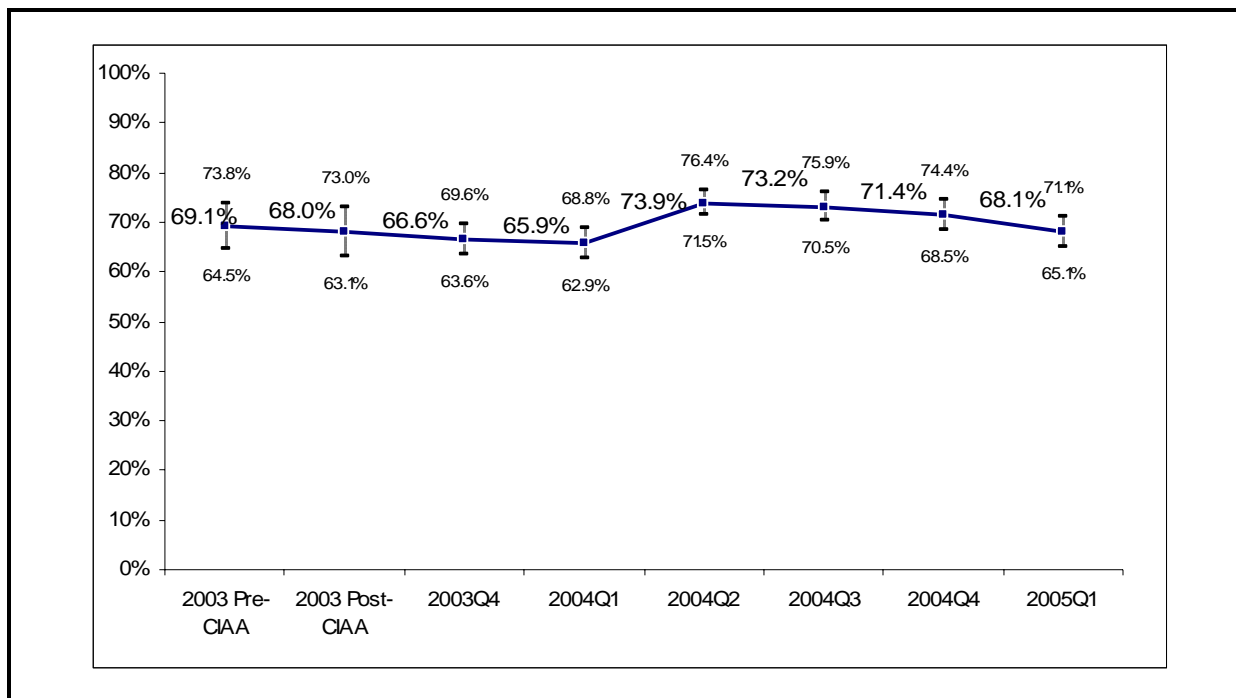


Exhibit 4-56. Percentage of Adult Smokers Who Believe Secondhand Smoke Causes Heart Disease, ATS Q3 2003–Q1 2005

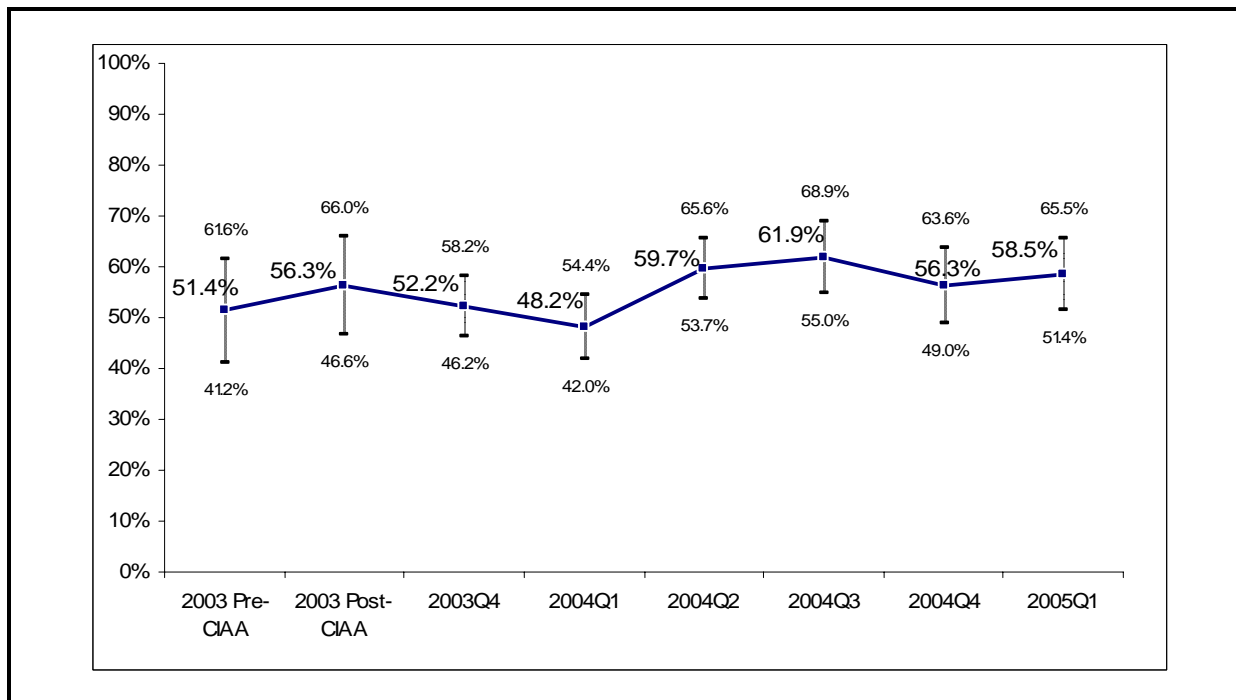


Exhibit 4-57. Percentage of Adults Who Believe Secondhand Smoke Causes Lung Cancer, ATS Q3 2003–Q1 2005

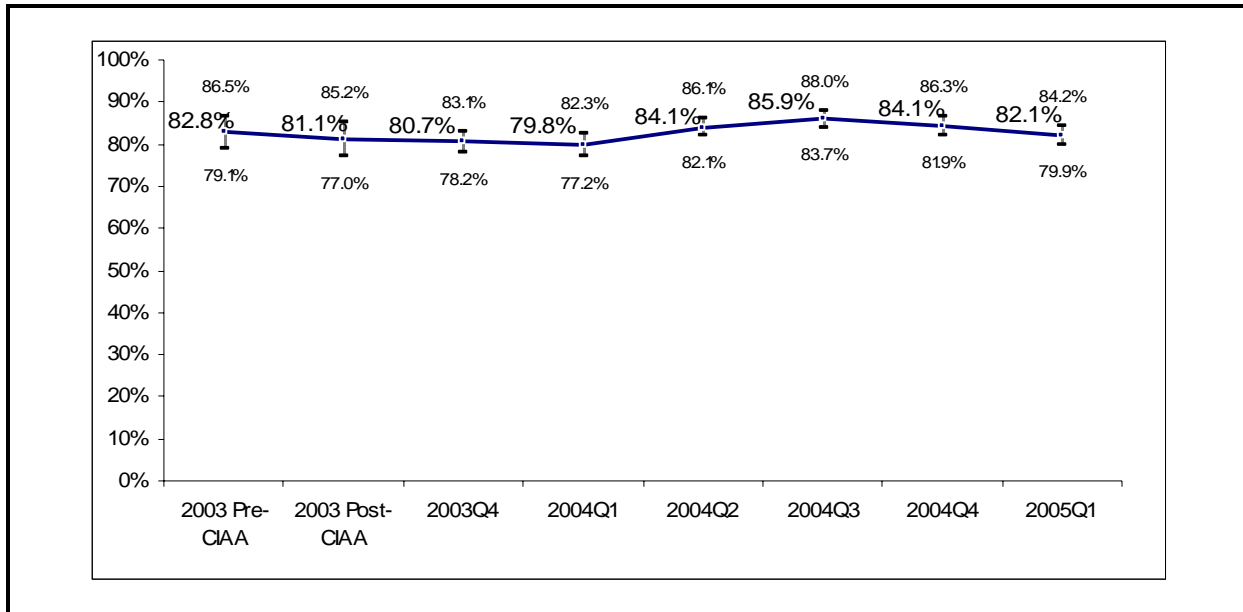
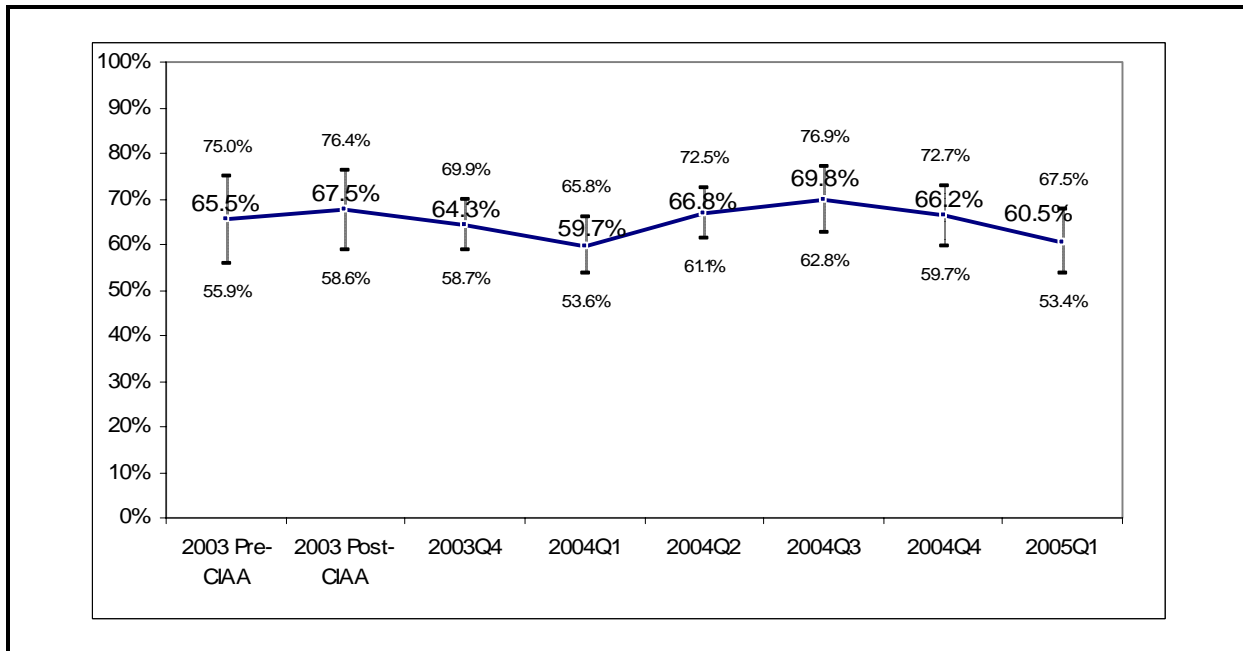


Exhibit 4-58. Percentage of Adult Smokers Who Believe Secondhand Smoke Causes Lung Cancer, ATS Q3 2003–Q1 2005



were no statistically significant trends for knowledge of SHS as a risk factor for respiratory problems in children, SIDS, or colon cancer (data not shown).

With the dramatic increase in the discussion about the dangers of SHS surrounding the passage of the CIAA (and similar local laws), one might expect to see changes in the social norms around SHS more generally. Consequently, we added a new series of attitudinal questions beginning in Q3 2004:

- When someone is smoking around you (nonsmokers), do you:
 - do nothing
 - go someplace else
 - ask them not to smoke around you
 - tell them to put out their cigarette immediately?
- About how often in the past 12 months has anyone asked you not to smoke when you were smoking or were about to smoke? (smokers)
- How comfortable do you (smokers) feel smoking around friends who don't smoke?
- About how often do you smoke when you are in the company of children?
- About how often do you smoke when you are in the company of friends or others that do not smoke?

From Q3 2003 to Q2 2004, we asked whether adults were bothered by exposure to SHS.

Exhibits 4-59 through 4-61 indicate that for the first three quarters after implementation of the CIAA, there were increasing trends in the percentages of adults overall ($p < 0.001$) and nonsmokers ($p < 0.001$) who reported being bothered by exposure to SHS. The percentage of smokers who reported being bothered by SHS did not change significantly.

Given the short time frame when these newer questions were asked and the lack of statewide media messages for two of the three quarters, it is not surprising that none of these questions show a statistically significant trend. We will revisit these questions in the next IER after a sufficient time has elapsed to assess changes over time.

Finally, turning to youth, the YTS asks middle school and high school students "Do you think the smoke from other people's cigarettes is harmful to you?" The percentage of youth who thought that SHS is harmful did not significantly increase among middle school and high school students overall (Exhibit 4-62). However, the percentage of high school students who thought SHS is harmful did increase significantly from 2000 (90.5 percent) to 2004 (93.1 percent) ($p < 0.03$).

Exhibit 4-59. Percentage of Adults Who Are Bothered by Secondhand Smoke, ATS Q3 2003–Q2 2004

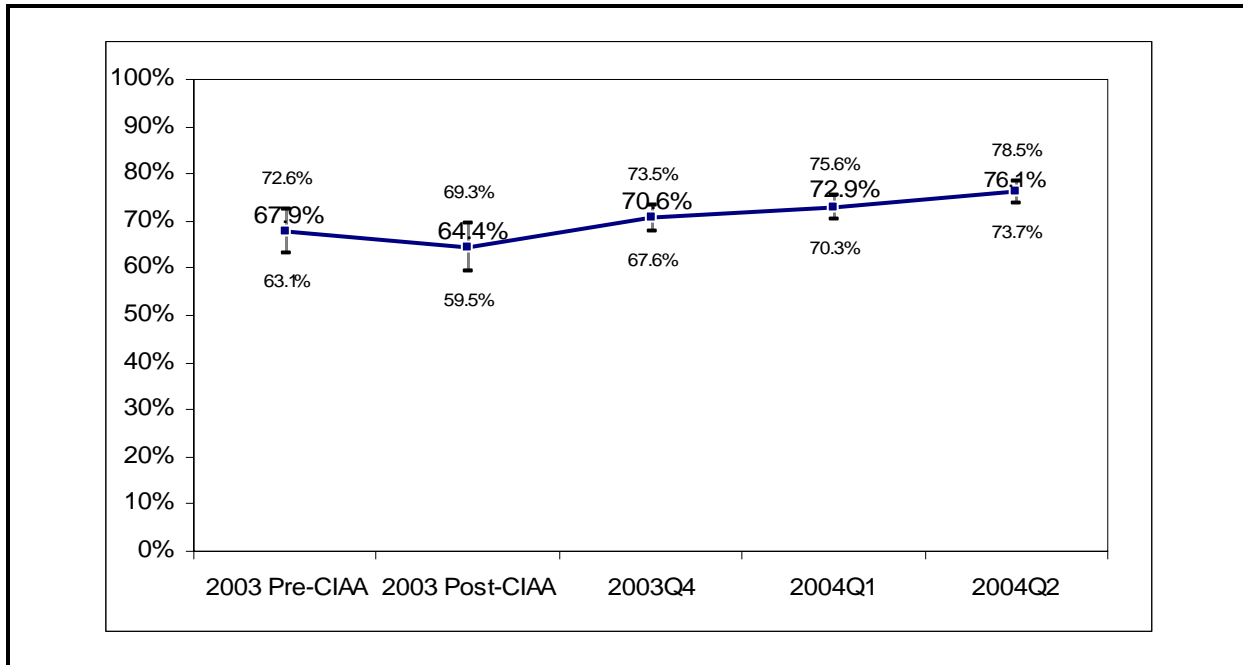


Exhibit 4-60. Percentage of Adult Nonsmokers Who Are Bothered by Secondhand Smoke, ATS Q3 2003–Q2 2004

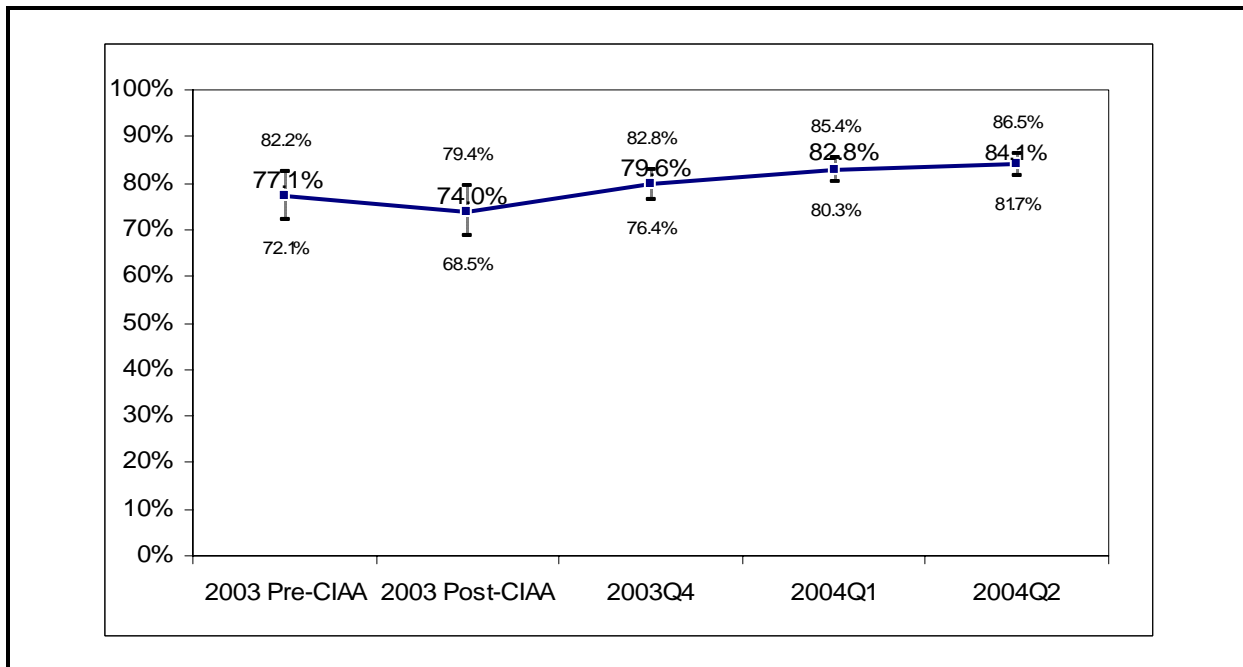


Exhibit 4-61. Percentage of Adult Smokers Who Are Bothered by Secondhand Smoke, ATS Q3 2003–Q2 2004

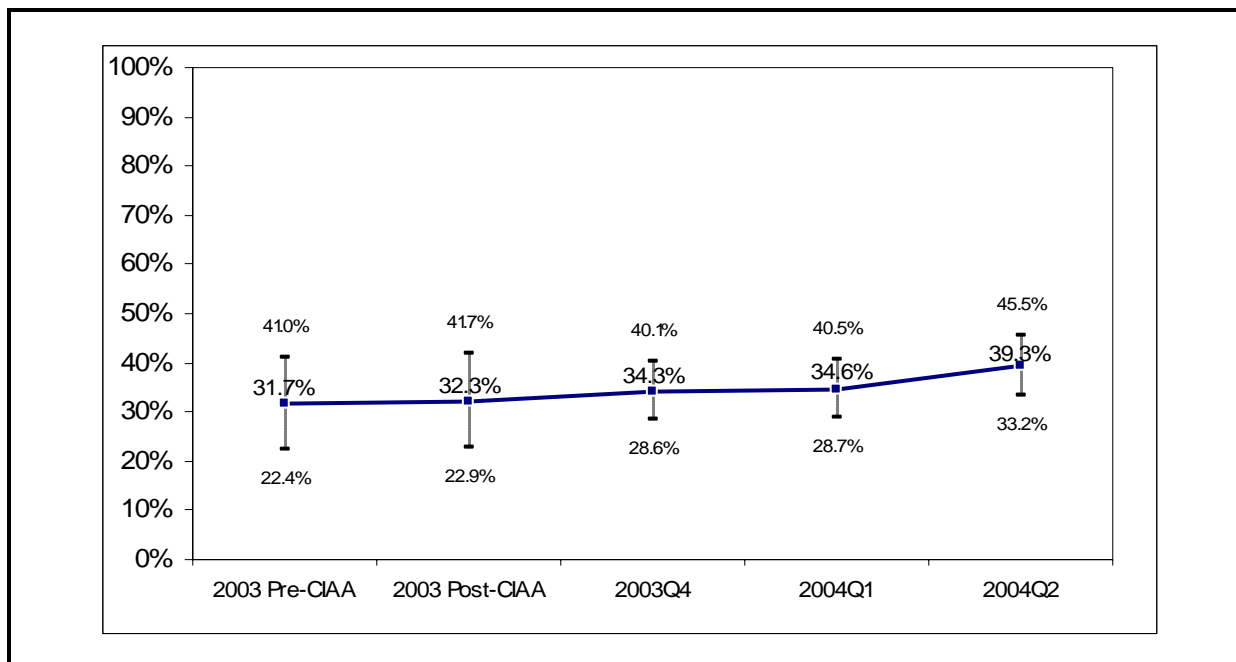
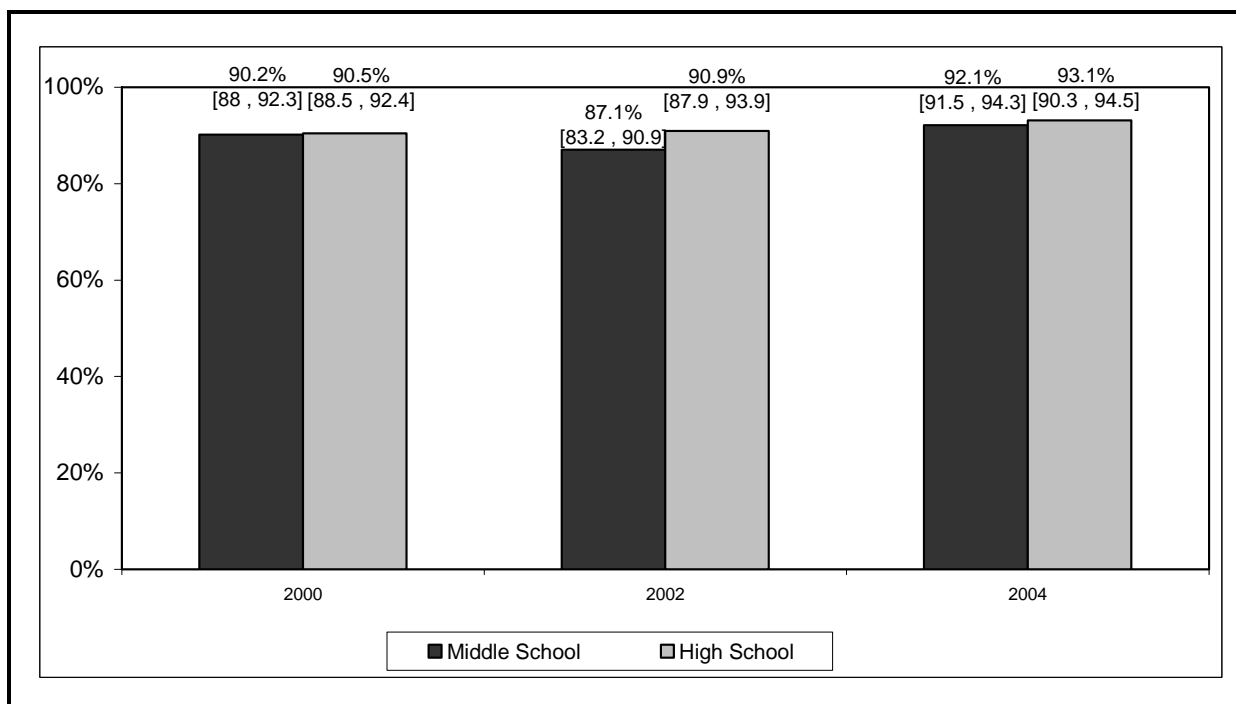


Exhibit 4-62. Percentage of Middle and High School Students Who Think Secondhand Smoke is Harmful, YTS 2000–2004



4.2.10 Are Voluntary Restrictions on Smoking in Homes and Cars Increasing, Particularly in Households with Smokers?

Our final evaluation question addresses a central focus for NYTCP after implementation of the CIAA: voluntary home and car restrictions on smoking. With smoking virtually banned in all workplaces and public buildings, the remaining sources of exposure to SHS include private homes and cars and outdoor public places, such as entranceways of buildings, beaches, and parks. Because a significant source of exposure to SHS for infants and children is in homes and cars, these venues represent an important programmatic focus, particularly now that the CIAA has been in place for more than 2 years. As noted above, more significant mass media efforts began in Q2 2005, outside the time frame for the available ATS data in this report. In addition, Community Partners began focusing on SHS restrictions in homes and cars beginning with their new contracts that began in late 2004. Thus, we do not expect significant changes in home and car environments as a direct result of programmatic efforts at this time.

Exhibit 4-63 indicates that, by Q1 2005, 72 percent of adults report living in homes where smoking is not allowed; across all quarters of data, there is an increasing trend ($p < 0.01$). However, in a year and a half, this percentage increased only 7 percent in relative terms. Exhibits 4-64 and 4-65 illustrate that smokers are much less likely to report living in a smoke-free home than nonsmokers, as expected. However, there are no statistically significant trends in the percentage of smokers or nonsmokers reporting smoke-free homes, suggesting that the overall modest downward trend is a result of the decline in the percentage of smokers over time and not a result of changes in smoke-free policies.

Similarly, the percentage of adults who do not permit smoking in their cars is increasing over time ($p < 0.001$) (Exhibit 4-66). In relative terms, this percentage increased at a faster rate (12 percent) than the trend for smoke-free homes. The trend was also statistically significant ($p < 0.001$) for nonsmokers (Exhibit 4-67) but not for smokers (Exhibit 4-68).

4.2.11 Summary, Conclusions, and Recommendations

Since the 2004 IER, the program has shifted its focus from supporting implementation of the 2003 CIAA to promoting smoke-free policies in private homes and vehicles and effectively implementing smoke-free policies in schools. This transition was formalized in the January 2005 Strategic Plan to reflect progress in implementation of the CIAA. As a result, the Community Partnerships and Reality Check Youth Action Partners have been shifting their focus accordingly. As a consequence, the full force of the program and its partners has not yet focused on promoting smoke-free policies in private homes and vehicles or implementing smoke-free policies in schools. In addition, the contracts to create new Community Partners that focus on smoke-free schools are still in process. While these transitions have been taking place, coverage of SHS in the news media has also changed. As the CIAA becomes the new reality for New Yorkers, coverage of SHS in the news has dropped dramatically. This stresses the importance of programmatic efforts to draw attention to the benefits of smoke-free homes and cars and the dangers of SHS in these settings.

Exhibit 4-63. Percentage of Adults in Smoke-free Homes, ATS Q3 2003–Q1 2005

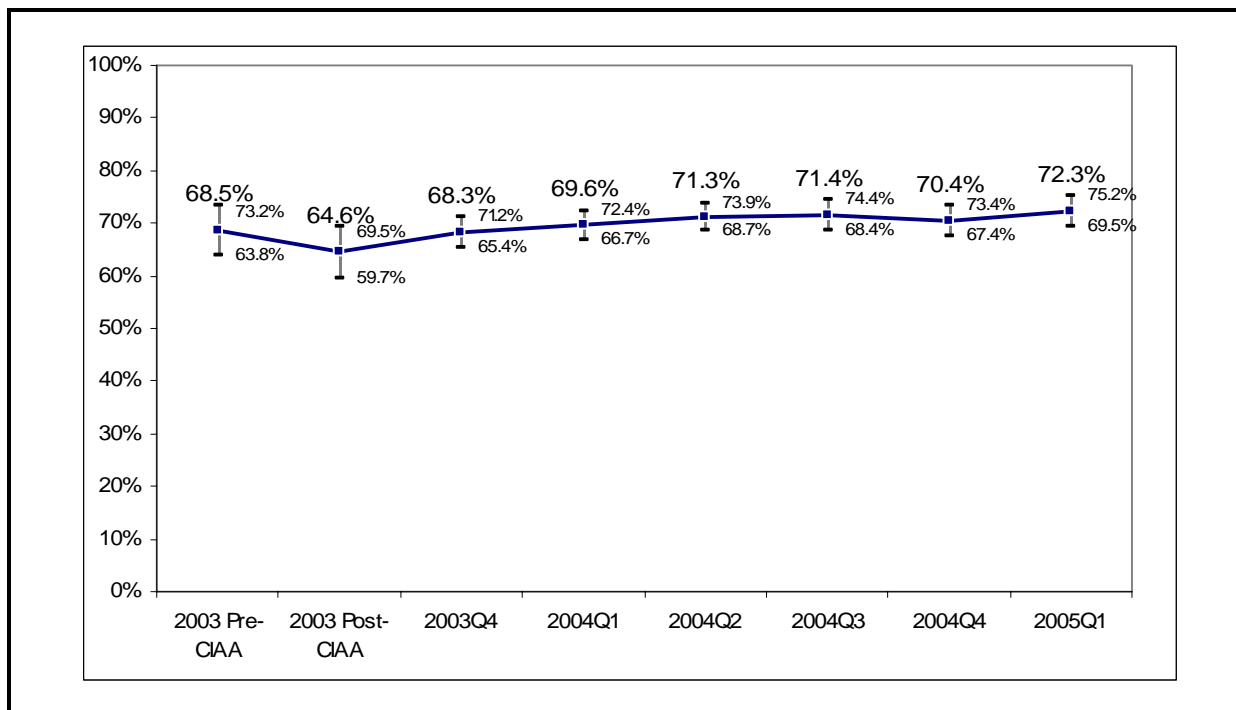


Exhibit 4-64. Percentage of Adult Nonsmokers in Smoke-free Homes, ATS Q3 2003–Q1 2005

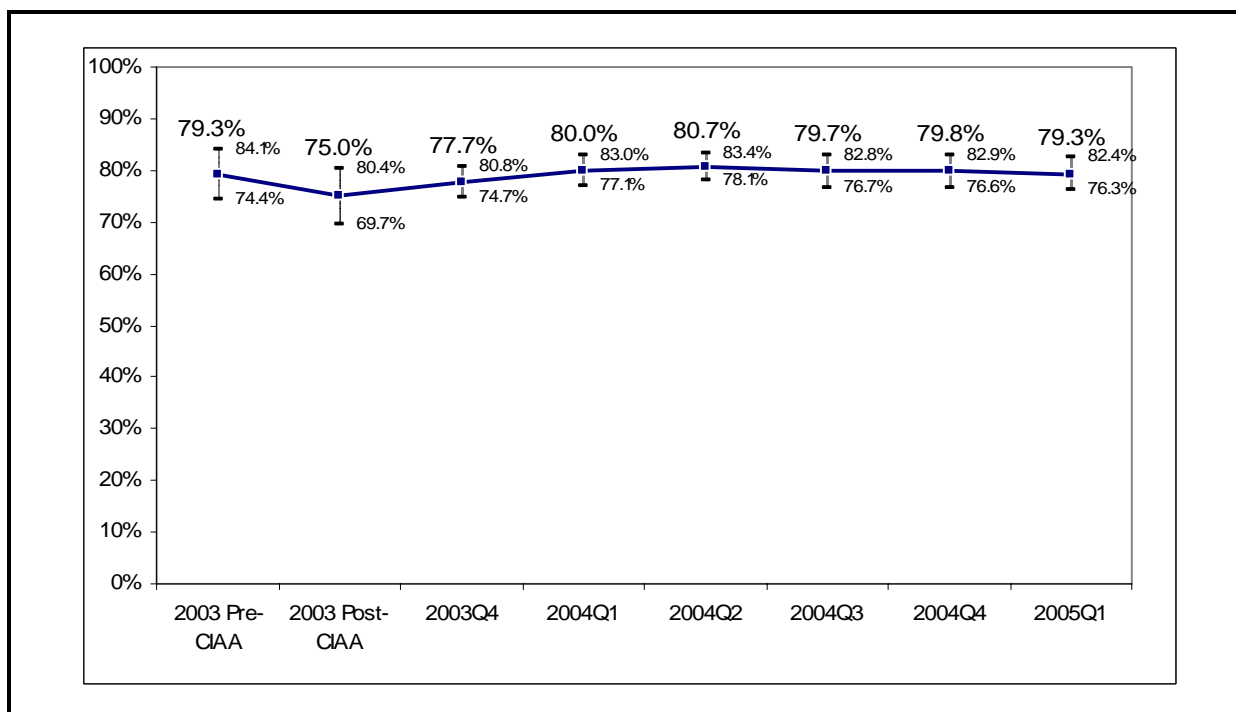


Exhibit 4-65. Percentage of Adult Smokers in Smoke-free Homes, ATS Q3 2003–Q1 2005

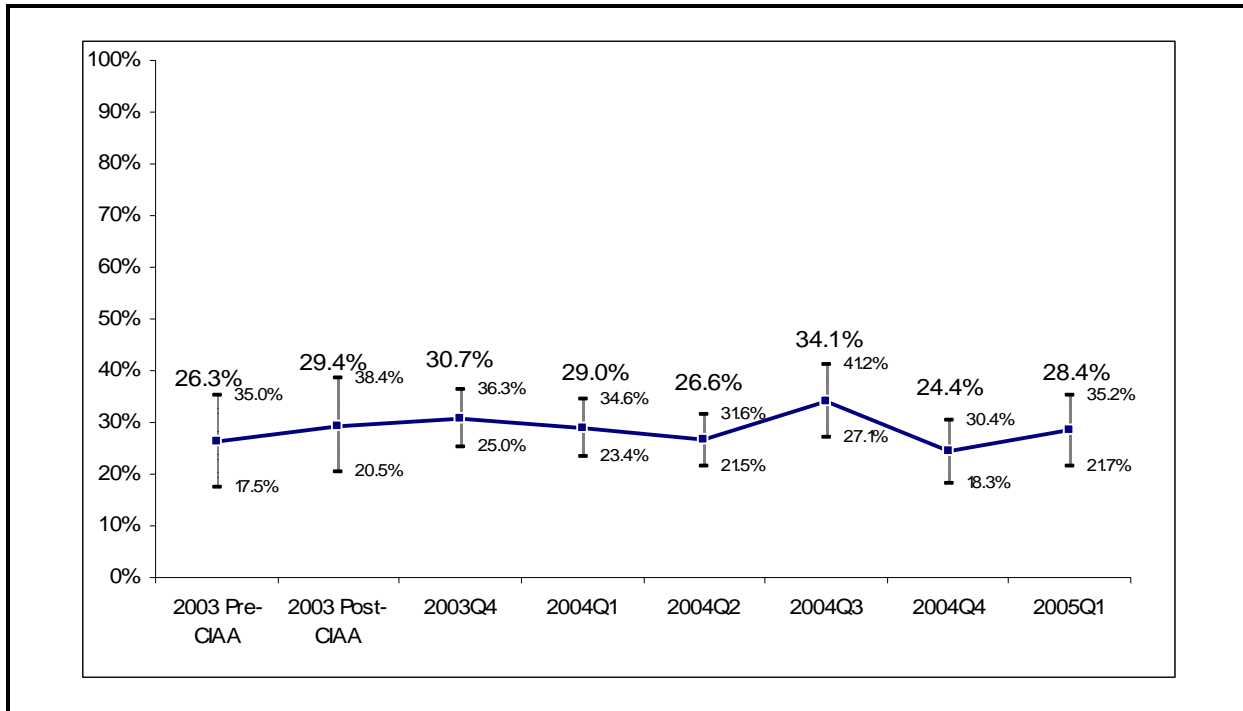


Exhibit 4-66. Percentage of Adults in Smoke-free Cars, ATS Q3 2003–Q1 2005^a

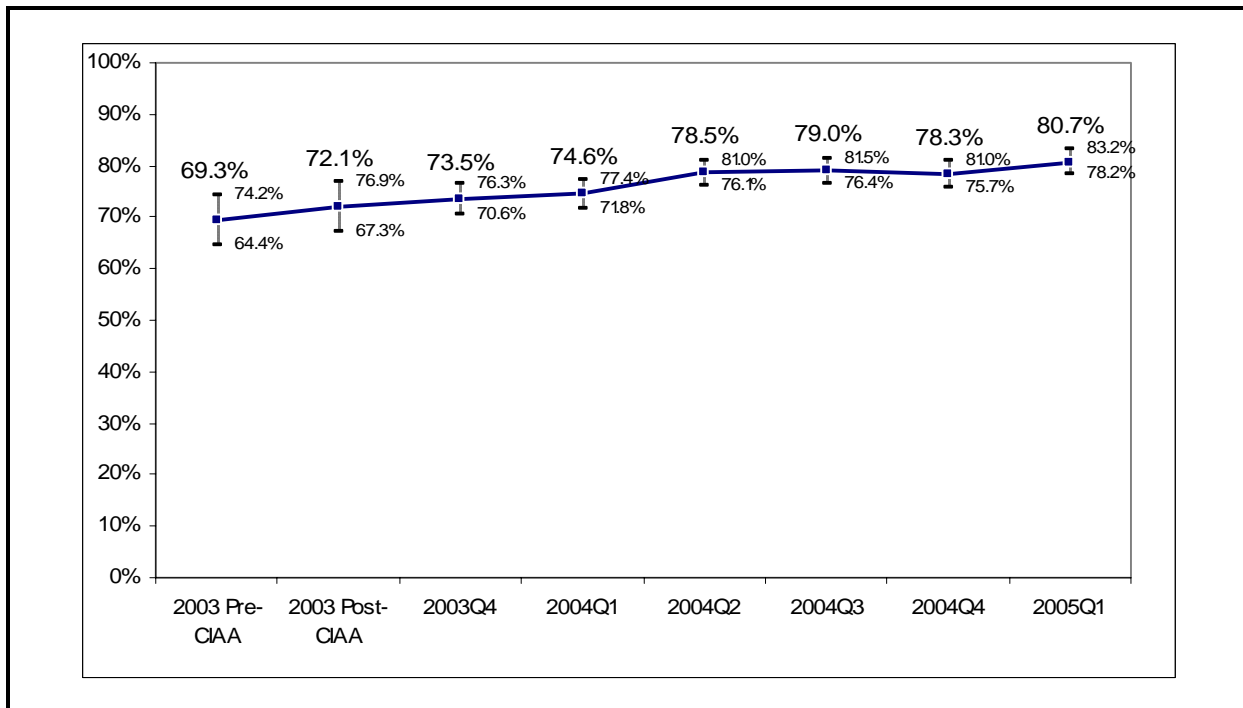


Exhibit 4-67. Percentage of Adult Nonsmokers in Smoke-free Cars, ATS Q3 2003–Q1 2005

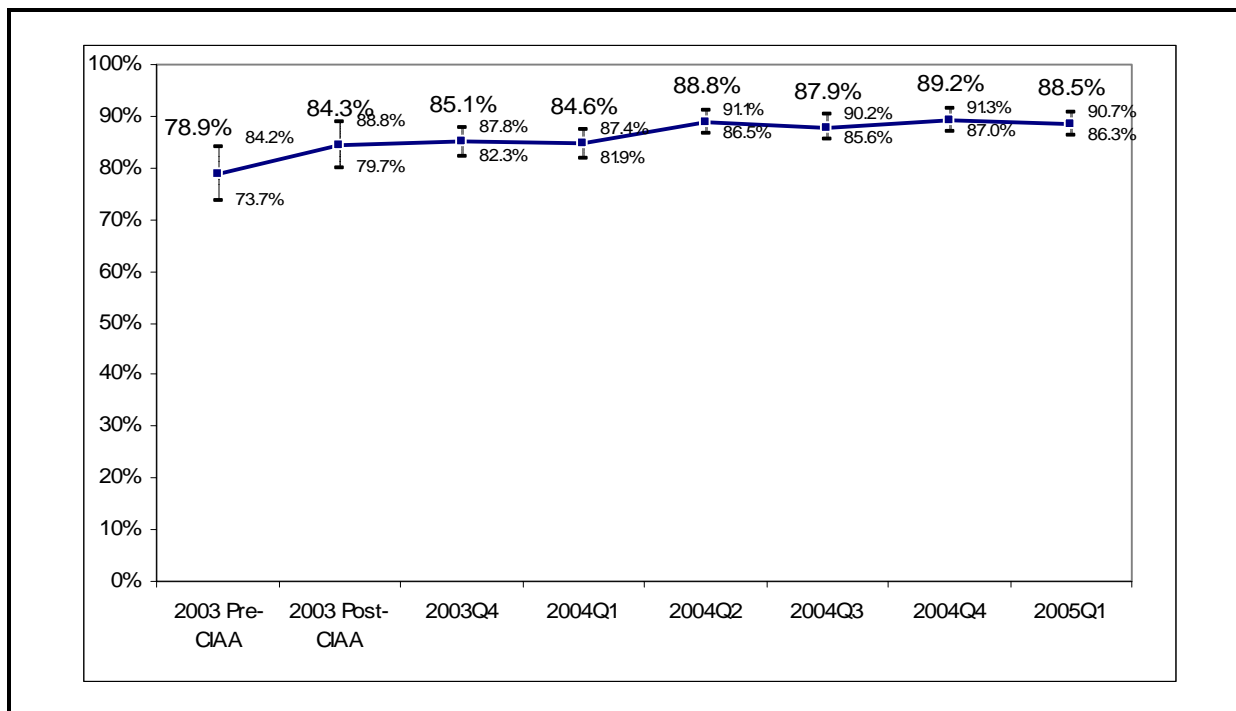
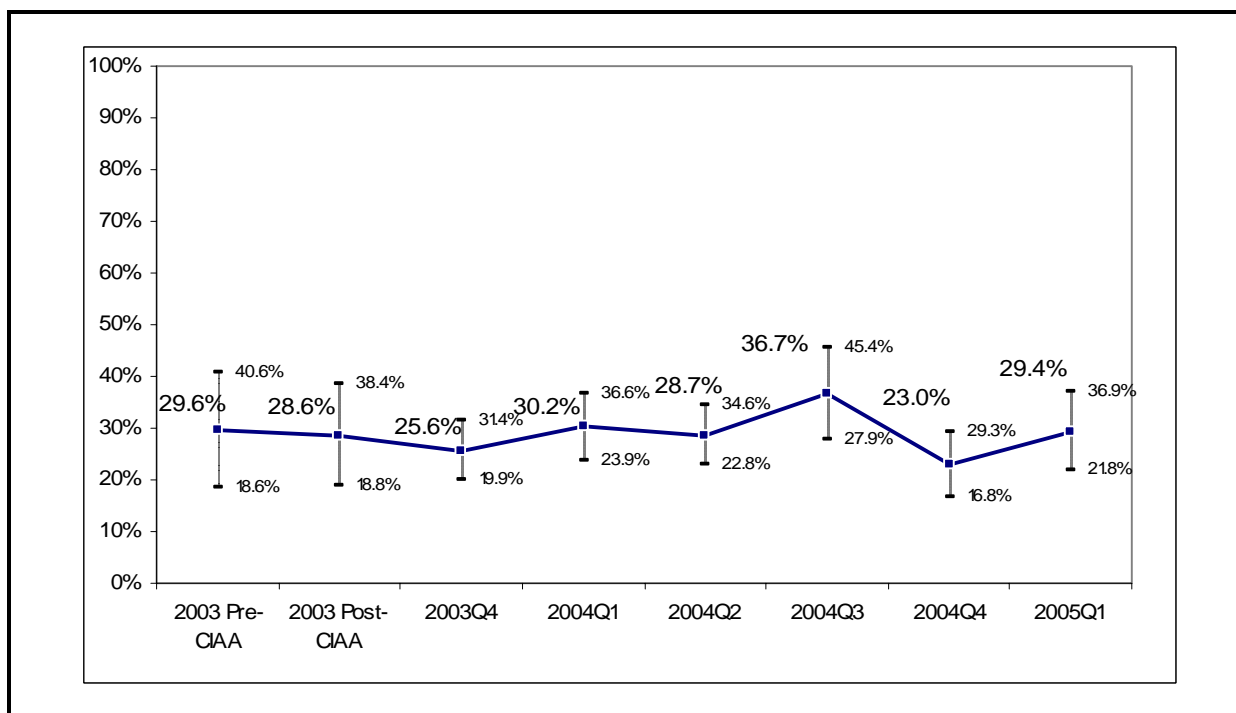


Exhibit 4-68. Percentage of Adult Smokers in Smoke-free Cars, ATS Q3 2003–Q1 2005



Consistent with this shift in focus, we have seen continued progress in outcomes related to the CIAA (in most cases) and little to no changes in smoke-free homes and cars. Finally, we found that exposure to NYTCP-sponsored SHS ads was associated with an increase in the odds that smokers acknowledged SHS as a risk factor for lung cancer and heart disease. Below, we highlight the main findings and recommend future steps.

Exposure to Secondhand Smoke

- Overall exposure to SHS in rooms and cars has remained stable from Q3 2003 to Q1 2005.
 - However, the overall trend in exposure to SHS in homes masks a decline in exposure to SHS among nonsmokers and a curious increase in exposure among smokers, suggesting that smokers are congregating more to smoke.
 - We found that there was only a decline in exposure to SHS among nonsmokers who do not ban smoking in their homes (to levels comparable with nonsmokers who ban smoking in their homes).
 - In addition, while the trend in exposure to SHS in cars among nonsmokers remained stable, exposure among smokers increased.
- Exposure to SHS among youth declined from 2000 to 2004, with an apparent acceleration in the decline in exposure after 2002 when the CIAA was implemented.
 - There were parallel declines for youth living with and without smokers, although exposure to SHS remains considerably higher for youth living with a smoker.
 - Although adult smokers report being exposed to higher levels of SHS, this has not translated into higher exposure for youth living with adult smokers.
- Exposure to SHS in the workplace remains at 10 percent, the level reported in the 2004 IER.

CIAA

- Findings from the complete Employee Health Study of hospitality workers confirm the results from the 2004 IER—that exposure to SHS declined precipitously after the CIAA.
 - Sensory symptoms that result from exposure to SHS also declined over time.
- The number of reported CIAA-related complaints increased steadily from Q3 2003 (implementation) to Q3 2004 and then declined for the next two quarters only to increase again in Q4 2004.
- The CIAA had no impact on sales in bars and full-service restaurants.
- Reports of observing smoking from restaurant patrons declined after Q3 2003 and have remained at low levels (4 to 6 percent) ever since.
- In contrast, reports of smoking in bars declined steadily from Q3 2003 to Q2 2004, after which they doubled from 13.4 percent in Q2 2004 to 27.7 percent in Q1 2005.
- From Q3 2003 to Q1 2005, support for the CIAA has increased overall and among smokers and nonsmokers, with the largest increase in support among smokers (who begin with lower baseline levels of support).

Knowledge and Beliefs About SHS Risks

- Two of the four SHS-related beliefs about the health effects of SHS measured in the ATS increased from Q3 2003 to Q1 2005—the beliefs that SHS causes heart disease and lung cancer.
 - The increase in the belief that SHS causes heart disease was most pronounced for smokers, the most important target group.
 - Exposure to NYTCP media was associated with increased knowledge of SHS as a risk factor for heart disease and lung cancer among smokers.
 - These limited changes are consistent with the fact that the program and its partners were not able to run a significant amount of SHS-related media with themes consistent with these beliefs. In particular, no messages were targeted to the belief that SHS causes sudden infant death syndrome (SIDS), and only a few were targeted to the belief that SHS causes respiratory problems in children.
- Changes in knowledge would likely have been more systematic had the program and its funded partners been able to air media messages more consistently.
- One attitude that measures whether adults are bothered by SHS increased from Q3 2003 to Q2 2004 (after which more specific questions replaced this general question) among adults overall, smokers, and nonsmokers. This increase is likely because of changing norms as a result of the CIAA.
- Finally, the one SHS-related attitude measured in the YTS only changed among high school students; the percentage who thought SHS is harmful increased between 2000 and 2004. However, this attitude had a baseline value of about 90 percent for students overall, leaving little room for improvement.

Voluntary Restrictions on Smoking in Homes and Cars

- Voluntary restrictions increased slightly in homes and cars from Q3 2003 to Q1 2005.
- These modest changes are consistent with programmatic efforts that are gradually focusing less on the CIAA and more on smoke-free homes and cars and effective implementation of smoke-free school policies.

Goal 1 Recommendations

We recommend that NYTCP do the following:

- Conduct follow-up observational studies of exposure to SHS in bars and/or encourage their colleagues in the Center for Environmental Health to increase efforts to monitor compliance with the CIAA in this setting in particular.
- Minimize efforts in support of smoke-free public places while increasing efforts to promote smoke-free homes and cars with a focus on households with smokers. This venue represents the most significant continued source of exposure to SHS.
 - Mass media messages should either specifically encourage smoke-free home/car policies or target attitude and beliefs that will likely lead to an increase in these policies.
- Continue to encourage Community Partners to draw attention to SHS-related issues through media advocacy to increase coverage in news media.

- Air effective (e.g., high impact) television ads like those run in Q2 2005 steadily over time.
 - Consider families of messages that are consistent over time and linked to important attitudes and beliefs that the program wants to change.
- Determine whether it is a priority to identify and investigate the workplaces where smoking continues to occur.

4.3 Goal 2: Decrease the Social Acceptability of Tobacco Use

4.3.1 Overview

In this section, we describe programmatic efforts undertaken since the 2004 IER to decrease the social acceptability of tobacco use. We address the following evaluation questions related to Goal 2:

1. What activities are being implemented in support of Goal 2?
2. How has the news media covered tobacco issues in New York?
3. Have tobacco sponsorships decreased over time?
4. What is the level of point-of-purchase tobacco advertising and promotions prior to the Advertising, Sponsorship, and Promotion (ASP) initiative?
5. Has awareness/receipt of pro-tobacco advertising and promotions declined over time?
6. Has awareness of and receptivity to antismoking messages increased over time?
7. Has knowledge about the health risks of smoking and antitobacco attitudes and beliefs increased over time?

These evaluation questions are informed by the general evaluation framework presented in Chapter 3. For Goal 2 (decreasing the social acceptability of tobacco use), we focus on the role of programmatic activities and policies in increasing knowledge of the health risks of smoking and antitobacco attitudes and beliefs. As illustrated in the evaluation framework, outputs related to tobacco control program activities, in conjunction with characteristics of the social environment (i.e., current levels of tobacco advertising, sponsorship, and promotions), are anticipated to lead to increased awareness. Awareness is a prerequisite for changes in knowledge, attitudes, and beliefs. By increasing knowledge about tobacco-related issues and by increasing antitobacco attitudes and beliefs, NYTCP intends to decrease the social acceptability of tobacco use in New York. Ultimately, changing the perceived social acceptability of tobacco use is expected to have a direct impact on tobacco use behaviors. Research has demonstrated that perceived social acceptability of tobacco use is a strong predictor of adolescent smoking and smoking initiation (Bauman, Botvin, Botvin, & Baker, 1992; Eisenberg and Forster, 2003).

We first assess the tobacco control environment by characterizing activities designed, planned, and conducted to influence attitudes related to the social acceptability of tobacco use (Question 1). Exposure to tobacco control activities is anticipated to be associated with changes in related awareness and attitude measures. However, many of the key activities related to Goal 2 are relatively new, and therefore measures of exposure are not always available. In these instances, we focus on measures of awareness—awareness of pro-tobacco advertising, sponsorships, and promotions. We will assess the extent to which the news media in New York have covered tobacco issues (Question 2). The amount and tone of media coverage of tobacco issues is an indicator of how tobacco issues are portrayed and what types of information individuals are being exposed to. As noted previously, media advocacy can be an effective strategy to promote changes in attitudes, behavior, and public policy by reframing ways that the public perceives and thinks about tobacco issues (Durrant et al., 2003).

Tobacco sponsorships (Question 3) and point-of-purchase advertising and promotions (Question 4) are prominent means by which the tobacco industry seeks to influence perceptions of the social acceptability of their products. We establish baseline measures of point-of-purchase advertising using in-store observational data. In future evaluations, we will be able to link data from the in-store observations with measures of awareness of point-of-purchase promotions from the ATS and YTS. We may also be able to conduct regional comparisons—correlating in-store data with CAT data on the number and types of activities Community Partners are conducting. No systematic approach is currently in place to track tobacco company sponsorships. Therefore, we assess this question by looking at trends in awareness of tobacco sponsorships. Again, this measure of awareness serves as a proxy measure for exposure (as level of awareness should be correlated with levels of actual exposure).

In addition to in-store data, we will evaluate adult awareness of tobacco promotions (Question 5) using a series of questions from the ATS. Some of these measures correspond to measures that are captured through the in-store observational data and others are unique (e.g., direct mail from tobacco companies). It is hypothesized that awareness of tobacco promotions will be indicative of the level of exposure to these promotions.

The effectiveness of media and educational campaigns is predicated on the ability of these campaigns to capture the attention of the target audience(s). An evaluation of an educational intervention should include an assessment of the degree to which the intervention messages are being recalled by the audience. If awareness of and/or receptivity to campaign messages is low, it is unlikely that there will be meaningful changes in knowledge, attitudes, or behaviors. Therefore, we evaluate the level of awareness of key campaign messages (Question 6) to estimate the reach of these campaigns and their potential impact.

Finally, we evaluate trends in antitobacco attitudes and beliefs (Question 7). These attitudes and beliefs are measured with the ATS and YTS and, taken as a whole, provide measures of the degree of social acceptability of tobacco use. We will also relate changes in attitudes over time to awareness of media messages sponsored by NYTCP. In this section, we include attitudes related to smoking in the movies. A key focus of NYTCP has been on increasing awareness of the problem of smoking in the movies, with the objective of changing attitudes regarding the acceptability of smoking images in movies and ultimately fostering support for policy change that reduces child and adolescent exposure to smoking images in movies.

To address the evaluation questions for Goal 2, we use several evaluation and surveillance systems described in Chapter 3. Data from the CAT system will be used to address the first evaluation question, providing a description of activities that have been implemented to decrease the social acceptability of tobacco use and to assess the degree to which activities implemented are consistent with the Strategic Plan. Question 2 will be addressed using information from the Tobacco News Tracking study. Question 3 will be assessed primarily with data from the ATS, which provides estimates for the number of adults who have noticed tobacco sponsorships. In-store observational data (RATS) from fall 2004 and ATS data will be used to address Question 4. Questions 5 through 7 will be addressed primarily with data from ATS and YTS.

4.3.2 Summary of Activities in Support of Goal 2

Programs and activities under Goal 2 aim to decrease the social acceptability of tobacco use through efforts to reduce tobacco advertising and promotions, promote restrictions on the number of places where smoking is allowed, and communicate tobacco control messages to the public. Strong research evidence now suggests that changes in the social environment can have both a direct effect on smoking behavior and an indirect effect via changes in attitudes regarding the social acceptability of smoking. For instance, many of the policy changes most directly related to efforts to reduce exposure to SHS, such as smoke-free workplace laws and voluntary policies targeting smoking in homes, schools, and workplaces, have also been associated with reductions in smoking prevalence (Wakefield et al., 2000; Farkas et al., 2000; Evans, Farrelly, and Montgomery, 1999; Farrelly, Evans, and Sfekas, 1999). It has been suggested that these results may reflect a shift in the perceived acceptability of smoking—that as the number of places and opportunities that people witness people smoking decreases, social norms promoting nonsmoking will be fostered, ultimately leading to a reduction in smoking initiation (Eisenberg and Forster, 2003; Levy, Friend, and Polishchuk, 2001). In support of this hypothesis, several recent studies provide evidence of a clear association between the frequency of observing smoking and the perception that smoking is socially acceptable (Alesci, Forster, and Blaine, 2003; Albers et al., 2004; Thomson et al., 2005). Perceived social acceptability of smoking has been consistently shown to be a strong predictor of adolescent smoking and smoking initiation (Bauman et al., 1992; Eisenberg and Forster, 2003).

Recognizing the importance of the social environment in shaping smoking behaviors, NYTCP has created a Strategic Plan emphasizing efforts aimed to decrease the social acceptability of smoking. As noted in Chapter 2, the Strategic Plan has recently been updated to provide clearer objectives related to reducing tobacco advertising and promotions occurring in (1) bars, fraternities, and other "adult only" facilities; and (2) newspapers and magazines. An original emphasis on reducing tobacco advertising at the "point-of-purchase" in retail stores has been expanded to target all types of retail advertising, and a new objective aimed at increasing voluntary policies that prohibit tobacco use in outdoor areas has been added to the Strategic Plan.

NYTCP designed a set of television advertisements and movie theater slides to counter tobacco industry point-of-purchase marketing and the depiction of tobacco use in movies. The program was planning to use the television ads in a campaign to increase awareness of tobacco company advertising in the retail environment. One ad, titled "Walk to School," depicts the abundance of tobacco ads youth are exposed to during a typical walk home from school. Movie slides are being used to increase awareness of the impact of smoking in movies on youth. These activities were designed to be coordinated with the recently launched ASP initiative, which includes a community-level effort designed to increase community awareness in the short-run about the impact of tobacco advertising in the retail environment on youth initiation and tobacco use. In the long-run, the goal of the point-of-purchase component of ASP is to reduce the amount of retail advertising and reduce smoking initiation of youth and young adults and the prevalence of adult smoking.

NYTCP also funds Community Partners to participate in various aspects of the ASP initiative, which is primarily aimed at Goal 2. Community Partnerships are responsible for carrying out community and retail interventions, with other partners providing support as needed. Efforts aimed at decreasing exposure to tobacco advertising in periodicals (magazines and newspapers) and efforts aimed at decreasing the numbers of movies that contain smoking or tobacco placement are led primarily by the Reality Check Youth Action Partners, with other partners providing support. Below, we describe the planned breakdown of partner activities relative to the objectives under Goal 2.

Exhibit 4-69 illustrates the number of planned activities by Community Partners for each Goal 2 objective. Forty-two percent of all strategies entered into CAT for the 2004–2005 fiscal year focused on the goal of decreasing the social acceptability of tobacco use. Within Goal 2, the most frequently reported objective was to "increase antitobacco attitudes among youth and adults," with 43 percent of all social acceptability strategies reported within this objective. Community Partnerships classified 31 percent of their strategies within this objective, using approaches such as community education, government policy-maker education, and paid media most often.

Exhibit 4-69. Planned Activities for Goal 2 by Community Partners for Fiscal Year 2004–2005

| Objective | Cessation Centers | Community Partnerships | Reality Check Youth Action Partners | Joint Partner Strategies | Total |
|--|-------------------------|---------------------------|-------------------------------------|--------------------------|---------------------------|
| Increase antitobacco attitudes among youth and adults | 3 60% | 79 31% | 261 49% | 7 39% | 350 43% |
| Increase number of sporting, cultural, entertainment, art, and other events that have written policy prohibiting tobacco industry sponsorship | 0 0% | 39 15% | 21 4% | 3 17% | 63 8% |
| Reduce tobacco promotions in sporting, cultural, entertainment, art, and other events in community, region, and state | 2 40% | 29 11% | 55 10% | 3 17% | 89 11% |
| Reduce the amount of tobacco advertising in the retail environment | 0 0% | 97 38% | 61 11% | 3 17% | 161 20% |
| Increase number of magazines and newspapers that have a written policy prohibiting acceptance of tobacco industry or product advertising | 0 0% | 1 0% | 133 25% | 1 6% | 135 17% |
| Increase number of local laws, regulations, and voluntary policies that prohibit tobacco use in outdoor areas and in proximity to building entryways | 0 0% | 12 5% | 2 0% | 0 0% | 14 2% |
| Reduce tobacco promotions occurring in bars, fraternities, and other "adult only" facilities | 0 0% | 1 0% | 1 0% | 1 6% | 3 0% |
| Total | 5 100% | 258 100% | 534 100% | 18 100% | 815 100% |

Community Partnership activities included

- presentations to youth groups, parent groups, and community agencies;
- community forums;
- letters to the editor; and
- television and print ads, including awareness of tobacco marketing practices and International Day of Action.

Community Partnerships also focused heavily on reducing the amount of tobacco advertising in the retail environment, with 38 percent of their social acceptability strategies having that objective. To address tobacco retail advertising, Community Partnerships most frequently reported using the focus areas of Community Education, Monitoring/Assessment of

Organizational Policies and Practices, Advocating with Organizational Decision Makers, and Paid Media. These activities included

- conducting RATS to assess tobacco point-of-purchase advertising in the community;
- organizing press events to announce the RATS initiative or share RATS findings;
- educating community organizations, neighborhood groups, faith organizations, and school boards;
- holding ASP recognition events to reward retailers with policies restricting tobacco point-of-purchase advertising;
- building support and mobilizing the community to take action and enact point-of-purchase resolutions; and
- implementing interventions with retailers.

For Reality Check Youth Action Partners, the objectives most often selected were to “increase antitobacco attitudes among youth and adults” (49 percent of Youth Partner strategies within this goal and 25 percent of all Youth Partner strategies overall) and to “increase the number of magazines and newspapers that have a written policy prohibiting acceptance of tobacco industry product advertising” (25 percent of Youth Partner strategies within this goal). For the objective related to increasing antitobacco attitudes, there was a wide range of activities described in Annual Plans, with the great majority in the focus area of Community Education. Strategies included

- conducting school library assessments of tobacco advertising in magazines;
- holding press events about magazine tobacco advertising;
- making presentations to educate the school community, including the parent teacher association (PTA), school board members, families, students, and community members;
- mobilizing schools to take action against tobacco advertising in magazines;
- using various media outlets to share information (letters to the editor, school newspapers, press conferences);
- disseminating information on Web sites or in person (palm cards, flyers);
- making presentations to schools, community youth groups, faith-based organizations, and civic organizations; and
- holding infusion events to share Reality Check and statewide messaging, including booths at sporting events, fairs, dances, and arcades, and recruiting and handing out gear, information, and petitions.

Most (18 out of 26) of the planned Joint Partner strategies (activities whose financial, planning, and implementation responsibilities are shared equally among several funded partners) focused on the goal of decreasing the social acceptability of tobacco use, with 39 percent of them related to increasing antitobacco attitudes among youth and adults.

Of all paid media entries from January through May 2005, not including the approximately \$500,000 in additional funds that partners used to support the full ASP media campaign in Q2 2005, 29 percent related to the goal of decreasing the social acceptability of tobacco use. These paid media activities primarily included advertisements on television, radio, and in newspapers. Specifically, there were 9,084 television ads aired (at a cost of \$200,491); 1,414 radio ads aired (\$17,992); 53 newspaper ads printed (\$66,929); 500 mass mailings (i.e., 500 recipients) distributed (\$115.00); and 69 other media items disseminated, including transit postings (\$19,048) and billboards (\$74,950). In total, \$387,574 was spent on paid media activities focused specifically on Goal 2 from January through May 2005. This provides an incomplete picture of the extent of tobacco control advertising, because these estimates do not include public service announcements (PSAs) and other nonpaid forms of media.

In Chapter 2 of this report, we revisited our key findings from the 2004 IER to assess how NYTCP has responded to recommendations. Based on findings from the 2004 IER, we highlighted three recommendations:

1. Aggressively combat tobacco advertising and promotions.
2. Strive to reach 60 percent of New Yorkers with countermarketing efforts.
3. Address smokers' knowledge gaps, particularly around misperceptions of the benefits of low-tar or light cigarettes.

The activities noted above represent a strong response to these recommendations. The ASP initiative was launched, and the program has made significant strides to improve its countermarketing efforts.

As noted above, a significant percentage (43 percent) of partner activities under Goal 2 are aimed at "increasing antitobacco attitudes among youth and adults." Conversely, very few activities are planned around the objectives of reducing tobacco promotions occurring in bars, fraternities, and other "adult only" facilities and increasing the number of local laws, regulations, and voluntary policies that prohibit tobacco use in outdoor areas of businesses, other grounds, recreation areas, and in proximity to building entryways. These are new objectives, just recently added to the Strategic Plan in January 2005, so it is not unexpected that few activities are planned by the partners. However, because so few activities are planned around these objectives, it is unlikely that significant changes to these objectives will occur during the next year.

The ASP initiative is a very promising approach to decreasing the social acceptability of tobacco use. But it also was just recently launched, so results from this 2005 IER will not provide a thorough evaluation of the impact of this initiative. Surveillance methods are in place to evaluate the initiative, and it is expected that the impact of ASP activities will begin to surface in subsequent data collection periods. What is clear now is that the strategies laid out under the ASP initiative will require a good deal of coordination between partners and with NYSDOH. As noted in Chapter 2, a key opportunity to coordinate a statewide media campaign designed to support the objectives of the ASP initiative with the launch of ASP was missed. Originally scheduled to air during the beginning of 2005 in coordination with a series of ASP activities, the campaign was delayed because of problems with departmental approvals and therefore did not correspond with the activities. Given the limited resources available to promote these activities, and the enormous amount of money spent by tobacco companies to promote and advertise their products, it is especially important that program components are coordinated.

4.3.3 How Have the News Media Covered Tobacco Issues in New York?

To monitor news media coverage of tobacco issues, we used ATS data on New Yorkers' characterization of tobacco coverage in the news and data from the Tobacco News Tracking system where we capture and code print news clippings. The latter allows us to monitor the volume of news media coverage of tobacco and whether this coverage is supportive of tobacco control efforts, is neutral, or is supportive of smoking/tobacco industry views. The volume and slant of news coverage of tobacco helps provide a context in which we can evaluate the program's efforts—specifically, these data allow us to assess the extent to which the program is working against tobacco coverage that favors smoking or with news coverage that supports tobacco control.

In addition, we are also able to monitor the extent to which Community Partners are able to have an impact on coverage by generating news stories with press releases and writing letters to the editor. Starting in February 2004 when the system was implemented, we began capturing mentions of Community Partners. This serves as one metric for assessing the impact of partners, but moving forward we will be able to link efforts reported in CAT to generate news coverage with actual news coverage—currently, there are not sufficient data to conduct this analysis.

We begin by presenting data from the ATS on New Yorkers' characterization of tobacco-related news media coverage. ATS respondents were asked the following question to characterize coverage of tobacco in the news:

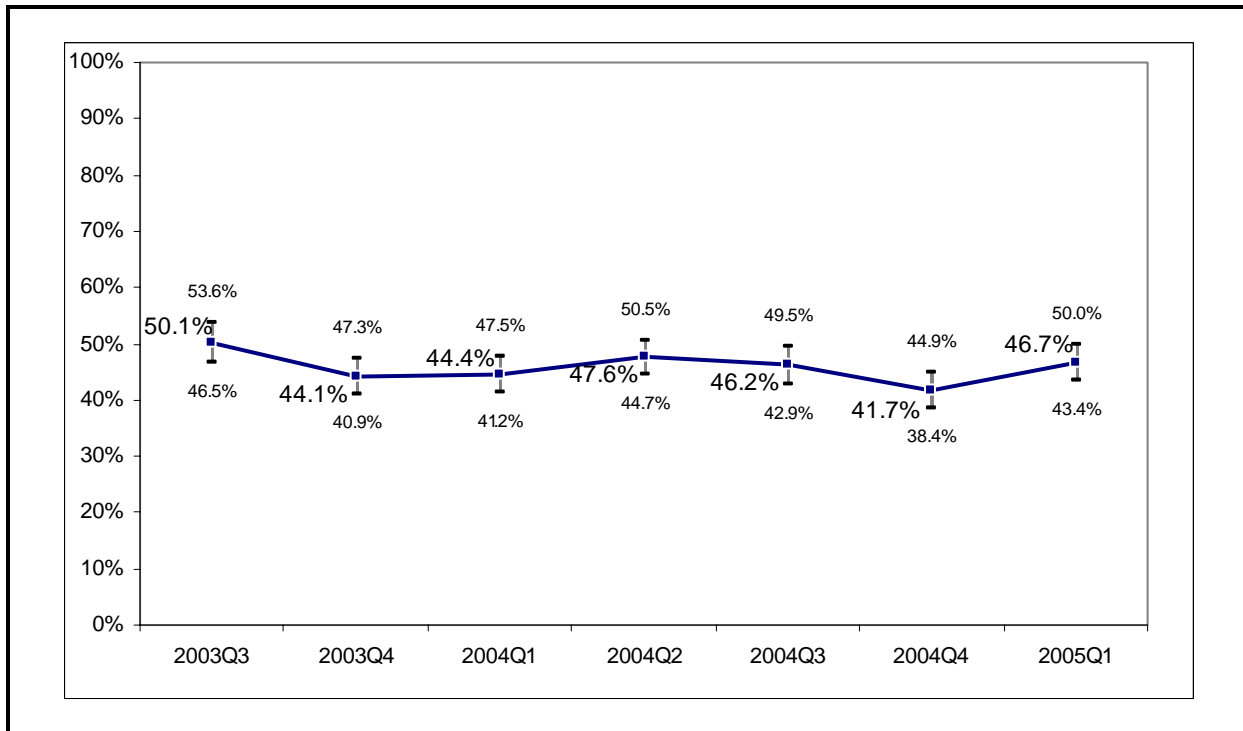
- "I'd now like you to think of any news stories about smoking that you may have noticed on TV, radio, or in the newspapers, in the past 30 days.

In your opinion, how was smoking portrayed in these news stories:

- Positively
- Negatively
- Neither positively or negatively
- Both negative and positive
- Do not recall any news stories”

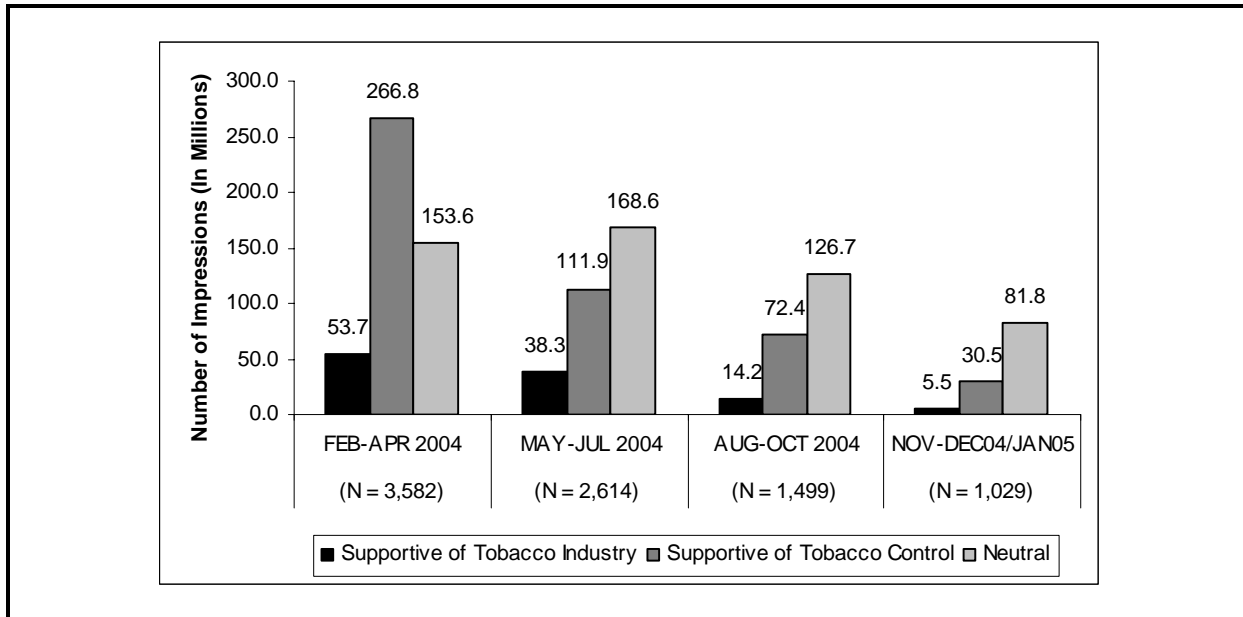
Exhibit 4-70 presents the percentage of adults who responded that smoking was portrayed negatively in the news. This figure shows that somewhat less than half feel that smoking was portrayed negatively, and there has been no change in this measure over time.

Exhibit 4-70. Percentage of Adults Who Believe Tobacco-Related News Stories are Negatively Slanted in the Media, ATS Q3 2003–Q1 2005



We investigated the slant of tobacco-related news coverage that occurred between February 2004 and January 2005 by exploring the potential reach of news stories as measured by article impressions. As illustrated in Exhibit 4-71, data from the Tobacco News Tracking system generally correspond with data from the ATS: the slant of tobacco-related news coverage has not changed markedly over time, with the possible exception of the first quarter of data. Articles that were neutral had the highest number of article impressions, followed by articles that were supportive of tobacco control.

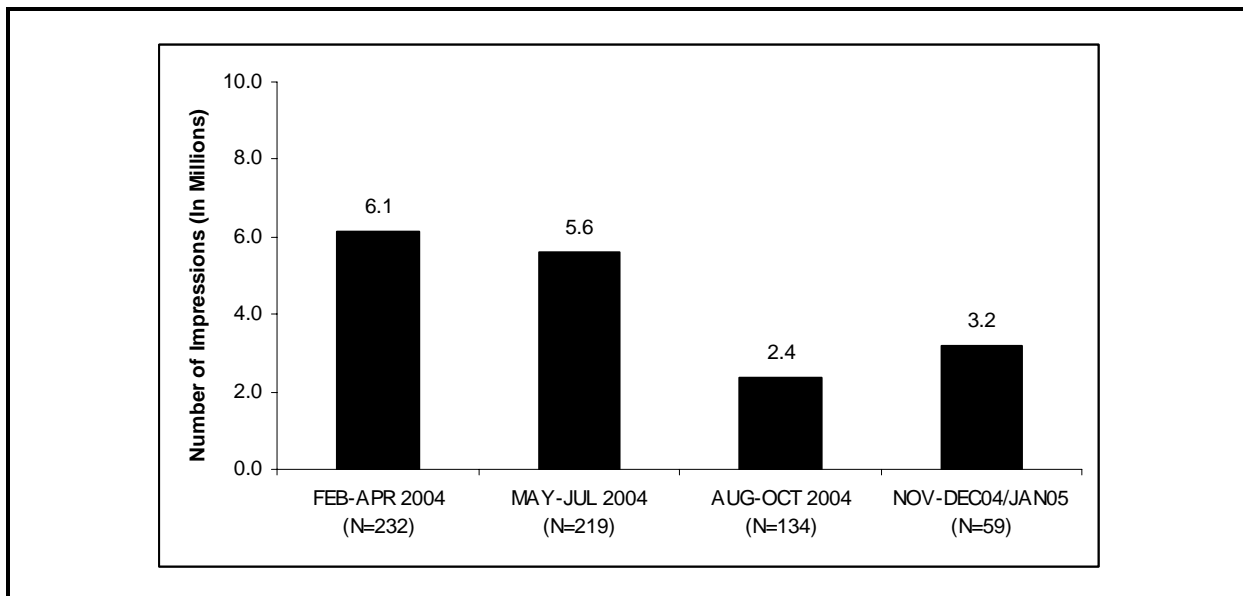
Exhibit 4-71. Slant Distribution among Tobacco-Related Articles



N = actual number of articles.

Exhibit 4-72 illustrates the number of articles that specifically mentioned a Community Partnership or Reality Check Youth Action Partner. The number of article impressions remained steady during the first two quarters of the year, then dramatically declined in the last two quarters in the year. Community Partner work plans did not call for significant press events during this time but rather information gathering and planning for events in 2005.

Exhibit 4-72. Number of Articles Mentioning a Community Partnership or Reality Check Youth Action Partner



N = actual number of articles.

Next, we present general characteristics of the newspaper articles captured between February 2004 and January 2005. Exhibit 4-73 illustrates the changing nature of coverage over this time period. For example, coverage of SHS-issues dropped dramatically as the anniversaries of the smoke-free laws passed. The overall volume of tobacco-related news stories also dropped, largely because of the drop in coverage of SHS issues. Although the distribution of many news themes remained constant over this time period, relative coverage of “education, prevention, and cessation” and “youth access” topics increased.

Exhibit 4-73. Article Characteristics, News Media Tracking Data, February 2004-January 2005

| | Feb-Apr 2004 N = 3,582 | May-July 2004 N = 2,614 | Aug-Oct 2004 N = 1,499 | Nov-Dec 2004/ Jan 2005 N = 1,029 |
|---|------------------------------|-------------------------------|------------------------------|--|
| Type of Article | | | | |
| News | 73.6% | 78.9% | 75.7% | 72.6% |
| Editorial | 10.8% | 11.6% | 14.4% | 19.2% |
| Letter to Editor | 14.5% | 8.1% | 6.9% | 5.8% |
| Other ^a | 1.1% | 1.3% | 3.0% | 2.4% |
| Theme | | | | |
| Health Effects | 12.4% | 14.9% | 19.2% | 9.0% |
| SHS and Smoke-Free Policies | 42.9% | 23.5% | 19.1% | 11.3% |
| Consumption | 1.5% | 6.5% | 3.0% | 3.0% |
| Tobacco Advertising, Sponsorship, and Promotion | 5.5% | 4.7% | 4.3% | 3.6% |
| Economics | 12.2% | 10.2% | 7.5% | 11.4% |
| Product and Regulation | 0.3% | 8.2% | 8.3% | 1.0% |
| Youth Access | 0.9% | 5.0% | 2.5% | 12.5% |
| Education, Prevention, and Cessation | 13.3% | 10.6% | 12.5% | 26.6% |
| Legal Issues | 5.8% | 9.6% | 14.4% | 8.8% |
| All other themes ^b | 5.3% | 6.9% | 9.1% | 12.8% |

^aIncludes reviews, cartoons, and other.

^bIncludes farming, addiction, unintended damage, tobacco industry, and other.

4.3.4 Have Tobacco Sponsorships Decreased Over Time?

Tobacco company sponsorships of sporting and cultural events have been shown to promote brand and company awareness and to create positive associations between brands and attractive images (Rosenberg and Siegel, 2001). It has been demonstrated that tobacco company sponsorship promotes sales and serves to “soften” public opinion toward the

tobacco industry (Rosenberg and Siegel, 2001). Notably, in the only study to systematically look at tobacco industry sponsorships, researchers found that from 1995 to 1999, out of a total of 300 identified tobacco industry sponsorships (representing at least 2,733 events and activities), New York State had the most tobacco sponsorships (71) of any state.

It is difficult to assess the degree to which the level of tobacco sponsorships has changed, because there is no systematic approach yet in place to track tobacco sponsorships at the local level. Indeed, it has been suggested that there is a significant nationwide need for surveillance of tobacco company sponsorship at the community level (Rosenberg and Siegel, 2001). In response to this need, a function will soon be added to CAT that will provide an opportunity to record tobacco industry advertising, sponsorships, and promotions as Community Partners become aware of them. This system will be focused on the following:

- Commercial sponsorship tracking
- Corporate sponsorship/giving tracking
- Promotional event tracking
- Policy tracking

As part of this added function of CAT, partners will be able to enter data on events, sponsorships, and information that they find about tobacco industry advertising, sponsorship, and promotion. CAT also includes a section in which partners can share success stories about events, venues, or organizations that have verbal or written policies prohibiting tobacco industry commercial sponsorship, corporate giving, or promotion.

In the meantime, it is possible to look at reported awareness of tobacco sponsorships indirectly, using data from the ATS. ATS respondents were asked if they had noticed any tobacco advertising at sporting and cultural events. Although an affirmative response does not necessarily indicate tobacco sponsorship (respondents could have seen tobacco advertising unaffiliated with the event, for example), it provides a general measure of exposure to tobacco promotion at events commonly sponsored by tobacco companies.

As illustrated in Exhibits 4-74 and 4-75, there has been a modest but statistically significant decline in the percentages of adults who have noticed tobacco advertising at sporting ($p < 0.05$) and cultural ($p < 0.003$) events. Keeping in mind that these questions are addressing tobacco advertising at events, rather than sponsorships per se, these data should not be interpreted as providing an estimate of tobacco sponsorship prevalence. Also, although 11 percent of planned partner activities are aimed at reducing tobacco sponsorships at events, the ASP initiative did not begin until January 2005. These declines in reported awareness therefore more likely represent declines related to other factors.

Exhibit 4-74. Percentage of Adults Who Noticed Tobacco Advertising at Sporting Events, ATS Q3 2003–Q1 2005

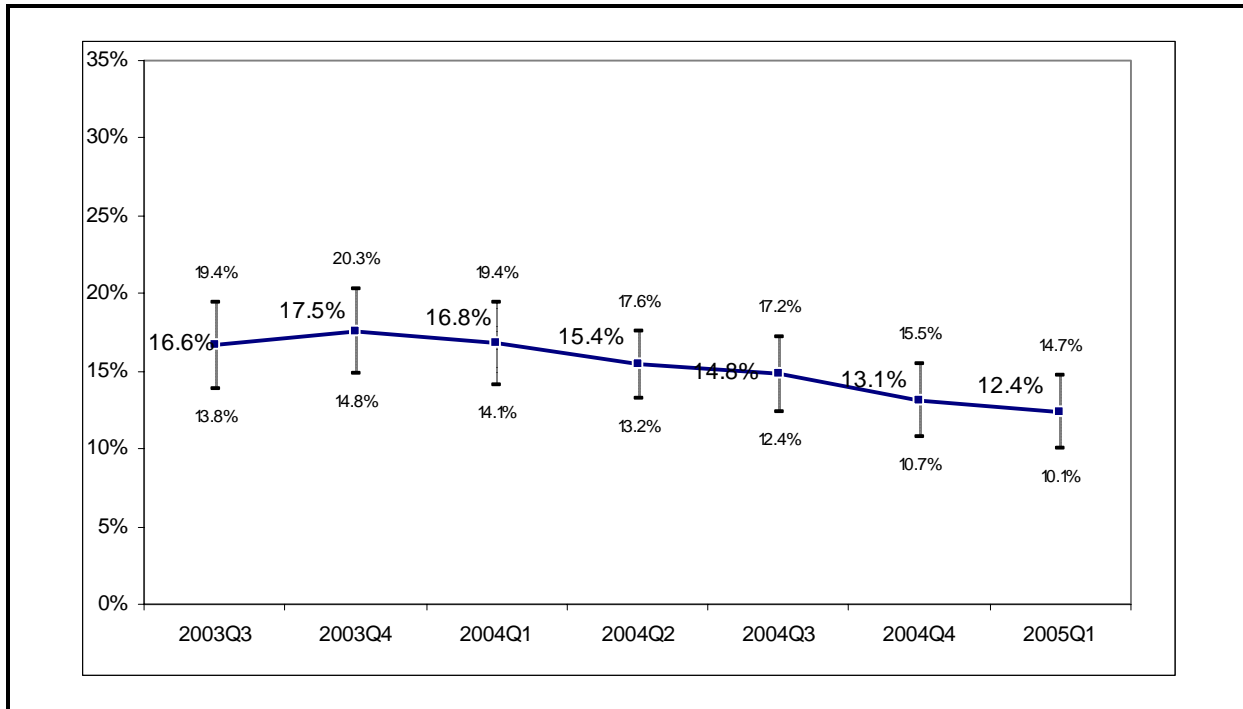
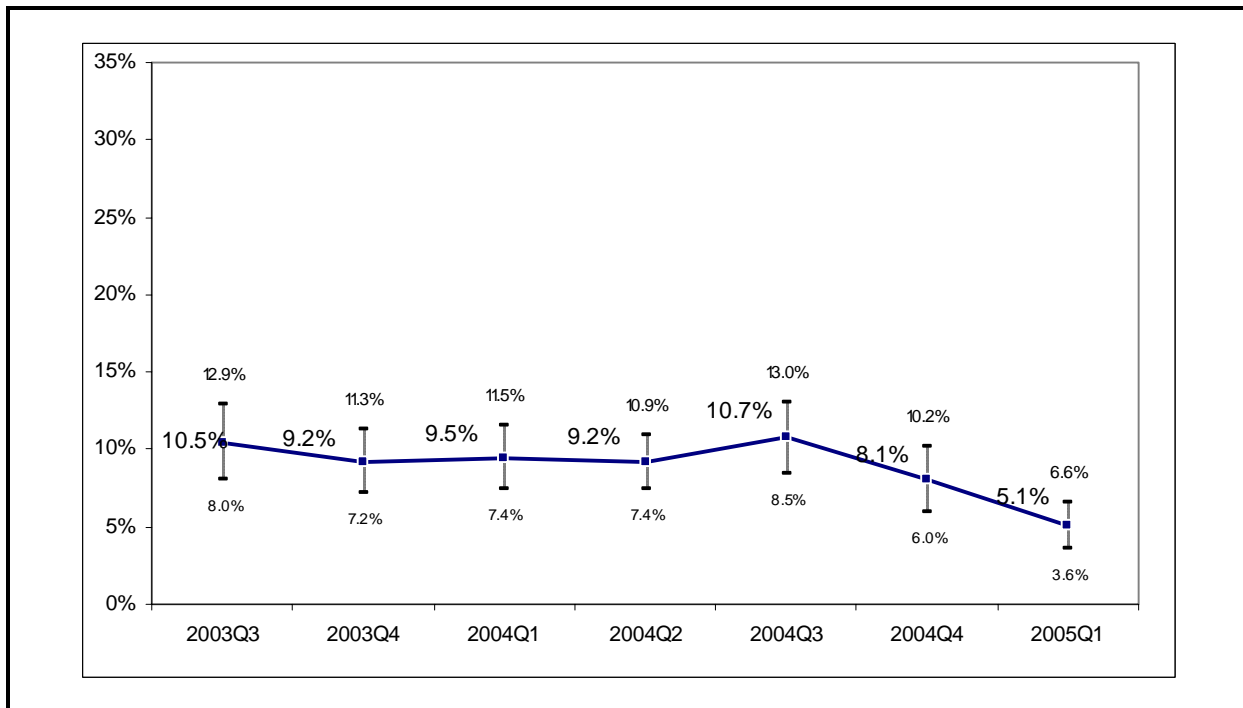


Exhibit 4-75. Percentage of Adults Who Noticed Tobacco Advertising at Cultural Events, ATS Q3 2003–Q1 2005



4.3.5 What Is the Level of Point-of-Purchase Tobacco Advertising and Promotions Prior to the Advertising, Sponsorship, and Promotion Initiative?

To monitor tobacco advertising and promotions in the retail environment, RTI and NYTCP developed a community-based surveillance system that assesses cigarette and other tobacco advertising and promotions in New York State licensed tobacco retailers. This surveillance system, known as RATS, provides data to monitor statewide and regional progress toward Goal 2 (decreasing social acceptability of tobacco use) and Goal 4 (preventing initiation of tobacco use among youth and young adults). Baseline data from this system provide a snapshot of the retail environment.

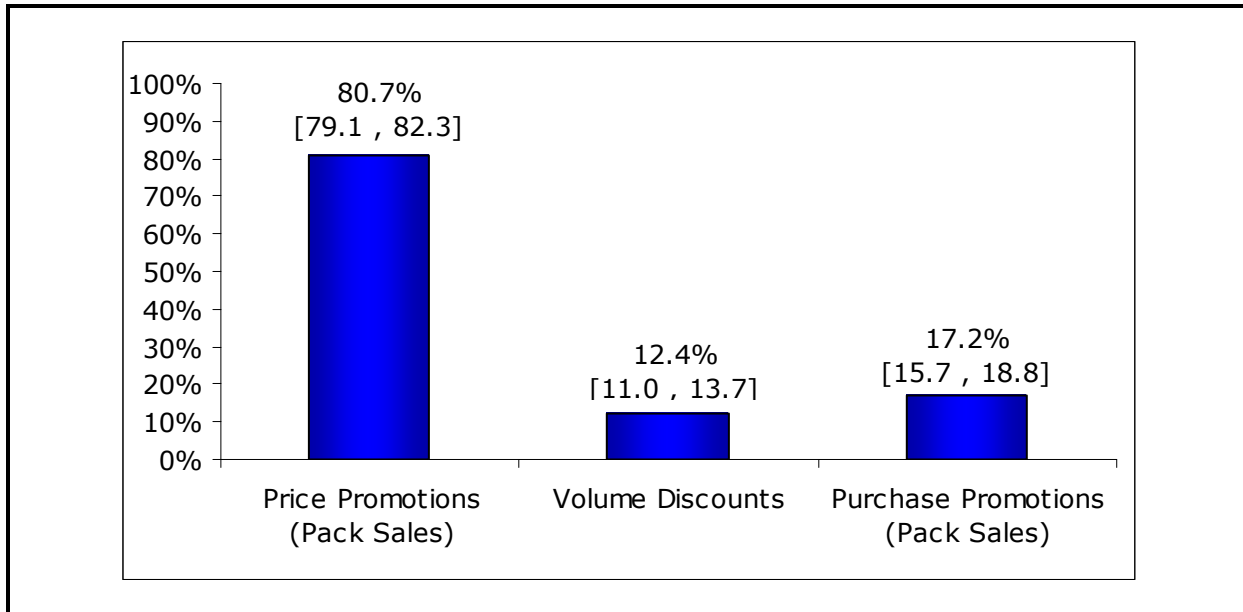
RATS captures information on cigarette advertising on the exterior and interior of retail outlets; cigarette prices, promotions, and in-store advertising for three brands of cigarettes (Marlboro, Newport, and Doral) and for the cheapest brand outside of Marlboro, Newport, and Doral; compliance with required state age of sale signage; and compliance with MSA restrictions on advertising. Data were collected for regular (king size) full-flavor packs and cartons. In this section, we focus on data related to cigarette advertising in the retail environment and cigarette promotions. Baseline data were collected during the last quarter of 2004 by Retail Diagnostics Inc. (RDI), an independent research firm. Baseline data included information on 2,266 New York retailers in November 2004.

Special Prices and Promotions

In 2002, the tobacco industry spent \$7.87 billion—63.2 percent of its budget for advertising and promotional expenditures such as price discounts to cigarette retailers or wholesalers—to reduce the price of cigarettes to consumers (FTC, 2004). RATS baseline data show that in November 2004, 81 percent of all licensed New York tobacco retailers provided special prices or discount offers for pack sales for the three brands that were measured: Marlboros, Newports, or Dorals (Exhibit 4-76). This exhibit also indicates that 12 percent of retailers had some type of volume discount, such as buy two packs, get one free. Retail outlets sell cigarettes using a promotional tactic, such as mail-in rebates, coupons, volume discounts, or gifts with purchase; promotions exclude cigarettes advertised with special or discounted prices. On average, 17 percent of statewide retail outlets offered some type of purchase promotion for cigarette packs.

Tobacco Advertising in the Retail Environment

Baseline data from RATS also included information on the prevalence of tobacco retail advertising on the exteriors and interiors of retail outlets. We present information on both exterior and interior advertising. Exterior advertising includes cigarette signage, portable or freestanding displays, and functional items on the retailer's building and property (e.g., gas pumps, fences, parking lot). Our protocol for measuring exterior and interior advertising included the following:

Exhibit 4-76. Percentage of New York Tobacco Retailers with Price, Volume, and Purchase Promotions, November 2004

- posters, signs, decals, banners, etc;
- displays (e.g., portable units such as cardboard, plastic, or Plexiglas)—counted as an advertising unit if the display contained as least one advertising impression; and
- branded functional items (e.g., clocks, trashcans, open/closed signs).

Nearly all (94 percent) tobacco retailers have interior tobacco advertising, and more than half of tobacco retailers (53 percent) have some form of exterior advertising (Exhibit 4-77). Functional items refer to industry-produced promotional items that advertise a brand and that also serve a purpose. Functional items are located throughout a store and include clocks, benches, doormats, trashcans, enter/exit door signs, open/closed window signs, push/pull door signs, coin trays, checkout divider bars, and shopping baskets. Relatively few tobacco retailers (3 percent) have branded functional items on the store interior. On average, tobacco retailers displayed 2.4 exterior advertisements (4.5 among those that had at least 1) and 15.5 interior advertisements (Exhibit 4-78).

Since the baseline data collection, Community Partners have been collecting comparable data on a rolling basis from tobacco retailers. To validate their data collection efforts, RDI is collecting data from a random subset of the outlets visited by the partners. Over time, this will provide trend data with which we can assess the success of the component of the ASP initiative that focuses on the retail environment.

Exhibit 4-77. Percentage of Tobacco Retailers with Exterior Cigarette Advertising, Interior Cigarette Advertising, and Branded Functional Items, November 2004

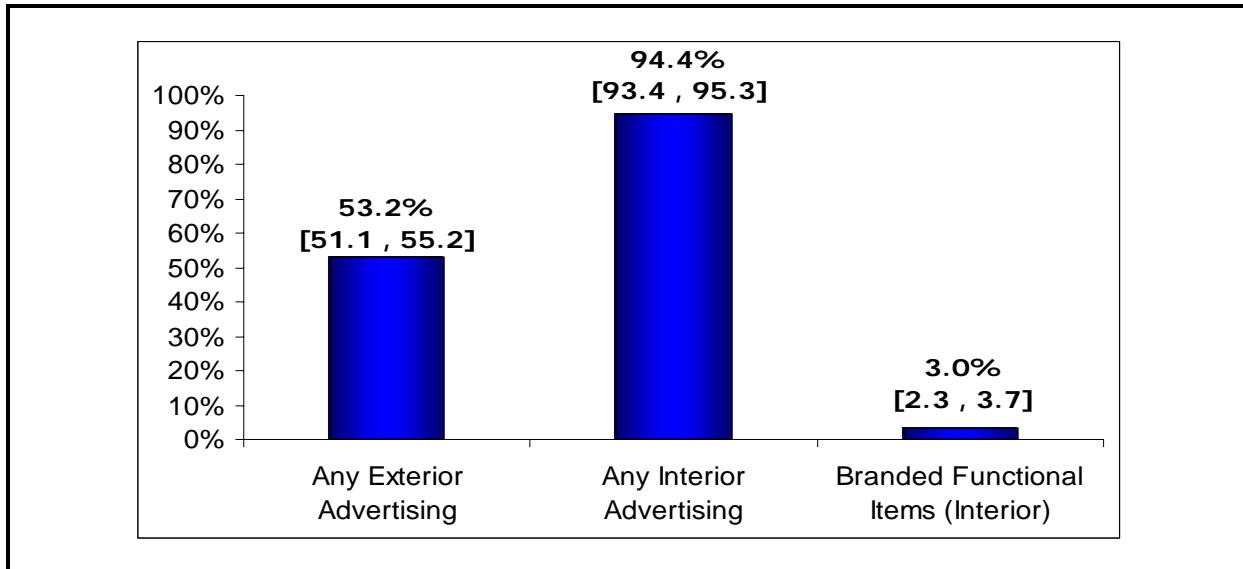
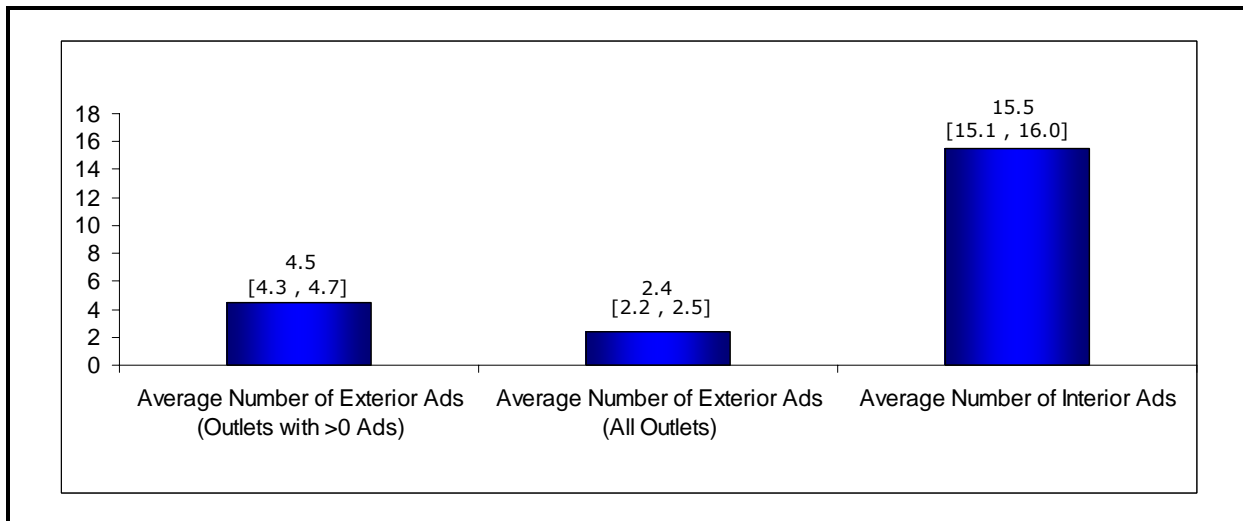


Exhibit 4-78. Average Number of Exterior and Interior Advertisements, November 2004



4.3.6 Has Awareness/Receipt of Pro-Tobacco Advertising and Promotions Declined Over Time?

Tobacco advertising and promotions are associated with youth smoking and with changes in attitudes known to be precursors to smoking. As noted earlier, exposure to tobacco advertising, including point-of-purchase advertising, is strongly associated with adolescent smoking (Henriksen et al., 2004). To assess trends in awareness and/or receipt of pro-tobacco advertising and promotions, we analyzed data from the ATS and YTS.

The Federal Trade Commission (FTC), in its most recent report on cigarette sales, advertising, and promotion (for 2002) (FTC, 2004), found that while advertising and promotional expenditures nationwide rose to the highest amount ever reported (\$12.47 billion, an 11 percent increase), advertising expenditures for newspaper, magazine, and outdoor advertising decreased significantly. This corresponds with a significant increase over past years in promotional allowances—price discounts, promotional allowances paid to retailers and wholesalers, and other promotional allowances made up 77.5 percent (\$9.66 billion) of all 2002 spending.

The measures below provide baseline trends against which we can assess the impact of NYTCP's ASP initiative as it develops. Because it began in January 2005, we do not yet expect it to have had an effect on these measures.

Awareness of Cigarette Advertising in Convenience Stores or Gas Stations

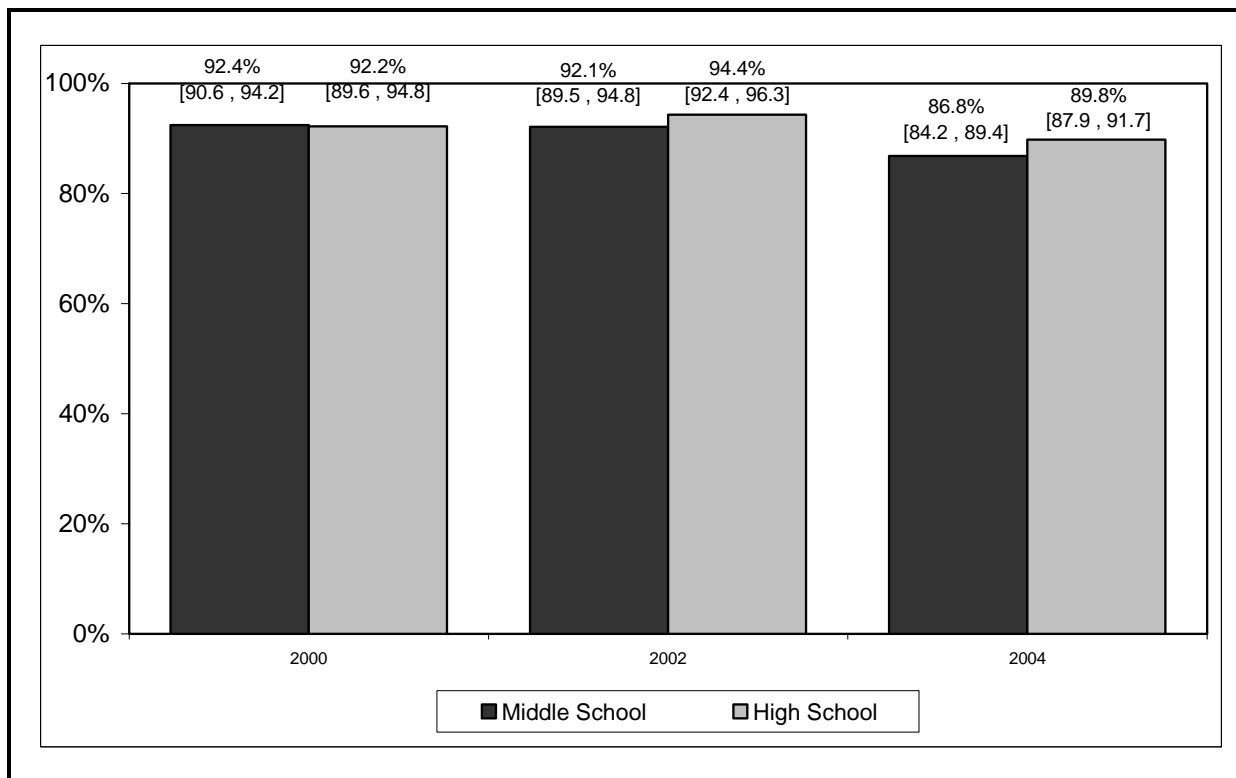
Because reducing advertising in convenience stores and gas stations is a central aim of the ASP initiative, we asked ATS respondents whether they saw cigarette advertising at a convenience store or gas station in the past 30 days. In Q1 2005, 82–83 percent of adults noticed cigarette advertising in these locations. This percentage corresponds to the high percentage (94 percent) of retail advertising observed in the baseline collection on the in-store observational study (RATS). In future years, we would expect to see awareness of cigarette advertising decrease correspondingly with decreases in reported retailer advertising from RATS.

Similarly, a very high percentage of adolescents reported seeing tobacco advertising in grocery stores and gas stations (Exhibit 4-79). Although there has been a modest but significant decline in awareness since 2000, 86.8 percent of middle school students and 89.8 percent of high school students still reported seeing advertising in grocery stores or gas stations in 2004.

Overall Awareness of Tobacco Advertising

To assess overall exposure to tobacco advertising among adults, we developed an index comprised of several ATS questions. The questions used to create this index asked whether, in the past 30 days, a respondent noticed cigarette or tobacco products being advertised in the following locations:

Exhibit 4-79. Percentage of Middle and High School Students Who Saw Tobacco Advertising in Grocery Stores or Gas Stations, YTS 2000–2004



- On posters or billboards
- In newspapers or magazines
- In shop windows or inside shops where tobacco is sold
- Over the Internet
- In bars

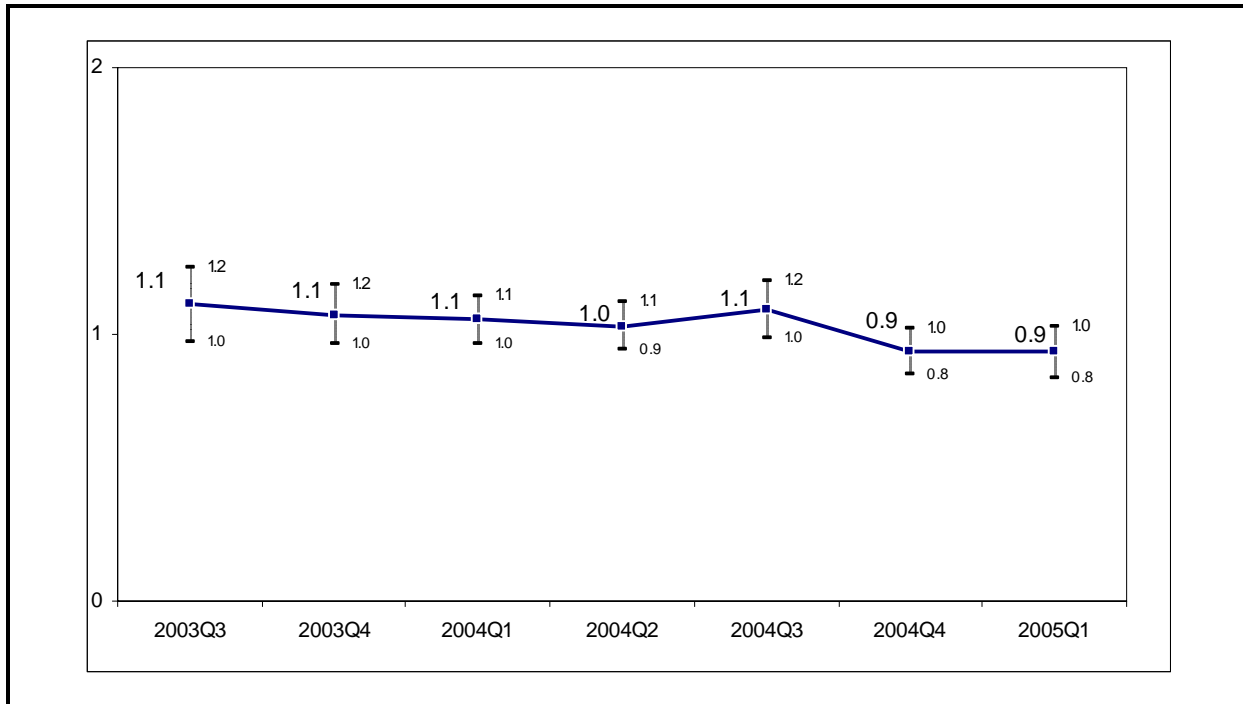
For each of these questions, ATS respondents chose from the following options (with the scale value used in the index in parentheses):

- Two-three times per day (2.5)
- Every day (1)
- Once per week (1/7)
- Less than once per week (1/14)
- Never or not applicable (0)

The index for each respondent was then calculated as the sum of responses to each of these questions, with the index value for each respondent ranging from 0 and 12.5. We assigned the weighted mean of all responses to respondents who had a missing value for any question. This approach does not affect the overall reported mean, but it does increase the number of observations included in the analysis (otherwise, if a respondent fails to respond to a single question, the respondent would be dropped from the reported mean). The average index represents respondents’ daily exposure to tobacco advertising in the past month.

Exhibit 4-80 indicates that adults report seeing an average of one tobacco advertisement per day. This exhibit illustrates a modest but statistically significant ($p < 0.01$) downward trend in awareness of tobacco advertising, consistent with the tobacco industry’s shift in recent years toward greater promotional, rather than advertising, spending. For example, expenditures on magazine advertising dropped from \$377 million nationwide in 1999 to \$107 million in 2002, a 72 percent decline. In addition, Philip Morris reports that its magazine advertising declined by 94 percent from 1998 to 2003 (http://www.philipmorrisusa.com/en/responsible_marketing/marketing_practices.asp#advertising, accessed July, 2005). If this trend continued through 2004 (data not yet available), this would help explain this downward shift. Moving forward with additional data on ASP activities from the CAT system, we will be able to tie the program’s activities to this index of tobacco advertising awareness as one measure of the program’s success in reducing tobacco advertising in New York.

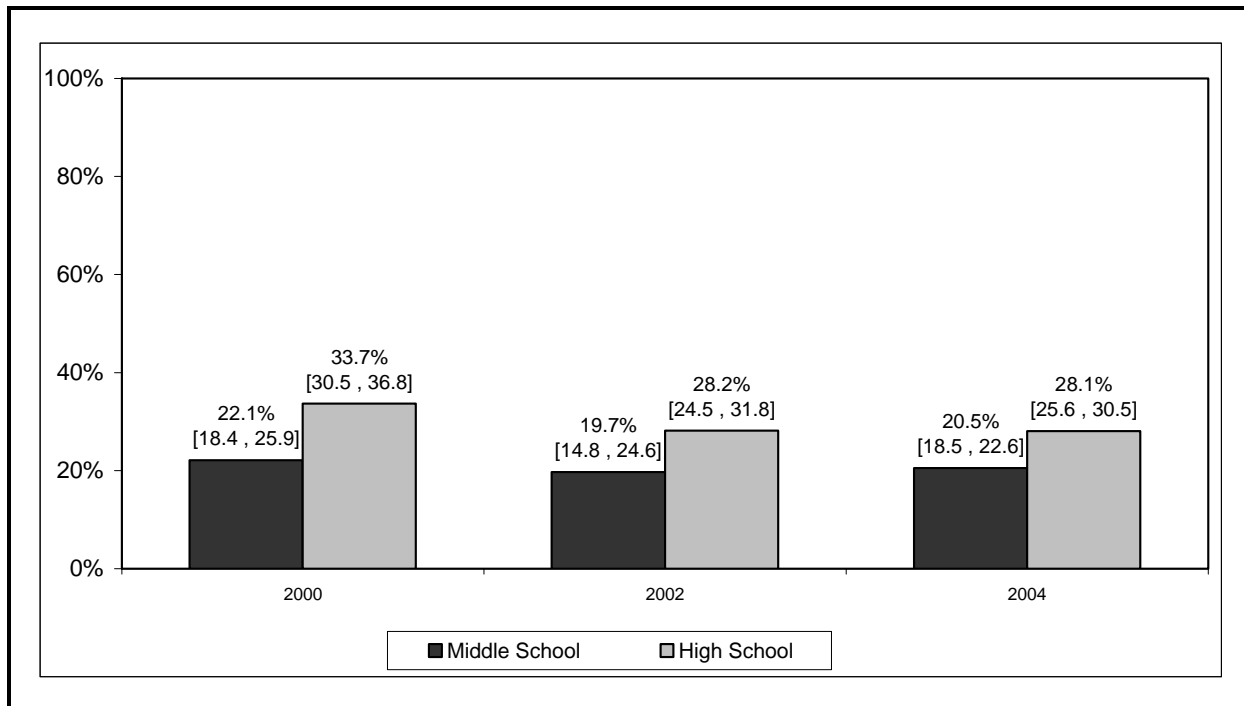
Exhibit 4-80. Average Index of Awareness of Tobacco Advertising or Promotions Among Adults, ATS Q3 2003–Q1 2005



Receptivity to Wearing Tobacco Branded Attire Among Youth

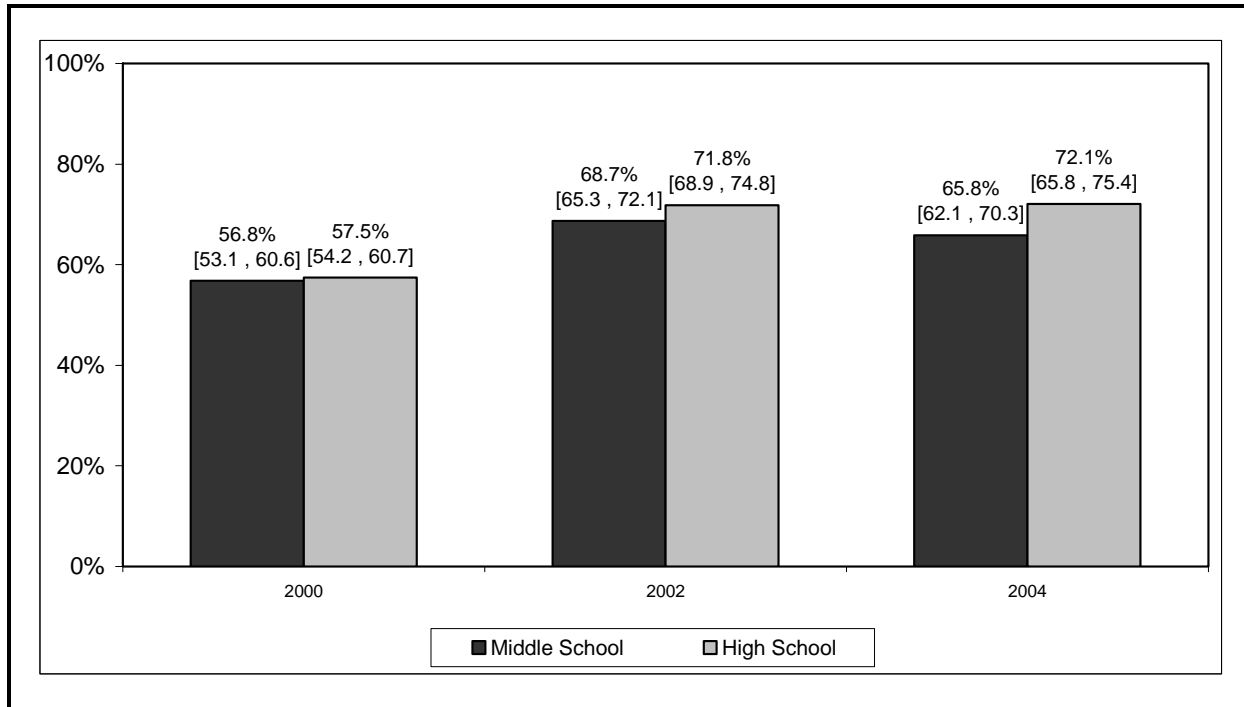
Ownership of promotional materials has been longitudinally linked to a significant increase in the likelihood of becoming an established smoker among adolescent nonsmokers and early experimenters (Biener and Siegel, 2000). Although tobacco branded materials were banned by the 1998 MSA, it is useful to measure youth's receptivity to branded gear as a measure of their openness to tobacco marketing efforts. Data from the YTS show that receptivity to branded material has not significantly decreased among middle school students but has modestly decreased among high school students ($p < 0.01$) (Exhibit 4-81).

Exhibit 4-81. Percentage of Middle and High School Students Who Would Wear Tobacco Branded Attire, YTS 2000–2004



Tobacco Advertising on the Internet

Since 2000, there has been a significant increase in the percentage of middle school and high school students who report seeing tobacco advertising on the Internet. Although this trend appears to have stabilized since 2002, the percentage of youth reporting exposure to this form of advertising remains high (Exhibit 4-82). Approximately 72 percent of high school students and 66 percent of middle school students report seeing tobacco advertising on the Internet in 2004. Clearly, this form of advertising warrants close monitoring in the future and may signal a possible focus for future policy change efforts.

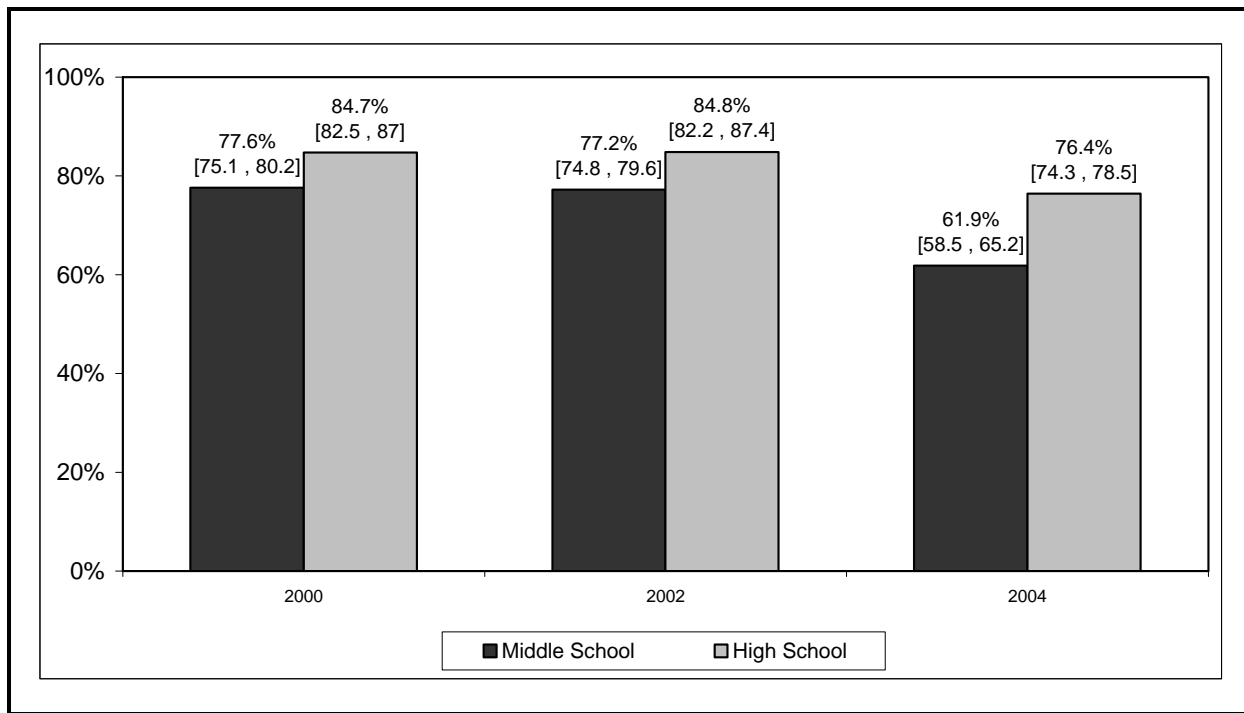
Exhibit 4-82. Percentage of Middle and High School Students Who Have Seen Tobacco Advertising on the Internet, YTS 2000–2004

Youth Awareness of Tobacco Advertising in Newspapers and Magazines

Reducing the presence of tobacco advertising in newspapers and magazines has been a key focus for Reality Check Youth Action Partners. Work on this objective has been notably successful. Reality Check Youth Action Partners conducted a statewide survey of middle and high school libraries in New York to assess the number of magazines carried in school libraries that include tobacco advertising. They found that more than 70 percent of the school libraries had magazines with extensive tobacco advertising and that some of these magazines are among the most popular among students. The Reality Check Youth Action Partners strongly advocated for these magazines to remove tobacco advertising, and, in March 2005, the New York State Attorney General wrote to tobacco companies urging them to remove tobacco advertising from school copies of the magazines. Subsequently, the National Association of Attorneys General reached an agreement with two national magazine publishers to eliminate tobacco advertising from school library editions nationwide. Although a number of factors led to this agreement, it is clear that the efforts of the Reality Check Youth Action Partners played a pivotal role in removing this significant form of tobacco advertising from schools. Although this programmatic success would not be represented in the data reported in this report, it is likely that this change in magazine publishing will have a direct impact on exposure to magazine tobacco advertising in school libraries, as the magazines involved have a significant youth readership.

In Exhibit 4-83, we chart data from three waves of the YTS, beginning in 2000. This exhibit shows a significant decline in estimated exposure to advertising beginning in 2002. In 2004, 61.9 percent of middle school students and 76.4 percent of high school students reported seeing tobacco advertising in newspapers or magazines. Although still a high percentage, this represents a significant drop from 2002, when 77 percent of middle school and 85 percent of high school students reported exposure. As noted above, there has been a downward trend in expenditures in cigarette advertising in magazines nationwide.

Exhibit 4-83. Percentage of Middle and High School Students Who Have Seen Tobacco Advertising in Newspapers or Magazines, YTS 2000–2004



4.3.7 Have Awareness of and Receptivity to Tobacco Control Messages Increased Over Time?

Awareness of Tobacco Control Media

As noted in Chapter 2, NYTCP has made significant progress in addressing earlier concerns that the media campaign had been ineffective and failed to arouse strong emotional responses among target audiences. Since the 2004 IER, NYTCP has significantly increased the use of emotionally-laden messages with intense images in its media campaign. Ads such as those from the Pam Laffin series featured strong emotional appeals that highlighted the long-term family consequences of smoking, while partner-run ads such as those from the “Every Cigarette Does You Damage” series featured graphic images depicting the physical consequences of smoking.

Given the program's increased efforts to use stronger emotional content and more intense imagery in its messages, we expect to observe overall higher statewide awareness of specific antismoking advertisements. In this section, we report awareness of various tobacco control messages among adults and youth in New York. We use data from the ATS to analyze trends in general awareness of tobacco control media among adults, focusing on awareness of specific message themes and media channels and awareness of specific ads.

Adults' Awareness of Tobacco Control Media Messages

Every quarter, we consult with NYTCP staff to understand what tobacco control television ads will be airing in the upcoming quarter so that questions on awareness and reactions to these ads can be added to the ATS. In addition, using data from the CAT system, we gather data on Community Partner-run television ads to ask comparable questions of ATS respondents in the partner's media market. The ATS includes questions that measure New Yorkers' awareness of both general and specific media messages. General awareness questions ask adults to indicate whether they have seen or heard messages in the past 30 days on a range of topics. Awareness of specific advertisements sponsored by NYTCP or one of its funded partners is assessed using a two-part confirmed recall question. Respondents are first given a brief description of the advertisement and, if they indicate they have seen it, are then asked to provide additional description of what happens in the ad. Those who successfully describe the ad in further detail are considered to have confirmed awareness of the ad. Adults who indicate that they have seen specific advertisements are further asked whether the ad "said something important to them" and whether they talked to anyone about not smoking after viewing the ad.

We begin by presenting trends in overall awareness of tobacco control advertisements on television and radio. We then present data on general awareness of advertising that focuses on various antismoking topics that are central to the objectives of program goal areas, including ads that mention the New York State Smokers' Quitline, ads about the dangers of SHS, and ads that highlight the long-term health and family consequences of smoking. Lastly, we present data on awareness of and reactions to specific tobacco control ads that aired statewide and locally in New York between Q3 2003 and Q1 2005.

Exhibit 4-84 presents trends in overall awareness of tobacco control advertisements on television in the 30 days prior to the survey among all adults surveyed in the ATS. General awareness of tobacco control messages on television has remained stable.

Exhibit 4-84. Percentage of Adults Who Have Seen Antismoking Advertising on Television, ATS Q3 2003–Q1 2005

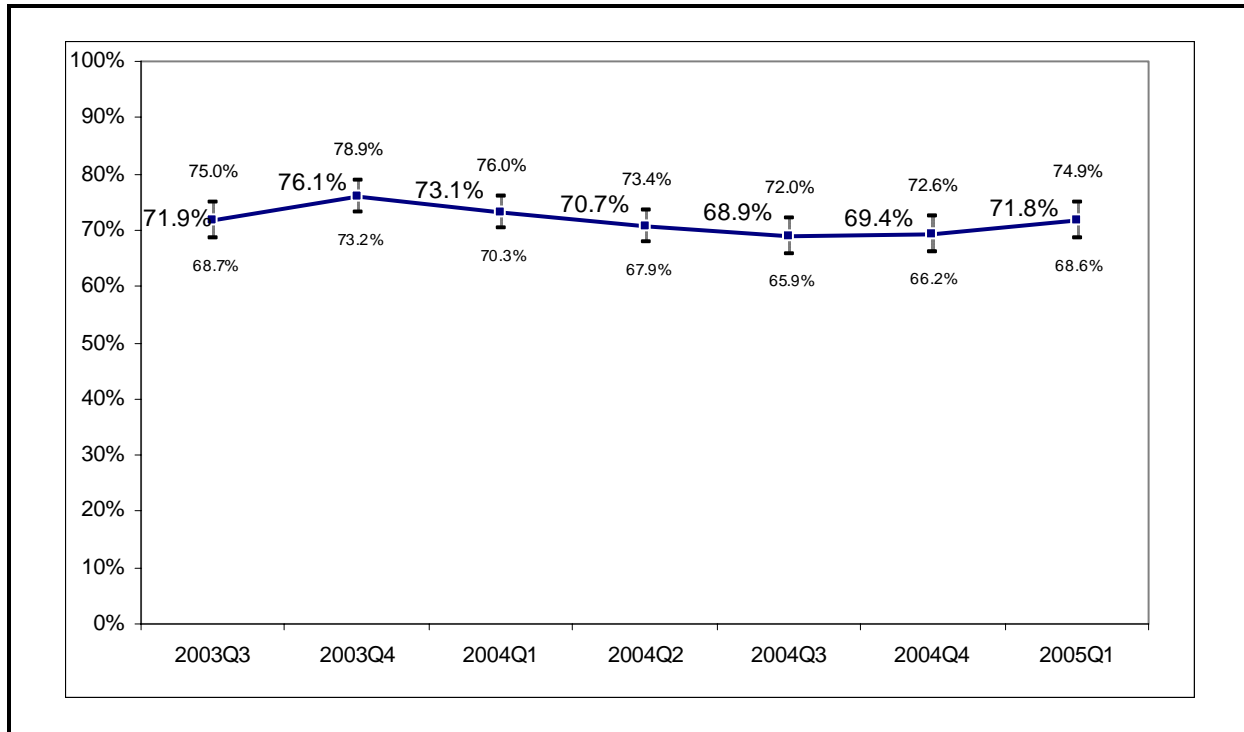


Exhibit 4-85 presents trends in general awareness, among all adults, of ads that highlight deaths of family members due to smoking-related illnesses. These data show that there has been a marginally significant increase ($p < 0.06$) in awareness of messages that emphasize family consequences and a marked increase beginning in Q3 2004. Awareness of these types of ads increased from 42.3 percent in Q3 2004 to 54.7 percent in Q1 2005, a statistically significant and sizeable difference.

Increases in awareness of ads that emphasize family member deaths from smoking-related illnesses were even more pronounced among current smokers in New York. Exhibit 4-86 shows awareness of these messages increased from 41.4 percent in Q3 2004 to 58.5 percent in Q1 2005, a statistically significant increase. This figure also demonstrates a drop in awareness after Q2 2004. This is reflective of the period from June through November 2004 when there was an absence of statewide televised advertising. At the same time, Community Partner contracts were being re-procured, and, because contracts were not fully executed until late in Q4 2004, Community Partners also did not run significant media.

To test the influence of NYTCP-sponsored media on awareness of family member deaths, we estimated a regression to explain changes in awareness of this topic over time as a function of NYTCP-sponsored SHS and cessation messages. This regression shows that adults who

Exhibit 4-85. Percentage of Adults Who Have Seen Advertising About Family Members Losing a Loved One Due to Smoking-Related Illnesses, ATS Q3 2003–Q1 2005

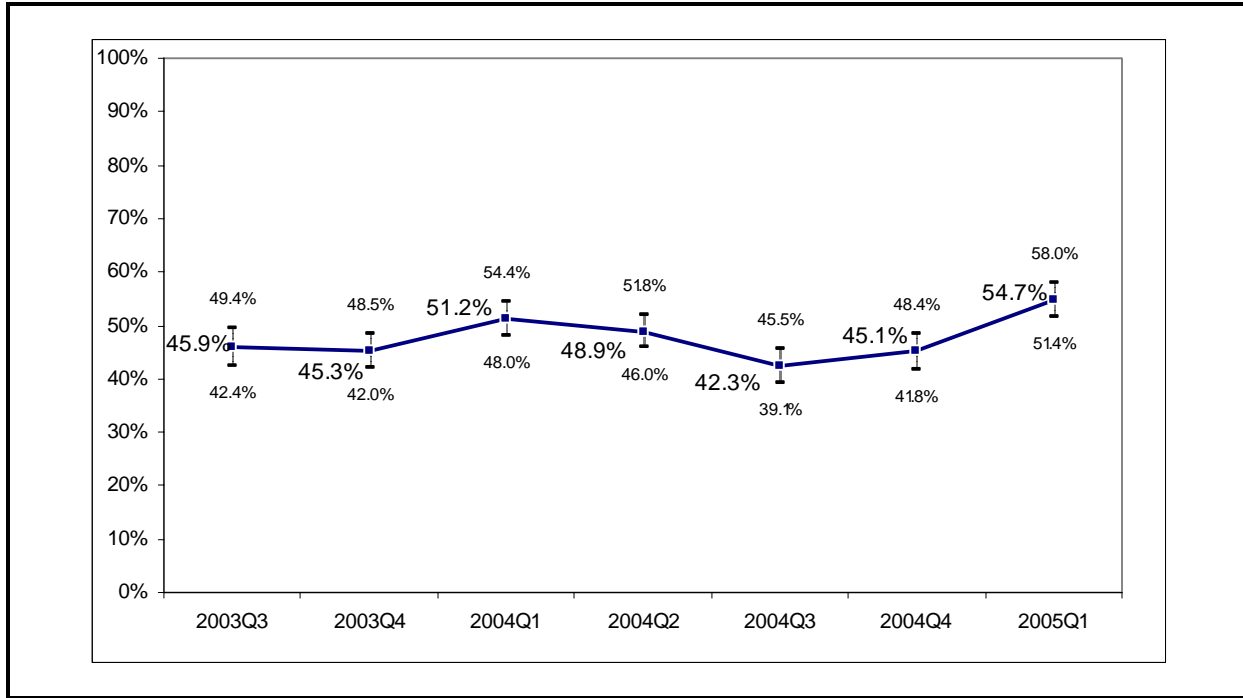
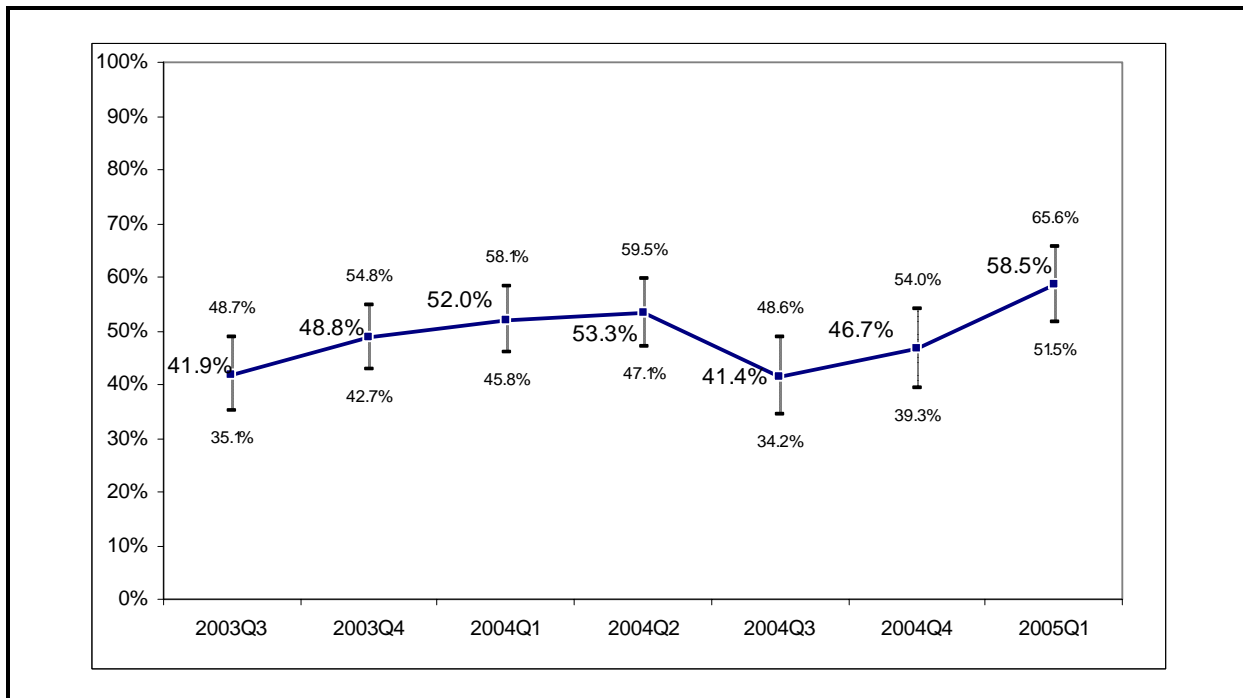


Exhibit 4-86. Percentage of Adult Smokers Who Have Seen Advertising About Family Members Losing a Loved One Due to Smoking-Related Illnesses, ATS Q3 2003–Q1 2005



report awareness of SHS messages had an increased odds (OR = 1.3, $p < 0.008$) of being aware of messages about the loss of family members due to smoking. The relation to cessation messages was stronger (OR = 2.5, $p < 0.001$). Among smokers, the effect of SHS messages was not as large and only marginally statistically significant (OR = 1.4, $p < 0.07$). There was a strong relationship between awareness of cessation messages and awareness of messages about the loss of family members due to smoking (OR = 2.0, $p < 0.002$). This is not surprising because the Pam Laffin series of ads, which feature a young woman who died prematurely due to smoking and left two children orphaned, aired during Q1 2005 (when awareness increased).

Exhibits 4-87 and 4-88 show trends in smokers' awareness of ads that highlight the dangers of smoking in the presence of children and ads that mention a Quitline. Exhibit 4-87 shows that between Q2 and Q3 2004, general awareness of messages about the dangers of children's exposure to SHS declined from 73.3 to 56.8 percent among adult current smokers. Awareness of ads that mention a Quitline dropped from 59.5 to 46.8 percent among current smokers between Q2 and Q3 2004 (Exhibit 4-88). Similar trends were observed for the general population of adults (data not shown) but were less pronounced compared to adult current smokers.

Exhibit 4-87. Percentage of Adult Smokers Who Have Noticed Advertising About the Dangers of Children Being Exposed to Cigarette Smoke, ATS Q3 2003–Q1 2005

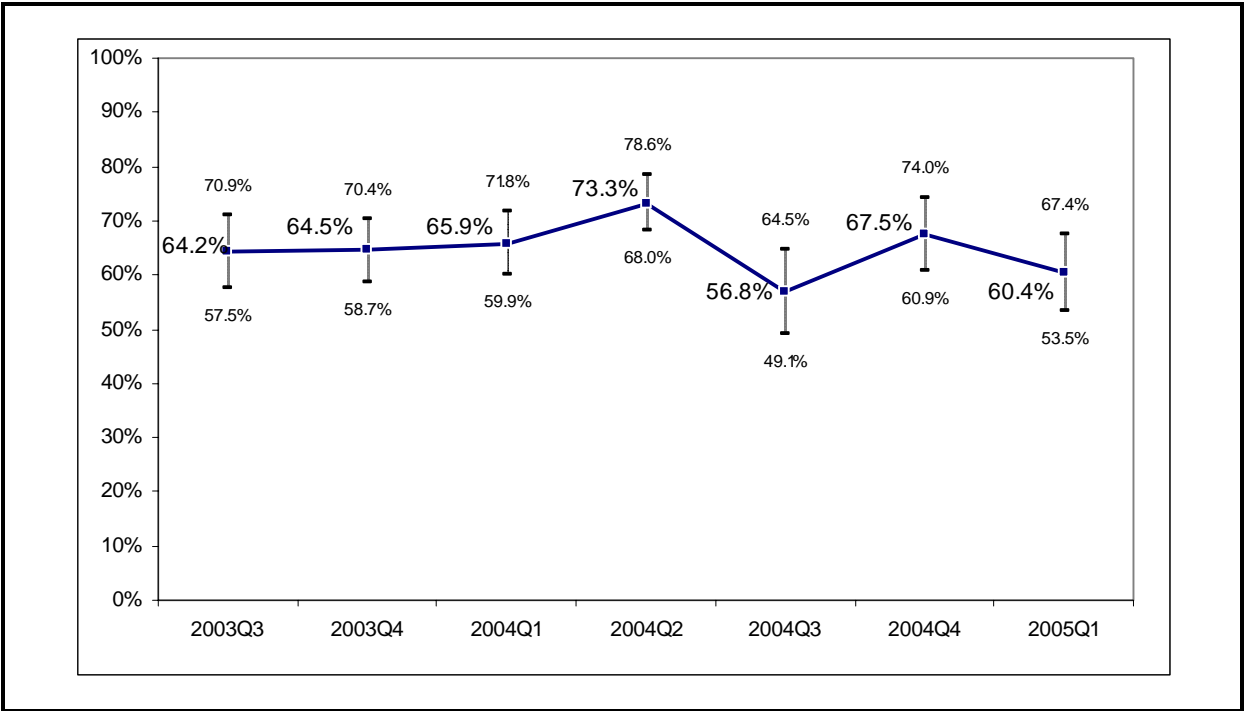
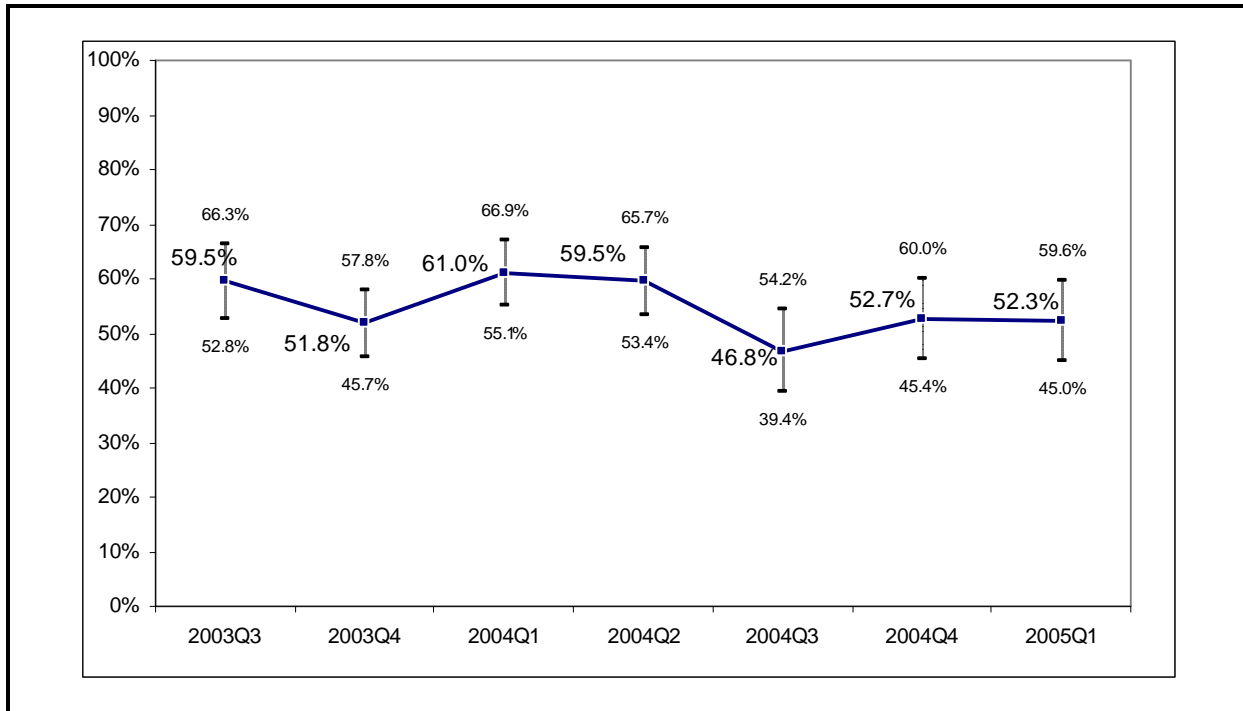


Exhibit 4-88. Percentage of Adult Smokers Who Have Noticed Advertisements About Calling a Quitline, ATS Q3 2003–Q1 2005

Regression analyses indicate that those who recalled NYTCP-sponsored messages about SHS had twice the odds of being aware of messages about the dangers of SHS for children (OR = 2.1, $p < 0.001$). The cessation messages, however, do not increase awareness of the dangers of SHS for children as one might expect. We find that recall of both SHS and cessation ads was associated with increased awareness of ads that mention a Quitline—smokers who recall NYTCP-sponsored SHS messages had an increased odds of being aware of messages that mention a Quitline (OR = 2.1, $p < 0.001$) that was somewhat larger than that for cessation ads (OR = 1.5, $p < 0.05$).

Although the results above are somewhat counterintuitive in terms of how NYTCP-sponsored media messages about SHS and cessation increase awareness of specific topics, they do show a statistically significant link between recall of media and awareness of tobacco control messages. These findings are important as drops in awareness when the media is off the air can decrease the impact on downstream indicators of program impact, such as changes in knowledge, attitudes, and behaviors. It often takes sustained exposure to media messages to have an impact on these outcomes. We examine the correlation between awareness of media and knowledge and attitudes below.

Confirmed Awareness and Reactions to Specific Ads

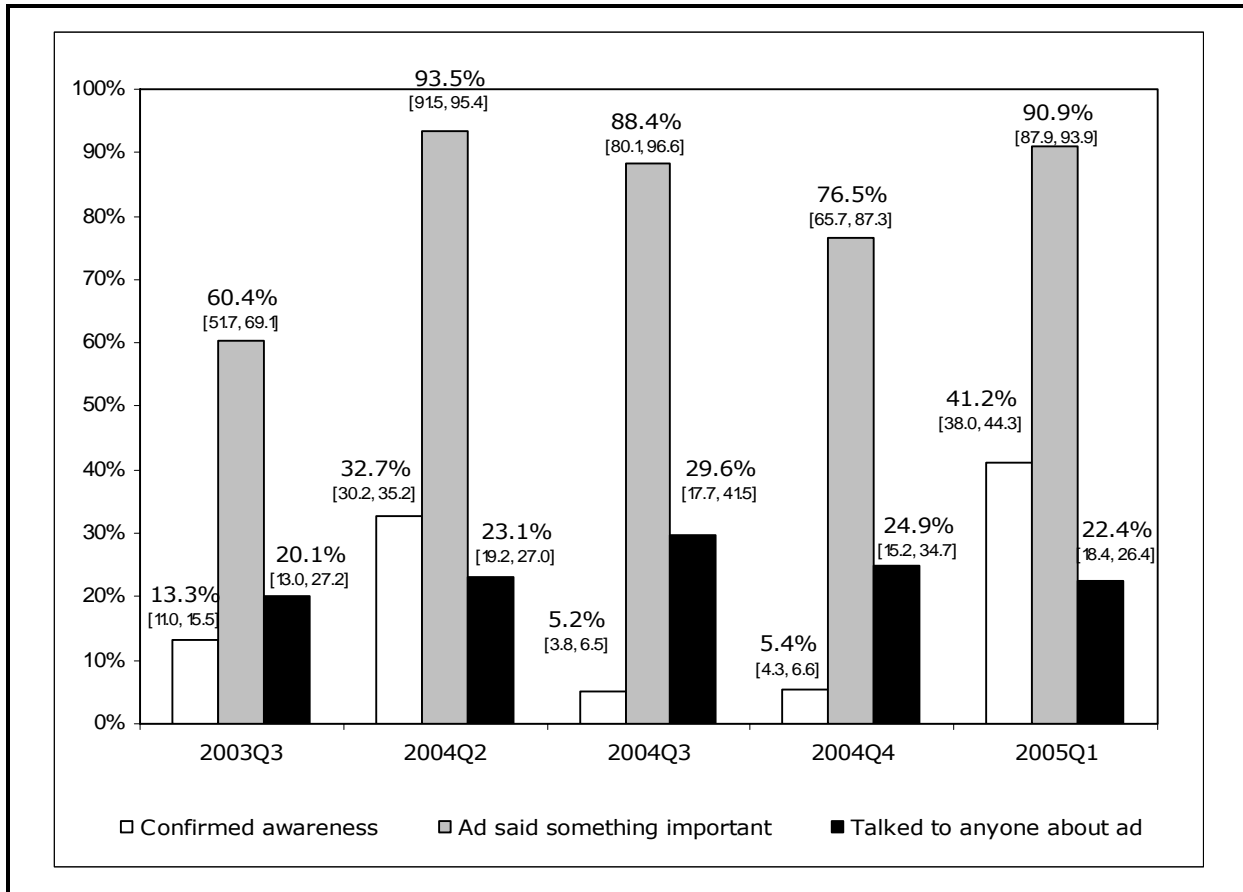
Exhibit 4-89 lists each specific SHS- and cessation-focused advertisement tracked in the ATS, by quarter. This list shows that a higher percentage of cessation-focused advertising used high-emotion messages over time, compared to ads that highlighted the dangers of SHS. Below, we present data on awareness of and reactions to these advertisements across all available quarters of ATS data from Q3 2003 through Q1 2005.

Exhibit 4-89. Statewide and Local SHS- and Cessation-Focused Advertising in New York, Q3 2003–Q1 2005

| SHS Advertisements | | | Cessation Advertisements | | |
|--|--------------------|----------------|---------------------------------|--------------------|----------------|
| Title | ATS Quarter | Emotion/Impact | Title | ATS Quarter | Emotion/Impact |
| Bartender | Q3 2003 | Low | Quitting Takes Practice | Q2 2004 | Low |
| Outside the Bar | Q3 2003 | Low | Cigarette Pack | Q2 2004 | High |
| Waitress | Q3 2003 | Low | Quit Yet | Q2 2004 | Low |
| Baby Seat | Q2 2004 | High | Judy Dying | Q3 2004 | High |
| Sign of the Times | Q2 2004 | Low | Quitting is Hard | Q3 2004 Q4 2004 | Low |
| Little Girl | Q2 2004 | Low | I Need You | Q1 2005 | High |
| Front Porch | Q2 2004 | Low | Pam Laffin (Abuse) | Q1 2005 | High |
| Never Smoke | Q2 2004 | Low | Pam Laffin (Krystell) | Q1 2005 | High |
| Clean Indoor Air Testimonials for Business | Q3 2004 | Low | Pam Laffin (Last Goodbye) | Q1 2005 | High |
| CIAA Testimonials in Mall | Q3 2004 | Low | Pam Laffin's Kids | Q1 2005 | High |
| Paul Decker | Q3 2004 | High | Bob Quits | Q4 2004 Q1 2005 | Low |
| Smoke Free New York | Q3 2004 | Low | Every Cigarette Does You Damage | Q1 2005 | High |
| Heather Crowe | Q3 2004 Q4 2004 | High | | | |

Exhibit 4-90 shows overall awareness of and reactions to NYTCP-sponsored advertisements, by quarter beginning in Q3 2003. As expected, confirmed awareness of and reactions to media declined significantly during Q3 and Q4 2004, because of the absence of statewide advertising. However, the percentage of New York adults who recalled seeing at least one specific advertisement rebounded dramatically to 41.2 percent in Q1 2005, a significant increase from Q2 2004 when confirmed awareness was estimated at 32.7 percent. This increase is likely because of the Pam Laffin series, which was aired both statewide by NYTCP

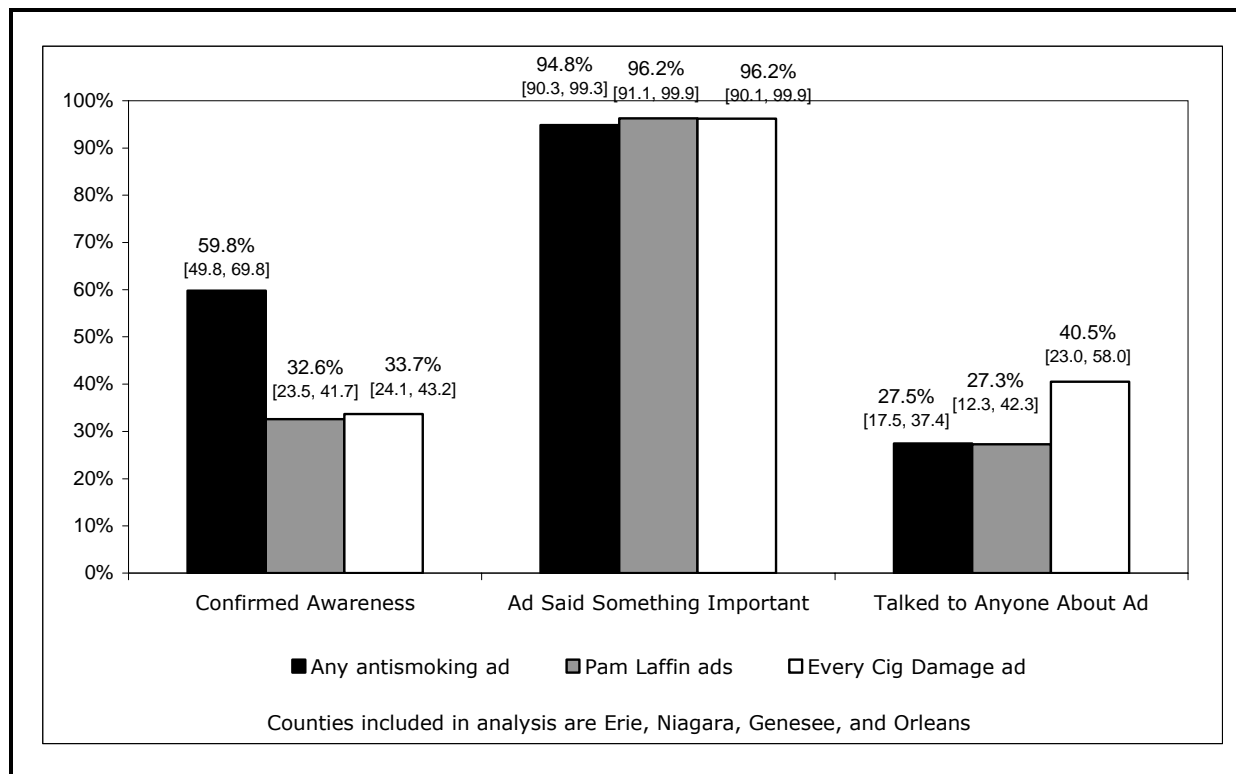
Exhibit 4-90. Percentage of Adults Who Reported Confirmed Awareness of and Reaction to NYTCP Media Campaign Advertisements (Statewide and Local), ATS Q3 2003–Q1 2005



and locally by NYTCP partners. The percentage of adults who indicated that the ads they saw said something important to them were similarly high in the first quarter of 2005 at 90.9 percent. Although overall awareness of NYTCP-sponsored advertising remained below the recommended 60 percent that was set forth in the 2004 IER, these data provide evidence that NYTCP has made noticeable progress toward achieving the recommended levels of awareness.

Although the recommended levels of confirmed awareness have not yet been reached statewide, they *have* been reached in other areas of the state where the Pam Laffin series aired in conjunction with other partner-run media campaigns. For example, the Erie-Niagara Tobacco Free Coalition and Tobacco Cessation Center of Western New York sponsored the “Every Cigarette Does You Damage” series of ads within the Buffalo area of New York during Q1 2005. As noted elsewhere, this campaign uses graphic images that highlight the harmful physical effects of smoking. Exhibit 4-91 presents data on confirmed awareness of and

Exhibit 4-91. Percentage of Adults in the Buffalo Market Who Reported Awareness of and Reaction to the Pam Laffin and Every Cigarette Does You Damage Campaigns, ATS Q1 2005



reactions to all NYTCP-sponsored ads, the Pam Laffin series, and the “Every Cigarette Does You Damage” campaign in Erie, Niagara, Genesee, and Orleans Counties, representing the primary counties that constitute the Buffalo media market. These data show that 60 percent of adults within these counties recalled seeing at least one tobacco control advertisement in Q1 2005. This high rate of awareness is primarily due to the combined market penetration of the Pam Laffin and “Every Cigarette Does You Damage” campaigns, which had 33 and 35 percent confirmed awareness, respectively. Furthermore, reactions to these campaigns were very favorable, with more than 95 percent of adults who saw the ads indicating that the ads said something important to them.

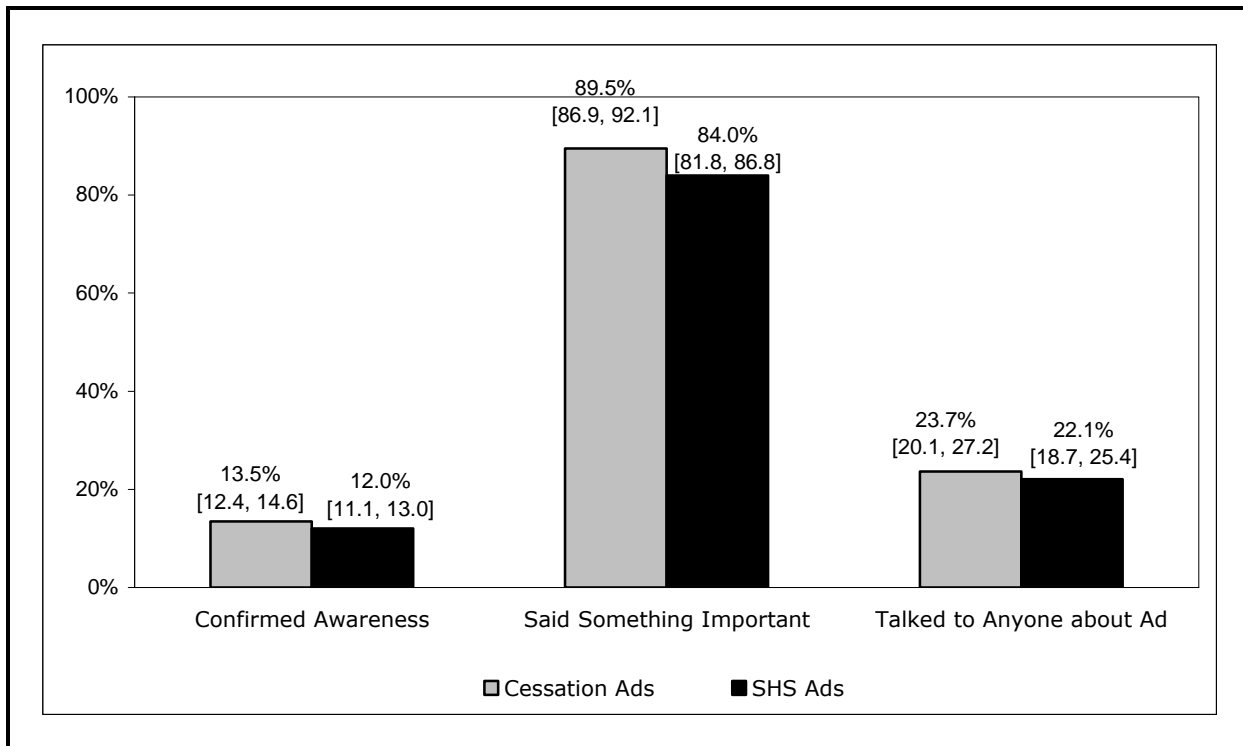
Although high rates of awareness were achieved in the Buffalo media market, it should be noted that the cost of television advertising is low, relative to the size of the population in its catchment area. Further, given the population size in its catchment area, Buffalo market partners receive considerably more media funding compared to partners that cover less densely-populated catchment areas. Our findings on awareness within the Buffalo market thus reflect the reality that greater media resources generally translate into higher rates of awareness. Partners in markets that are either very expensive due to heavier population density (e.g., New York City) or markets that receive less media dollars due to a *lack* of

population density may therefore not have the resources necessary to reach the recommended levels of awareness. Nevertheless, these data provide an example of what is possible when effective combinations of message strategies are used in combination with ample amounts of media market penetration.

Awareness of and Reactions to SHS- and Cessation-Focused Ads

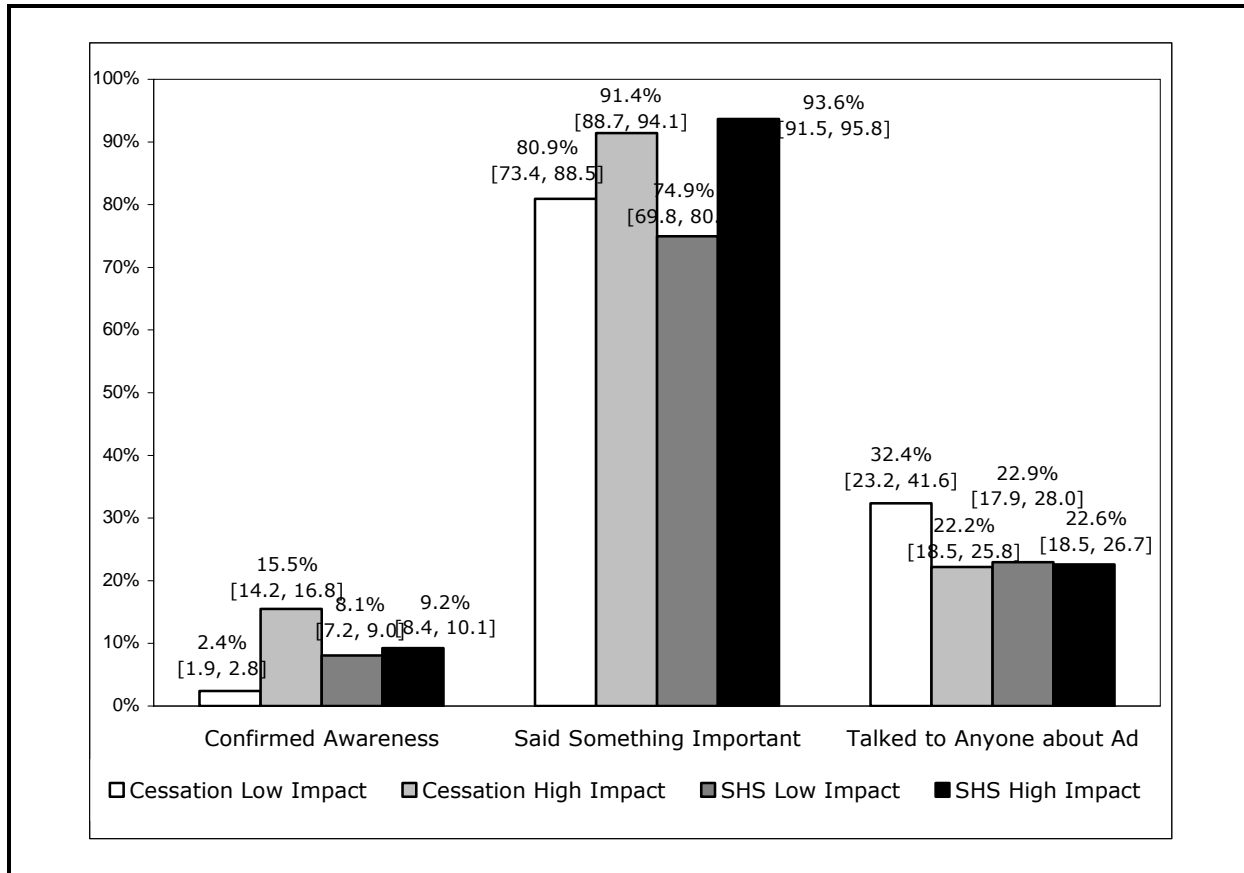
As noted above, NYTCP aired two basic types of advertisements between Q3 2003 and Q1 2005: (1) ads that highlight the dangers of SHS and (2) ads that promote smoking cessation. Exhibit 4-92 shows overall confirmed awareness of and reactions to SHS and cessation ads separately. Although confirmed awareness peaked in Q1 2005 when all ads were focused on cessation, the average rate of awareness for both SHS (12 percent) and cessation ads (13.5 percent) is similar when averaged across all available waves of ATS data (which include off-air periods of inactivity). These data also show that adults who saw ads promoting smoking cessation were more likely to report that the ad “said something important” to them compared with those who saw SHS ads, but the difference (90 percent versus 84 percent) is not very large. This difference is consistent with the fact that a higher percentage of cessation-focused ads used emotional content and intense imagery.

Exhibit 4-92. Percentage of Adults Who Reported Confirmed Awareness of and Reaction to NYTCP Cessation and SHS Advertisements (Statewide and Local), ATS Q3 2003–Q1 2005



To further elucidate the importance of message content, we summarized overall confirmed awareness of and reactions to SHS and cessation ads separately by high emotion/impact and low emotion/impact. Exhibit 4-93 shows that both SHS and cessation ads with greater emotional content were significantly more likely to say something important to target audiences.

Exhibit 4-93. Percentage of Adults Who Reported Confirmed Awareness of and Reaction to NYTCP Cessation and SHS Advertisements by High and Low Emotion/Impact (Statewide and Local), ATS Q3 2003–Q1 2005



In summary, the findings discussed above demonstrate that NYTCP has made noticeable progress toward addressing critiques of mass media efforts from the 2004 IER, including achieving the recommended levels of campaign awareness by airing “high emotion” ads. We also found that the Community Partnerships in the Buffalo area that aired the “Every Cigarette Does You Damage” campaign to complement statewide efforts were able to achieve the recommended level of 60 percent confirmed awareness of specific advertisements. These findings also underscore the role of adequate funding for media campaigns and commitment to run effective ads. Because of its population size, Community Partners in the Buffalo area receive considerably greater resources for funding media campaigns compared to partners

within less densely-populated communities. Therefore, achieving the recommended levels of awareness requires not just the use of effective message content (i.e., high emotion advertisements) but rather a combination of the appropriate message content and sufficient levels of resources for funding media campaigns.

Awareness of and Participation in the Reality Check Youth Action Program

The goal of the Reality Check Youth Action Partners is to denormalize and deglamorize tobacco use and contribute to shifting community norms about tobacco by changing social policies and countering tobacco company promotion and advertising. Related to decreasing the social acceptability of tobacco use, Reality Check has engaged in several multiyear initiatives to expose and eliminate the promotion of tobacco and tobacco use in movies, magazines, schools, and on the Internet.

Youth involved with the Reality Check program have participated in such activities as organizing mass phone calls and visits to video rental stores to request smoke free movies; conducting letter writing campaigns to petition members of the Motion Picture Association of America (MPAA) to eliminate smoking in movies rated G, PG, and PG-13; and organizing movie nights where youth congregate to view teen-oriented films and discuss instances of tobacco use in those films. Studies have shown that normative perceptions of tobacco use are strongly correlated with smoking initiation. Following the social norms approach outlined in the NYTCP Strategic Plan, the program seeks to reduce misperceptions about the prevalence and acceptability of tobacco use, and in turn reduce smoking initiation among youth and young adults and smoking prevalence among adults.

Although the 2004 YTS does not contain questions on overall participation in community events, which would have allowed us to update the trends presented in the 2004 IER, the 2004 YTS does contain detailed questions about youth awareness of and participation in Reality Check. Exhibits 4-94 and 4-95 show the overall percentage of middle and high school students who were aware of Reality Check; the percentage who attended any Reality Check events in the past 12 months; and, of those who attended Reality Check events, the percentage who participated in specific types of Reality Check activities. These data indicate that 32.3 and 36.3 percent of middle school and high school students, respectively, are aware of Reality Check, a relatively high rate of awareness given that increasing awareness of Reality Check is not a specific objective for the program.

4.3.8 Has Knowledge about the Health Risks of Smoking and Antitobacco Attitudes and Beliefs Increased Over Time?

Through a variety of community education initiatives, including paid and earned media, NYTCP seeks to shift knowledge, attitudes, and beliefs about tobacco in an effort to change behavior and achieve program objectives. In this section, we report trends in tobacco-related attitudes from the ATS and YTS.

Exhibit 4-94. Percentage of Middle and High School Students Who Were Aware of Reality Check and Participated in Reality Check Events, YTS 2004

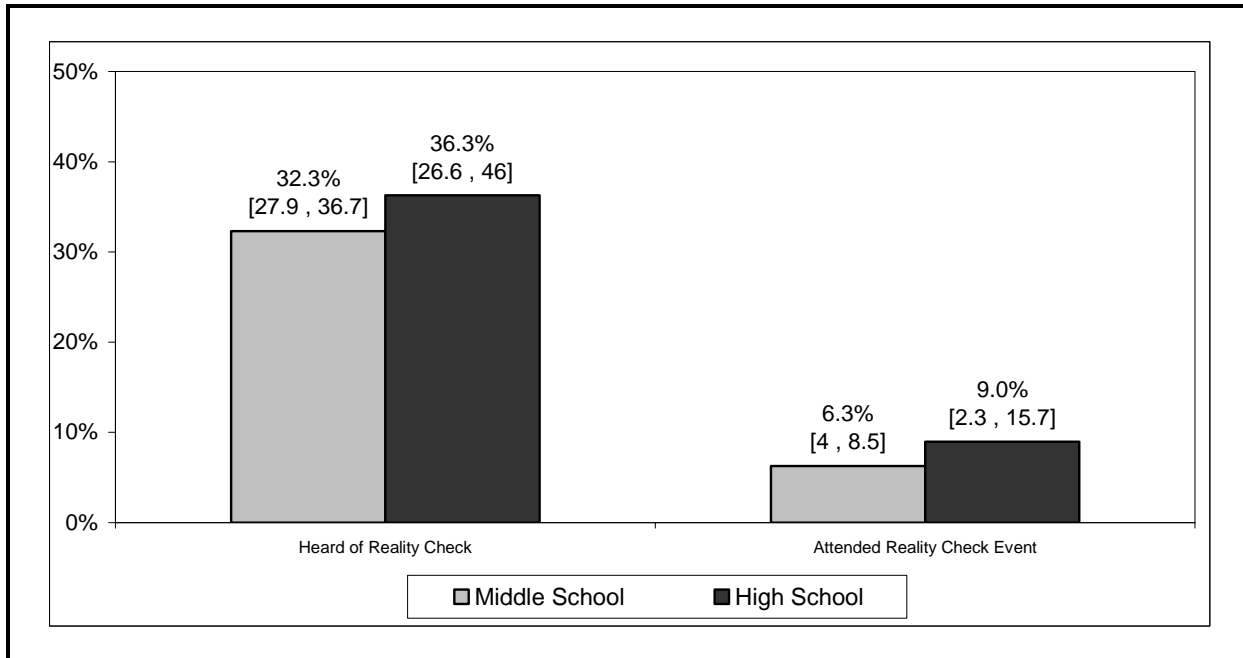
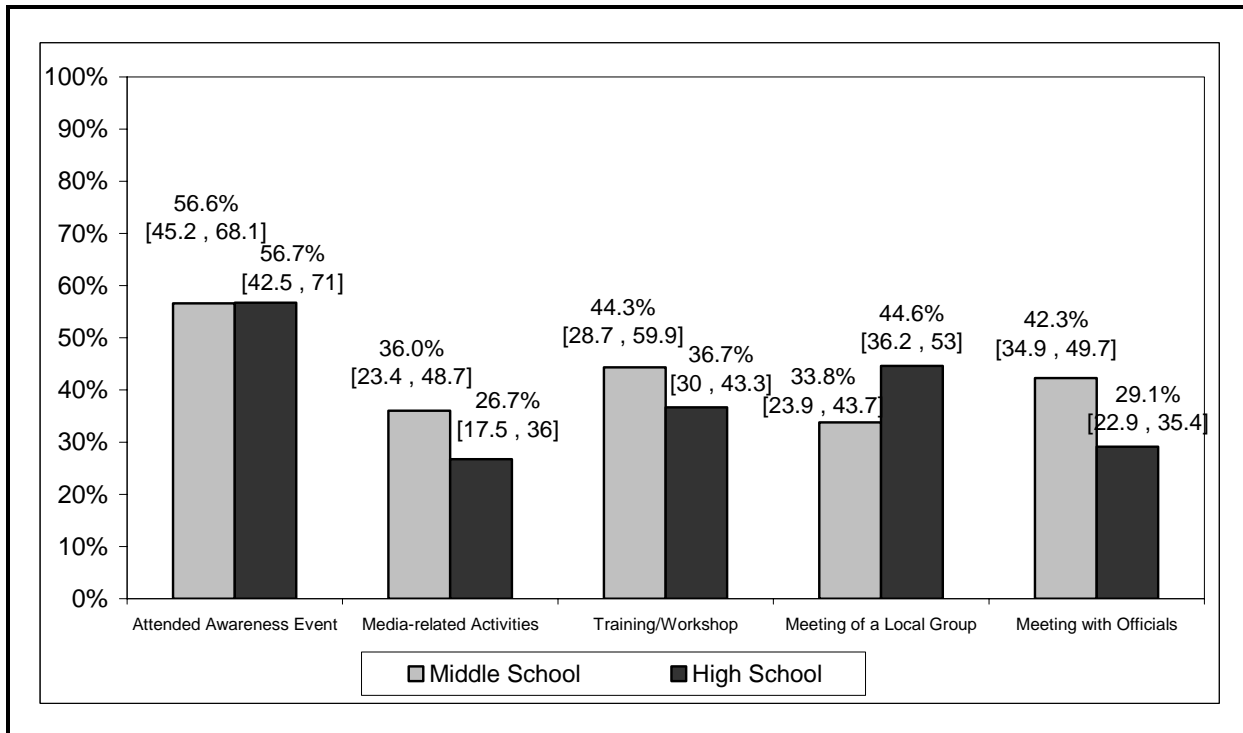


Exhibit 4-95. Percentage of Middle and High School Students Who Participated in Specific Reality Check Activities, Among Those Who Attended Any Reality Check Event, YTS 2004



Ideally, knowledge, attitude, and belief questions should be designed to reflect programmatic activities or sets of activities and themes in program-sponsored media messages. However, this is not necessarily practical or feasible given NYTCP's diverse and evolving activities over time. As a result, although the specific knowledge, attitude, and belief questions in the ATS and YTS are generally relevant to the program, they do not squarely align with all of the various messages the program disseminates and therefore do not capture all of the program's potential impact.

The ATS and YTS include several domains of knowledge, attitude, and belief questions—knowledge of the health risks of smoking; perceptions of the risks/benefits of low-tar cigarettes and nicotine patches; and attitudes about smoking in the movies.

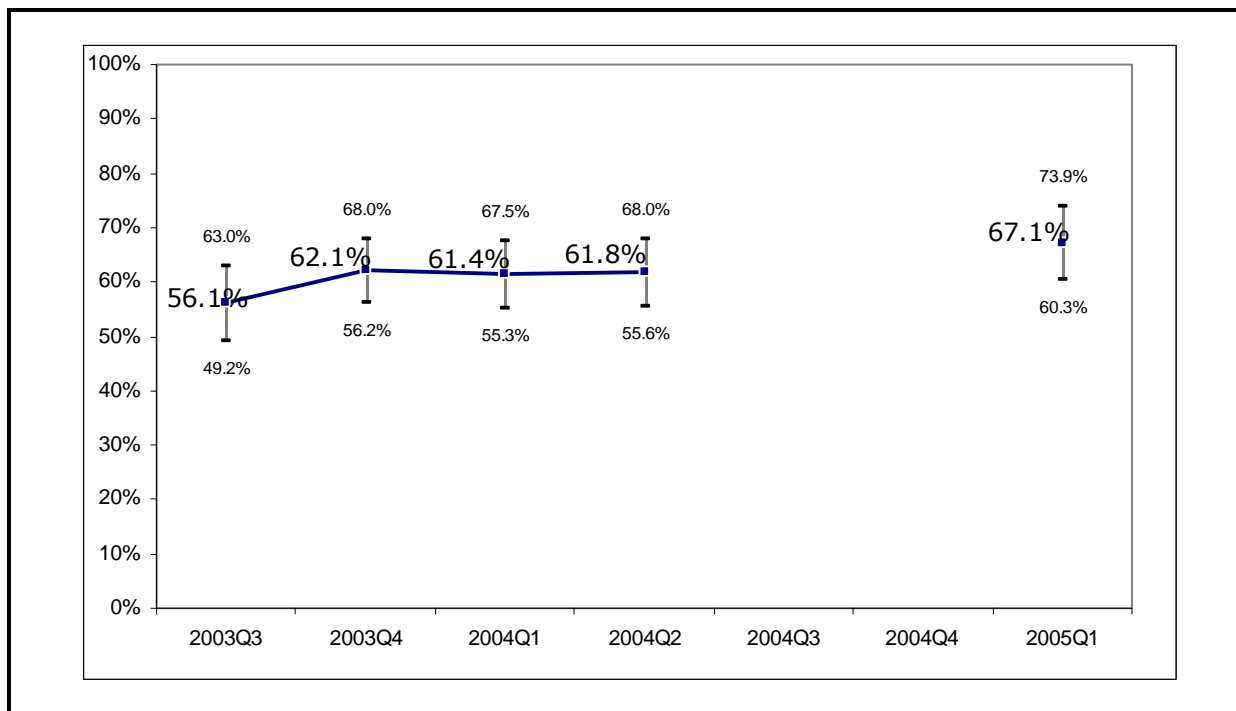
In Exhibits 4-96 through 4-98, we illustrate the trends in perceived risks of heart attack, lung cancer, and other cancers as a result of smoking among adult smokers using an index of three items:

- Do you think your risk of having a heart attack is higher, lower, or about the same as other people who are your age and don't smoke?
- Do you think your risk of lung cancer is higher, lower, or about the same as other people who are your age and don't smoke?
- Do you think your risk of other cancers besides lung cancer is higher, lower, or about the same as other people who are your age and don't smoke?

These exhibits indicate that only the perception that smoking is a risk for heart disease has increased over time. We found that recall of NYTCP-sponsored cessation messages had a significant effect on the odds that a smoker recognized the health risk of smoking on heart health (OR = 1.6, $p < 0.05$) and lung cancer (OR = 1.7, $p < 0.05$). Recall of NYTCP-sponsored media messages was not correlated with knowledge of the health risks of smoking on other cancers. There was no correlation between knowledge of any of these health risks and recall of SHS messages.

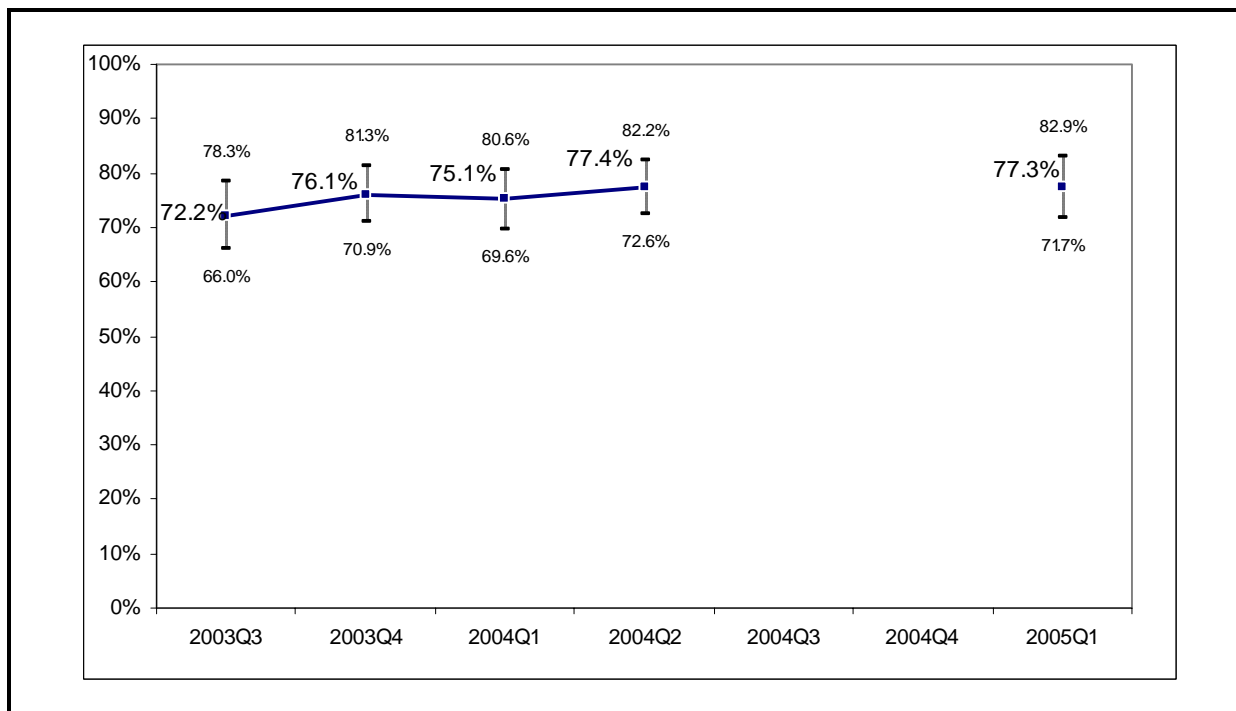
The ATS also includes a question about the health benefits of quitting (Exhibit 4-99), which indicates that one third of smokers think there is little benefit to quitting if someone has smoked a pack a day for more than 20 years. This percentage has remained stable over time and represents an opportunity for the program to correct misperceptions about the benefits of quitting at any age.

Exhibit 4-96. Percentage of Adult Smokers Who Believed Smokers Have a Higher Risk of Heart Attack, ATS Q3 2003–Q2 2004 and Q1 2005



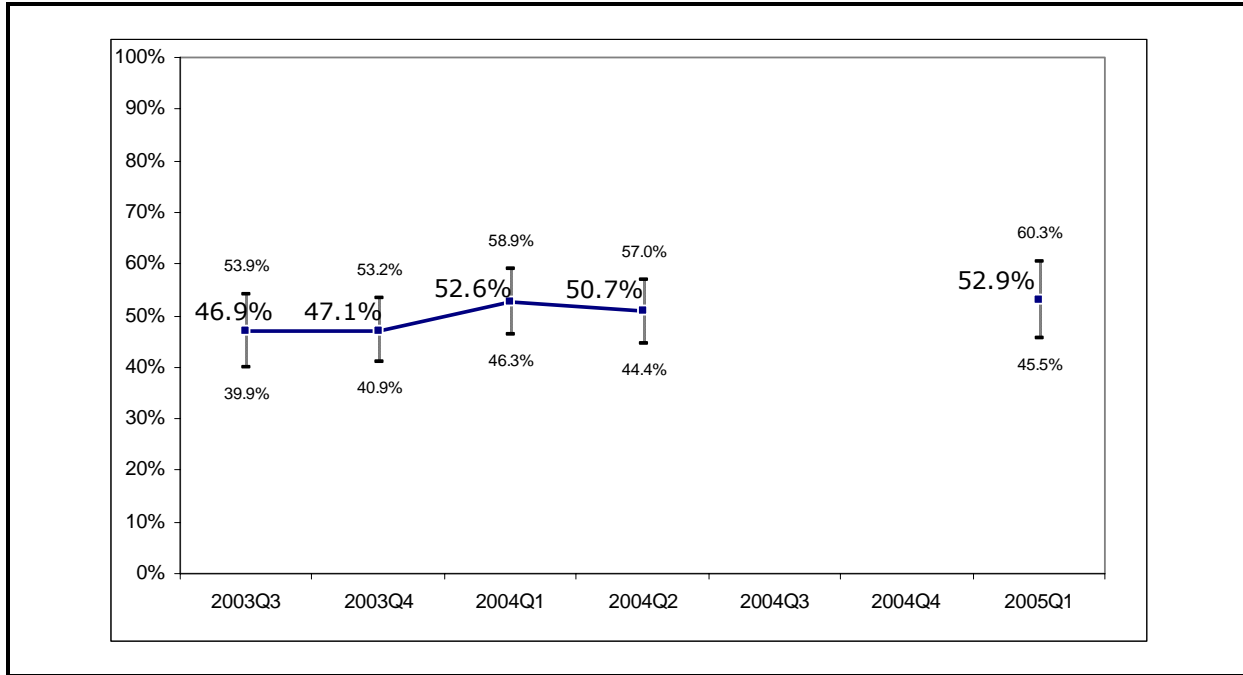
Note: This question was not asked in Q3 and Q4 2004.

Exhibit 4-97. Percentage of Adult Smokers Who Believed Smokers Have a Higher Risk of Lung Cancer, ATS Q3 2003–Q2 2004 and Q1 2005



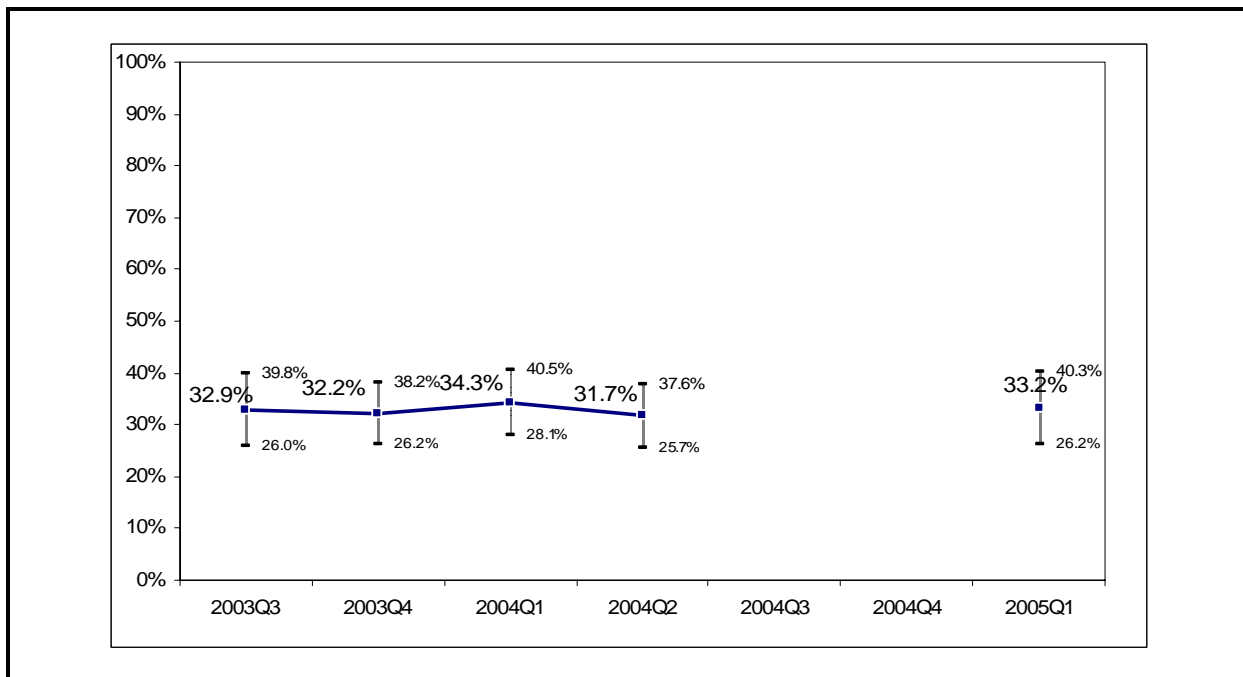
Note: This question was not asked in Q3 and Q4 2004.

Exhibit 4-98. Percentage of Adult Smokers Who Believed Smokers Have a Higher Risk of Cancers Other Than Lung Cancer, ATS Q3 2003–Q2 2004 and Q1 2005



Note: This question was not asked in Q3 and Q4 2004.

Exhibit 4-99. Percentage of Adult Smokers Who Think There Is Little Health Benefit To Quitting If a Person Has Smoked a Pack of Cigarettes a Day for More Than 20 Years, ATS Q3 2003–Q1 2005

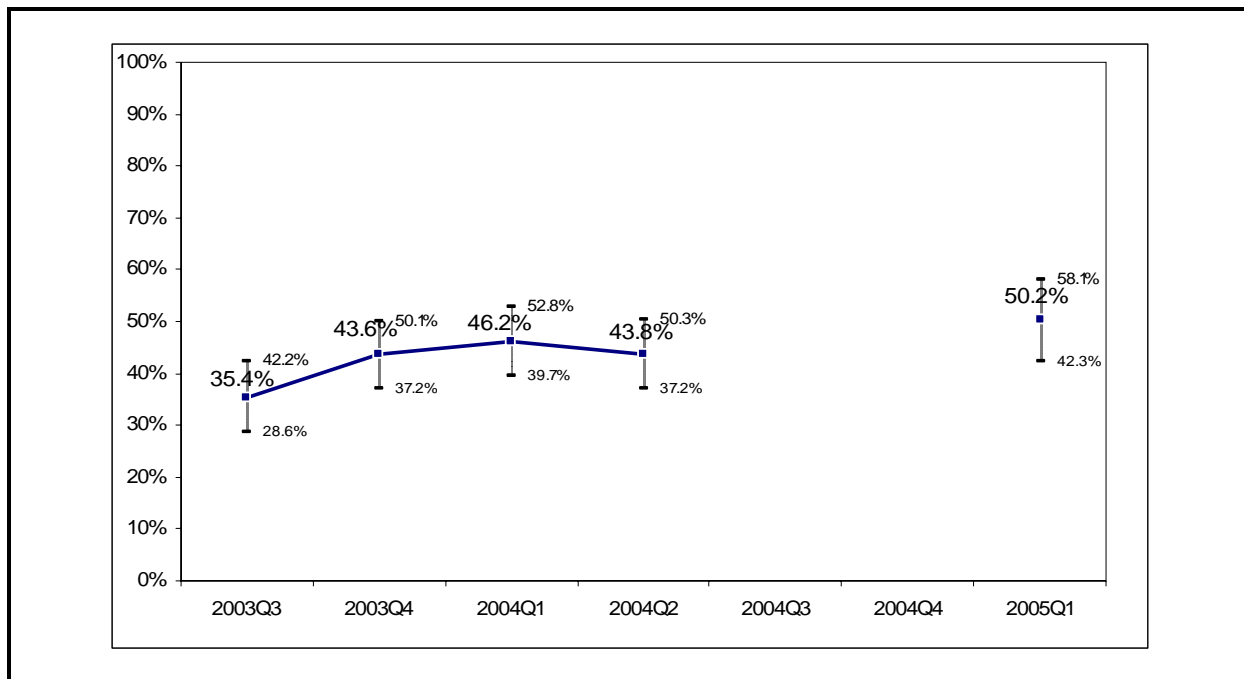


Note: This question was not asked in Q3 and Q4 2004.

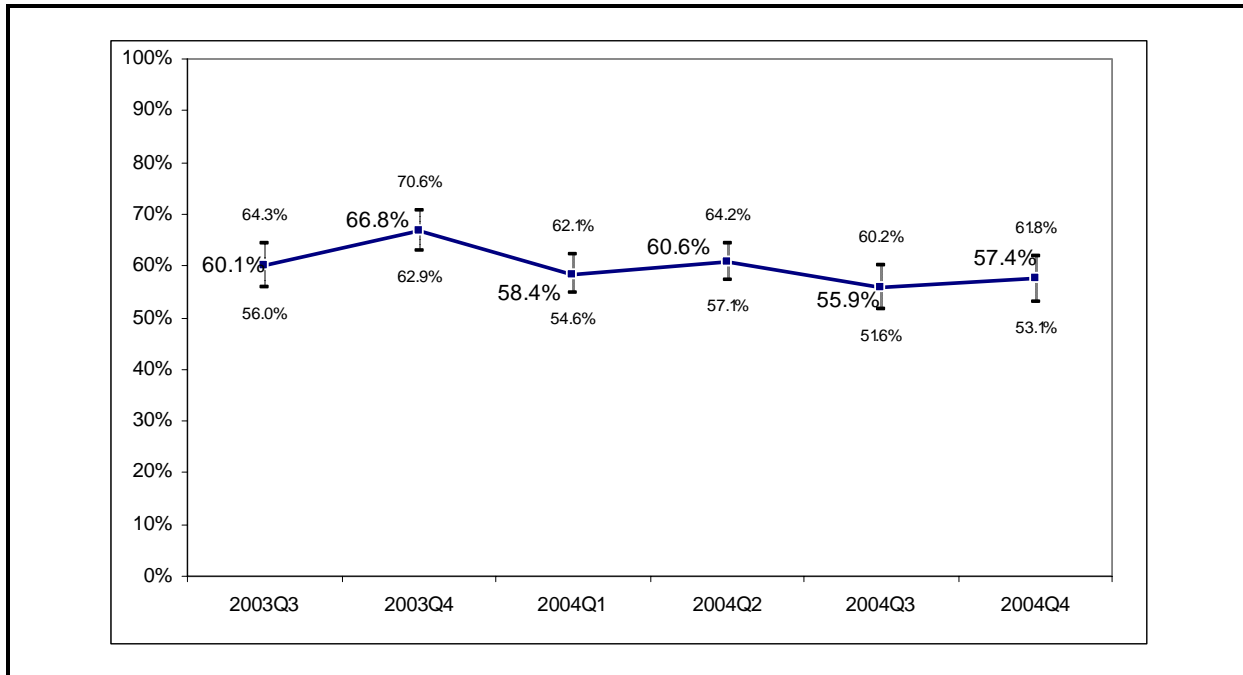
In the 2004 IER, we noted that smokers had misperceptions about the dangers of nicotine patches and the benefits of low-tar cigarettes. Exhibits 4-100 and 4-101 indicate that smokers are becoming better informed over time. There was a modest decline in the perception that nicotine patches are dangerous and a rather dramatic increase (from 35 to 50 percent, $p < 0.01$) in the percentage of smokers who recognize that high-tar cigarettes do not cause twice as much damage as low-tar cigarettes—in other words, they are increasingly recognizing that low-tar cigarettes do not provide much health benefit. These changes have happened in the absence of any specific countermarketing ads targeting these knowledge deficits (as we recommended in the 2004 IER).

One possible explanation for the increased recognition that light cigarettes do not provide health benefits is the release of a study demonstrating that the majority of Marlboro Light smokers do not know that a typical smoker gets the same amount of tar from one light or ultra-light cigarette as from one regular cigarette (Cummings et al., 2004). This study was released in December 2004 and was highly publicized, including televised interviews with NYSDOH Commissioner Novello, MD, MPH, DrPH.

Exhibit 4-100. Percentage of Adult Smokers Who Do Not Think That High-Tar Cigarettes Are At Least Twice As Likely To Cause Illness As Low-Tar Cigarettes, ATS Q3 2003–Q1 2005



Note: This question was not asked in Q3 and Q4 2004.

Exhibit 4-101. Percentage of Adult Smokers Who Believe Nicotine Patches Are Not as Addictive as Cigarettes, ATS Q3 2003–Q4 2004

We added a new and broader attitudinal question to the ATS in Q3 2004 to capture progress in decreasing the social acceptability of tobacco use. This question asks adults whether they believe the harmful effects of cigarettes have been exaggerated. In Q1 2005, 82 percent of adults indicated that they did not believe the harmful effects of smoking have been exaggerated, and the trend over the three quarters is statistically significant—a positive reflection of the program’s efforts (Exhibit 4-102). Furthermore, the increase in this belief was most pronounced among smokers (from 53 to 66 percent) (Exhibit 4-103).

Attitudes About Smoking in the Movies

A main focus of the Reality Check Youth Action Partners is reducing youth exposure to tobacco promotions in movies by pressuring the MPAA to give an “R” rating to movies that contain smoking or tobacco imagery. Reality Check seeks to motivate parents, PTAs, community organizations, and legislative bodies to express their views about smoking in movies and the “R” rating to the MPAA and adopt policies and resolutions supporting the “R” rating for movies that contain smoking or tobacco imagery. Activities under this initiative aim to increase adult awareness of the issue of smoking in the movies and challenge social norms about the acceptability and desirability of smoking images in the movies. Recent studies have demonstrated that smoking in the movies is associated with cigarette experimentation and initiation (Dalton et al., 2003). Youth are widely exposed to cigarette brands and images of people smoking in the movies (Sargent et al., 2001). In addition,

Exhibit 4-102. Percentage of Adults Who Believe the Harmful Effects of Cigarettes Have Not Been Exaggerated, ATS Q3 2004–Q1 2005

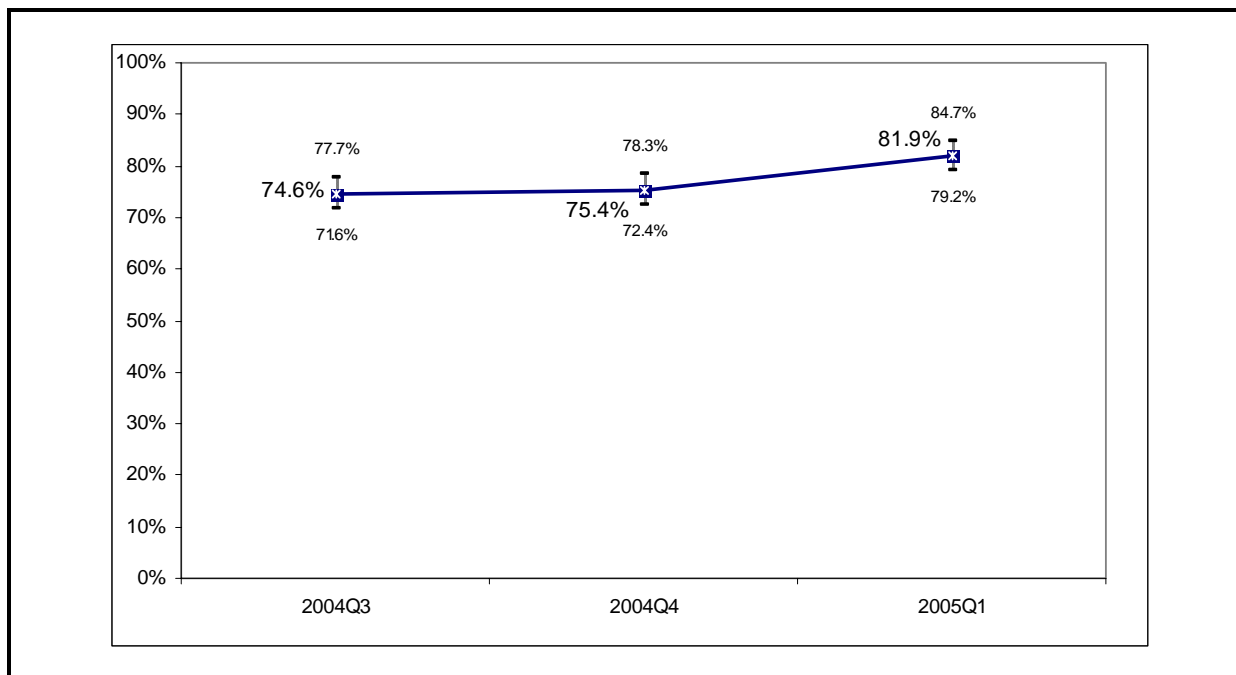
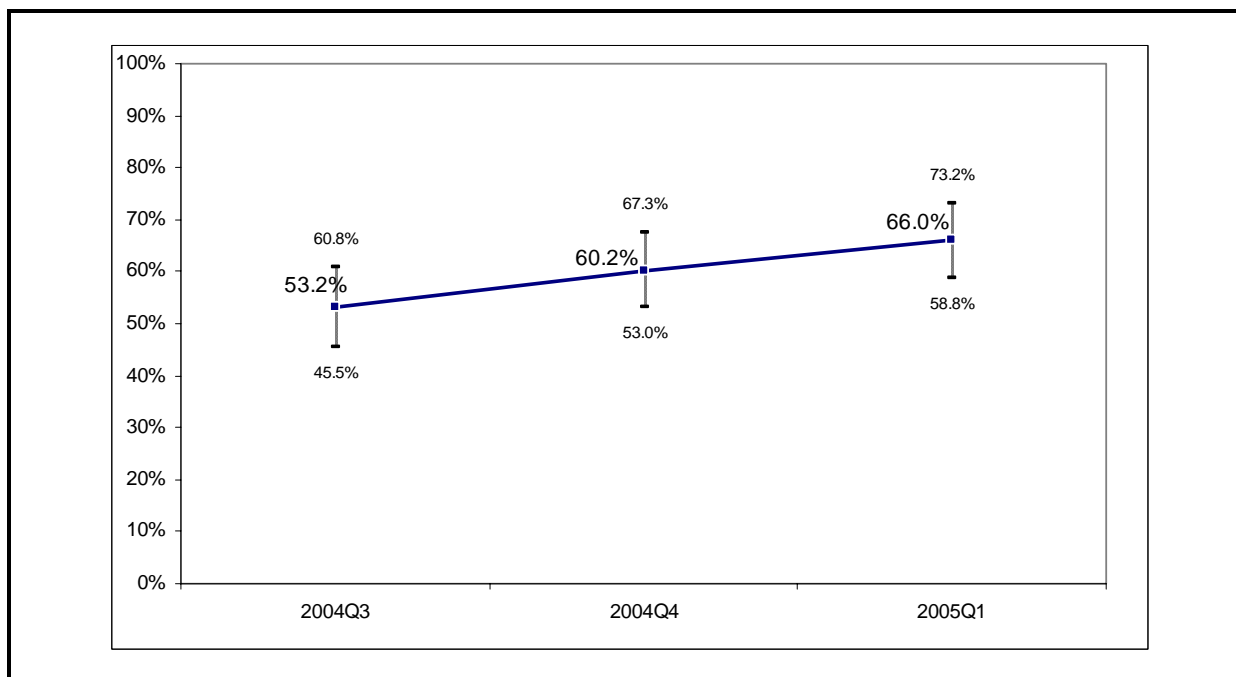


Exhibit 4-103. Percentage of Adult Smokers Who Believe the Harmful Effects of Cigarettes Have Not Been Exaggerated, ATS Q3 2004–Q1 2005



smoking is portrayed in predominantly positive contexts such as smoking by attractive and successful characters. This exposure clearly shapes the social environment for youth, and is thus an important target for tobacco control efforts. One proposed initiative to reduce youth exposure to smoking is to rate movies with a significant amount of smoking images “R” (Glantz, 2003). To gauge public support for such an initiative, we included a question in the ATS that measures agreement that movies with “a lot” of smoking should be rated “R.”

Reality Check Youth Action Partners have conducted a number of activities to draw attention to the issue of smoking in the movies:

- Hollywood and Tobacco: Headed for a Breakup (October 2002 to May 2003)
 - Wrote and mailed approximately 200,000 letters to members of the MPAA, Director’s Guild, and Hollywood celebrities such as Julia Roberts and Brad Pitt, petitioning them to stop smoking in movies.
 - Distributed nearly 100,000 “tobacco use alert” flyers at local movie rental stores and inside video cartridges, on pizza boxes, and at various other locations.
 - Held more than 200 smoke-free movie nights with approximately 10,000 youth in attendance to educate teens about smoking scenes in movies.
- Hollywood and Big Tobacco: Reality Check Strikes Again (December 2003 to May 2004)
 - Made more than 10,000 phone calls and visits requesting smoke-free movies from movie rental businesses.
 - Continued letter writing campaign—more than 97,000 letters (estimated) were written and delivered to key decision makers and celebrities in Hollywood.
 - Held more than 70 interactive movie nights (estimated) aimed at educating viewers about the impact of smoking in movies.
 - Educated more than 100 community organizations on the issue.

At the most recent measurement (Q1 2005), 77 percent of adults felt that movies rated G, PG, and PG-13 should not show actors smoking (Exhibit 4-104). This was a significant increase from Q4 2004, when 70 percent agreed with this statement. In addition, the percentage of adults who believe that smoking in the movies encourages smoking among teens decreased from Q4 2003 to Q2 2004 and then increased from Q2 2004 to Q1 2005 (Exhibit 4-105). Specifically, 76 percent of adults disagreed with the statement “smoking in the movies does not encourage smoking among teens” in the first quarter of 2005, the highest percentage since the ATS began.

These trends suggest that Reality Check’s efforts have begun to influence attitudes in New York. However, because we did not have a monitoring system in place to track Reality Check activities over this entire time period, it is difficult to formally test whether Realty Check has had an impact on these attitudes.

Exhibit 4-104. Percentage of Adults Who Agree That Movies Rated G, PG, and PG-13 Should Not Show Actors Smoking, ATS Q4 2003–Q1 2005

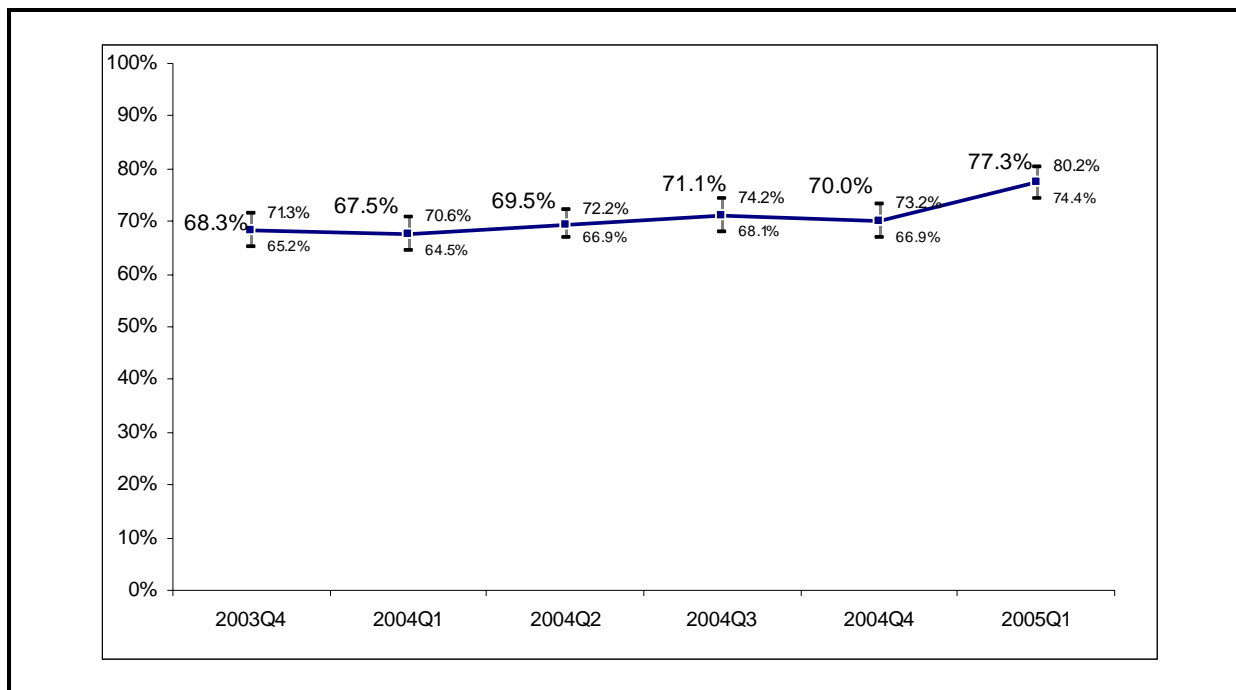
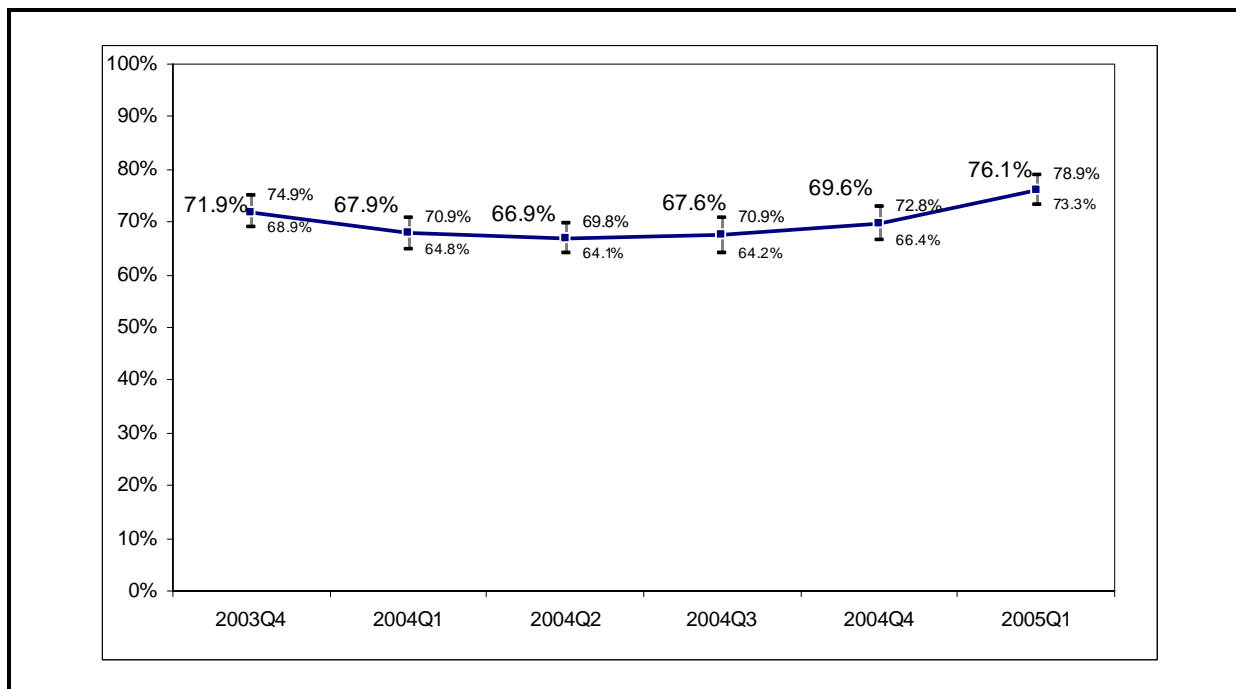


Exhibit 4-105. Percentage of Adults Who Disagree With The Statement “Smoking In The Movies Does Not Encourage Smoking Among Teens,” ATS Q4 2003–Q1 2005



Adolescent Antitobacco Attitudes

Tobacco advertising and promotions have long portrayed smokers as being “cool” or desirable. Biener and Siegel (2000) note that tobacco promotional images are attractive to some youth who are “looking for an identity that the images are carefully designed to offer” (p. 410). Perhaps signaling a shift in social norms about smoking, data from the YTS suggests that significantly fewer youth think that smoking makes people look cool (Exhibit 4-106). In comparison with YTS data from 2002, there was a statistically significant decrease in the percentage of middle school youth (from 16% in 2002 to 11% in 2004) and high school youth (from 15% in 2002 to 11% in 2004) who felt that smoking made people look cool. Although these trends suggest that NYTCP is having an impact on social perceptions of the acceptability of tobacco use, without knowing whether this trend is reflective of a national trend, we cannot definitively link this change to program activities. As was seen with adults, youth beliefs about the dangers of smoking do not appear to be changing as rapidly. The percentage of middle school youth who feel it is safe to smoke cigarettes for just a year or two has remained relatively stable, while a modest, but statistically significant, decline occurred among high school students between 2002 and 2004 (Exhibit 4-107). However, in this case the percentage of youth who thought it was safe to smoke for just one or two years was quite low at baseline.

Exhibit 4-106. Percentage of Middle and High School Students Who Think Smoking Makes People Look Cool, YTS 2002–2004

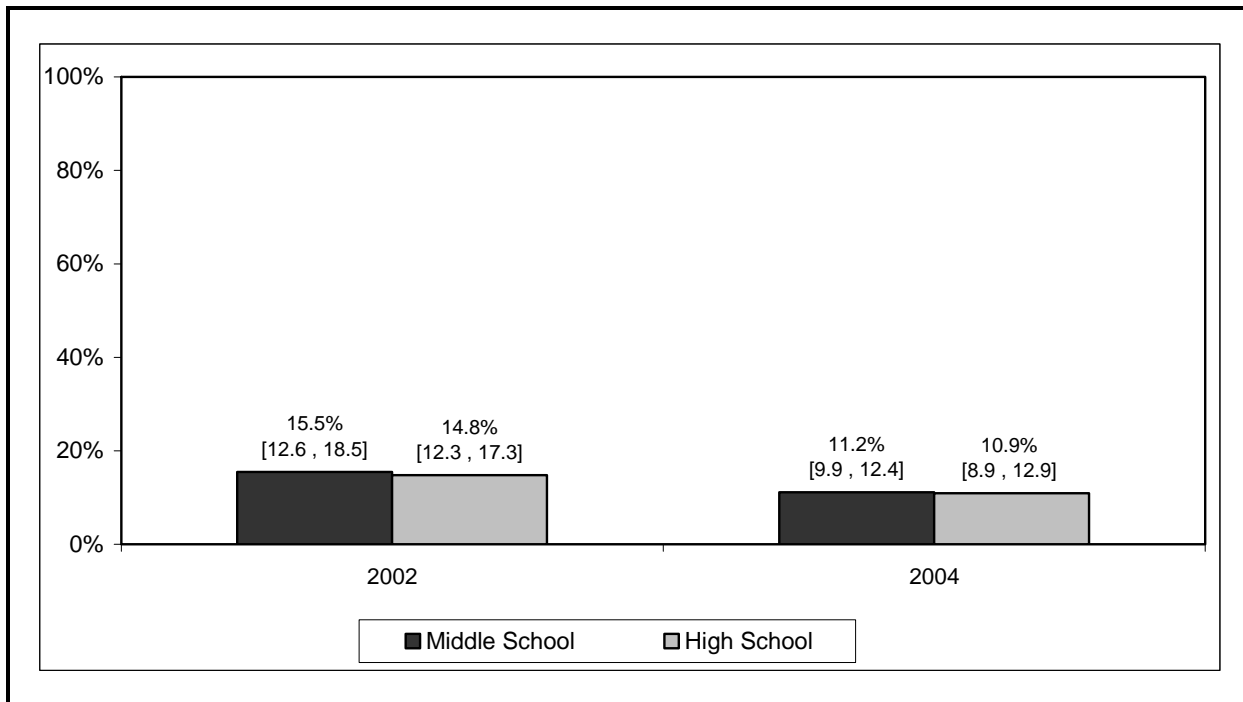
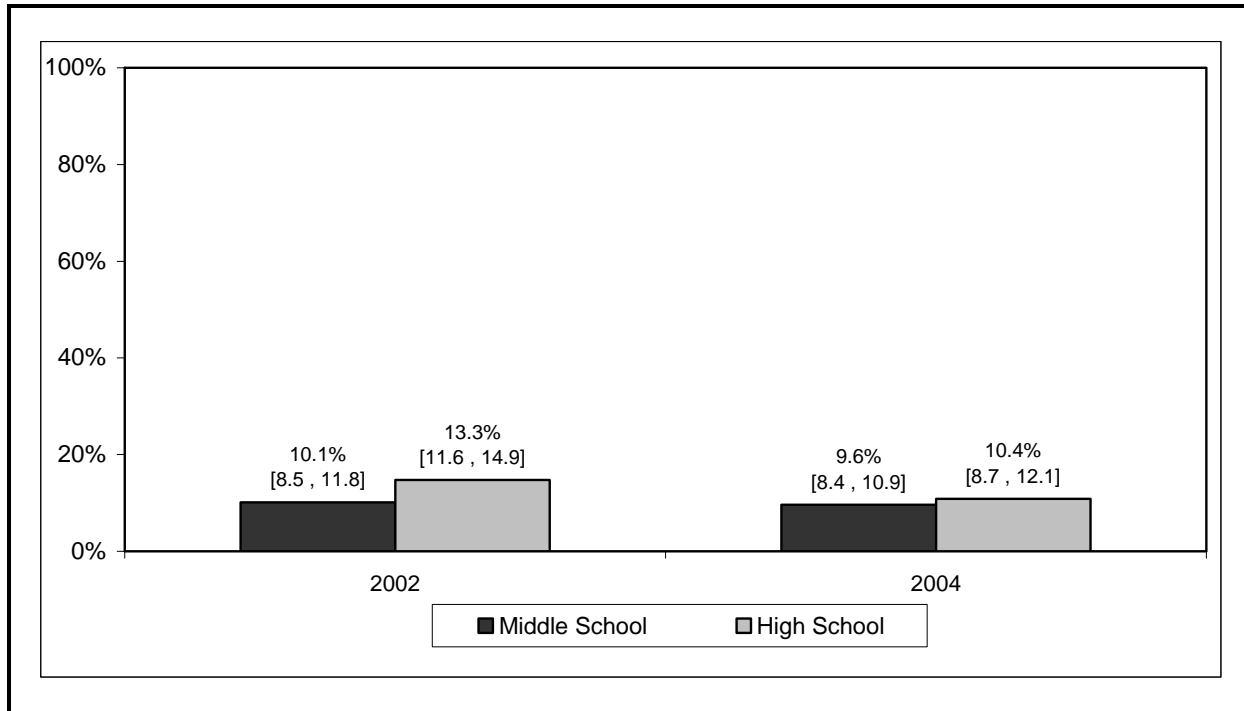


Exhibit 4-107. Percentage of Middle and High School Students Who Think it is Safe to Smoke for Just a Year or Two, YTS 2002–2004



4.3.9 Summary, Conclusions, and Recommendations

NYTCP's emphasis on efforts aimed at decreasing the social acceptability of tobacco use is well supported in the literature. There is strong evidence that policies and activities that result in fewer opportunities to view tobacco advertising, promotions, and other people smoking can result in changing societal norms and reducing smoking initiation and prevalence. However, given the enormous amount of money spent by tobacco companies to advertise and promote their products, it is worth acknowledging that changes in social norms are likely to be incremental, occurring over an extended time period. In addition, because the ASP initiative has only recently begun, it is premature to assess the impact of the program's activities on objectives that aim to reduce tobacco advertising in retail environments and in print media. However, despite this there are a few anecdotes that show that the program is already having an impact.

For example, Youth Partners conducted a statewide survey of middle and high school libraries and found that more than 70 percent of the school libraries had magazines with extensive tobacco advertising, and that some of these magazines are among the most popular among students. The Youth Partners strongly advocated for these magazines to remove tobacco advertising, and in March 2005, the New York State Attorney General wrote to tobacco companies urging them to remove tobacco advertising from school copies of the

magazines. Subsequently, the National Association of Attorneys General reached an agreement with two national magazine publishers to eliminate tobacco advertising from school library editions nationwide.

One important missed opportunity that will likely affect the future success of the ASP initiative was the failure to coordinate Department mass media with the community-based ASP activities. Although NYTCP planned well in advance to ensure this coordination, barriers similar to those cited in the 2004 IER around mass media implementation thwarted the program's efforts.

Other findings in this chapter demonstrate that NYTCP has made noticeable progress toward addressing critiques of mass media efforts from the 2004 IER, including achieving the recommended levels of campaign awareness by airing "high impact" ads. We also found that the Community Partnership in the Buffalo area that aired the "Every Cigarette Does You Damage" campaign, in conjunction with NYSDOH-run ads, was able to achieve the recommended level of 60 percent confirmed awareness of specific advertisements. Although the cost of media in this area is much less than downstate media markets, it does serve as an example of the program's strategy of airing messages statewide and allocating mass media resources to local partners can be successful.

Although the program appears to have made significant progress in the implementation of televised media, we only have limited evidence that knowledge, normative beliefs, and attitudes have changed significantly over time among youth and adults. As we note elsewhere, this is partially explained by evolving programmatic strategies that are not easily captured in the relatively few knowledge, normative belief, and attitude questions in the ATS and YTS. In the coming year, RTI will continue to work with the program to enhance such intermediate indicators of success.

An overall summary of key findings and recommendations follows.

Program Implementation

- NYTCP successfully launched a new and innovative intervention, the ASP initiative, in January 2005. This approach is well grounded in the scientific literature that shows how tobacco advertising and promotions influence smoking behavior, especially among youth.
- Sufficient time has not elapsed to fully evaluate this initiative, but early anecdotes point to the potential for these efforts to have an impact.
- The choice of countermarketing ads has improved significantly since the 2004 IER. This has had an impact on awareness of these ads among New Yorkers (see below).

Tobacco Advertising and Sponsorships

- ATS data suggest modest declines in adults' awareness of tobacco advertising overall and in specific venues, such as sporting and cultural events.

- Youth's awareness of tobacco advertising in newspapers and magazines decreased from 2000 to 2004, although awareness of advertising on the Internet increased over the same time period.
- Based on in-store observations of advertising, point-of-purchase outdoor advertising is present in more than half of tobacco retailers and ubiquitous in retailers' interiors, with 94 percent having some interior advertising.
 - Retailers had an average of 16 tobacco ads on their store interiors.
- Data from the ATS and YTS shows similar results to the in-store observational data.
 - 82–83 percent of adults and 88 percent of middle and high school youth are aware of tobacco advertising in retail stores.
- Openness to tobacco marketing among high school students was constant from 2000 to 2004 but declined among middle school youth.

Awareness of and Receptivity to Antismoking Advertising

- Patterns in smokers' awareness of specific antismoking message themes responded to the program's tobacco countermarketing efforts.
 - Awareness increased when effective ads were aired.
 - Awareness decreased when countermarketing efforts were off the air.
- Confirmed awareness of specific ads increased from 33 to 41 percent, an increase that corresponded with improved choices of ads.
 - Awareness reached 60 percent in the Buffalo area when the local Community Partnership aired "high impact" countermarketing messages in conjunction with NYSDOH run ads.

Trends in Knowledge, Attitudes, and Beliefs

- Trends in knowledge and perceptions of health risks were mixed from Q3 2003 to Q1 2005.
 - Perceptions of the risks of smoking-related diseases remained stable among smokers. Awareness of NYTCP-sponsored antismoking ads was associated with greater recognition of the health risks of smoking.
 - Nearly one third of smokers see little benefit in quitting if a smoker has smoked a pack a day for 20 years or more.
 - However, an increasing percentage of smokers agree that the harmful effects of smoking have not been exaggerated.
 - Smokers' misperceptions of the benefits of low-tar cigarettes and the addictiveness of nicotine patches decreased significantly over time but persist.
 - Youth perceptions of the dangers of smoking remained relatively stable among middle school students and increased modestly among high school students.
- Attitudes and beliefs about smoking in the movies also present a mixed picture.
 - An increasing percentage of adults agree that movies rated G, PG, and PG-13 should not show actors smoking.
 - Adults increasingly recognize that smoking in the movies influences youth smoking.

Coverage of Tobacco in the News

- Data from the ATS and the Tobacco News Tracking system suggest that the “slant” of tobacco-related news coverage has remained stable over time.
- The volume of news stories on tobacco dropped dramatically (to a third of the baseline level) after passing the 1-year anniversaries of the New York City and State clean indoor air laws.

Conclusions and Recommendations

- The program has made significant strides in improving countermarketing efforts by choosing “high impact” ads.
- Delays in the approval of media continued to cause gaps in mass media efforts that adversely impacted awareness of tobacco control advertising among New Yorkers. Greater efforts must be made to prevent unplanned gaps in mass media efforts to ensure progress towards meeting program objectives.
- Awareness of media messages had a positive influence on smokers’ knowledge of health risks.
- Several knowledge, attitudes, and beliefs improved since the 2004 IER; however, others did not change, possibly highlighting the difficulty of cleanly measuring knowledge, attitudes, and beliefs over time for a program with diverse and evolving activities and messages.
 - In the 2004 IER, we recommended countermarketing and other efforts to correct smokers’ misperceptions about low-tar cigarettes and nicotine patches. This recommendation is still valid given that knowledge gaps continue; both the influence of existing programmatic efforts and/or secular trends in these perceptions suggest that immediate programmatic action is not necessary.

4.4 Goal 3: Promote Cessation from Tobacco Use

4.4.1 Overview

In this section of the report, we address several evaluation questions intended to describe the programmatic efforts since the 2004 IER that promote cessation from tobacco use. As noted in the NYTCP Strategic Plan, implementation of effective strategies to promote cessation from tobacco use is a key investment for a tobacco control program to achieve near-term savings in the cost of medical care to treat tobacco-related diseases and reductions in the number of tobacco-related illnesses and deaths (CDC, 1999; USDHHS, 2000; Hopkins et al., 2001). Each year in New York State, 25,000 residents die as a result of cigarette use, losing an average of 14 years of life, and 570,000 residents suffer from serious tobacco-caused diseases. Each year, the state and its residents spend \$6.4 billion to treat the diseases caused by cigarette use. Stopping smoking now greatly reduces the likelihood that a smoker will develop a smoking-related illness or die prematurely as a result of tobacco use.

The January 2005 Strategic Plan includes the following objectives intended to promote cessation:

1. Increase the number of health care provider organizations that have a system in place to screen all patients for tobacco use and provide brief advice to quit at every patient visit.
2. Increase the percentage of smokers who have quit successfully (for at least 6 months) in the past 12 months.
3. Increase the number of Medicaid recipients who access pharmacotherapy for smoking cessation through Medicaid or through the New York State Smokers' Quitline.
4. Increase the percentage of smokers with health insurance who report that their health plan provides coverage for tobacco dependence treatment.
5. Increase the number of smokers referred to the New York State Smokers' Quitline through the Fax-to-Quit program.
6. Increase the percentage of smokers who have heard of and who have called the New York State Smokers' Quitline.

All of these objectives are being pursued by the program; however, according to the program, some are being pursued more actively than others. We focus our evaluation efforts on the objectives that are being pursued more actively: 1, 2, 5, and 6. In this section of the report, we address a number of evaluation questions intended to describe the programmatic efforts to promote cessation since the 2004 IER:

1. What programmatic activities have been implemented in support of Goal 3?
2. Prior to implementation of the Cessation Centers, to what extent do health care provider organizations have a system in place to screen all patients for tobacco use and provide brief advice to quit at every patient visit?
3. What percentage of smokers report that health care providers offer support for cessation?
4. Has the percentage of smokers who have heard of and called the New York State Smokers' Quitline increased over time?
5. Is NRT use increasing over time?
6. Are cessation outcomes (e.g., percentage of smokers who have quit for at least 6 months, number of quit attempts, duration of longest quit attempt) improving over time?

Smoking cessation is a process, and smokers generally make several quit attempts before succeeding. Although smoking cessation has been thoroughly studied, the dynamics of the smoking cessation process are still not completely understood. A common model of the

smoking cessation process uses as a basis a stage model of behavior change and hypothesizes that smokers cycle through a sequence of stages in trying to quit. An alternative model supposes that smokers move along a continuum of “readiness to quit” rather than going through stages. We do not use any specific model for this report but rather report on several outcomes that are consistent with smokers moving through stages or along a continuum while trying to quit. Because some smokers gradually cut back as a quit strategy, we also include cigarettes per day as an outcome. There is some evidence that this strategy might increase the chances of future success in quitting (Hyland et al., 2005).

As a result of personal or environmental influences, a smoker may reach a point at which he/she decides to quit. Once the smoker decides to quit, he/she chooses a cessation strategy. Some smokers decide to quit all at once without any assistance from others. Other smokers seek help from friends, family, counseling, NRT, and other sources. Other smokers switch to light cigarettes or reduce consumption (the number of days smoked or the number of cigarettes per day). Obviously, smokers may choose or end up using multiple strategies to quit.

NYTCP’s efforts are aimed at encouraging smoking cessation through the use of evidence-based strategies (i.e., Quitline, NRT starter kits, promotion of physician assistance in quitting through the Fax-to-Quit and Cessation Center programs) and discouraging less effective methods. As noted above, reduced consumption may increase the likelihood of future cessation success (Hyland et al., 2005). Current evidence shows that switching to light cigarettes is not an effective method for quitting (Hyland et al., 2003).

It should be emphasized that it generally takes time before health promotion interventions achieve detectable behavioral outcomes (Hornik, 2002; Lefebvre, 1990). It is also not known with certainty how much time is required to achieve behavior change, including quitting smoking. Therefore, in addition to monitoring trends in long-term cessation outcomes (e.g., measures of successful cessation), we also monitor (to the extent data allow) awareness of and exposure to program activities (e.g., Quitline and media ads) or tobacco control events and short-term cessation outcomes (e.g., intentions to quit).

To address the first evaluation question, we draw on data from the CAT system. Question 2 is addressed using data from the health care organization study. Data from the ATS are used to address Questions 3 through 6, and data from the New York State Smokers’ Quitline are used to address Question 4.

4.4.2 Summary of Activities in Support of Goal 3

To achieve the objectives of Goal 3, NYTCP has implemented a number of activities based on strategies recommended by the Task Force on Community Preventive Services (www.thecommunityguide.org/tobacco) as effective in preventing and reducing tobacco use.

Since the 2004 IER, the NYTCP made several notable enhancements to cessation services (see Chapter 2 for a more detailed description of these program activities):

- Cessation Centers began operations in December 2004.
- Implementation and promotion of the fax-to-quit program began in December 2004.
- Distribution of NRT starter kits via the Quitline began in December 2004.
- More effective ads aimed at encouraging cessation have been aired.

In this section, we describe the activities planned by the Community Partners in support of Goal 3 as reported in the CAT system. At this stage of the evaluation, the only data available from the CAT system are planned activities (strategies) for the 2004–2005 fiscal year, as reported in Community Partner annual plans. Thus, we are limited at this time to describing planned activities and noting if the Cessation Center plans appear to address their purpose.

The 19 Cessation Centers began their work in January 2005. The primary focus of these centers is to promote the systematic screening and counseling of tobacco users by all health care providers, in accordance with the Public Health Service (PHS) guidelines for smoking cessation; increase the availability of cessation services in the community; and work with other funded partners to encourage tobacco users to quit.

In Exhibit 4-108, we summarize the strategies that Community Partners are planning to implement to achieve their cessation objectives. As noted in Chapter 2, 17 percent of all strategies entered into CAT for the 2004–2005 fiscal year were entered with a goal of promoting cessation from tobacco use. For the Cessation Centers, 87 percent of strategies are focused on Goal 3, while the comparable percentage for Community Partnerships and Reality Check Youth Action Partners is 20 and 2 percent, respectively.

Within Goal 3 alone, the objectives reported most frequently across all Community Partners were increasing the number of health care provider organizations that have a system to screen all patients for tobacco use and provide brief advice to quit at all visits (35 percent of all cessation strategies) and increasing the number of Medicaid recipients who access pharmacotherapy (31 percent of all cessation strategies).

Of all Cessation Center strategies that were focused on promoting cessation, 54 percent were aimed at increasing the number of health care provider organizations that have a system to screen all patients for tobacco use and provide brief advice to quit at all visits. The two main focus areas used to achieve that objective were Monitoring/Assessment of Organizational Policies and Practices and Advocating with Organizational Decision Makers.

Exhibit 4-108. Planned Activities for Goal 3 by Community Partners, Fiscal Year 2004–2005

| Objective | Cessation Centers | Community Partnerships | Reality Check Youth Action Partners | Joint Partner Strategies | Total |
|--|-------------------|------------------------|-------------------------------------|--------------------------|-------------|
| Increase number of health care provider organizations that have a system to screen all patients for tobacco use and provide brief advice to quit at all visits | 86 54% | 25 18% | 5 24% | 0 0% | 116 35% |
| Increase number of Medicaid recipients who access pharmacotherapy for smoking cessation through Medicaid or the Quitline | 19 12% | 35 25% | 0 0% | 0 0% | 54 16% |
| Increase the number of non-Medicaid eligible low-income tobacco users who receive free pharmacotherapy to support a cessation attempt ^a | 8 5% | 4 3% | 0 0% | 0 0% | 12 4% |
| Increase percentage of smokers who have heard of and called the New York State Smokers' Quitline | 20 13% | 66 46% | 10 48% | 5 100% | 101 31% |
| Increase percentage of smokers with health insurance who report that their health plan covers tobacco dependence treatment | 2 1% | 3 2% | 0 0% | 0 0% | 5 2% |
| Increase number of smokers referred to the New York State Smokers' Quitline through the Fax-to-Quit program | 10 6% | 2 1% | 1 5% | 0 0% | 13 4% |
| Increase percentage of smokers who quit successfully (for at least 6 months) in past 12 months | 15 9% | 7 5% | 5 24% | 0 0% | 27 8% |
| Total | 160 100% | 142 100% | 21 100% | 5 100% | 328 100% |

^aThis objective does not appear in the 2005 Strategic Plan but was approved as part of the Annual Plans for fiscal year 2004–2005.

Under Monitoring/Assessment, Cessation Centers mentioned

- assessing policies and practices related to tobacco use and treatment;
- assessing needs for training, materials, and technical assistance; and
- monitoring Fax-to-Quit referrals.

Within the focus area of Advocating with Organizational Decision Makers, Cessation Center plan entries included

- developing training curriculum and conducting trainings;
- using meetings, newsletters, conferences, and Web sites to educate administrators and providers about the 5As, the Quitline, and other cessation topics; and

- assisting partner institutions in developing quality assurance plans and action plans and incorporating PHS guidelines.

Following are descriptions of the types of strategies reported by Cessation Centers within each of the cessation-related objectives.

For the objective related to increasing the percentage of smokers who have heard of and called the Quitline, Cessation Centers reported 20 strategies, or 13 percent of all of their cessation-focused strategies. These were classified primarily within the focus areas of Provision or Promotion of Cessation Services and Paid Media and include

- incorporating the Quitline number and services in brochures, publications, and handouts;
- encouraging partners to put a link to the Quitline on their Web site; and
- running a media campaign to educate smokers about the health risks of smoking, the benefits of quitting, and the Quitline services available.

Within the objective focusing on increasing the number of Medicaid recipients who access pharmacotherapy, Cessation Centers classified strategies under the focus areas of Provision or Promotion of Cessation Services and Advocating with Organizational Decision Makers. Strategies include

- training health care providers and providing them with materials,
- distributing brochures and materials to patients and to the general public at health events,
- providing pharmacies with posters and brochures, and
- recruiting for cessation services at Medicaid offices.

Cessation Centers reported 15 strategies (9 percent of all Cessation Center strategies within the goal of cessation) related to the objective of increasing the number of smokers who quit successfully in the past 12 months. The majority of these strategies describe direct cessation services, categorized in the focus area of Provision or Promotion of Cessation Services. Strategies include providing cessation counseling or workshops and following up with participants who quit. One Cessation Center reported a paid media strategy, with an emphasis on coinciding messages with the Great American Smokeout, New Year's resolutions, CIAA anniversaries, and other occasions to maximize the impact of the message.

Ten Cessation Center strategies (6 percent) were reported specifically with the objective of increasing the number of smokers referred to the Quitline through the Fax-to-Quit program. These strategies were classified as the focus areas of Provision or Promotion of Cessation Services and Advocating with Organizational Decision Makers and include

- training providers on the Fax-to-Quit program, sometimes through existing meetings or trainings;
- distributing quit kits to providers;
- promoting the Fax-to-Quit program in partnering health care provider organizations with flyers and posters; and
- making the Fax-to-Quit forms available on their Web site.

Community Partners also addressed the objective of increasing the number of Medicaid recipients who access pharmacotherapy. Community Partnerships reported the focus areas of Provision or Promotion of Cessation Services and Advocating with Organizational Decision Makers to conduct the following types of activities:

- outreach to human service agencies, including brochures, flyers, and quit kits, with attention to cultural sensitivity and literacy level;
- academic detailing to health care provider organizations; and
- pharmacist education and drugstore displays.

Related to the objective focused on increasing the number of smokers who have heard of and called the New York State Smokers' Quitline, Community Partnership activities were classified as promotion or provision of cessation services and paid media, and they include

- organizing specific events, such as the Great American Smokeout, World No Tobacco Day, and Kick Butts Day;
- distributing a cessation resource guide through Web sites, physicians, dentists, pharmacies, and libraries;
- distributing napkins and coasters that have Quitline information to bars and restaurants; and
- implementing paid media efforts, including print, radio, and television messages.

Reality Check Youth Action Partner strategies for increasing smoker awareness of and contact with the Quitline include distributing information about the Quitline at community events and partner-sponsored events and compiling resource guides for youth-specific cessation services.

From January through May 2005, partners' paid media efforts related to promoting cessation made up 41 percent of all paid media efforts. These paid media activities primarily included television, radio, and newspaper advertisements. Specifically, there were 17,334 television ads aired (\$479,718); 2,941 radio ads aired (\$107,772); 297 newspaper ads printed (\$163,966); mass mailings distributed to 20,000 recipients (cost not available); and

1,186 other media items disseminated, including theater slides, transit postings, and billboards.

4.4.3 Prior to Implementation of the Cessation Centers, To What Extent Do Health Care Provider Organizations Have a System in Place to Screen All Patients for Tobacco Use and Provide Brief Advice to Quit at Every Patient Visit?

To address this and related questions, RTI designed the health care organization and provider study in collaboration with NYTCP. The study was designed to gather information about existing systems, practices, and policies to address and treat tobacco use in hospitals and medical practices in New York State.

This study is intended to provide baseline information about these systems, practices, and policies at both the organizational level and the provider level, during the beginning stages of the Cessation Center effort. The 2000 PHS Guideline for Treating Tobacco Use and Dependence provides a number of recommendations for system-level interventions to promote effective cessation efforts. Most of these recommendations focus on implementing systems to assess tobacco use and promote provider cessation efforts. These system-level interventions have been found to promote guideline-concordant care among providers. More details on this study are provided in Chapter 3.

To date, RTI has completed the hospital component of the study, during which we conducted 96 interviews with hospitals, or 82 percent of the eligible sampled hospitals. Information based on the hospital data is presented in this report to provide a perspective on the current status of tobacco use screening and assessment systems in health care organizations in New York State. The medical practice and provider portions of the study are currently in progress and will be included in subsequent reports.

The hospital interviews were designed to provide information across a number of domains, including

- clinical practice requirements and recommendations for identifying and treating tobacco use;
- systems to cue or prompt providers to identify and treat patient tobacco use;
- systems for documenting tobacco use status and cessation interventions;
- awareness of specific NYTCP initiatives, such as the New York State Smokers' Quitline, Medicaid coverage of tobacco cessation pharmacotherapies, and the Cessation Center initiative;
- policies regarding tobacco use by staff, patients, and visitors;
- organizational and provider-level barriers to addressing patient tobacco use and cessation; and

- basic demographic information about the hospitals (e.g., teaching hospital, number of beds).

Based on the hospital study, fewer than 40 percent of hospitals have written clinical guidelines or protocols for diagnosing and treating tobacco dependence. Among hospitals with guidelines, more than half (51.3 percent) developed their own internal or “home-grown” guidelines rather than use existing clinical guidelines, such as the 2000 PHS Service Guideline for Treating Tobacco Use and Dependence. And 59 percent of hospitals with guidelines reported that they do not require providers to receive training about tobacco use assessment and treatment.

The 2000 PHS Guideline for Treating Tobacco Use and Dependence provides the 5As as a brief intervention clinicians can use to aid cessation among their patients:

- ask (identify and document tobacco use status for every patient at every visit),
- advise (urge every tobacco user to quit),
- assess (determine whether the tobacco user is willing to make a quit attempt),
- assist (for patients willing to make a quit attempt, use counseling and pharmacotherapy to help him/her quit),³ and
- arrange (schedule follow-up contact for those willing to make a quit attempt).

Exhibit 4-109 presents information about the extent to which hospitals include the 5As as required or recommended practices for their providers. The first column in the exhibit presents the rates at which hospitals currently require each strategy, while the second column shows the combined percentages of requiring or recommending the strategy.

Almost all hospitals require or recommend that providers ask new patients about their tobacco use; however, a much smaller percentage include tobacco use as a vital sign where all patients are asked at every visit as recommended by the guideline. It is also notable that although the majority of hospitals do at least include the 5 A’s strategies as recommended practices, a much smaller percentage actually require providers to deliver brief interventions (measured in this study as advice/counseling and NRT, if appropriate). Some of this difference may reflect the fact that hospitals often refer tobacco users to other specialists, rather than provide the brief intervention themselves. Based on data from this study, more than 40 percent of hospitals have a dedicated tobacco treatment specialist. In terms of overall provision of services to tobacco users, more than 60 percent of hospitals offer

³To measure “Assist,” we used a combination of two questions: “Do you... (1) provide brief advice or counseling to quit using tobacco, and (2) offer nicotine replacement (NRT) or other stop-smoking medications (such as bupropion) when appropriate.” Because of the way the advice/counseling question was asked, it is not possible to determine whether all hospitals that answered yes to this question were including counseling to help patients develop a quit plan or only advice.

Exhibit 4-109. Percentage of Hospitals that Adhere to the "5As," 2005 Health Care Organization and Provider Study Hospital Data

| Strategy | Require (%) | Require or Recommend (%) |
|-----------------------|-------------|--------------------------|
| Ask new patients | 86.5 | 99.4 |
| Ask existing patients | 38.5 | 58.5 |
| Advise | 45.8 | 92.2 |
| Assess | 29.2 | 85.8 |
| Assist | 13.3 | 84.3 |
| Arrange | 24.0 | 61.2 |

tobacco dependence treatment to all tobacco users who are admitted (61.3 percent); however, a substantial minority (31.3 percent) treats only some tobacco users, and 6 percent do not treat any tobacco users. These percentages were derived from responses to the following question: "Does your hospital offer tobacco dependence treatment to all, some, or none of the tobacco users who are admitted to your hospital?"

Exhibit 4-110 presents information about current systems for cueing or prompting providers to assess tobacco use status, to provide advice and interventions, and to document this information. In general, it appears that almost all hospitals have a system to cue providers to assess tobacco use status and to document status. A smaller percentage of hospitals have a system to cue providers to advise tobacco use cessation to patients and to document interventions, referrals, and pharmacotherapy. And only a small percentage (<20 percent) of hospitals have a formalized process for tracking patients' tobacco use cessation progress and/or their process of care, or a system by which electronic or automated notices are sent to providers to alert them about patients who use tobacco or to remind them to advise patients to quit.

Finally, we measured awareness of the New York State Smokers' Quitline, the pharmacotherapy benefit for Medicaid patients, and the Cessation Centers themselves. Nearly 80 percent of hospitals have heard of the Quitline, but a lower percentage were aware of several of the Quitline-related services, such as Fax-to-Quit (53 percent), the NRT 2-week starter kits (54 percent), and the online cessation program or QuitNet (42 percent) (Exhibit 4-111).

Awareness of the Medicaid benefit and of the Cessation Centers was somewhat lower than awareness of the Quitline: 61 percent of respondents to the hospital survey were aware of the Medicaid coverage of tobacco cessation pharmacotherapies, and 47 percent were aware of the Cessation Centers. The latter finding is not surprising since the Cessation Centers were recently created. Seven of the hospitals in our sample were Cessation Centers, and another 26 had either had contact with a Cessation Center or were already working with one

Exhibit 4-110. Percentage of Hospitals that Have Various Systems for Prompting Health Care Providers to Address Tobacco Use Among Their Patients, 2005 Health Care Organization Study Hospital Data

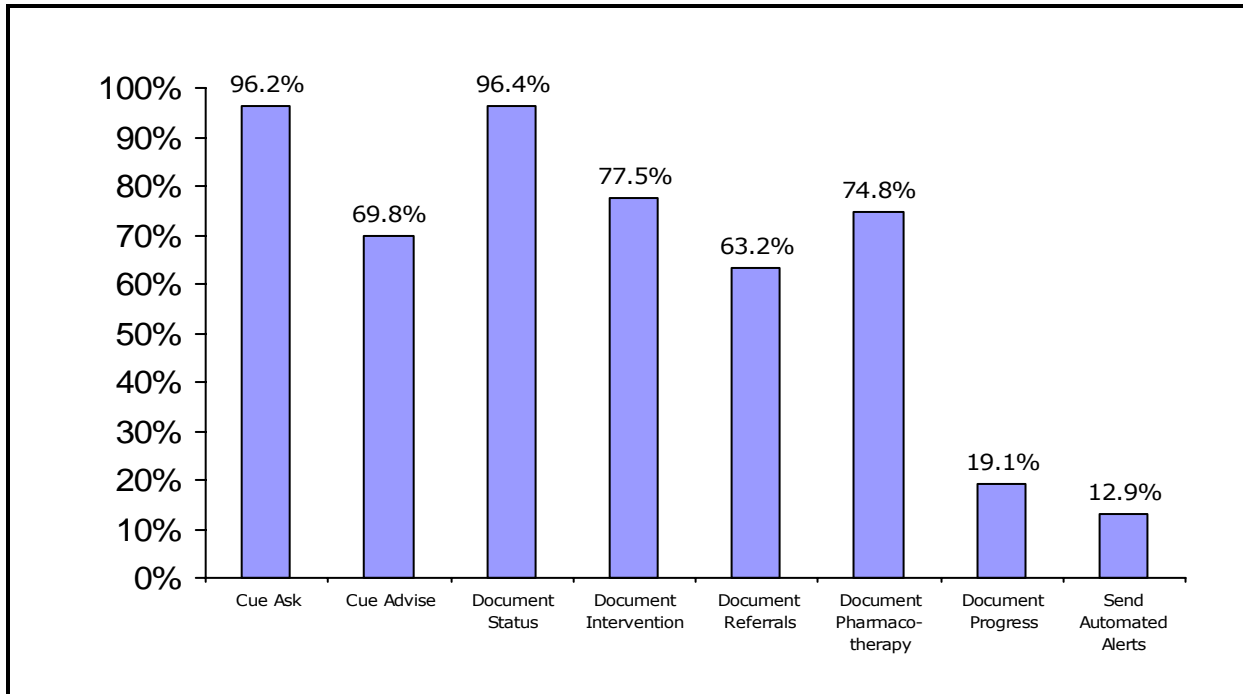
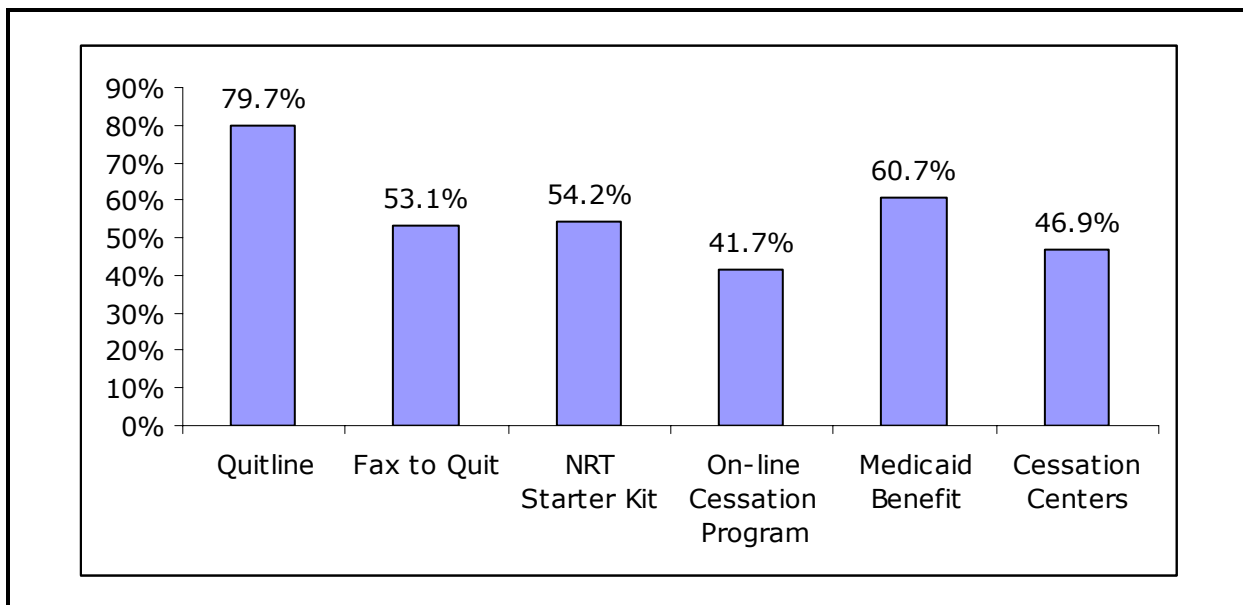


Exhibit 4-111. Percentage of Hospitals that are Aware of State-Sponsored Cessation Resources, 2005 Health Care Organization Study Hospital Data



to develop systems. Based on these data, it is estimated that 19 percent of hospitals that are not Cessation Centers have already been in contact or are actively working with Cessation Centers. It is important to remember that this survey was designed to gather baseline information about hospitals and therefore was implemented at the beginning of the Cessation Center initiative. The primary purpose of the Cessation Centers is to work with provider organizations and providers to increase the role of health care providers in promoting cessation; thus, the results of the survey presented here do not reflect on the effectiveness of Cessation Center efforts. The data presented above (together with a forthcoming baseline survey of providers) establish baseline measures against which we will measure progress in the future with additional surveys of provider organizations and providers.

4.4.4 What Percentage of Smokers Report that Their Health Care Providers Offer Support for Cessation?

To provide smokers' perspectives on the extent to which health care providers are asking smokers if they use tobacco and assisting them with quitting, we report data from the ATS. For smokers who report going to a health care provider in the past 12 months, we ask them the following questions:

- During the past 12 months, did any doctor, nurse, or health professional ask if you smoke?
- [Asked of all smokers] In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?
 - [If yes, then ask:] When a doctor, nurse, or other health professional advised you to quit smoking, did he/she do any of the following?
 - Prescribe or recommend a nicotine patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban?
 - Suggest that you set a specific date to stop smoking?
 - Suggest that you use a smoking cessation class, program, or counseling?
 - Suggest you call a telephone quit line?
 - Provide you with booklets, videos, or other materials to help you quit smoking on your own?
 - Schedule a follow-up visit to discuss your progress?

We report several key statistics: the percentage of smokers who went to a health care provider in the past 12 months (Exhibit 4-112) and who were asked if they smoke when they visited their provider (Exhibit 4-113), were advised to quit by their provider (Exhibit 4-114), and were assisted in quitting by their health care provider (Exhibit 4-115). For the latter, we considered that smokers were assisted by the provider if the provider took any of the actions listed above (e.g., prescribed nicotine patches, suggested calling a quitline) with the exception of scheduling a follow-up visit. We consider the latter response as "arranging" in the 5A's classification.

Exhibit 4-112. Percentage of Adult Smokers Who Visited a Doctor, Nurse, or Other Health Professional in the Past 12 Months, ATS Q3 2003–Q1 2005

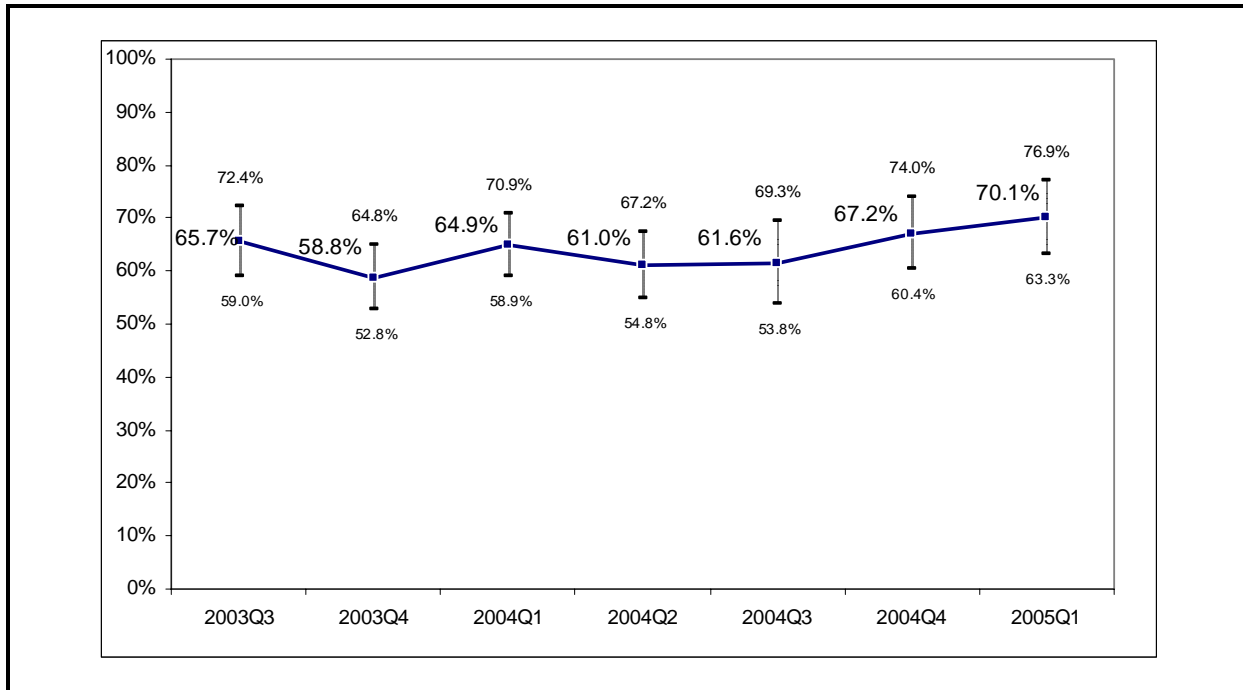


Exhibit 4-113. Percentage of Adult Smokers Who Were Asked If They Smoked When They Visited a Health Care Provider in the Past 12 Months, ATS Q3 2003–Q1 2005

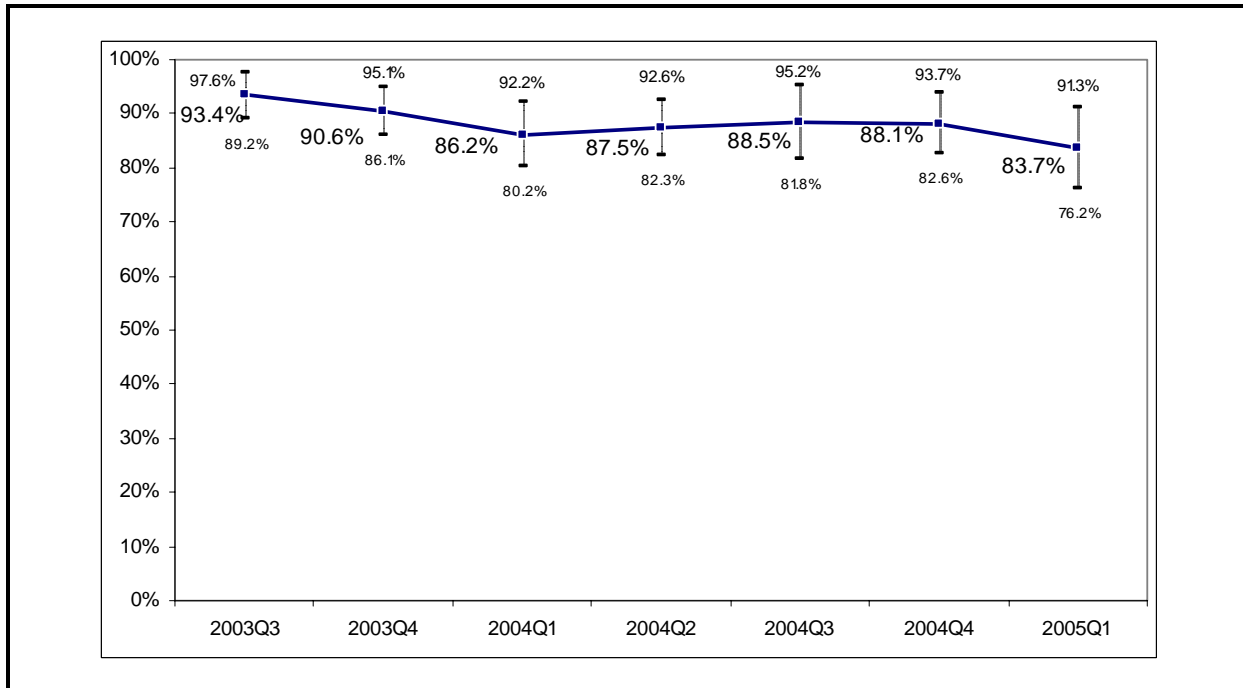


Exhibit 4-114. Percentage of Adult Smokers Who Were Advised to Quit Smoking When They Visited a Health Care Provider in the Past 12 Months, ATS Q3 2003–Q1 2005

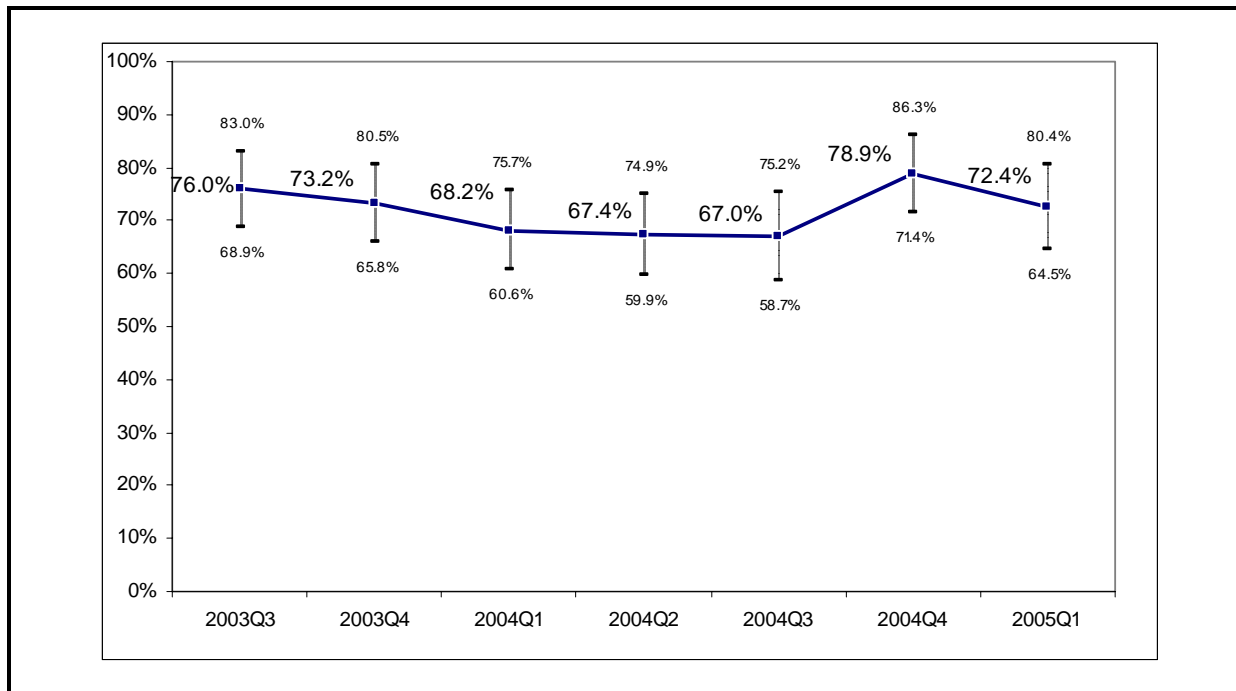
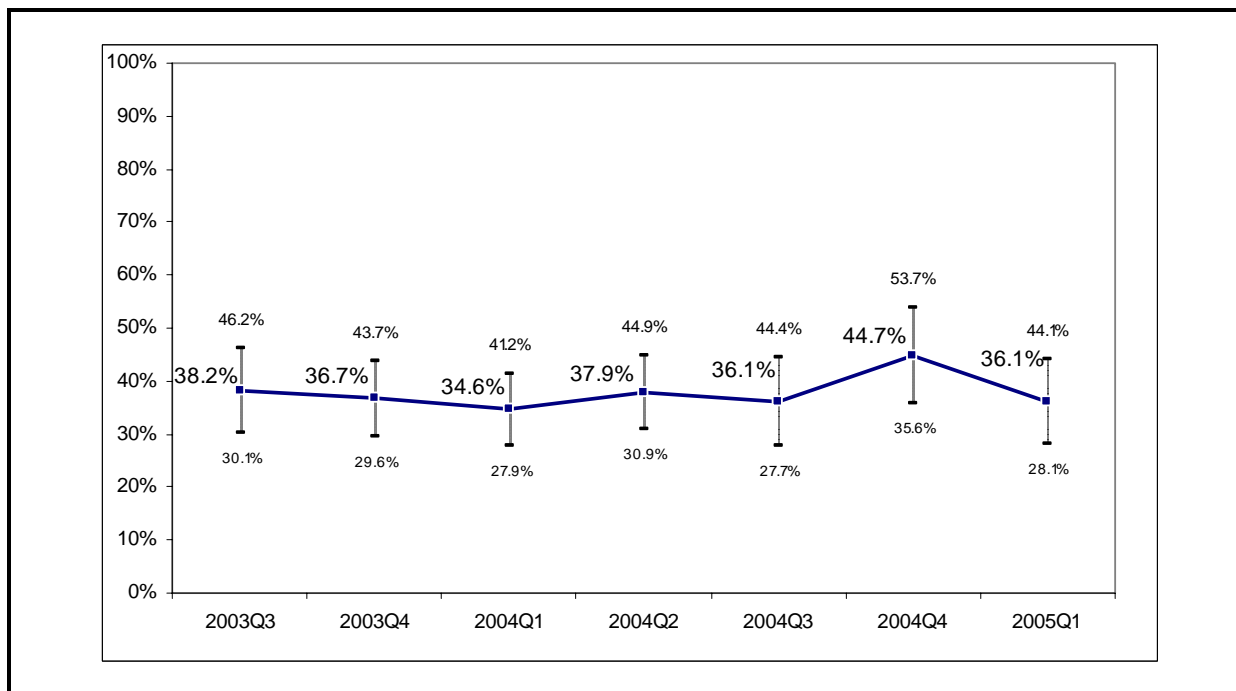


Exhibit 4-115. Percentage of Adult Smokers Who Report that their Health Care Provider Assisted Them with Smoking Cessation When They Visited a Health Care Provider in the Past 12 Months, ATS Q3 2003–Q1 2005



These data show that a high proportion of smokers are asked if they smoke when they visit their providers, but there is a statistically significant downward trend from 93 to 84 percent of smokers (see Exhibit 4-113). Approximately 70 percent of smokers have been advised to quit in the past 12 months when they visited a health care provider, and this percentage has remained stable over time (see Exhibit 4-114). In addition, only slightly more than one third of smokers received assistance in quitting when they visited their provider in the past 12 months (those who were not advised to quit are included as not receiving assistance). Because 70 percent of smokers went to a health care provider, this suggests that as of Q1 2005, 58.7, 50.8, and 25.3 percent of all smokers were asked about their tobacco use, advised to quit, and assisted with smoking cessation by a health care provider, respectively, in the past 12 months.

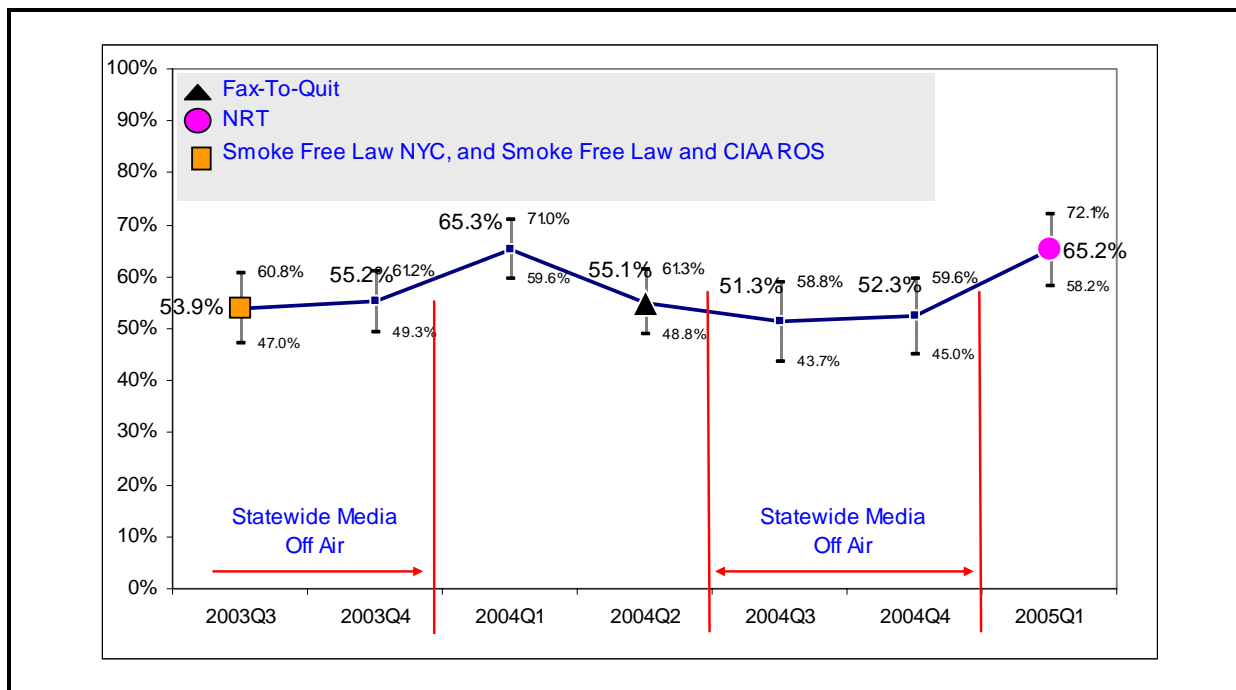
4.4.5 Has the Percentage of Smokers Who Have Heard of and Called the New York State Smokers' Quitline Increased Over Time?

Smokers' awareness and use of the Quitline was assessed by analyzing responses to the ATS, which asks smokers if they are aware of and have called the Quitline. In addition, we monitored Quitline call volume to assess the demand for the Quitline. In our analyses of the trends of smokers' awareness and use of the Quitline, we indicate potentially influential factors such as when NYTCP is airing countermarketing ads that are tagged with the Quitline name and number, the introduction of the Fax-to-Quit referral program, and the start of the 2-week NRT starter kits. However, it should be noted that the latter has not been actively promoted at this time.

Awareness of the Quitline, as reported in the ATS, has fluctuated over time (Exhibit 4-116), reaching its lowest level in Q3 2004 when the program's countermarketing efforts were off the air and the Community Partners contracts were pending execution. Awareness peaked in Q1 2004 and Q1 2005, possibly reflecting smokers' greater attention to NYTCP-sponsored ads and smoking cessation in conjunction with the New Year. However, the pattern of awareness also suggests that the absence of media negatively influenced awareness of the Quitline, consistent with studies that have shown a strong link between the promotion of Quitlines via mass media and Quitline call volume. To formally test the relationship between awareness of NYTCP-sponsored media and awareness of the Quitline, we performed a logistic regression of smokers' awareness of the Quitline over time as a function of awareness of the program's SHS and cessation media messages and other factors.⁴ This analysis shows that the odds of being aware of the Quitline are double for those people who have seen cessation messages compared to those who have not (OR = 2.0, $p < 0.002$). Similarly, confirmed awareness of any SHS-related media messages was also significantly

⁴These include age, education, race/ethnicity, gender, income, monthly cigarette consumption, and a time trend.

Exhibit 4-116. Percentage of Adult Smokers Who Have Heard of the New York State Smokers' Quitline, ATS Q3 2003–Q1 2005

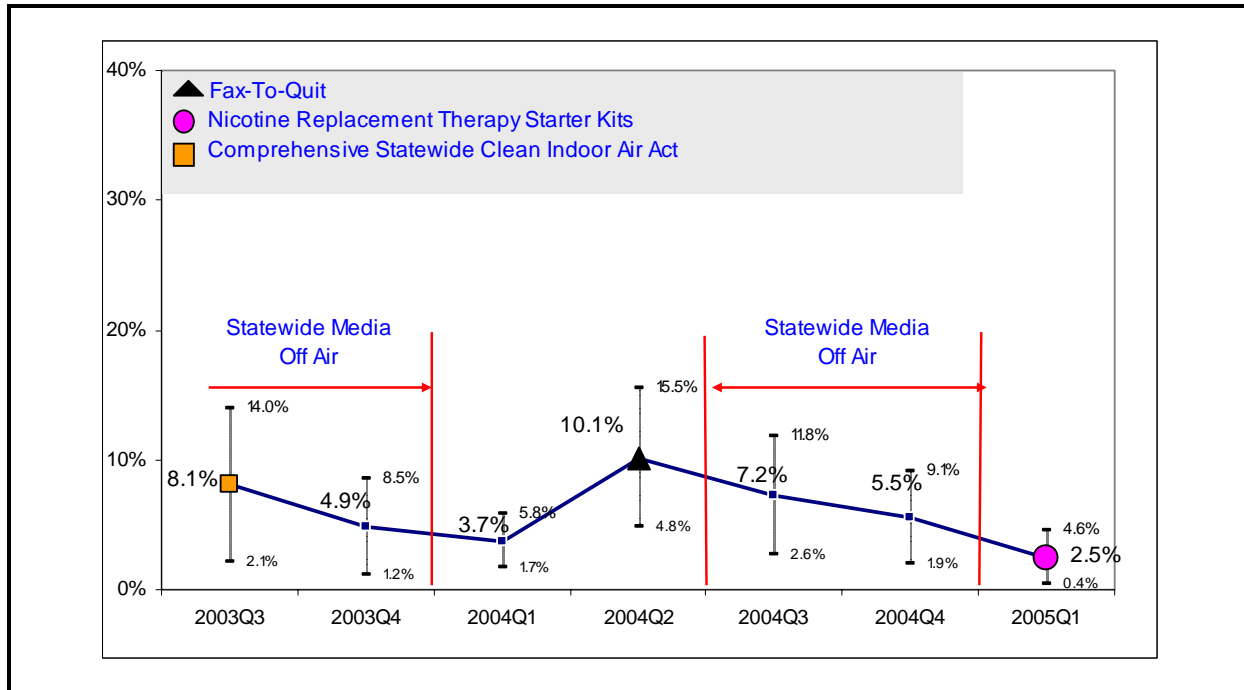


related to awareness of the Quitline, but the relationship was not as strong as for cessation messages and only marginally statistically significant (OR = 1.4, $p < 0.1$).

Self-reported calls follow a somewhat different pattern than that of awareness. Although there is not a statistically significant trend in self-reported calls to the Quitline, the percentage of smokers who called the Quitline increased from 3.7 to 10.1 percent from Q1 2004 to Q2 2004, only to drop to 2.5 percent by Q1 2005 (Exhibit 4-117). We also performed a similar regression for calling the Quitline (conditional on having heard of the Quitline). This shows no relationship between recalling media messages and calling the Quitline, perhaps because of the more limited sample size for this analysis.

Because smokers are asked if they have ever called the Quitline, self-reports of calls to the Quitline from the ATS may not be a sensitive measure of changes in Quitline calling behavior. As a result, we further investigated trends in calls to the Quitline with call volume data. Exhibit 4-118 illustrates the trend in Quitline call volume from January 2000 to April 2005. The purpose of the plot is to illustrate trends and suggest possible relationships with other factors, such as mass media promotion of the Quitline. This plot suggests a relationship between media and call volume (call volume is generally lower during periods when the media campaign was off the air). We also estimated a regression model with daily call volume as the dependent variable to further investigate the impact of media on call

Exhibit 4-117. Percentage of Adult Smokers Who Have Ever Called the New York State Smokers' Quitline, ATS Q3 2003–Q1 2005



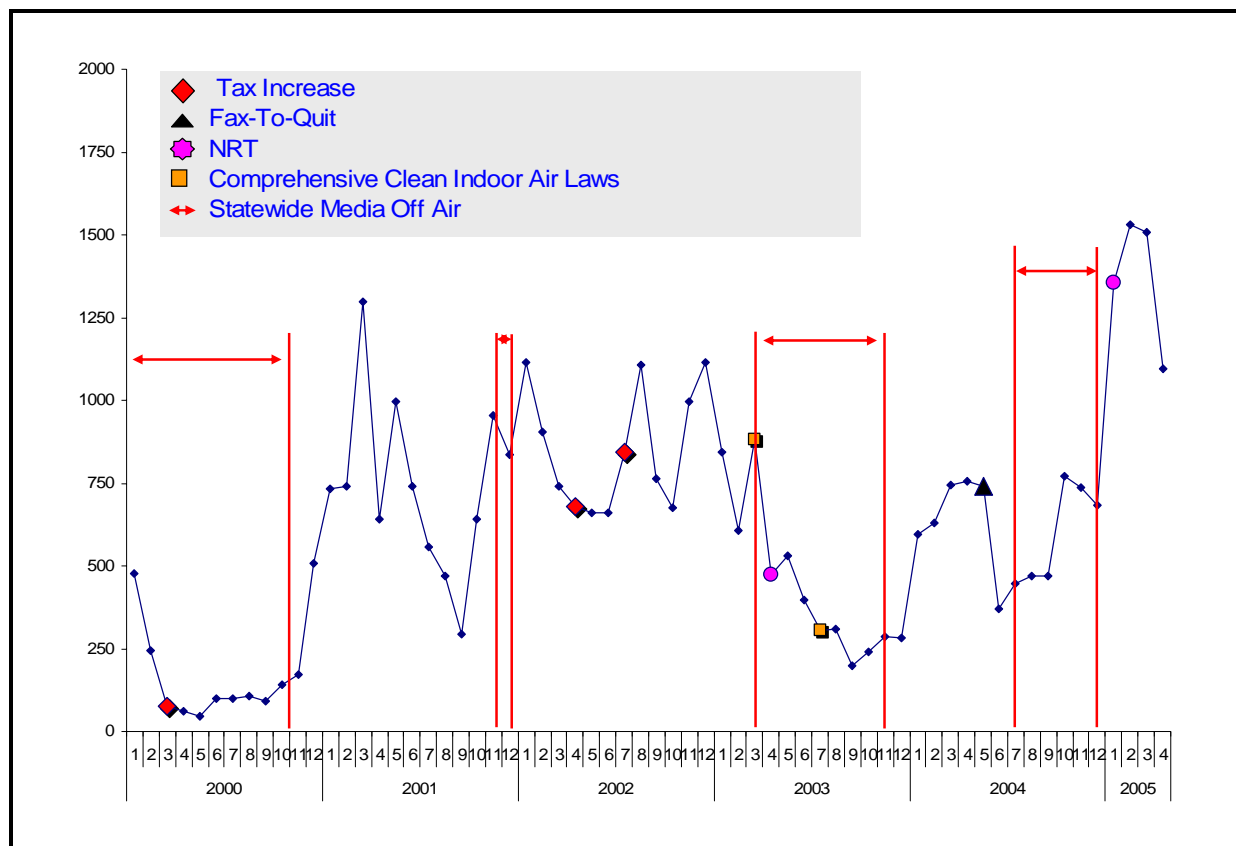
volume (the regression included an indicator variable for the time that statewide media was on the air versus off the air). Media being on the air was significantly related to call volume ($p < 0.001$).

To further investigate the factors associated with call volume, we examine the Quitline callers' reported reasons (source of referral) for calling the Quitline. The Quitline tracks the source of referral mentioned by callers. Callers responses are recorded verbatim, and we classified responses into the following categories:

- Advertising
- Fax-to-Quit
- Health care providers
- Other referrals (e.g., friends, family)

We plot total call volume by source, collapsing referrals into four categories: advertising, Fax-to-Quit, health care providers, and all other referrals (Exhibit 4-119). As evident from this plot, advertising has been and remains an important factor influencing call volume. This exhibit also shows that referrals from the Fax-to-Quit program began in October 2004 and increased to 16 percent of referrals by April 2005. This program allows health care providers

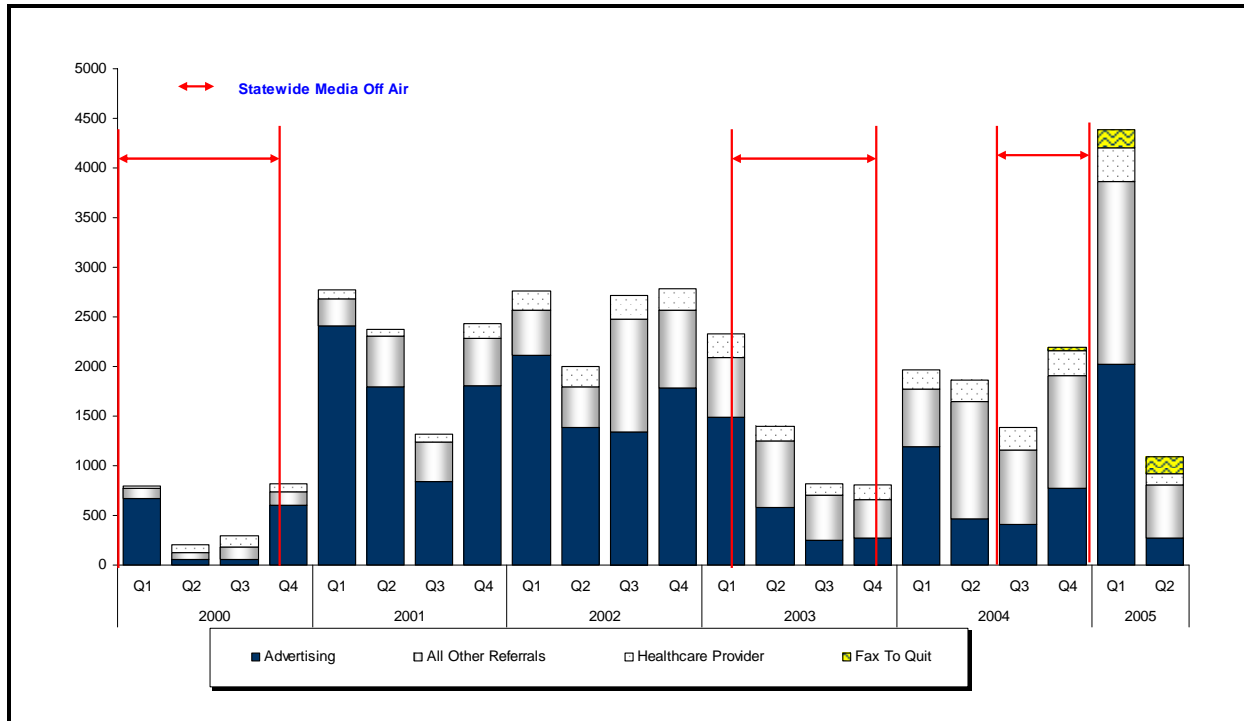
Exhibit 4-118. New York Smokers' Quitline Call Volume, January 2000–April 2005



to fax a referral to the Quitline so that their patients will receive a follow-up call for smoking cessation counseling from the Quitline. Given NYTCP’s emphasis on this program (Objective 3E), this is a promising trend.

4.4.6 Is Nicotine Replacement Therapy Use Increasing Over Time?

Beginning in December 2004, NYTCP began offering 2-week starter kits of NRT to Quitline callers. According to the program, this feature of the Quitline is being phased in and was not actively promoted until May 2005. As a result, this service had not yet affected the self-reported trends in NRT use in the ATS through Q1 2005. However, the results of a similar distribution of free NRT in New York City suggest that this new feature of the statewide Quitline will increase NRT use and quit rates among people who take advantage of the benefit. New York City’s Department of Health and Mental Hygiene distributed a 6-week course of free NRT via the Quitline following implementation of the City’s smoke-free law. Results of a study by Miller et al. (2005) found that 6-month quit rates were 33 percent among NRT recipients compared to 6 percent among a comparison group of Quitline callers who requested, but did not receive, NRT. Based on evaluations of a number of NRT giveaways, including the New York City program, NYTCP determined that the most cost-

Exhibit 4-119. Number of Calls to the New York State Smokers' Quitline by Sources of Referral, Q1 2000–Q2 2005

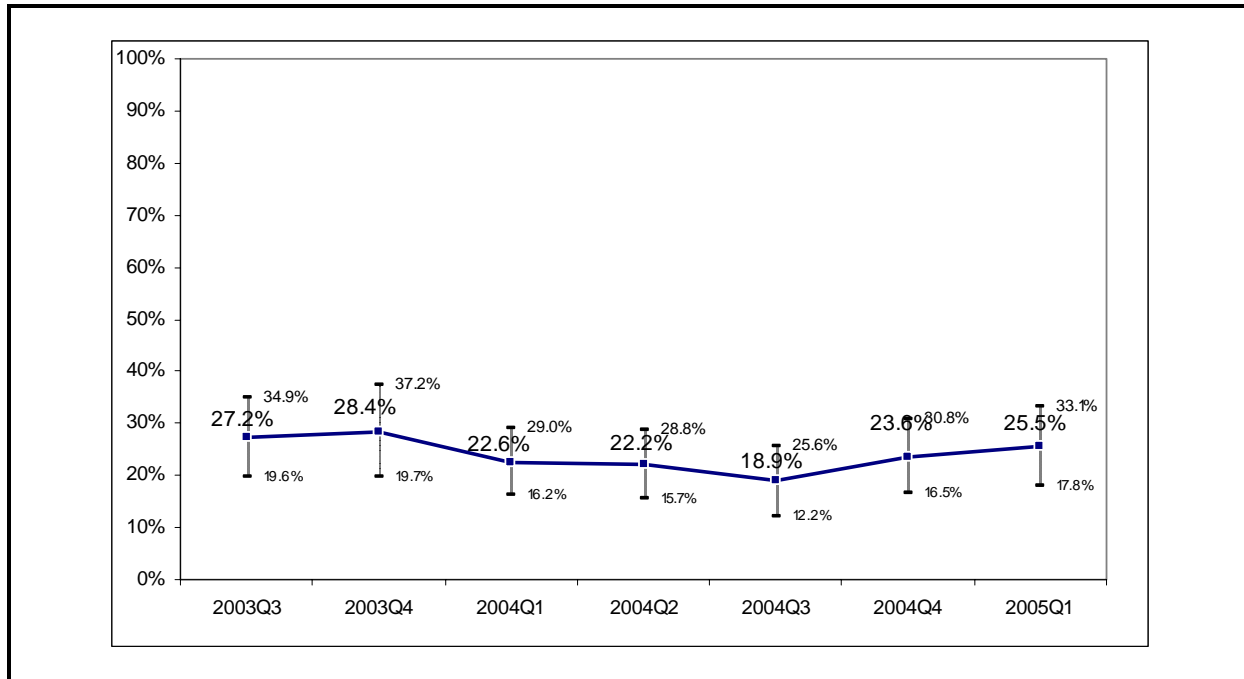
effective approach to distributing NRT starter kits was to ship 2-week (rather than 6-week) starter kits directly to smokers, based on experiences from New York City and NYTCP-funded Community Partners.

In Exhibit 4-120, we present the percentage of former smokers (successful quitters) or current smokers who have made a quit attempt in the past 12 months and who have used a nicotine patch or nicotine gum. Approximately a quarter of this group has used NRT in the past 12 months. There has been no changes over time in NRT use. In the 2006 IER, we will be able to assess the impact of the Quitline distribution of NRT using data from the Quitline and from the ATS.

4.4.7 Are Cessation Outcomes (e.g., Percentage of Smokers Who Have Quit for at Least 6 Months, Number of Quit Attempts, Duration of Longest Quit Attempt) Improving Over Time?

Ultimately, increasing the successful quit rate is a central objective for Goal 3 and the program as a whole. To examine how cessation-related outcomes are changing over time, we explore several measures of quitting. Several theoretical models of smoking cessation describe a process of change in which smokers progress while trying to quit. These models recognize that there is variation among smokers in terms of “readiness” to quit—some are open to quitting and ready to set a quit date, whereas others are seriously planning to quit

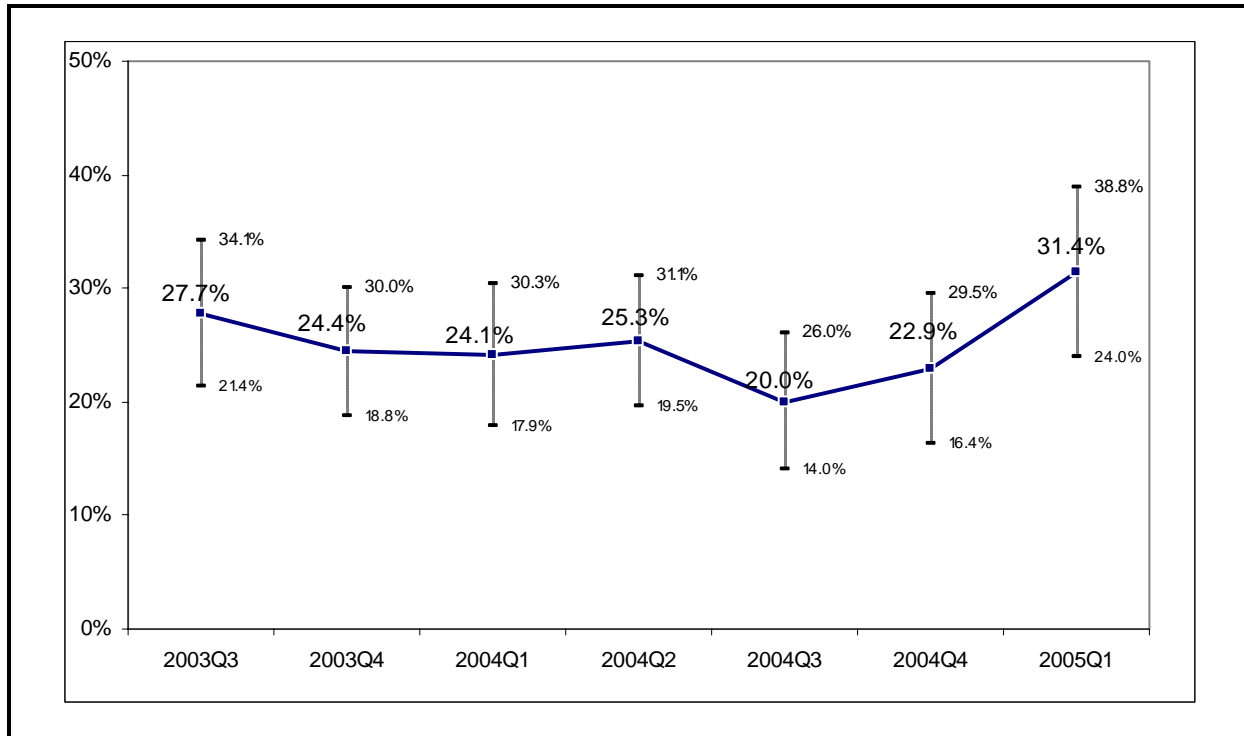
Exhibit 4-120. Percentage of Adult Former Smokers or Current Smokers with A Quit Attempt in the Past 12 Months Who Have Used a Nicotine Patch or Nicotine Gum, ATS Q3 2003–Q1 2005



in the near future, and still others are not considering making a change at all. It often takes many attempts at quitting before a smoker achieves long-term success, and rarely does cessation occur after one attempt and/or one intervention. According to these models, we might expect to observe changes in smokers' intentions to quit prior to observing changes in actual quitting behavior. Given the model of smoking cessation as a process and the lack of consensus as to the best measure of cessation intentions and behaviors, we present results for multiple cessation outcomes:

- Current smokers who intend to quit in the next 30 days
- Current smokers who have made at least one quit attempt in the past year
- Smokers who are currently quit and have been quit for at least 6 months of the past 12 months

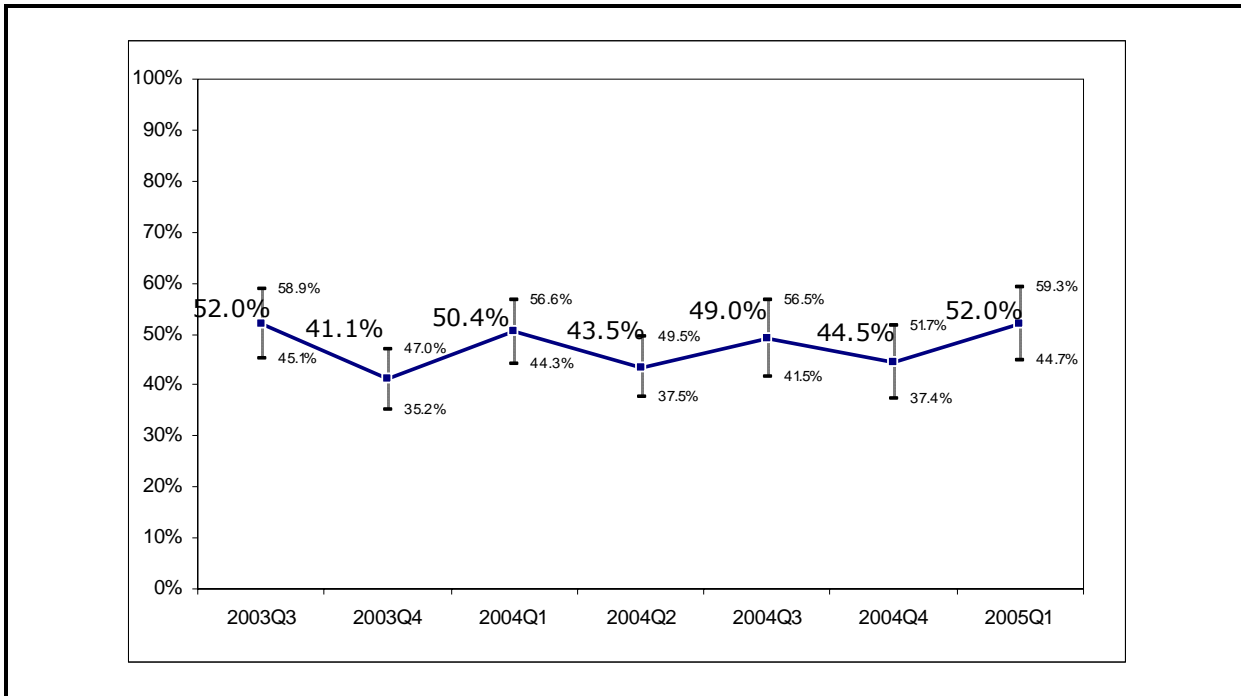
We chose to use intentions to quit in the next 30 days as an indicator of quit intentions rather than a measure of intentions to quit in the next 6 months because of evidence that quit intentions are unstable over time (Hughes et al., 2005). Beginning with smokers' intentions to quit in the next 30 days, we find there is no statistically significant trend over the seven quarters of ATS data (Exhibit 4-121). However, from Q3 2004 to Q1 2005, the percentage of smokers who say they plan to quit in the next 30 days increased ($p < 0.02$).

Exhibit 4-121. Percentage of Adult Smokers Who Were Planning to Stop Smoking in the Next 30 Days, ATS Q3 2003–Q1 2005

To explore factors that are correlated with whether a smoker intends to quit, we performed a logistic regression of 30-day quit intentions as a function of age, race/ethnicity, gender, education, monthly cigarette consumption, a time trend, awareness of NYTCP-sponsored SHS and cessation media messages, and an indicator of whether the smoker purchased cigarettes all of the time from any low- or untaxed source. The latter tests whether access to cheap cigarettes discourages quit attempts. This model shows that the odds of intending to quit were twice as high for those who reported seeing NYTCP-sponsored cessation messages as for those who did not ($OR = 2.0, p < 0.004$). SHS messages were not associated with quit intentions. However, those who reported always purchasing cigarettes from low- or untaxed sources had a decreased odds of intending to quit ($OR = 0.66, p < 0.02$).

Approximately half of current smokers have made a quit attempt in the past year. (Exhibit 4-122). There is no statistically significant trend in this measure. A logistic regression model similar to the one described above indicates that the odds of making a quit attempt in the past year are 41 percent lower for smokers who always purchased their cigarettes from low- or untaxed sources compared to all other smokers ($OR = 0.59, p < 0.001$). This regression also showed that recall of NYTCP-sponsored cessation ads was associated with an increased odds of trying to quit ($OR = 1.8, p < 0.006$).

Exhibit 4-122. Percentage of Smokers Who Made a Quit Attempt in the Past 12 Months, ATS Q3 2003–Q1 2005



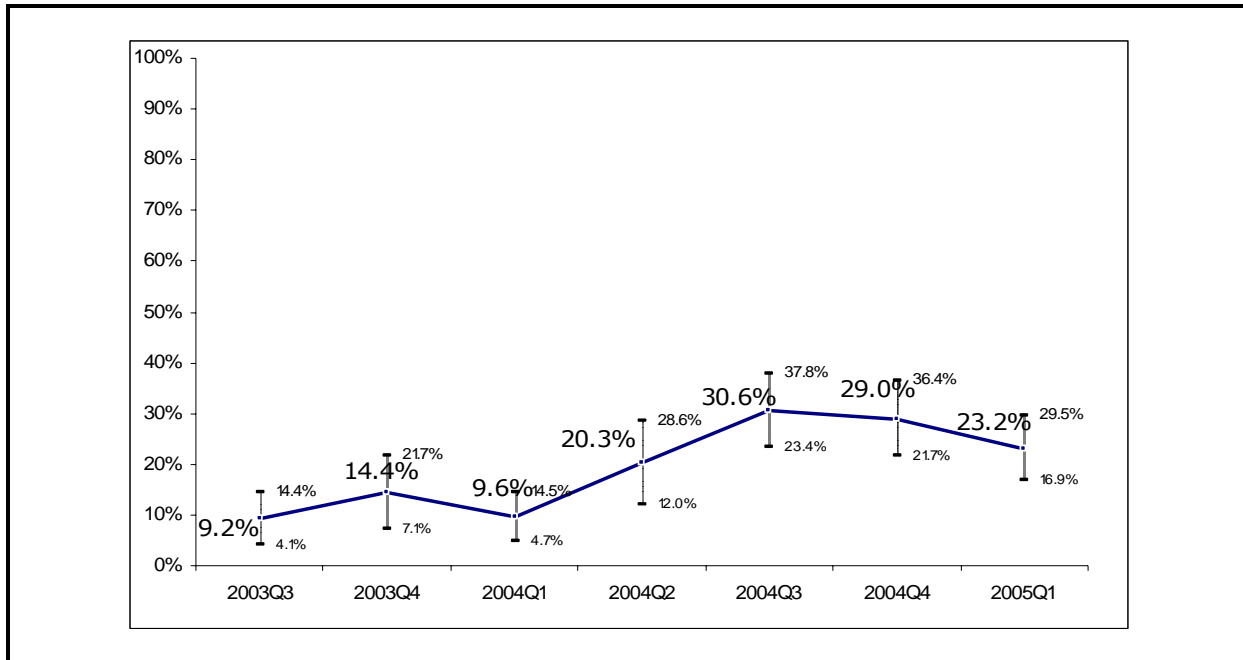
There is a statistically significant increasing trend (Exhibits 4-123) in the percentage of smokers who have quit in the past 12 months and have remained quit for 6 months or more.⁵ This measure shows a sharp increase over time—starting at 9 percent in Q3 2003 and peaking at 31 percent 1 year later. While it is difficult to attribute this change to the NYTCP, it does represent a sharp rise that corresponds with the steadily decreasing prevalence of smoking presented earlier. Other cessation outcomes such as the number of quit attempts, the duration of the longest quit attempt, and number of days smoked and cigarettes smoked in the past month showed no statistically significant trends.

4.4.8 Summary, Conclusions, and Recommendations

NYTCP has been supporting smokers' efforts to quit since 2000, when the program established the New York State Smokers' Quitline. Since that time, the program has steadily enhanced Quitline services and engaged in other efforts to promote cessation, such as tobacco countermarketing, fostering policy changes (e.g., increases in excise taxes, smoke-free laws and policies), and implementing 19 regional Cessation Centers. Recent enhancements to the Quitline include offering callers a 2-week NRT starter kit (beginning in

⁵Percentage of smokers with successful quits = the number of smokers who have quit in the past 12 months and remained quit for more than 6 months / the number of all smokers who have quit in the past 12 months and current smokers who tried to quit in the past 12 months.

Exhibit 4-123. Percentage of Smokers Who Made a Successful Quit Attempt in the Past 12 Months (Remained Quit for More Than 6 Months), ATS Q3 2003–Q1 2005



Note: This measure is calculated as the number of smokers who have quit in the past 12 months and remained quit for more than 6 months / the number of all smokers who have quit in the past 12 months and current smokers who tried to quit in the past 12 months.

December 2004) and more actively promoting the Fax-to-Quit program that allows health care providers to refer patients to the Quitline. In addition to changes to the Quitline, the program established 19 Cessation Centers that began work in December 2004. The majority of their effort will focus on promoting the implementation and use of screening and reminder systems at health care provider organizations that prompt providers to conduct the 5As: ask, assess, advise, assist, and arrange. Data from the health care provider organization study and the ATS will provide measures to monitor Cessation Centers' and other Community Partners' progress toward increasing the number of health care provider organizations that have screening systems in place to screen all patients for tobacco use and provide brief advice to quit at every patient visit. Finally, improvements to the media campaign, including messages that encourage smoking cessation, represent another positive programmatic change. A summary of findings for Goal 3 follows.

Health Care Provider Support for Cessation

- Our study of hospitals and data from the ATS describe the current level of support offered to smokers by health care providers, and both sources highlight significant opportunities for providers to support smokers in their attempts to quit smoking.
- Interviews with hospital administrators indicate that the current status regarding systems and practices to identify and treat patient tobacco use is mixed.

- 40 percent of hospitals have written clinical guidelines or protocols for diagnosing and treating tobacco dependence.
- 51 percent developed their own guidelines rather than using the Public Health Service Guideline for Treating Tobacco Use and Dependence.
- 59 percent of hospitals report that they do not require providers to receive training about tobacco use assessment and treatment.
- The percentage of hospitals that require health care providers to adhere to the “5As” is generally quite low:
 - 87 percent ask new patients if they use tobacco,
 - 39 percent ask existing patients if they use tobacco,
 - 46 percent advise patients to quit,
 - 29 percent assess patients’ willingness to quit,
 - 13 percent assist patients willing to quit by offering counseling or NRT, and
 - 24 percent arrange for follow-up contact for those willing to quit.
- Nearly all hospitals have a system in place to cue providers to assess patients’ tobacco use, and 70 percent have systems to prompt the provision of advice. Only 20 percent have systems to track the patients’ progress.
- Of smokers who visited a health care provider in the past 12 months, 87.0 percent were asked about tobacco use, 69.9 percent were advised to quit, and 38.0 percent were assisted with a quit attempt in 2004.

Quitline

- Approximately two thirds of smokers had heard of the Quitline as of Q1 2005.
- The percentage of smokers who ever called the Quitline, according to the ATS, fluctuated from 2.5 to 10.1 percent.
- NYTCP-sponsored media messages are correlated with increased awareness of and calls to the Quitline.
- The Quitline began offering 2-week NRT starter kits in December 2004. Although it is too early to assess the impact that the newly available NRT will have on cessation-related outcomes, experiences from New York City and other NYTCP-funded Community Partners suggest that this approach will be effective and that a 2-week course of NRT shipped directly to smokers is the most cost-effective method of distribution.
- Health care providers can refer their patients to the Quitline using the Fax-to-Quit program, where the Quitline will call the patient to initiate cessation counseling. Referrals from the Fax-to-Quit program to the Quitline began in October 2004 and increased to 16 percent of all referrals by April 2005.

Cessation Outcomes

- Intentions to quit in the next 30 days among current smokers increased from 20 to 31 percent from Q3 2004 to Q1 2005. Recall of NYTCP-sponsored media messages was associated with increased intentions to quit.

- The percentage of current and former smokers who made a quit attempt in the last 12 months and have remained quit for more than 6 months increased from 9 to 31 percent from Q3 2003 to Q3 2004—a sharp increase that corresponds to the downward trend in the prevalence of smoking. However, with the available data, we are not able to definitively attribute these positive trends to program efforts.
- Recall of NYTCP-sponsored cessation messages was associated with increased odds of having intentions to quit and trying to quit.
- Our findings also suggest that smokers' access to low- or untaxed cigarettes is correlated with a lower percentage of smokers making a quit attempt and with decreased intentions to quit.

Conclusions and Recommendations

As noted in the 2004 IER, NYTCP has invested in multiple evidence-based strategies to promote cessation. We also noted then that the program had instituted promising new interventions for cessation—the Cessation Centers and the distribution of NRT starter kits via the Quitline. In addition to these new interventions, NYTCP has also undertaken several other enhancements of existing interventions: the promotion of the Fax-to-Quit program and a more effective media campaign to promote cessation.

At this stage of the evaluation, it is still too early to know what impact these enhancements and new interventions will have; however, it is important to note that these strategies are evidence-based and thus represent wise choices by the program, given the limited resources that are available. The Cessation Centers' efforts are squarely focused on promoting systems to screen all patients for tobacco use and provide brief advice to quit at all visits; if successful, we will observe changes in the baseline indicators reported above.

It is also too soon to fully assess the impact that NRT starter kits recently made available via the Quitline will have on cessation-related outcomes. However, ATS data suggest that smokers' use of NRTs has remained stable over time at around 25 percent of smokers who tried to quit in the past 12 months. The experience from New York City's and NYTCP-funded Community Partners' NRT giveaway suggests that this new feature of the Quitline will increase the quit success rate among Quitline callers who use NRT. Miller et al.'s (2005) study on New York City's NRT giveaway concluded that at least 6,038 successful quit attempts (out of 34,090 eligible callers to the Quitline) were attributable to NRT distributed by the City's Department of Health and Mental Hygiene.

We were able to assess short-term cessation outcomes that potentially respond to a program's mass media efforts. The available data strongly suggest that mass media efforts, while active, support cessation by motivating smokers to make a quit attempt and by increasing awareness and use of the Quitline. Our findings that mass media drives smokers to the Quitline is not surprising given that evidence from other studies has suggested a relationship between media promotion of Quitlines and call volume (Pizacani et al., 2002). Assuming that Quitlines do improve cessation outcomes (see Rabius et al. [2004] and Zhu

et al. [2002] for evidence of effectiveness of Quitlines), then these results suggest the importance of a media campaign for meeting the goal of promoting cessation.

Awareness of media messages was also associated with increased intentions to quit in the next 30 days and quit attempts in the past 12 months. The absence of a correlation between media and long-term measures of success may be related to the fact that the media have been dormant for long stretches of time in the past. The time period when the mass media have been dormant have negatively affected steady progress toward achieving stated program objectives, notably awareness and use of the Quitline.

Overall, the program has a comprehensive plan and set of programs to support smoking cessation. These choices are evidence-based, and thus represent wise investments of program resources. Moving forward, we urge the program to consistently air effective antismoking television commercials to actively promote cessation and the Quitline and to complement the other activities in support of cessation. Our findings also suggest that smokers' access to low- or untaxed cigarettes is correlated with a lower percentage of smokers making quit attempts and with decreased intentions to quit. Although these findings are not conclusive, they provide additional evidence that these sources of low-price cigarettes may negatively affect the program's ability to meet its objectives.

4.5 Goal 4: Prevent the Initiation of Tobacco Use Among Youth and Young Adults

4.5.1 Overview

Goal 4 of the NYTCP is to prevent the initiation of tobacco use among youth and young adults. As described in the NYTCP Draft Strategic Plan, the objectives identified to achieve this goal include increasing the unit price of cigarettes through increases in statewide and local cigarette excise taxes; increasing the number of jurisdictions that levy their own cigarette excise taxes; increasing the percentage of adults who support limiting smoking in movies; decreasing the number of movies rated G, PG, and PG-13 that contain smoking or tobacco placement; and increasing the number of jurisdictions with a high youth access law compliance rate. As noted elsewhere, we address smoking in the movies primarily under Goal 2. In the 2004 IER, RTI found that, as of 2002, youth in New York were similar to youth in the rest of the United States in terms of smoking, access to tobacco, exposure to school and community tobacco prevention programs, and awareness of antismoking messages. These results indicated that New York had average declines in smoking during the first 2 years of the program. These results were consistent with expectations, given the amount of time required to build effective capacity to generate behavioral changes among youth and the amount of funding available to the program.

In this section, we assess NYTCP's progress toward achieving the Goal 4 objectives by presenting more recent data on youth smoking and factors that may be associated with

youth smoking. This section is organized around a series of evaluation questions that address NYTCP's programmatic activities with respect to Goal 4 initiatives, consistency of implementation with respect to the Strategic Plan, and evaluation data to assess progress toward achieving the objectives of Goal 4. We address the following specific evaluation questions in this section:

1. What programmatic activities are being implemented in support of Goal 4?
2. How do changes in adult smoking influence youth smoking?
3. How have recent changes in cigarette taxes affected youth smoking rates in New York, and have low-price alternatives weakened the effects of taxes on youth smoking?
4. Are illegal sales to minors decreasing, and are restrictions on tobacco influencing youth smoking rates?

To address each of these evaluation questions, we analyzed a variety of data sources. We addressed evaluation Question 1 using data from the CAT system, which demonstrates the NYTCP's relative emphasis on all Goal 4 activities. We addressed evaluation Questions 2 through 4 using data primarily from the 2000, 2002, and 2004 YTS in addition to other supplemental data sources, such as county-level tax evasion propensities derived from the New York ATS. These data sources are described in greater detail in Chapter 3.

4.5.2 Summary of Activities in Support of Goal 4?

NYTCP's overall programmatic approach to effecting change in youth and young adult smoking behavior may be described as a social norms approach that seeks to influence community and adult norms, which then affect youth smoking behavior. Central to this approach is the acknowledgment that youth and young adult smoking occurs within a social, family, and community context. These contextual dimensions are focal points of other NYTCP goals and objectives as outlined in the Strategic Plan. NYTCP's approach to preventing initiation is thus guided by a programmatic philosophy that most initiatives undertaken by NYTCP in every other goal area are expected to have an impact on smoking initiation among youth and young adults. For example, eliminating exposure to SHS (Goal 1), decreasing the social acceptability of tobacco use (Goal 2), and promoting smoking cessation (Goal 3) are expected to reduce adult smoking rates, encourage the adoption of negative attitudes toward tobacco, denormalize tobacco use among adults, and contribute to the prevention of smoking initiation among youth and young adults.

Programmatic activities undertaken by NYTCP to prevent initiation among youth and young adults include raising the price of cigarettes, changing state tobacco control policies and laws, engaging in community mobilization efforts, promoting smoke-free movies, and promoting effective tobacco-free school policies. These activities are cross-cutting initiatives intended to promote progress toward achieving programmatic goals, including initiation of

tobacco use by youth and young adults. Below, we describe a selection of program activities in support of Goal 4.

Enforcement of Youth Access Laws. ATUPA requires retailers to obtain proof that any individual purchasing cigarettes is 18 or older and also limits the location of vending machines, the placement of tobacco products within retail outlets, and the venues in which free tobacco products can be distributed. Like many NYTCP activities, enforcement of ATUPA is primarily a community function, accomplished, in this case, through contracts with local health departments. In counties without full-service local health departments, NYSDOH performs ATUPA enforcement. The retailer compliance checking system is funded through a separate state appropriation of approximately \$2.5 million, while CEH receives an additional \$4.6 million from the NYTCP appropriation. CEH also receives approximately 75 percent of the administrative appropriation that NYTCP receives.

Community Mobilization. NYTCP community mobilization efforts in support of Goal 4 include educating community members and leaders, youth and young adults, theater owners, and decision makers about the impact of smoking in movies on youth and young adult tobacco use. These efforts also include educating community members about the preventive effects of counterindustry advertising in movie theaters, the role of increased prices in deterring tobacco use, and the rigorous enforcement of youth access laws and other provisions of ATUPA. These community mobilization efforts are implemented through a variety of mechanisms that include paid and earned media campaigns, public relations and media advocacy, community events, presentations and meetings with community groups, and legislative office visits. In addition to supporting specific objectives across all goal areas, community mobilization activities support the objectives of Goal 4 by promoting negative attitudes and social norms toward tobacco use at the community level, which in turn are expected to discourage smoking initiation among youth and young adults in New York.

Promotion of Smoke-Free Movies. One of the primary objectives of Goal 4 in the revised Strategic Plan is to eliminate smoking imagery and tobacco product placement in movies rated G, PG, and PG-13. A key element of the program's activities to promote smoke-free movies is the use of movie slide advertising campaigns, letter writing, petitions, press events, and community resolutions, as well as strategic work with PTAs to increase awareness among community members of the harmful effects of smoking imagery in movies and pressure the motion picture industry and the MPAA to change the rating system to better protect youth younger than age 17 from the harmful effects. In addition to movie slide advertising, NYTCP also promotes smoke-free movies through Reality Check Youth Action Partners, which conduct a number of activities aimed at reducing misperceptions about the acceptability of tobacco use. Specific activities of Reality Check Youth Action Partners are described in greater detail in Section 4.3 (Goal 2). NYTCP also promotes smoke-free movies by running educational slides in movie theaters; information

dissemination at film festivals through ads, sponsorships, and other activities; and running traditional media campaigns, including outdoor media on bus sides.

Implementation of Goal 4 Initiatives

The current strategic focus of Goal 4 activities is increasing the price of cigarettes, promoting smoke-free movies, and enforcing ATUPA provisions. Although statewide and city tax increases may have influenced youth and young adult smoking rates (which we analyze later in this chapter), fewer activities are aimed at achieving Goal 4 objectives, compared with other programmatic goals. To provide a sense of the relative emphasis on Goal 4 objectives and activities in support of those objectives, we summarized the total number of strategies logged into Community Partner annual work plans, through the CAT system for each of the Goal 4 objectives identified in the Strategic Plan (Exhibit 4-124). A strategy is defined as any activity or group of activities associated with one specific goal, objective, or focus area. This can include a single event, a campaign, or several related activities.

The data shown in Exhibit 4-124 suggest that the program's emphasis on statewide Community Partner activities aimed at Goal 4 is relatively low, consistent with programmatic philosophy. During fiscal year 2004–2005, a total of 89 strategies in support of Goal 4 were documented in the CAT system by all partners combined, constituting only 5 percent of all strategies documented by partners. Among these, most activities were conducted by Reality Check Youth Action Partners and focused on promoting smoke-free movies (as would be expected given the programmatic emphasis). Youth activities to promote smoke-free movies included petitions to Hollywood studios, letter writing campaigns, paid media, and recruitment events. In addition to youth partner activities, a total of five paid media purchases related to preventing youth smoking initiation were made between January and May 2005, constituting 1 percent of all NYTCP paid media across each of the goal areas. It should be noted that the strategies listed in the CAT system are not weighted by the amount of funding or cost associated with them. Strategies may also have timelines ranging from 1 month to the entire fiscal year.

4.5.3 How Do Changes in Adult Smoking Influence Youth Smoking?

As noted above, NYTCP takes a social norms approach to changing youth and young adult smoking behavior that seeks to influence community and adult norms and behaviors, which then affect youth smoking behavior. We reported in our cross-cutting findings that the prevalence of smoking among middle school and high school students in New York declined significantly between 2000 and 2004 and that, among middle school students, these declines appeared to be greater than those observed in the United States as a whole. However, assessing the impact of NYTCP programmatic activities on youth smoking in New York is difficult because of the inherent time lags of behavior change that result under a social norms strategy.

Exhibit 4-124. Number of Planned Community Activities in Support of Goal 4 for Fiscal Year 2004–2005, CAT System

| Objective | Cessation Centers | Community Partnerships | Reality Check Youth Action Partners | Joint Partner Strategies | Total |
|---|-------------------|------------------------|-------------------------------------|--------------------------|------------|
| Increase the unit price of cigarettes sold in New York State | 0 0% | 0 0% | 7 9% | 0 0% | 7 8% |
| Increase percentage of adults who agree that movies rated G, PG, and PG-13 should not show actors smoking | 0 0% | 5 56% | 36 46% | 2 100% | 43 48% |
| Increase number of jurisdictions with 5 percent or less illegal sales rate to minors | 0 0% | 1 11% | 9 12% | 0 0% | 10 11% |
| Increase number of jurisdictions that levy their own cigarette excise taxes and increase the amount | 0 0% | 0 0% | 2 3% | 0 0% | 2 2% |
| Decrease number of movies rated G, PG, and PG-13 that contain smoking or tobacco product placement | 0 0% | 3 33% | 24 31% | 0 0% | 27 30% |
| Total | 0 | 9 100% | 78 100% | 2 100% | 89 100% |

One approach to assessing the merits of the program's overall philosophy toward prevention of youth initiation is to estimate how recent state-level youth smoking rates are correlated with past changes in adult smoking rates. To assess the possibility that changes in adult smoking rates can influence changes in youth smoking rates, we used data from the 2001–2002 Current Population Survey (CPS) to estimate the association between the prevalence of smoking among 15- to 17-year-olds and past changes in state-level adult smoking rates. This analysis was performed using a series of multivariate logistic regressions in which we estimated youth smoking in 2001 and 2002 as a function of state-level percentage declines in adult smoking between the 1995/1996 and 2001/2002 waves of the CPS. These models were estimated with a comprehensive set of control variables, including cigarette prices, state-level per capita funding for tobacco control programs, age, gender, race/ethnicity, income, education, labor force status, and an indicator for whether smoking behavior was given by proxy from the respondent's parent or from the respondent themselves. The findings suggest that prior state-level declines in adult smoking are associated with significantly lower current rates of youth smoking. Because funding for tobacco control contributes to declines in adult smoking rates, we also estimated our models excluding this

variable. As expected, the relationship between changes in adult smoking and current youth smoking increased in magnitude.

Based on predicted values given by the logistic regression coefficients, these models suggest that doubling the 6-year rate of decline in adult smoking (from 10.6 percent to 21.2 percent) would lead to an approximate 1 percentage point or 14 percent overall reduction in youth smoking. These data suggest that changes in adult smoking rates in New York will influence future changes in youth smoking rates. Thus, a social norms approach to changing youth smoking behavior by targeting adult and community norms and behaviors appears to be an appropriate strategy for youth prevention, given limited resources.

4.5.4 How Have Recent Changes in Cigarette Taxes Affected Youth Smoking Rates in New York, and Have Low Price Alternatives Weakened the Effects of Taxes on Youth?

One of NYTCP's central strategies for reducing the prevalence of smoking among adults and youth is advocating for increases in state and local cigarette excise taxes as a means to raise the unit prices of cigarettes. Empirical evidence suggests that tax/price increases not only help prevent youth smoking (Chaloupka, Tauras, and Grossman, 2000) but may also prevent escalation to regular smoking and promote cessation among youth (Emery, White, and Pierce, 2001; Nonnemaker, 2002) and young adults (Tauras, 2004). Since 2000, cigarette excise taxes have increased twice in New York State and three times in New York City:

- March 2000: \$0.56 to \$1.11 per pack, statewide
- April 2002: \$1.11 to \$1.50 per pack, statewide
- July 2002: \$0.08 to \$1.50 per pack, New York City, for a combined state and local tax of \$3.00

In this section, we present a series of multivariate and descriptive analyses to assess the extent to which these increases in cigarette taxes have influenced youth smoking rates over time.

Our analyses also consider the potential effects of access to low-price sources of cigarettes within New York, such as American Indian reservations. Although cigarette tax increases may reduce smoking rates, the tax increases may also give rise to greater incentives to obtain cigarettes through lower price alternative sources, such as "informal" sales from independent or "street" vendors and untaxed sales on reservations. As we noted in Section 4.1, the percentage of smokers purchasing cigarettes from low-price sources within New York, including reservations, has remained extremely high since 2003. Descriptive data from the YTS show that overall youth smoking prevalence is significantly higher in areas of New York that have a higher potential for cigarette tax evasion. Exhibit 4-125 shows overall youth smoking prevalence in the pooled 2000 to 2004 YTS, stratified by low and medium or

Exhibit 4-125. Prevalence of Any Past 30-Day Smoking Among Youth by County-Level Adult Propensity to Purchase Cigarettes from American Indian Reservations, YTS 2000–2004

| County-Level Tax Evasion Propensity | Prevalence of Youth Smoking [95 percent Confidence Interval] |
|-------------------------------------|---|
| Low | 13.6% [11.9, 15.2] |
| Medium or High | 19.1% [13.5, 24.6] |

high county-level propensities to purchase cigarettes from low-price sources. The stratification presented in this exhibit is based on county-level ATS estimates among adult smokers of the prevalence of purchasing cigarettes from low-price alternative sources.

Exhibit 4-125 shows that overall youth smoking prevalence was 13.6 percent in areas of low tax avoidance compared to 19.1 percent in areas of medium or high tax avoidance. This difference was not statistically significant at the 5 percent level but was significant at the 10 percent level. These data suggest that smoking prevalence may be generally higher in geographic areas that are vulnerable to greater levels of cigarette tax evasion. However, these patterns may also indicate how each of these areas differs by characteristics other than the propensity to evade cigarette taxes. For example, areas with higher potential for tax evasion propensity are more likely to be located near Indian reservations but may also be more rural, white, less educated, and less affluent, all factors associated with higher rates of youth smoking. As we show below, when other factors are controlled for in multivariate analysis, the association between the prevalence of tax evasion and youth smoking remains.

To more closely examine the association between cigarette tax increases and youth smoking in New York and the extent to which the effects of tax increases may be moderated by the potential for tax evasion, we estimated a series of multivariate regressions using data from the YTS. Our models estimate the probability that a youth smokes as a function of tax increases and the relative availability of low-price alternative sources of cigarettes. To account for accessibility to low-price alternative sources of cigarettes, we merged county-level ATS estimates of the prevalence of purchasing cigarettes through low-price sources to the 2000, 2002, and 2004 YTS. These measures include the following county-level prevalence estimates from the ATS:

- Prevalence of any cigarette purchasing from Indian reservations
- Prevalence of purchasing cigarettes *all of the time* from any low-price source, including American Indian reservations, duty-free shops, toll-free numbers, out-of-state locations, and the Internet

- Prevalence of purchasing cigarettes *all or some of the time* from any low-price source, including reservations, duty-free shops, toll-free numbers, out-of-state locations, and the Internet

Each model we estimated controlled for age, race/ethnicity, income, and whether youth live in a household with a smoker. We also controlled for declines in youth smoking over time that are not attributable to taxes or other variables. Finally, we controlled for tobacco retail outlet density within each county in the YTS.

Given the existence of additional cigarette excise taxes in New York City, as well as other differential characteristics between New York City and the rest of the state, it is logical to estimate each model separately among youth in New York City and youth in the rest of the state. However, the YTS data do not provide adequate representation of New York City youth to permit such analysis, and thus we limit our analyses to the remainder of New York State.

Odds ratios from our models of the association between excise taxes and smoking are shown in Exhibit 4-126. We estimated three models, each with a different control variable for cigarette tax evasion. Model 1 shows the odds ratio between cigarette excise taxes and the likelihood of smoking, where county-level tax evasion is controlled for using the county-level prevalence of purchasing cigarettes from Native American reservations. Models 2 and 3 control for tax avoidance by including county-level variables that measure the frequency of purchasing cigarettes from low-tax sources. All models are limited to counties outside New York City (N=12,771). Because the odds ratios on cigarette taxes are significantly less than one, these findings indicate that increases in cigarette excise taxes over time are associated with significantly lower rates of youth smoking prevalence in areas of the state outside of New York City.

Although tax increases appear to have had a negative effect on youth smoking in areas of the state outside of New York City, access to low-price alternative sources of cigarettes may dampen the impact of taxes. To examine this possibility, we re-estimated the above models separately among regions in New York (outside of New York City) with a low propensity for tax evasion and among regions with medium or high propensities for tax evasion. These models allow us to assess whether the effects of taxes are different in each of these areas.

Exhibit 4-127 shows results from multivariate models stratified by high and low potential for cigarette tax evasion. With the exception of our model stratified by purchasing “all or some of the time” from low-tax sources, the odds ratios for the association between taxes and youth smoking are generally larger for areas that have a high potential for tax evasion. These findings suggest that taxes may have less of an effect on youth smoking in these areas (i.e., the negative effect of taxes is smaller in areas of high tax evasion). Given the size of the differences by areas of low and high tax evasion and the consistency of these differences across various measures of tax evasion propensity, additional data sources may be needed to more rigorously investigate the impact of low-price sources of cigarettes.

Exhibit 4-126. Logistic Regression Models Showing the Odds (Odds Ratios and 95 Percent Confidence Intervals) of Smoking as a Function of Taxes and County-Level Tax Evasion Propensities, YTS 2000–2004

| Explanatory Variable | Model 1 | Model 2 | Model 3 |
|-------------------------------------|---------------------------------------|---|--|
| | Any Purchasing at Indian reservations | Purchasing "All the Time" at Any Low-Tax Source | Purchasing "All or Some of the Time" at Any Low-Tax Source |
| Cigarette Excise Tax | 0.13** [0.05, 0.33] | 0.12** [0.05, 0.31] | 0.12** [0.04, 0.31] |
| County-Level Tax Evasion Propensity | 1.22 [0.83, 1.79] | 1.68* [1.01, 2.81] | 1.34 [0.87, 2.07] |

Note: *Model 1*: Tax evasion propensity defined as county-level prevalence of any cigarette purchasing from Native American reservations. *Model 2*: Tax evasion propensity defined as county-level prevalence of purchasing cigarettes "all the time" from any low-tax source. *Model 3*: Tax evasion propensity defined as county-level prevalence of purchasing cigarettes "all the time or sometimes" from any low-tax source. All models include control variables for county-level tobacco retail outlet density, age, gender, race/ethnicity, income, presence of a household smoker, and a linear time trend.

* Significant at $p < 0.05$.

** Significant at $p < 0.01$.

Exhibit 4-127. Logistic Regression Models Showing the Odds of Smoking as a Function of Taxes, by County-level Tax Evasion Propensities, YTS 2000–2004 (Area Outside New York City)

| County-level Tax Evasion Propensity | Tax Odds Ratio |
|--|------------------------|
| Any Purchasing at Indian Reservations | |
| Low | 0.09** [0.03, 0.24] |
| Medium or high | 0.21** [0.05, 0.87] |
| Purchasing All of the Time at any One of Five Low-Price Sources ^a | |
| Low | 0.10** [0.03, 0.29] |
| Medium or high | 0.15* [0.03, 0.69] |
| Purchasing All or Some of the Time at any One of Five Low-Price Sources ^a | |
| Low | 0.14* [0.02, 0.84] |
| Medium or high | 0.12** [0.03, 0.45] |

^aIncludes American Indian reservations, duty-free shops, toll-free numbers, out-of-state locations, and the Internet.

4.5.5 Are Illegal Sales to Minors Decreasing, and Are Restrictions on Access to Tobacco Influencing Youth Smoking Rates?

Enforcement of tobacco sales to minors is a significant component of CDC's *Best Practices for Tobacco Control*, which recommends that New York fund this program at a minimum of approximately \$8 million per year. Although this is not an evidence-based intervention recommended by the Task Force on Community Preventive Services, a considerable amount of state resources is committed to enforcing ATUPA. ATUPA requires tobacco retailers to obtain positive proof that anyone purchasing cigarettes is age 18 or older. ATUPA also limits the location of tobacco vending machines and the placement of tobacco products within retail stores. NYTCP seeks to improve compliance with ATUPA by tobacco retailers through regular compliance inspections conducted by state and local sanitarians, with the assistance of underage youth who attempt to purchase tobacco products.

In the 2004 IER, we reported that retailer noncompliance rates were cut nearly in half to 10 percent since 1997 when ATUPA was first amended to fund enforcement activities and strengthen penalties for retailers who sell cigarettes to underage youth. However, as of 2002, we found that New York youth were no more likely than youth in the rest of the United States to be asked for proof of age while purchasing cigarettes or to be refused cigarettes because of age (according to self-reports of youth who buy cigarettes). Exhibit 4-128 shows historical data on vendor noncompliance in New York. Since 2000, retailer noncompliance rates have remained relatively stable.

Exhibit 4-128. Statewide Vendor Noncompliance Rate

| Program Year | Noncompliance Rate | Number of Jurisdictions Out of 44 with 5 Percent or Less Noncompliance Rate |
|--------------|--------------------|---|
| 1997–1998 | 19.5% | 15 |
| 1998–1999 | 17.1% | 12 |
| 1999–2000 | 12.1% | 14 |
| 2000–2001 | 9.2% (10.6%) | 25 (19) |
| 2001–2002 | 10.1% (10.4%) | 27 (26) |
| 2002–2003 | 7.3% (11.3%) | 23 (21) |
| 2003–2004 | 10.6% (11.2%) | 29 (25) |

Note: Rates are based on total enforcement actions, except for values in parentheses, which are based on sales to minors specifically. Sales to minors are reported beginning in the 2000–2001 federal fiscal year.

The number of jurisdictions with 5 percent or less noncompliance increased from 19 in 2000–2001 to 25 in 2003–2004.

Data from the YTS suggest that, since 2002, enforcement has not significantly limited access to cigarettes among middle and high school students. Exhibits 4-129 and 4-130 show trends in the percentage of middle and high school students who were asked to show proof of age when purchasing cigarettes or were refused sale of cigarettes because of their age. The data presented in these exhibits are limited to youth who attempted to purchase cigarettes in a store during the past 30 days (N=2,715). The percentage of middle school students who were asked to show proof of age increased from 22.3 to 30.4 percent from 2002 to 2004, while the percentage that were refused sale increased from 30.2 to 39.8 percent during that time. However, neither of these changes is statistically significant. Trends in self-reported access to cigarettes in stores are relatively flat among high school students.

Data from the YTS also suggest that younger youth purchase cigarettes from nonretail outlets much more frequently than older youth. Exhibits 4-131 and 4-132 show the percentage of middle school and high school students who usually purchase their cigarettes by the pack, loose, and from independent sellers within New York City and outside of the city during the past 12 months. These data show that the percentage of youth smokers who purchase cigarettes loose is significantly higher among middle school students than among high school students. Furthermore, the prevalence of purchasing cigarettes loose is significantly higher among all youth smokers in New York City than among youth smokers in the rest of the state, which may reflect greater opportunities to purchase loose cigarettes, such as from independent sellers, and/or greater retail outlet density.

4.5.6 Summary, Conclusions, and Recommendations

The linkage between specific programmatic activities and corresponding intermediate- and long-term outcomes is more complex for Goal 4 than for other programmatic objectives. This complexity arises from a cross-cutting approach of influencing youth smoking through preceding changes in adult behaviors and community norms, brought about by programmatic activities conducted in support of all other goal areas. Adding to this complexity are the inherent time lags involved in observing changes in youth smoking behaviors that follow from preceding changes in adult smoking behaviors and norms. As a result, drawing more definitive conclusions about the program's direct impact on youth smoking is relatively more difficult. Despite these complexities, we nevertheless observe significant declines in youth smoking among both middle school and high school students in New York since 2000. Although analyses of CPS data suggest that changes in adult smoking are indeed correlated with youth smoking prevalence at the national level, further data are needed to draw this conclusion within specific states.

Exhibit 4-129. Percentage of Middle and High School Students Who Have Been Asked for Proof of Age When Purchasing Cigarettes, YTS 2000–2004

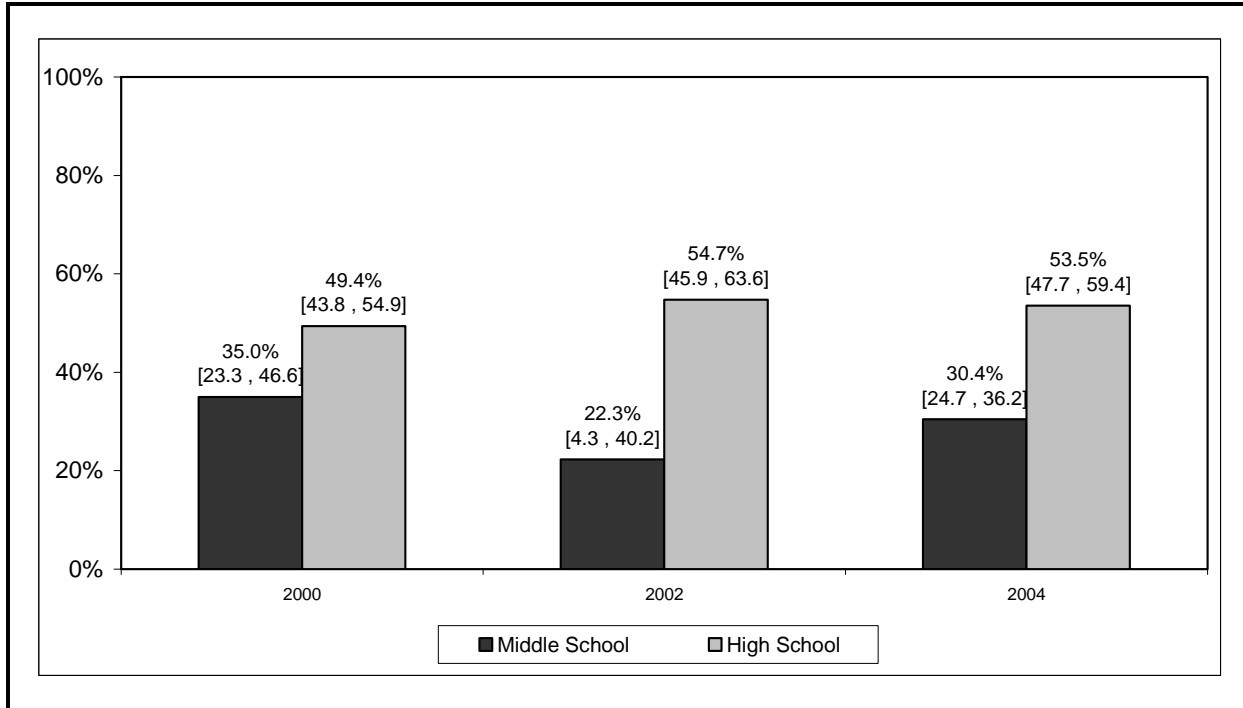


Exhibit 4-130. Percentage of Middle and High School Students Who Have Been Refused Sale of Cigarettes Because of Age, YTS 2000–2004

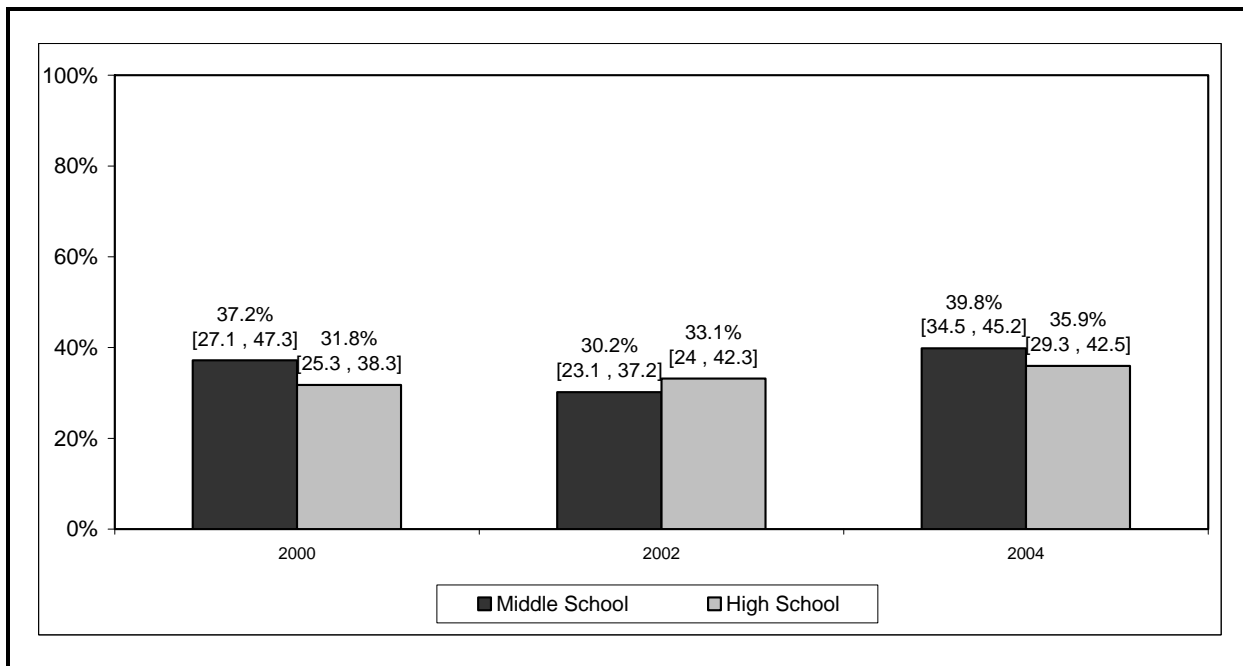


Exhibit 4-131. Cigarette Purchasing Habits Among Middle School Current Smokers, YTS 2004

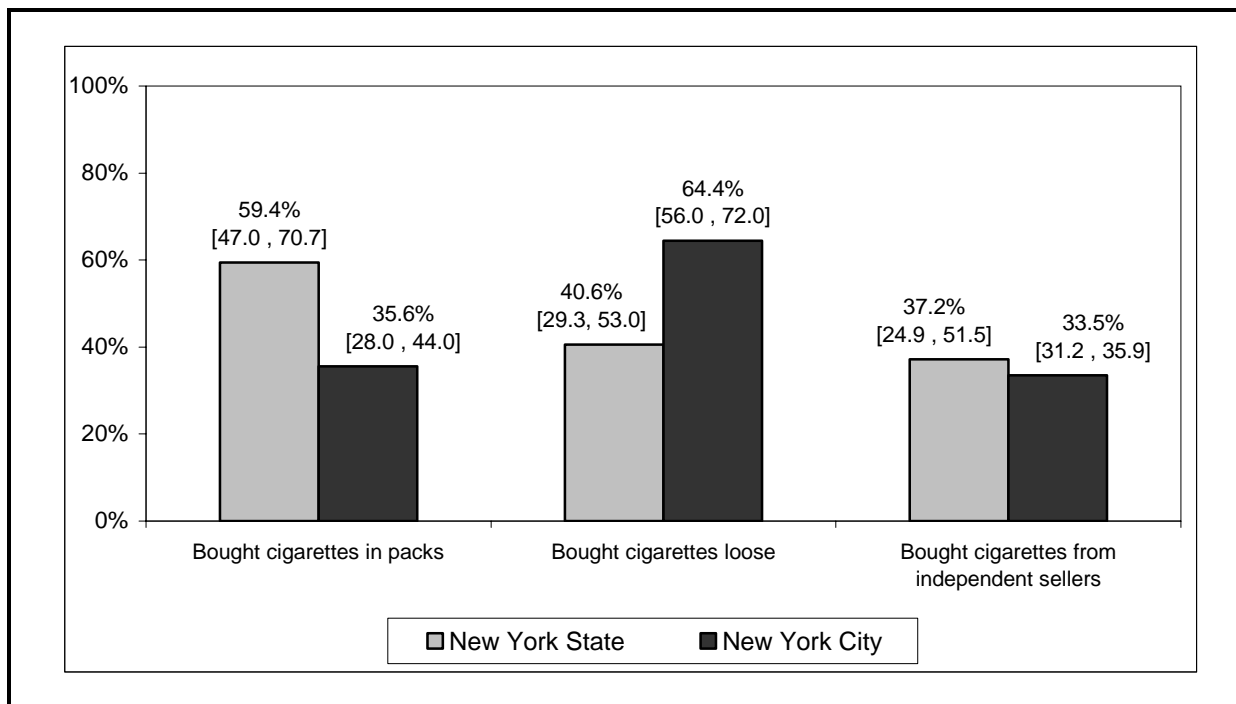
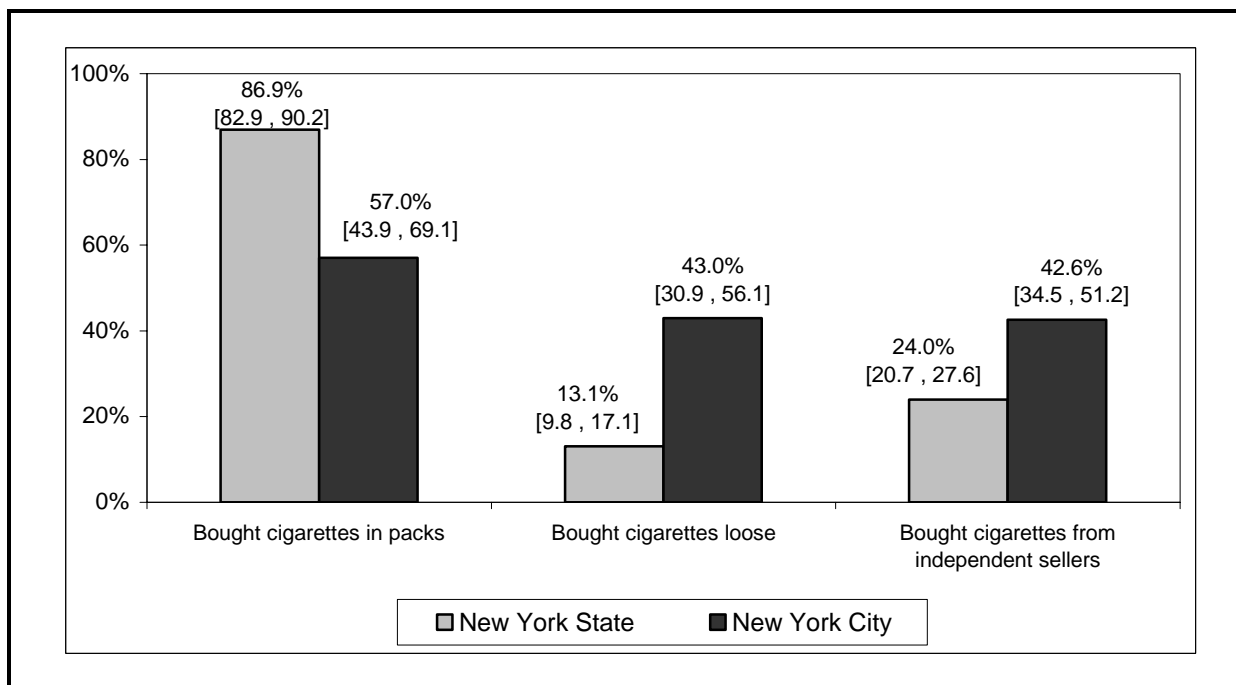


Exhibit 4-132. Cigarette Purchasing Habits Among High School Current Smokers, YTS 2004



It is worth noting, however, that the program's approach to youth smoking prevention, through changes in adult norms and behaviors, may ultimately generate more permanent changes in youth smoking. Changes that occur as part of a larger societal shift in norms and attitudes may be more stable. Rapid shifts in youth smoking behavior could just as rapidly shift in the opposite direction, once support for the behavior change (e.g., expensive media campaigns) is removed. Reductions in youth smoking that occur independent of reductions in adult smoking may, therefore, be vulnerable. Thus, sustaining long-term reductions in adult smoking prevalence may be a prudent investment to prevent and reduce youth tobacco use.

Moving forward, our evaluation of the program's efforts to prevent youth smoking will continue to focus on the association between youth smoking and program initiatives that cut across other goal areas to the extent that these initiatives are measurable for youth. Below, we summarize the main Goal 4 findings and recommend future steps.

Youth Smoking

- Declines in youth smoking were associated with tax increases that occurred in New York between 2000 and 2004 in areas outside of New York City.
- The county-level cigarette tax avoidance appears to be associated with higher rates of youth smoking.
 - The effects of tax increases on youth smoking appear to be weaker in areas of the state where the intensity of cigarette tax evasion is higher.
- We validated NYTCP's social norms approach to decreasing youth smoking by demonstrating that declines in adult smoking are followed by lower rates of youth smoking.

Youth Access

- Compliance with youth access laws in New York has not significantly increased since the 2004 IER.
 - Vendor noncompliance rates dipped noticeably to 7.3 percent in 2002–2003 but rebounded to 10.6 percent in 2003–2004.
- The percentage of youth smokers who purchase cigarettes loose is significantly higher among middle school students than among high school students.
 - The prevalence of purchasing cigarettes loose is significantly higher among all youth smokers in New York City than among youth smokers in the remainder of the state.

Our evidence suggests that, although declines in adult smoking will lead to declines in youth smoking, this process may take years to yield detectable effects on youth smoking rates in New York, given the magnitude of change required in adult smoking and the time required to achieve this change. Speeding declines in youth smoking would require greater investment (which is not currently available) in youth-targeted interventions such as mass

media campaigns that have been shown to have a more direct and immediate influence on youth smoking.

At this time, we do not recommend any changes to NYTCP's approach to reducing youth and young adult smoking. We do recommend that the program incorporate more specific intermediate indicators of success for youth prevention in the Strategic Plan. Some examples might include youth-specific attitudes, perceptions, and social norms that are expected to precede changes in tobacco use.

5. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The New York Tobacco Control Program (NYTCP) has implemented significant new programmatic activities and improvements since the 2004 Independent Evaluation Report (IER). In the current report, we find that the prevalence of smoking among youth and adults has declined faster in New York than in the United States as a whole, suggesting that programmatic activities, combined with significant policy changes, have accelerated these trends. From 2003 to 2004, the percentage of adults who smoke dropped from 20.8 to 18.1 percent, a relative decline of 13 percent, representing 300,000 fewer adult smokers in New York. Other key programmatic outcomes have also improved. The percentage of smokers and former smokers who have quit in the past 12 months and have remained quit for at least 6 months has increased significantly, the use of tobacco products other than cigarettes has declined among youth and adults, and nonsmokers' exposure to secondhand smoke (SHS) has declined among youth and adults.

These shifts in programmatic outcomes are likely the result of the accumulation of sustained tobacco control interventions and shifts in norms related to tobacco use in New York and across the United States. Although it is difficult to definitively link improvements in these outcomes to programmatic activities because of the challenges inherent in the evaluation of a comprehensive program in a changing tobacco control policy environment, we can point to important programmatic changes that have been implemented since the 2004 IER that have had a measurable impact on program outcomes. In other cases, it is premature to assess the effect that programmatic enhancements have had because they have only recently been implemented.

5.1 Responses to 2004 IER and Additional Recommendations

Key findings and recommendations from the 2004 IER include the following:

- New Yorkers are exposed to an estimated \$830 million in annual tobacco advertising and promotion, which far exceeds tobacco control funding in the state. As a result, we recommended that the program increase its efforts to combat this influence.
- Of those who visited a health care provider, less than two thirds of smokers reported being advised to quit by their health care provider (90 percent screened, 70 percent advised = 63 percent asked and advised).
- Less than a quarter of smokers reported using nicotine replacement therapy (NRT) as a cessation strategy.
- Efforts to eliminate SHS should increasingly focus on promoting smoke-free homes and cars in light of enactment of the Clean Indoor Air Act (CIAA).
- Mass media efforts were dormant for a 6-month period, during which the CIAAA was implemented—a missed opportunity to coordinate media with a historic policy change.

- Countermarketing messages too often lacked strong emotional content that has been shown to be effective.
- Media was not coordinated with other programmatic interventions, consistent with the evidence base that shows that mass media with other interventions is an effective strategy.
- A significant percentage of smokers had misperceptions about the benefits of low-tar cigarettes and the dangers of nicotine.

To address the first point above, the program developed and implemented a new statewide initiative to combat the influence of tobacco advertising, sponsorships, and promotions and growing expenditures on tobacco marketing. Interventions are targeted at reducing advertising in the retail environment, magazines, and newspapers; smoking in movies rated G, PG, and PG-13; and tobacco promotions and sponsorships in the community.

The next two points are addressed by expanded cessation-related activities, including the establishment of 19 Cessation Centers that will focus on increasing the number of health care provider organizations that have systems to screen patients for tobacco use and provide brief advice to quit to all patients who use tobacco. Enhancements to the Quitline include the Fax-to-Quit health care provider referral program and the distribution of free NRT starter kits to eligible Quitline callers.

Because these improvements have been relatively recent, we cannot assess their impact. However, it is important to note that all of these interventions are rooted in evidence-based strategies with one exception. Although the Advertising, Sponsorship, and Promotion (ASP) initiative responds to tobacco marketing and the glamorization of smoking in the movies that have been shown to encourage smoking, there are no published studies that demonstrate the effectiveness of these interventions. However, early anecdotes point to their potential. In addition, the implementation of ASP statewide comes at an appropriate time. In the wake of implementation of the CIAA, Community Partners may have needed guidance to redirect their efforts away from the promotion of smoke-free laws. In fact, our community case study found that Community Partnerships are more productive and able to actively involve volunteers when they are focused on a specific initiative. The ASP initiative can provide this focus following the CIAA, and our impression from Community Partners is that they are enthusiastic about working to combat the influence of tobacco marketing.

Since the 2004 IER, there has been no progress in the percentage of smokers who report that their home and cars are smoke-free, which has remained stable at approximately 30 percent. In the current report, we also found that mass media messages to date are not correlated with increased adoption of these voluntary policies. Although this may be a consequence of gaps in consistently airing mass media, it may also indicate that the choice of media messages and other strategies to promote smoke-free homes and cars needs to be reconsidered. However, the current evidence base does not provide much guidance about

the most effective strategies for promoting smoke-free homes and cars. We recommend reviewing current strategies used by the program and exploring alternative strategies that may help lead to improvements in this key program objective.

Finally, with respect to countermarketing efforts, the program has made a number of positive changes in response to the 2004 IER. The choice of television advertisements has improved markedly, and our findings indicate that the changes have had an impact on a range of outcomes:

- Awareness of any NYTCP-sponsored media messages increased over time from 13 percent in Q3 2003 to 33 percent in Q2 2004 to 41 percent in Q1 2005; when statewide media was off the air, awareness dropped to 5 percent, reflecting awareness of Community Partner-run ads.
- Reactions are more favorable to “high” impact ads than to “low” impact ads. Specifically, 94 percent of New Yorkers who saw at least one NYTCP-sponsored “high” impact SHS ad agreed that the ad “said something important” to them compared to 75 percent for “low” impact ads. The corresponding statistics for “high” and “low” impact cessation ads are 91 and 81 percent, respectively.
- Knowledge of SHS as a risk factor for heart disease and lung cancer was higher for smokers who recalled NYTCP advertisements.
- Recall of advertisements was not correlated with the adoption of smoke-free home or car policies.
- Smokers’ perceptions of the health risks of smoking on heart attacks was higher for those who recalled NYTCP tobacco control ads.
- Exposure to tobacco control ads was associated with increased awareness of the Quitline and greater calls to the Quitline.
- Awareness of ads was associated with intentions to quit smoking in the next 30 days but not associated with a quit attempt or the likelihood of maintaining a quit attempt for 6 months or longer.

Despite these improvements and impacts, a 6-month gap when no media messages were aired negatively affected awareness and may explain why there was not a more consistent influence on important programmatic outcomes. In addition, although the program increased awareness of media messages, the level of awareness fell short of our recommendation to reach 60 percent of the population. In light of the choices of media messages, this shortfall is likely the result of limited resources. We did find that when a local Community Partnership aired effective messages in combination with state ads, overall awareness reached 59 percent. Although this illustrates the potential for the program to reach the recommended target, there are media markets in the state where the cost of television advertising requires additional resources. Moving forward, the program should consistently air countermarketing messages using a significant proportion of “high” impact ads, at a dollar investment sufficient to achieve 60 percent awareness.

In summary, the program has performed admirably given its available resources and responded thoroughly to most of the recommendations outlined in the 2004 IER. The program has undertaken major initiatives in the past year that have required significant investments of time and energy to implement successfully.

Several years ago, the program developed a strategic plan and a vision for developing a program based on evidence-based strategies. With the recent expansion of program activities and the upcoming tobacco-free school and promising practices initiatives, the vision is nearly fulfilled. If the program is to further expand its activities and ability to expose New Yorkers to greater levels of evidence-based strategies, it will require additional resources. At this time, if additional resources become available, we recommend that NYTCP increase investment in countermarketing to ensure that at least 60 percent of New Yorkers are consistently exposed to countermarketing messages. In addition, we recommend expanding the Quitline capacity to respond to the increased demand that the additional media would likely generate. Finally, we recommend additional NRT starter kits for eligible Quitline callers. To make further recommendations about how to deploy additional resources, we will need additional data on the effectiveness of the recently implemented Cessation Centers and ASP initiative.

5.2 Summary of Findings

We conclude this report with a summary of the key cross-cutting and goal-specific findings.

5.2.1 Cross-Cutting Findings

- From 2003 to 2004, the percentage of adults who smoke declined from 20.8 to 18.1 in New York, a relative decline of 13 percent and a reduction in the number of smokers by 300,000. This compares favorably to declines in the United States from 21.6 percent in 2003 to 20.8 percent in 2004, a 3 percent relative decline.
- From 2000 to 2004, the percentage of middle school students who smoke declined from 10.5 to 5.4 percent, and the percentage of high school students who smoke declined from 27.1 to 18.5 percent.
 - The decline in smoking among middle school students in New York was greater than declines in the United States as a whole from 2000 to 2004; declines among high school students were comparable to national declines.
- The use of tobacco products other than cigarettes declined among adults (from 9.1 percent in Q3 2003 to 5.4 percent in Q1 2005), middle school students (from 7.2 percent in 2000 to 5.6 percent in 2004), and high school students (from 17.9 percent in 2000 to 12.5 percent in 2004). The decline in other tobacco product use among high school students is driven primarily by declines in the use of cigars from 11.9 to 8.2 percent.
- Self-reported monthly cigarette consumption among smokers was stable from Q3 2003 to Q1 2005, at 23 packs per month.

- Tax-paid sales declined 47 percent in New York from 1999 to 2004. However, correcting for estimated purchases from tobacco retailers on American Indian reservations, the estimated decline was 31 percent.
 - These results suggest that cigarette sales in New York were 33 percent higher in 2004 when accounting for estimated sales from American Indian reservations. This translates to 79.5 packs per smoker per year or a “corrected” per capita consumption of 57.4 (instead of the tax-paid sales rate of 43.0).
- Estimates from the ATS suggest that as of Q1 2005, 57 percent of smokers report purchasing cigarettes from a low- or untaxed source at least once in the past 12 months, and 34 percent report purchasing from these locations “all the time” or “sometimes.”
- Smokers who report purchasing cigarettes frequently from low- or untaxed sources pay \$1.59, or 31 percent, less per pack than those who do not.
- If tax avoidance were eliminated, the average reported price of cigarettes statewide would increase by 13 percent and lead to a 2 to 3 percent decrease in the prevalence of smoking and daily consumption of cigarettes.

5.2.2 Goal 1 Findings: Eliminate Exposure to Secondhand Smoke

Exposure to SHS

- Overall exposure to SHS in rooms and cars has remained stable from Q3 2003 to Q1 2005.
 - However, the overall trend in exposure to SHS in homes masks a decline in exposure to SHS among nonsmokers and a curious increase in exposure among smokers, suggesting that smokers are congregating more to smoke.
 - We found that there was only a decline in exposure to SHS among nonsmokers who do not ban smoking in their homes (to levels comparable with nonsmokers who ban smoking in their homes).
 - In addition, while the trend in exposure to SHS in cars among nonsmokers remained stable, exposure among smokers increased.
- Exposure to SHS among youth declined from 2000 to 2004, with an apparent acceleration in the decline in exposure after 2002 when the CIAA was implemented.
 - There were parallel declines for youth living with and without smokers, although exposure to SHS remains considerably higher for youth living with a smoker.
 - Although adult smokers report being exposed to higher levels of SHS, this has not translated into higher exposure for youth living with adult smokers.
- Exposure to SHS in the workplace remains at 10 percent, the level reported in the 2004 IER.

CIAA

- Findings from the complete Employee Health Study of hospitality workers confirm the results from the 2004 IER—that exposure to SHS declined precipitously after the CIAA.
 - Sensory symptoms that result from exposure to SHS also declined over time.

- The number of reported CIAA-related complaints increased steadily from Q3 2003 (implementation) to Q3 2004 and then declined for the next two quarters only to increase again in Q4 2004.
- The CIAA had no impact on sales in bars and full-service restaurants.
- Reports of observing smoking from restaurant patrons declined after Q3 2003 and have remained at low levels (4 to 6 percent) ever since.
- In contrast, reports of smoking in bars declined steadily from Q3 2003 to Q2 2004, after which they doubled from 13.4 percent in Q2 2004 to 27.7 percent in Q1 2005.
- From Q3 2003 to Q1 2005, support for the CIAA has increased overall and among smokers and nonsmokers, with the largest increase in support among smokers (who begin with lower baseline levels of support).

Knowledge and Beliefs About SHS Risks

- Two of the four SHS-related beliefs about the health effects of SHS measured in the ATS increased from Q3 2003 to Q1 2005—the beliefs that SHS causes heart disease and lung cancer.
 - The increase in the belief that SHS causes heart disease was most pronounced for smokers, the most important target group.
 - Exposure to NYTCP media was associated with increased knowledge of SHS as a risk factor for heart disease and lung cancer among smokers.
 - These limited changes are consistent with the fact that the program and its partners were not able to run a significant amount of SHS-related media with themes consistent with these beliefs. In particular, no messages were targeted to the belief that SHS causes sudden infant death syndrome (SIDS), and only a few were targeted to the belief that SHS causes respiratory problems in children.
- Changes in knowledge would likely have been more systematic had the program and its funded partners been able to air media messages more consistently.
- One attitude that measures whether adults are bothered by SHS increased from Q3 2003 to Q2 2004 (after which more specific questions replaced this general question) among adults overall, smokers, and nonsmokers. This increase is likely because of changing norms as a result of the CIAA.
- Finally, the one SHS-related attitude measured in the YTS only changed among high school students; the percentage who thought SHS is harmful increased between 2000 and 2004. However, this attitude had a baseline value of about 90 percent for students overall, leaving little room for improvement.

Voluntary Restrictions on Smoking in Homes and Cars

- Voluntary restrictions increased slightly in homes and cars from Q3 2003 to Q1 2005.
- These modest changes are consistent with programmatic efforts that are gradually focusing less on the CIAA and more on smoke-free homes and cars and effective implementation of smoke-free school policies.

5.2.3 Goal 2 Findings: Decrease the Social Acceptability of Tobacco

Program Implementation

- NYTCP successfully launched a new and innovative intervention, the ASP initiative, in January 2005. This approach is well grounded in the scientific literature that shows how tobacco advertising and promotions influence smoking behavior, especially among youth.
- Sufficient time has not elapsed to fully evaluate this initiative, but early anecdotes point to the potential for these efforts to have an impact.
- The choice of countermarketing ads has improved significantly since the 2004 IER. This has had an impact on awareness of these ads among New Yorkers (see below).

Tobacco Advertising and Sponsorships

- ATS data suggest modest declines in adults' awareness of tobacco advertising overall and in specific venues, such as sporting and cultural events.
- Youth's awareness of tobacco advertising in newspapers and magazines decreased from 2000 to 2004, although awareness of advertising on the Internet increased over the same time period.
- Based on in-store observations of advertising, point-of-purchase outdoor advertising is present in more than half of tobacco retailers and ubiquitous in retailers' interiors, with 94 percent having some interior advertising.
 - Retailers had an average of 16 tobacco ads on their store interiors.
- Data from the ATS and YTS shows similar results to the in-store observational data.
 - 82–83 percent of adults and 88 percent of middle and high school youth are aware of tobacco advertising in retail stores.
- Openness to tobacco marketing among high school students was constant from 2000 to 2004 but declined among middle school youth.

Awareness of and Receptivity to Antitobacco Advertising

- Patterns in smokers' awareness of specific antitobacco message themes responded to the program's tobacco countermarketing efforts.
 - Awareness increased when effective ads were aired.
 - Awareness decreased when countermarketing efforts were off the air.
- Confirmed awareness of specific ads increased from 33 to 41 percent, an increase that corresponded with improved choices of ads.
 - Awareness reached 60 percent in the Buffalo area when the local Community Partnership aired "high impact" countermarketing messages to complement statewide efforts.

Trends in Knowledge, Attitudes, and Beliefs

- Trends in knowledge and perceptions of health risks were mixed from Q3 2003 to Q1 2005.

- Perceptions of the risks of smoking-related diseases remained stable among smokers. Awareness of NYTCP-sponsored antismoking ads was associated with greater recognition of the health risks of smoking.
- Nearly one third of smokers see little benefit in quitting if a smoker has smoked a pack a day for 20 years or more.
- However, an increasing percentage of smokers agree that the harmful effects of smoking have not been exaggerated.
- Smokers' misperceptions of the benefits of low-tar cigarettes and the addictiveness of nicotine patches decreased significantly over time but persist.
- Youth perceptions of the dangers of smoking increased modestly among high school students but remained relatively stable among middle school students.
- Attitudes and beliefs about smoking in the movies also present a mixed picture.
 - An increasing percentage of adults agree that movies rated G, PG, and PG-13 should not show actors smoking.
 - Adults increasingly recognize that smoking in the movies influences youth smoking.

Coverage of Tobacco in the News

- Data from the ATS and the Tobacco News Tracking system suggest that the "slant" of tobacco-related news coverage has remained stable over time.
- The volume of news stories on tobacco dropped dramatically (to a third of the baseline level) after passing the 1-year anniversaries of the New York City and State clean indoor air laws.

5.2.4 Goal 3 Findings: Promote Cessation from Tobacco Use

Health Care Provider Support for Cessation

- Our study of hospitals and data from the ATS describe the current level of support offered to smokers by health care providers, and both sources highlight significant opportunities for providers to support smokers in their attempts to quit smoking.
- Interviews with hospital administrators indicate that the current status regarding systems and practices to identify and treat patient tobacco use is mixed.
 - 40 percent of hospitals have written clinical guidelines or protocols for diagnosing and treating tobacco dependence.
 - 51 percent developed their own guidelines rather than using the Public Health Service Guideline for Treating Tobacco Use and Dependence.
 - 59 percent of hospitals report that they do not require providers to receive training about tobacco use assessment and treatment.
- The percentage of hospitals that require health care providers to adhere to the "5As" is generally quite low:
 - 87 percent ask new patients if they use tobacco,
 - 39 percent ask existing patients if they use tobacco,
 - 46 percent advise patients to quit,
 - 29 percent assess patients' willingness to quit,

- 13 percent assist patients willing to quit by offering counseling or NRT, and
- 24 percent arrange for follow-up contact for those willing to quit.
- Nearly all hospitals have a system in place to cue providers to assess patients' tobacco use, and 70 percent have systems to prompt the provision of advice. Only 20 percent have systems to track the patients' progress.
- Of smokers who visited a health care provider in the past 12 months, 87.0 percent were asked about tobacco use, 69.9 percent were advised to quit, and 38.0 percent were assisted with a quit attempt in 2004.

Quitline

- Approximately two thirds of smokers had heard of the Quitline as of Q1 2005.
- The percentage of smokers who called the Quitline, according to the ATS, fluctuated from 2.5 to 10.1 percent.
- NYTCP-sponsored media messages are correlated with increased awareness of and calls to the Quitline. It is too early to assess the impact that the newly available NRT starter kits will have on cessation-related outcomes. However, the experience from New York City's NRT giveaway suggests that this new feature of the Quitline will increase the quit success rate among Quitline callers who use NRT.
- The Quitline offers counseling over the phone and, beginning in December 2004, callers can receive 2-week NRT.
- Health care providers can refer their patients to the Quitline using the Fax-to-Quit program, where the Quitline will call the patient to initiate cessation counseling. Referrals from the Fax-to-Quit program to the Quitline began in October 2004 and increased to 16 percent of all referrals by April 2005.

Cessation Outcomes

- Intentions to quit in the next 30 days among current smokers increased from 20 to 31 percent from Q3 2004 to Q1 2005. Recall of NYTCP-sponsored media messages was associated with increased intentions to quit.
- The percentage of current and former smokers who made a quit attempt in the last 12 months and have remained quit for more than 6 months increased from 9 to 31 percent from Q3 2003 to Q3 2004—a sharp increase that corresponds to the downward trend in the prevalence of smoking. However, with the available data, we are not able to definitively attribute these positive trends to program efforts.
- Recall of NYTCP-sponsored cessation messages was associated with increased odds of having intentions to quit and trying to quit.
- Our findings also suggest that smokers' access to low- and untaxed cigarettes is correlated with a lower percentage of smokers making a quit attempt and with decreased intentions to quit.

5.2.5 Goal 4 Findings: Prevent Initiation of Youth and Young Adults

Youth Smoking

- Declines in youth smoking were associated with tax increases that occurred in New York between 2000 and 2004.
- The county-level prevalence of cigarette excise tax evasion appears to be associated with higher rates of youth smoking.
 - The effects of tax increases on youth smoking appear to be weaker in areas of the state where the intensity of cigarette tax evasion is higher.
- We validated NYTCP's social norms approach to decreasing youth smoking by demonstrating that declines in adult smoking are followed by lower rates of youth smoking.

Youth Access

- Compliance with youth access laws in New York has not significantly increased since the 2004 IER.
 - Vendor noncompliance rates have remained stable from 2000–2001 to 2003–2004.
- The percentage of youth smokers who purchase cigarettes loose is significantly higher among middle school students than among high school students.
 - The prevalence of purchasing cigarettes loose is significantly higher among all youth smokers in New York City than among youth smokers in the remainder of the state.

5.3 Summary of Recommendations

In summary, we recommend the following programmatic changes:

- Double funding for NYTCP to the CDC minimum recommended level.
- Increase investment in effective media to consistently reach a minimum of 60 percent awareness.
- Increase resources for the New York State Smokers' Quitline to
 - accommodate increases in demand from increased use of effective media, and
 - provide additional NRT starter kits.
- Increase funding for cessation to address key programmatic gaps.
- Place greater emphasis on effectively promoting smoke-free homes and cars in households with smokers.
 - Ensure that smoke-free home and car interventions are effective, based on available evidence.

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**APPENDIX A:
ANALYSES BY YEAR**

AC. 4-2 Percentage of Adults Who Currently Smoke Every Day or Some Days by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 20.8% | 18.1% |
| C.I. | [19.1-22.6] | [17.0-19.2] |
| N | 3952 | 8236 |

AC. 4-3 Percentage of Middle School Students Who Currently Smoke by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|-----------|------------|-----------|-----------|
| Estimate* | 10.5% | 6.3% | 5.4% |
| C.I. | [7.7-14.2] | [4.7-8.5] | [4.5-6.5] |
| N | 4050 | 4312 | 3777 |

AC. 4-4 Percentage of High School Students Who Currently Smoke by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|-----------|-------------|-------------|-------------|
| Estimate* | 27.1% | 20.4% | 18.5% |
| C.I. | [22.6-32.2] | [18.0-23.2] | [15.9-21.5] |
| N | 4516 | 3563 | 4103 |

AC. 4-5 Average number of Packs of Cigarettes Smoked Per Month By Adult Smokers by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 22.1 | 22.8 |
| C.I. | [20.5-23.6] | [21.5-24.1] |
| N | 964 | 1776 |

AC. 4-6 Percentage of Adults Who Currently Use Any Tobacco Product Other than Cigarettes by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|------------|-----------|
| Estimate* | 9.1% | 6.7% |
| C.I. | [7.7-10.6] | [5.9-7.6] |
| N | 3939 | 8197 |

AC. 4-7 Percentage of Adults Who Currently Smoke Cigars by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-----------|-----------|
| Estimate* | 6.6% | 4.5% |
| C.I. | [5.4-7.9] | [3.9-5.2] |
| N | 3951 | 8249 |

AC. 4-8 Percentage of Middle and High School Students Who Have Used Tobacco Products Other Than Cigarettes in the Past 30 Days by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate | 7.2% | 7.2% | 5.6% |
| C.I. | [5.5-9.3] | [5.7-9.1] | [4.7-6.8] |
| N | 4096 | 4192 | 3736 |
| High School | | | |
| Estimate* | 17.9% | 14.6% | 12.5% |
| C.I. | [14.3-22.1] | [12.1-17.4] | [10.8-14.5] |
| N | 4589 | 3482 | 4126 |

AC. 4-9 Percentage of Middle and High School Students Who Have Smoked Cigars in the Past 30 Days by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|------------|------------|-----------|
| Middle School | | | |
| Estimate | 4.5% | 3.8% | 3.5% |
| C.I. | [3.4-6.1] | [3.0-4.9] | [3.0-4.2] |
| N | 4122 | 4305 | 3801 |
| High School | | | |
| Estimate | 11.9% | 9.5% | 8.2% |
| C.I. | [8.9-15.6] | [7.6-11.8] | [6.8-9.8] |
| N | 4591 | 3528 | 4159 |

AC. 4-10 Percentage of Middle and High School Students Who Have Used Smokeless Tobacco in the Past 30 Days by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-----------|-----------|-----------|
| Middle School | | | |
| Estimate | 1.9% | 3.6% | 2.5% |
| C.I. | [1.2-3.0] | [2.0-6.1] | [2.0-3.1] |
| N | 4126 | 4290 | 3784 |
| High School | | | |
| Estimate | 4.5% | 5.5% | 4.0% |
| C.I. | [3.4-6.1] | [3.1-9.5] | [2.8-5.6] |
| N | 4574 | 3526 | 4146 |

AC. 4-14 Percentage of Smokers Who Purchased from Any Low- or Untaxed Venue by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 63.3% | 57.3% |
| C.I. | [58.8-67.7] | [53.5-61.0] |
| N | 965 | 1369 |

AC. 4-15a Percentage of Smokers Who Purchased At Least Once from an Indian Reservation in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 32.6% | 31.9% |
| C.I. | [29.1-36.3] | [28.9-35.0] |
| N | 960 | 1362 |

AC. 4-15b Percentage of Smokers Who Purchased At Least Once from Out of State in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 37.5% | 31.4% |
| C.I. | [33.2-42.0] | [28.1-35.0] |
| N | 961 | 1362 |

AC. 4-15c Percentage of Smokers Who Purchased At Least Once from the Internet in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|------------|------------|
| Estimate | 10.4% | 9.1% |
| C.I. | [8.1-13.4] | [7.3-11.3] |
| N | 964 | 1365 |

AC. 4-15d Percentage of Smokers Who Purchased At Least Once from a Toll Free Number in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 6.2% | 5.6% |
| C.I. | [4.4-8.6] | [4.3-7.4] |
| N | 964 | 1361 |

AC. 4-15e Percentage of Smokers Who Purchased At Least Once Duty Free in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 14.7% | 14.2% |
| C.I. | [11.7-18.2] | [11.9-16.8] |
| N | 949 | 1353 |

AC. 4-16 Percentage of Smokers Who Purchased "All the Time" or "Sometimes" from Any Low- or Untaxed Venue by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 40.2% | 37.2% |
| C.I. | [36.1-44.4] | [33.9-40.6] |
| N | 965 | 1365 |

AC. 4-17a Percentage of Smokers Who Purchased "All the Time" or "Sometimes" from Indian Reservations in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 24.7% | 24.5% |
| C.I. | [21.6-28.1] | [21.8-27.3] |
| N | 957 | 1362 |

AC. 4-17b Percentage of Smokers Who Purchased “All the Time” or “Sometimes” from Out of State in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 15.6% | 12.5% |
| C.I. | [12.7-19.0] | [10.4-15.0] |
| N | 960 | 1360 |

AC. 4-17c Percentage of Smokers Who Purchased “All the Time” or “Sometimes” from the Internet in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 6.5% | 5.9% |
| C.I. | [4.7-8.9] | [4.5-7.7] |
| N | 963 | 1364 |

AC. 4-17d Percentage of Smokers Who Purchased “All the Time” or “Sometimes” from a Toll Free Number in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 4.9% | 3.7% |
| C.I. | [3.3-7.1] | [2.7-4.9] |
| N | 964 | 1360 |

AC. 4-17e Percentage of Smokers Who Purchased “All the Time” or “Sometimes” Duty Free in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 6.3% | 6.2% |
| C.I. | [4.4-8.9] | [4.8-7.9] |
| N | 949 | 1353 |

AC. 4-28 Average Number of Hours in the Past 7 Days That Adults Spent in a Room Where Someone Was Smoking by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 4.0 | 4.0 |
| C.I. | [3.3-4.6] | [3.5-4.5] |
| N | 3882 | 8054 |

AC. 4-29 Average Number of Hours in the Past 7 Days That Adults Spent in a Vehicle Where Someone Was Smoking by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 1.0 | 1.0 |
| C.I. | [0.6-1.3] | [0.8-1.2] |
| N | 3927 | 8156 |

AC. 4-30 Average Number of Hours in the Past 7 Days That Adult Nonsmokers Spent in a Room Where Someone Was Smoking by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-----------|-----------|
| Estimate* | 2.0 | 1.0 |
| C.I. | [1.5-2.6] | [0.8-1.1] |
| N | 2946 | 6360 |

AC. 4-31 Average Number of Hours in the Past 7 Days That Adult Smokers Spent in a Room Where Someone Was Smoking by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|------------|-------------|
| Estimate* | 11.9 | 18.8 |
| C.I. | [9.6-14.2] | [16.3-21.3] |
| N | 932 | 1668 |

AC. 4-32 Average Number of Hours in the Past 7 Days That Adult Nonsmokers Spent in a Vehicle Where Someone Was Smoking by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 0.5 | 0.3 |
| C.I. | [0.1-0.9] | [0.2-0.4] |
| N | 2956 | 6395 |

AC. 4-33 Average Number of Hours in the Past 7 Days That Adult Smokers Spent in a Vehicle Where Someone Was Smoking by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-----------|-----------|
| Estimate* | 2.8 | 4.5 |
| C.I. | [1.8-3.9] | [3.5-5.6] |
| N | 966 | 1733 |

AC. 4-34 Number of Days in the Past Week Middle and High School Students Were in a Room with a Smoker by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-----------|-----------|-----------|
| Middle School | | | |
| Estimate* | 2.4 | 2.2 | 1.8 |
| C.I. | [2.2-2.7] | [1.7-2.7] | [1.6-2.0] |
| N | 3936 | 3984 | 3748 |
| High School | | | |
| Estimate* | 3.1 | 2.7 | 2.3 |
| C.I. | [2.8-3.4] | [2.5-2.9] | [2.1-2.6] |
| N | 4543 | 3412 | 4166 |

AC. 4-35 Number of Days in the Past Week Middle and High School Students Were in a Car with a Smoker by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-----------|-----------|-----------|
| Middle School | | | |
| Estimate* | 1.6 | 1.5 | 1.2 |
| C.I. | [1.3-1.8] | [1.1-1.9] | [1.0-1.4] |
| N | 3927 | 3971 | 3762 |
| High School | | | |
| Estimate* | 1.9 | 1.7 | 1.5 |
| C.I. | [1.6-2.2] | [1.4-2.0] | [1.3-1.7] |
| N | 4544 | 3412 | 4177 |

AC. 4-36a/37a Number of Days in the Past Week Middle School Students Who Live With a Smoker Were in a Room with a Smoker by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-----------|-----------|-----------|
| Middle School | | | |
| Estimate* | 4.2 | 4.0 | 3.4 |
| C.I. | [3.9-4.4] | [3.5-4.6] | [3.1-3.7] |
| N | 1672 | 1464 | 1505 |
| High School | | | |
| Estimate* | 4.7 | 4.5 | 4.0 |
| C.I. | [4.4-5.1] | [4.2-4.8] | [3.6-4.3] |
| N | 1842 | 1257 | 1579 |

AC. 4-36b/37b Number of Days in the Past Week Middle School Students Who Do Not Live With a Smoker Were in a Room with a Smoker by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-----------|-----------|-----------|
| Middle School | | | |
| Estimate* | 1.2 | 1.0 | 0.7 |
| C.I. | [1.0-1.3] | [0.8-1.2] | [0.6-0.8] |
| N | 2222 | 2445 | 2158 |
| High School | | | |
| Estimate* | 2.0 | 1.6 | 1.3 |
| C.I. | [1.8-2.3] | [1.4-1.8] | [1.2-1.4] |
| N | 2667 | 2102 | 2537 |

AC. 4-38a/39a Number of Days in the Past Week Middle School Students Who Live With a Smoker Were in a Car With a Smoker by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-----------|-----------|-----------|
| Middle School | | | |
| Estimate* | 3.0 | 2.9 | 2.5 |
| C.I. | [2.7-3.3] | [2.4-3.5] | [2.1-2.9] |
| N | 1672 | 1461 | 1510 |
| High School | | | |
| Estimate* | 3.2 | 3.0 | 2.7 |
| C.I. | [2.9-3.6] | [2.6-3.4] | [2.4-3] |
| N | 1842 | 1256 | 1583 |

AC. 4-38b/39b Number of Days in the Past Week Middle School Students Who Do Not Live With a Smoker Were in a Car With a Smoker by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-----------|-----------|-----------|
| Middle School | | | |
| Estimate* | 0.5 | 0.5 | 0.3 |
| C.I. | [0.4-0.7] | [0.3-0.6] | [0.2-0.4] |
| N | 2217 | 2442 | 2168 |
| High School | | | |
| Estimate* | 1.1 | 0.9 | 0.8 |
| C.I. | [0.9-1.3] | [0.7-1.1] | [0.6-0.9] |
| N | 2670 | 2108 | 2551 |

AC. 4-40 Percentage of Indoor Workers Who Reported Seeing Smoking in their Work Area in the Past Week by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|------------|------------|
| Estimate | 10.7% | 10.0% |
| C.I. | [8.7-13.2] | [8.5-11.7] |
| N | 1760 | 3616 |

AC. 4-41 Percentage of Indoor Workers with Smoke-Free Workplaces by Year, ATS 2003-2004.

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 83.0% | 81.2% |
| C.I. | [80.2-85.5] | [79.1-83.1] |
| N | 1752 | 3604 |

AC. 4-45 Percentage of Restaurant Patrons Who Saw Smoking Indoors in the Past 30 Days by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|------------|-----------|
| Estimate* | 9.0% | 4.4% |
| C.I. | [7.7-10.5] | [3.7-5.2] |
| N | 3334 | 6445 |

AC. 4-46 Percentage of Bar Patrons, Who Saw Smoking Indoors in the Past 30 Days by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 32.8% | 19.3% |
| C.I. | [28.1-37.8] | [16.6-22.3] |
| N | 748 | 1564 |

AC. 4-48 Percentage of Adults Who Favor the Clean Indoor Air Act by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 65.9% | 72.2% |
| C.I. | [63.7-68.1] | [70.8-73.6] |
| N | 3883 | 8107 |

AC. 4-49 Percentage of Adult Nonsmokers Who Favor the Clean Indoor Air Act by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 75.8% | 80.6% |
| C.I. | [73.3-78.1] | [79.1-82.0] |
| N | 2909 | 6308 |

AC. 4-50 Percentage of Adult Smokers Who Favor the Clean Indoor Air Act by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 28.2% | 33.5% |
| C.I. | [24.2-32.6] | [30.3-36.9] |
| N | 969 | 1768 |

AC. 4-55 Percentage of Adults Who Believe Secondhand Smoke Causes Heart Disease by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 67.6% | 71.6% |
| C.I. | [65.3-69.7] | [70.2-73.0] |
| N | 3943 | 8241 |

AC. 4-56 Percentage of Adult Smokers Who Believe Secondhand Smoke Causes Heart Disease by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 52.5% | 56.8% |
| C.I. | [48.0-57.0] | [53.4-60.0] |
| N | 981 | 1809 |

AC. 4-57 Percentage of Adults Who Believe Secondhand Smoke Causes Lung Cancer by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 81.3% | 83.5% |
| C.I. | [79.4-83.0] | [82.3-84.6] |
| N | 3947 | 8247 |

**AC. 4-58 Percentage of Adult Smokers Who Believe
Secondhand Smoke Causes Lung Cancer by Year, ATS
2003-2004**

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 64.6% | 65.5% |
| C.I. | [60.3-68.8] | [62.3-68.6] |
| N | 983 | 1808 |

**AC. 4-58a Percentage of Adults Who Believe
Secondhand Smoke Causes Colon Cancer,
by Year, ATS 2003-2004**

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 30.8% | 33.0% |
| C.I. | [28.6-33.1] | [31.4-34.5] |
| N | 3933 | 8221 |

**AC. 4-58b Percentage of Adult Smokers Who Believe
Secondhand Smoke Causes Colon Cancer by Year, ATS
2003-2004**

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 24.4% | 25.5% |
| C.I. | [20.5-28.7] | [22.6-28.7] |
| N | 983 | 1808 |

**AC. 4-58c Percentage of Adults Who Believe
Secondhand Smoke Causes Respiratory Problems in
Children by Year, ATS 2003-2004**

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 91.6% | 92.2% |
| C.I. | [90.2-92.8] | [91.4-93.0] |
| N | 3949 | 8253 |

**AC. 4-58d Percentage of Adult Smokers Who Believe
Secondhand Smoke Causes Respiratory Problems in
Children by Year, ATS 2003-2004**

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 83.1% | 84.7% |
| C.I. | [79.5-86.1] | [82.3-86.8] |
| N | 983 | 1807 |

AC. 4-58e Percentage of Adults Who Believe Secondhand Smoke Causes SIDS by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 36.6% | 39.5% |
| C.I. | [34.3-39.0] | [37.9-41.1] |
| N | 3923 | 8207 |

AC. 4-58f Percentage of Adult Smokers Who Believe Secondhand Smoke Causes SIDS by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 28.5% | 32.3% |
| C.I. | [24.5-32.9] | [29.1-35.6] |
| N | 977 | 1799 |

AC. 4-59 Percentage of Adults Who Are Bothered by Secondhand Smoke by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 69.0% | 75.0% |
| C.I. | [66.8-71.2] | [73.2-76.8] |
| N | 3945 | 4172 |

AC. 4-60 Percentage of Adult Nonsmokers Who Are Bothered by Secondhand Smoke by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 78.5% | 83.9% |
| C.I. | [76.1-80.8] | [82.0-85.6] |
| N | 2957 | 3167 |

AC. 4-61 Percentage of Adult Smokers Who Are Bothered by Secondhand Smoke by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 32.6% | 37.8% |
| C.I. | [28.5-36.9] | [33.5-42.4] |
| N | 983 | 994 |

AC. 4-62 Percentage of Middle and High School Students Who Think Secondhand Smoke is Harmful by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate* | 90.2% | 87.1% | 92.1% |
| C.I. | [87.8-92.1] | [83.0-90.2] | [90.5-93.5] |
| N | 3954 | 4191 | 3742 |
| High School | | | |
| Estimate | 90.5% | 90.9% | 93.1% |
| C.I. | [88.3-92.2] | [87.7-93.4] | [91.4-94.5] |
| N | 4554 | 3505 | 4171 |

AC. 4-63 Percentage of Adults in Smoke-free Homes, by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 68.3% | 71.0% |
| C.I. | [66.1-70.4] | [69.5-72.4] |
| N | 3944 | 8246 |

AC. 4-64 Percentage of Adult Nonsmokers in Smoke-free Homes by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 78.4% | 80.4% |
| C.I. | [76.1-80.5] | [78.9-81.8] |
| N | 2955 | 6403 |

AC. 4-65 Percentage of Adult Smokers in Smoke-free Homes by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 29.3% | 28.0% |
| C.I. | [25.3-33.6] | [25.2-31.0] |
| N | 984 | 1812 |

AC. 4-66 Percentage of Adults in Smoke-free Cars by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 73.1% | 77.7% |
| C.I. | [71.0-75.1] | [76.3-79.0] |
| N | 3575 | 7212 |

AC. 4-67 Percentage of Adult Nonsmokers in Smoke-free Cars by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 84.3% | 87.8% |
| C.I. | [82.2-86.3] | [86.5-89.0] |
| N | 2707 | 5646 |

AC. 4-68 Percentage of Adult Smokers in Smoke-free Cars by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 27.3% | 28.6% |
| C.I. | [23.1-32.0] | [25.4-32.0] |
| N | 863 | 1539 |

AC. 4-70 Percentage of Adults Who Believe Tobacco-Related News Stories are Negatively Slanted in the Media by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 46.5% | 45.3% |
| C.I. | [44.1-48.9] | [43.7-46.9] |
| N | 3872 | 8023 |

AC. 4-74 Percentage of Adults Who Noticed Tobacco Advertising at Sporting Events by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 17.3% | 15.2% |
| C.I. | [15.4-19.3] | [14.0-16.4] |
| N | 3915 | 8111 |

AC. 4-75 Percentage of Adults Who Noticed Tobacco Advertising at Cultural Events by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|------------|------------|
| Estimate | 9.8% | 9.1% |
| C.I. | [8.3-11.5] | [8.1-10.1] |
| N | 3917 | 8104 |

AC. 4-79 Percentage of Middle and High School Students Who Saw Tobacco Advertising in Grocery Stores or Gas Stations by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate* | 92.4% | 92.1% | 86.8% |
| C.I. | [90.4-94.0] | [89.1-94.4] | [84.0-89.2] |
| N | 3966 | 4045 | 3567 |
| High School | | | |
| Estimate* | 92.2% | 94.4% | 89.8% |
| C.I. | [89.3-94.4] | [92.2-95.9] | [87.7-91.5] |
| N | 4565 | 3456 | 4108 |

AC. 4-80 Average Index of Awareness of Tobacco Advertising or Promotions Among Adults by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 1.1 | 1.0 |
| C.I. | [1.0-1.2] | [1.0-1.1] |
| N | 3957 | 8268 |

AC. 4-80a Percentage of Adults Who Noticed Tobacco Advertising or Promotions At Least Once a Day on Posters or Billboards by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 17.5% | 17.2% |
| C.I. | [15.8-19.5] | [16.0-18.5] |
| N | 3898 | 8057 |

AC. 4-80b Percentage of Adults Who Noticed Tobacco Advertising Or Promotions At Least Once A Day In Newspapers Or Magazines by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 26.3% | 27.1% |
| C.I. | [24.2-28.5] | [25.6-28.6] |
| N | 3889 | 8037 |

AC. 4-80c Percentage of Adults Who Noticed Tobacco Advertising Or Promotions At Least Once A Day In Shop Windows Or Inside Shops Where Tobacco Is Sold by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 3.3% | 3.4% |
| C.I. | [2.5-4.5] | [2.8-4.0] |
| N | 3902 | 8049 |

AC. 4-80d Percentage of Adults Who Noticed Tobacco Advertising Or Promotions At Least Once A Day On Leaflets by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 3.3% | 3.4% |
| C.I. | [2.5-4.5] | [2.8-4.0] |
| N | 3902 | 8049 |

AC. 4-80e Percentage of Adults Who Noticed Tobacco Advertising Or Promotions At Least Once A Day Over The Internet by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-----------|-----------|
| Estimate | 2.6% | 2.6% |
| C.I. | [2.0-3.5] | [2.1-3.1] |
| N | 3929 | 8157 |

AC. 4-81 Percentage of Middle and High School Students Who Would Wear Tobacco Branded Attire by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate | 22.1% | 19.7% | 20.5% |
| C.I. | [18.6-26.1] | [15.6-24.7] | [18.6-22.6] |
| N | 3936 | 3976 | 3653 |
| High School | | | |
| Estimate* | 33.7% | 28.2% | 28.1% |
| C.I. | [30.6-36.9] | [24.7-31.8] | [25.7-30.6] |
| N | 4552 | 3420 | 4148 |

AC 4-82 Percentage of Middle and High School Students Who Have Seen Tobacco Advertising on the Internet by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate* | 56.8% | 68.7% | 65.8% |
| C.I. | [53.1-60.5] | [65.5-71.8] | [62.1-69.4] |
| N | 4026 | 4059 | 3605 |
| High School | | | |
| Estimate* | 57.5% | 71.8% | 72.1% |
| C.I. | [54.2-60.7] | [69.0-74.5] | [69.2-74.8] |
| N | 4576 | 3458 | 4127 |

AC. 4-83 Percentage of Middle and High School Students Who Have Seen Tobacco Advertising in Newspapers or Magazines by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate* | 77.6% | 77.2% | 61.9% |
| C.I. | [75.0-80.0] | [74.9-79.4] | [58.5-65.2] |
| N | 3984 | 4051 | 3514 |
| High School | | | |
| Estimate* | 84.7% | 84.8% | 76.4% |
| C.I. | [82.4-86.8] | [82.3-87.0] | [74.3-78.5] |
| N | 4565 | 3456 | 4114 |

AC. 4-84 Percentage of Adults Who Have Seen Antismoking Advertising on Television by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 74.4% | 70.9% |
| C.I. | [72.2-76.4] | [69.4-72.4] |
| N | 3729 | 7507 |

AC. 4-85 Percentage of Adults Who Have Seen Advertising About Family Members Losing a Loved One Due to Smoking-Related Illnesses by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 45.8% | 47.6% |
| C.I. | [43.4-48.2] | [46.0-49.2] |
| N | 3918 | 8150 |

AC. 4-86 Percentage of Adult Smokers Who Have Seen Advertising About Family Members Losing a Loved One Due to Smoking-Related Illnesses by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 45.5% | 49.4% |
| C.I. | [41.1-50.1] | [46.1-52.8] |
| N | 975 | 1786 |

AC. 4-87 Percentage of Adult Smokers Who Have Noticed Advertising About the Dangers of Children Being Exposed to Cigarette Smoke by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 64.1% | 67.5% |
| C.I. | [59.5-68.4] | [64.3-70.5] |
| N | 973 | 1798 |

AC. 4-88 Percentage of Adult Smokers Who Have Noticed Advertisements About Calling a Quitline by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 55.4% | 56.3% |
| C.I. | [50.8-59.9] | [53.0-59.6] |
| N | 970 | 1797 |

AC. 4-90 Percentage of Adults Who Reported Confirmed Awareness of and Reaction to NYTCP Media Campaign Advertisements (Statewide and Local) by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-----------|-------------|
| Estimate* | 5.9% | 14.0% |
| C.I. | [5.0-6.9] | [13.0-15.2] |
| N | 3957 | 8267 |

AC. 4-96 Percentage of Adult Smokers Who Believed Smokers Have a Higher Risk of Heart Attack by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 58.9% | 62.2% |
| C.I. | [54.3-63.3] | [57.6-66.5] |
| N | 951 | 961 |

AC. 4-97 Percentage of Adult Smokers Who Believed Smokers Have a Higher Risk of Lung Cancer by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 74.3% | 76.8% |
| C.I. | [70.2-78.1] | [73.0-80.3] |
| N | 963 | 973 |

AC. 4-98 Percentage of Adult Smokers Who Believed Smokers Have a Higher Risk of Cancers Other Than Lung Cancer by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 46.9% | 52.4% |
| C.I. | [42.4-51.5] | [47.8-57.0] |
| N | 944 | 950 |

AC. 4-99 Percentage of Adult Smokers Who Think There Is Little Health Benefit To Quitting If a Person Has Smoked a Pack of Cigarettes a Day for More Than 20 Years by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 32.1% | 32.8% |
| C.I. | [27.8-36.8] | [28.6-37.4] |
| N | 960 | 963 |

AC. 4-100 Percentage of Adult Smokers Who Do Not Think That High-Tar Cigarettes Are At Least Twice As Likely To Cause Illness As Low-Tar Cigarettes by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 38.9% | 44.1% |
| C.I. | [34.4-43.6] | [39.4-48.9] |
| N | 849 | 864 |

AC. 4-101 Percentage of Adult Smokers Who Believe Nicotine Patches Are Not as Addictive as Cigarettes by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 64.7% | 63.1% |
| C.I. | [59.3-69.7] | [59.1-67.0] |
| N | 683 | 1250 |

AC. 4-104 Percentage of Adults Who Agree That Movies Rated G, PG, and PG-13 Should Not Show Actors Smoking by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 68.3% | 69.6% |
| C.I. | [65.2-71.3] | [68.1-71.1] |
| N | 1987 | 7861 |

AC. 4-105 Percentage of Adults Who Disagree With The Statement "Smoking In The Movies Does Not Encourage Smoking Among Teens" by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 72.2% | 68.0% |
| C.I. | [69.1-75.2] | [66.4-69.5] |
| N | 1974 | 7834 |

AC. 4-106 Percentage of Middle and High School Students Who Think Smoking Makes People Look Cool by Year, YTS 2002-2004

| Year | 2002 | 2004 |
|---------------|-------------|-------------|
| Middle School | | |
| Estimate* | 15.5% | 11.2% |
| C.I. | [12.9-18.5] | [10.0-12.4] |
| N | 4199 | 3620 |
| High School | | |
| Estimate* | 14.8% | 10.9% |
| C.I. | [12.5-17.3] | [9.1-13.1] |
| N | 3501 | 4141 |

AC. 4-107 Percentage of Middle and High School Students Who Think it is Safe to Smoke for Just a Year or Two by Year, YTS 2002-2004

| Year | 2002 | 2004 |
|---------------|-------------|------------|
| Middle School | | |
| Estimate | 10.1% | 9.6% |
| C.I. | [8.7-11.8] | [8.5-10.9] |
| N | 4206 | 3665 |
| High School | | |
| Estimate* | 13.3% | 10.4% |
| C.I. | [11.8-14.9] | [8.8-12.3] |
| N | 3504 | 4138 |

AC. 4-112 Percentage of Adult Smokers Who Visited a Doctor, Nurse, or Other Health Professional in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 61.6% | 63.7% |
| C.I. | [57.0-65.9] | [60.3-66.9] |
| N | 985 | 1812 |

AC. 4-113 Percentage of Adult Smokers Who Were Asked If They Smoked When They Visited a Health Care Provider in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|-------------|-------------|
| Estimate* | 91.9% | 87.0% |
| C.I. | [88.2-94.6] | [83.6-89.8] |
| N | 644 | 1216 |

AC. 4-114 Percentage of Adult Smokers Who Were Advised to Quit Smoking When They Visited a Health Care Provider in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 74.7% | 69.9% |
| C.I. | [69.3-79.5] | [65.8-73.8] |
| N | 645 | 1219 |

AC. 4-115 Percentage of Adult Smokers Who Report that their Health Care Provider Assisted Them with Smoking Cessation When They Visited a Health Care Provider in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 37.4% | 38.0% |
| C.I. | [32.3-42.9] | [34.2-41.9] |
| N | 642 | 1213 |

AC. 4-116 Percentage of Adult Smokers Who Have Heard of the New York State Smokers' Quitline by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 54.7% | 57.0% |
| C.I. | [50.2-59.2] | [53.7-60.3] |
| N | 978 | 1803 |

AC. 4-117 Percentage of Adult Smokers Who Have Called the New York State Smokers' Quitline by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|------------|-----------|
| Estimate | 6.4% | 6.7% |
| C.I. | [3.7-10.8] | [4.8-9.2] |
| N | 534 | 1031 |

AC. 4-120 Percentage of Adult Former Smokers or Current Smokers with A Quit Attempt in the Past 12 Months Who Have Used a Nicotine Patch or Nicotine Gum by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 27.0% | 22.6% |
| C.I. | [21.8-32.9] | [19.3-26.4] |
| N | 545 | 1047 |

AC. 4-121 Percentage of Adult Smokers Who Were Planning to Stop Smoking in the Next 30 Days by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 26.0% | 24.3% |
| C.I. | [22.0-30.4] | [21.2-27.7] |
| N | 901 | 1517 |

AC. 4-122 Percentage of Smokers Who Made a Quit Attempt in the Past 12 Months by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|----------|-------------|-------------|
| Estimate | 46.3% | 46.3% |
| C.I. | [41.9-50.9] | [43.0-49.6] |
| N | 982 | 1810 |

AC. 4-123 Percentage of Smokers Who Made a Successful Quit Attempt in the Past 12 Months (Remained Quit for More Than 6 Months) by Year, ATS 2003-2004

| Year | 2003 | 2004 |
|-----------|------------|-------------|
| Estimate* | 12.0% | 22.6% |
| C.I. | [8.1-17.3] | [19.1-26.6] |
| N | 584 | 1288 |

AC. 4-129 Percentage of Middle and High School Students Who Have Been Asked for Proof of Age When Purchasing Cigarettes by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate | 35.0% | 22.3% | 30.4% |
| C.I. | [24.5-47.1] | [10.0-42.6] | [25.0-36.4] |
| N | 211 | 213 | 182 |
| High School | | | |
| Estimate | 49.4% | 54.7% | 53.5% |
| C.I. | [43.9-54.9] | [46.4-62.8] | [47.7-59.3] |
| N | 913 | 527 | 549 |

AC. 4-130 Percentage of Middle and High School Students Who Have Been Refused Sale of Cigarettes Because of Age by Year, YTS 2000-2004

| Year | 2000 | 2002 | 2004 |
|---------------|-------------|-------------|-------------|
| Middle School | | | |
| Estimate | 37.2% | 30.2% | 39.8% |
| C.I. | [27.8-47.6] | [23.8-37.4] | [34.6-45.3] |
| N | 251 | 251 | 195 |
| High School | | | |
| Estimate | 31.8% | 33.1% | 35.9% |
| C.I. | [25.7-38.5] | [24.9-42.5] | [29.6-42.7] |
| N | 919 | 536 | 523 |

**APPENDIX B:
ANALYSES BY DEMOGRAPHIC CHARACTERISTICS**

DT. 4-2 Percentage of Adults Who Currently Smoke Every Day or Some Days by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 29.7% | [25.2-34.7] | 563 |
| 25-34 | 20.5% | [17.8-23.5] | 1249 |
| 35-44 | 20.6% | [18.1-23.3] | 1609 |
| 45-54 | 18.4% | [16.0-21.1] | 1635 |
| 55-64 | 14.5% | [12.2-17.1] | 1356 |
| 65 + years | 7.0% | [5.7-8.6] | 1646 |
| Race | | | |
| White (non-Hispanic) | 18.3% | [17.1-19.6] | 6144 |
| Black (non-Hispanic) | 19.3% | [16.1-23.0] | 806 |
| Hispanic | 17.8% | [14.5-21.7] | 760 |
| Other | 14.0% | [10.7-18.2] | 526 |
| Gender* | | | |
| Male | 20.0% | [18.2-21.9] | 3197 |
| Female | 16.3% | [15.0-17.7] | 5036 |
| Education* | | | |
| Less Than High School | 28.3% | [23.6-33.5] | 654 |
| High School | 24.7% | [22.2-27.2] | 2212 |
| Some College | 19.6% | [17.5-22.0] | 1985 |
| College Degree or More | 10.1% | [8.9-11.5] | 3349 |
| Region* | | | |
| Western | 22.1% | [19.5-24.8] | 1701 |
| Central | 23.9% | [20.5-27.8] | 952 |
| Capital | 23.6% | [20.1-27.5] | 957 |
| Metro | 15.8% | [14.4-17.2] | 4626 |
| Insurance* | | | |
| Public | 18.6% | [16.4-21.1] | 1962 |
| Private | 15.0% | [13.8-16.3] | 5096 |
| None | 28.2% | [24.5-32.2] | 978 |

DT. 4-3 Percentage of Middle School Students Who Currently Smoke by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|---------------|----------|-----------|------|
| Gender | | | |
| Female | 5.8% | [4.4-7.5] | 1936 |
| Male | 5.1% | [4.0-6.4] | 1818 |
| Race* | | | |
| White | 5.5% | [4.4-6.9] | 1471 |
| Black | 3.3% | [1.8-6.2] | 786 |
| Hispanic | 7.6% | [5.8-9.8] | 939 |
| Other | 5.2% | [3.3-8.0] | 400 |
| Grade* | | | |
| 6th | 3.5% | [2.3-5.4] | 981 |
| 7th | 6.0% | [4.1-8.8] | 1471 |
| 8th | 6.7% | [5.8-7.7] | 1325 |
| Region | | | |
| Rest of State | 6.0% | [4.9-7.3] | 1978 |
| New York City | 4.4% | [3.5-5.7] | 1799 |

DT. 4-4 Percentage of High School Students Who Currently Smoke by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-------------|------|
| Gender | | | |
| Female | 17.5% | [14.1-21.4] | 2204 |
| Male | 19.9% | [17.3-22.6] | 1863 |
| Race* | | | |
| White | 23.2% | [20.0-26.6] | 1926 |
| Black | 6.5% | [3.5-11.8] | 674 |
| Hispanic | 14.3% | [11.9-17.1] | 831 |
| Other | 15.7% | [12.5-19.6] | 546 |
| Grade* | | | |
| 9th | 12.5% | [9.9-15.6] | 1250 |
| 10th | 16.7% | [13.2-20.9] | 1054 |
| 11th | 21.5% | [16.8-27.1] | 888 |
| 12th | 26.8% | [21.4-33.1] | 911 |
| Region* | | | |
| Rest of State | 22.2% | [19.6-25.0] | 2443 |
| New York City | 11.4% | [7.7-16.6] | 1660 |

**DT. 4-5 Average Number of Packs of Cigarettes Smoked Per Month
by Adult Smokers by Demographic Characteristics, ATS 2004.**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 18.3 | [14.9-21.7] | 215 |
| 25-34 | 18.6 | [16.3-20.8] | 336 |
| 35-44 | 24.9 | [22.5-27.3] | 413 |
| 45-54 | 26.8 | [23.6-30.0] | 398 |
| 55-64 | 24.6 | [21.5-27.8] | 244 |
| 65 + years | 29.3 | [23.8-34.8] | 153 |
| Race* | | | |
| White (non-Hispanic) | 26.1 | [24.5-27.7] | 1320 |
| Black (non-Hispanic) | 17.1 | [13.8-20.4] | 184 |
| Hispanic | 15.2 | [12.2-18.2] | 164 |
| Other | 21.1 | [16.3-25.9] | 108 |
| Gender | | | |
| Male | 24.0 | [22.1-25.9] | 777 |
| Female | 21.5 | [19.9-23.2] | 998 |
| Education* | | | |
| Less Than High School | 21.9 | [18.3-25.6] | 210 |
| High School | 25.4 | [23.2-27.5] | 633 |
| Some College | 22.8 | [20.8-24.7] | 509 |
| College Degree or More | 19.4 | [16.2-22.6] | 421 |
| Region* | | | |
| Western | 25.2 | [23.2-27.2] | 411 |
| Central | 27.6 | [24.7-30.4] | 246 |
| Capital | 25.7 | [22.5-28.9] | 237 |
| Metro | 20.7 | [18.8-22.6] | 882 |
| Insurance | | | |
| Public | 23.0 | [20.2-25.7] | 410 |
| Private | 23.3 | [21.4-25.2] | 981 |
| None | 22.6 | [20.1-25.1] | 346 |

DT. 4-6 Percentage of Adults Who Currently Use Any Tobacco Product Other than Cigarettes by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 12.7% | [9.7-16.5] | 559 |
| 25-34 | 8.2% | [6.3-10.6] | 1241 |
| 35-44 | 7.7% | [6.0-9.9] | 1600 |
| 45-54 | 5.6% | [4.0-7.7] | 1628 |
| 55-64 | 4.4% | [3.1-6.1] | 1354 |
| 65 + years | 2.8% | [1.8-4.4] | 1635 |
| Race | | | |
| White (non-Hispanic) | 6.8% | [5.9-7.7] | 6121 |
| Black (non-Hispanic) | 6.2% | [4.1-9.3] | 806 |
| Hispanic | 7.0% | [4.7-10.2] | 750 |
| Other | 6.9% | [4.5-10.3] | 520 |
| Gender* | | | |
| Male | 11.5% | [10.1-13.1] | 3178 |
| Female | 2.4% | [1.8-3.3] | 5016 |
| Education | | | |
| Less Than High School | 5.2% | [3.6-7.5] | 651 |
| High School | 7.2% | [5.6-9.1] | 2192 |
| Some College | 8.2% | [6.5-10.3] | 1977 |
| College Degree or More | 5.9% | [4.8-7.1] | 3339 |
| Region | | | |
| Western | 7.3% | [5.6-9.3] | 1693 |
| Central | 8.1% | [5.9-11.0] | 950 |
| Capital | 7.9% | [5.8-10.8] | 949 |
| Metro | 6.3% | [5.3-7.4] | 4605 |
| Insurance* | | | |
| Public | 3.8% | [2.9-5.0] | 1949 |
| Private | 7.0% | [6.0-8.2] | 5071 |
| None | 9.6% | [7.3-12.4] | 977 |

**DT. 4-7 Percentage of Adults Who Currently Smoke Cigars
by Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|------|
| Age* | | | |
| 18-24 | 8.2% | [5.8-11.5] | 562 |
| 25-34 | 4.8% | [3.4-6.6] | 1251 |
| 35-44 | 5.4% | [4.1-7.2] | 1611 |
| 45-54 | 4.6% | [3.2-6.7] | 1633 |
| 55-64 | 3.5% | [2.4-5.1] | 1360 |
| 65 + years | 1.3% | [0.8-2.0] | 1651 |
| Race | | | |
| White (non-Hispanic) | 4.8% | [4.1-5.6] | 6154 |
| Black (non-Hispanic) | 3.1% | [1.8-5.2] | 812 |
| Hispanic | 5.5% | [3.5-8.5] | 757 |
| Other | 2.5% | [1.4-4.5] | 526 |
| Gender* | | | |
| Male | 8.1% | [6.9-9.5] | 3202 |
| Female | 1.3% | [0.9-1.8] | 5044 |
| Education* | | | |
| Less Than High School | 3.5% | [2.2-5.3] | 656 |
| High School | 3.9% | [2.9-5.2] | 2213 |
| Some College | 6.2% | [4.7-8.2] | 1985 |
| College Degree or More | 4.2% | [3.3-5.2] | 3357 |
| Region | | | |
| Western | 5.0% | [3.6-7.0] | 1703 |
| Central | 4.7% | [3.2-6.8] | 952 |
| Capital | 5.7% | [3.9-8.4] | 958 |
| Metro | 4.2% | [3.5-5.1] | 4636 |
| Insurance* | | | |
| Public | 2.8% | [2.0-3.9] | 1965 |
| Private | 4.7% | [3.9-5.7] | 5100 |
| None | 5.8% | [4.2-8.0] | 982 |

DT. 4-8 Percentage of Middle and High School Students Who Have Used Tobacco Products Other Than Cigarettes in the Past 30 Days by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|---------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 3.5% | [2.7-4.5] | 1922 |
| Male | 7.8% | [5.8-10.4] | 1793 |
| Race* | | | |
| White | 4.4% | [3.2-6.0] | 1480 |
| Black | 5.9% | [3.8-9.1] | 755 |
| Hispanic | 8.4% | [7.0-10.1] | 935 |
| Other | 6.7% | [3.2-13.4] | 393 |
| Grade | | | |
| 6th | 4.5% | [3.1-6.6] | 947 |
| 7th | 6.8% | [4.7-9.7] | 1451 |
| 8th | 5.5% | [4.1-7.5] | 1338 |
| Region* | | | |
| Rest of State | 4.8% | [3.6-6.4] | 1982 |
| New York City | 7.2% | [5.7-9.1] | 1754 |
| High School | | | |
| Gender* | | | |
| Female | 6.9% | [5.5-8.6] | 2233 |
| Male | 19.9% | [17.2-22.9] | 1859 |
| Race* | | | |
| White | 14.8% | [13.1-16.8] | 1961 |
| Black | 4.5% | [2.2-9.0] | 659 |
| Hispanic | 10.8% | [8.2-14.2] | 828 |
| Other | 9.6% | [7.2-12.7] | 551 |
| Grade* | | | |
| 9th | 9.6% | [7.3-12.4] | 1266 |
| 10th | 12.5% | [9.1-16.9] | 1069 |
| 11th | 12.7% | [9.9-16.2] | 894 |
| 12th | 17.0% | [12.6-22.5] | 897 |
| Region* | | | |
| Rest of State | 14.6% | [12.8-16.6] | 2485 |
| New York City | 8.4% | [6.3-11.1] | 1641 |

DT. 4-9 Percentage of Middle and High School Students Who Have Smoked Cigars in the Past 30 Days by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 2.3% | [1.8-3.1] | 1941 |
| Male | 4.8% | [3.5-6.5] | 1839 |
| Race* | | | |
| White | 2.4% | [1.9-3.1] | 1491 |
| Black | 3.7% | [1.9-6.8] | 773 |
| Hispanic | 5.5% | [4.0-7.6] | 955 |
| Other | 5.0% | [2.8-9.0] | 401 |
| Grade | | | |
| 6th | 2.9% | [1.9-4.4] | 965 |
| 7th | 4.0% | [2.8-5.6] | 1477 |
| 8th | 3.7% | [2.8-4.7] | 1359 |
| Region* | | | |
| Rest of State | 3.0% | [2.3-3.8] | 1998 |
| New York City | 4.5% | [3.7-5.5] | 1803 |
| High School | | | |
| Gender* | | | |
| Female | 4.1% | [3.0-5.5] | 2247 |
| Male | 13.4% | [11.3-15.8] | 1877 |
| Race* | | | |
| White | 10.1% | [8.9-11.6] | 1966 |
| Black | 2.6% | [1.0-6.7] | 670 |
| Hispanic | 6.6% | [4.7-9.1] | 840 |
| Other | 6.0% | [3.6-9.8] | 555 |
| Grade* | | | |
| 9th | 5.5% | [4.0-7.6] | 1280 |
| 10th | 7.6% | [6.0-9.6] | 1076 |
| 11th | 8.4% | [6.1-11.4] | 894 |
| 12th | 12.8% | [9.5-17.0] | 909 |
| Region* | | | |
| Rest of State | 10.0% | [8.7-11.4] | 2478 |
| New York City | 4.6% | [2.8-7.6] | 1681 |

DT. 4-10 Percentage of Middle and High School Students Who Have Used Smokeless Tobacco in the Past 30 Days by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 1.5% | [0.9-2.3] | 1931 |
| Male | 3.6% | [2.6-4.9] | 1831 |
| Race | | | |
| White | 1.9% | [1.2-2.8] | 1485 |
| Black | 2.1% | [1.2-3.5] | 773 |
| Hispanic | 3.4% | [2.3-4.9] | 953 |
| Other | 4.4% | [1.6-11.6] | 397 |
| Grade | | | |
| 6th | 1.8% | [1.2-2.7] | 964 |
| 7th | 3.1% | [1.8-5.5] | 1468 |
| 8th | 2.5% | [1.6-3.9] | 1352 |
| Region | | | |
| Rest of State | 2.1% | [1.6-2.9] | 1992 |
| New York City | 3.1% | [2.3-4.2] | 1792 |
| High School | | | |
| Gender* | | | |
| Female | 1.6% | [1.0-2.5] | 2244 |
| Male | 7.1% | [4.9-10.2] | 1866 |
| Race* | | | |
| White | 5.3% | [3.8-7.3] | 1950 |
| Black | 0.5% | [0.1-4.2] | 673 |
| Hispanic | 3.6% | [2.1-6.1] | 841 |
| Other | 1.6% | [1.0-2.5] | 553 |
| Grade | | | |
| 9th | 3.1% | [1.8-5.2] | 1271 |
| 10th | 3.2% | [2.2-4.7] | 1075 |
| 11th | 4.7% | [2.9-7.5] | 893 |
| 12th | 5.7% | [3.1-10.2] | 907 |
| Region* | | | |
| Rest of State | 5.3% | [3.8-7.4] | 2471 |
| New York City | 1.4% | [0.9-2.3] | 1675 |

DT. 4-14 Percentage of Smokers Who Purchased from Any Low- or Untaxed Venue by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 62.3% | [51.9-71.6] | 170 |
| 25-34 | 53.0% | [44.3-61.4] | 244 |
| 35-44 | 54.2% | [46.4-61.8] | 334 |
| 45-54 | 55.4% | [46.9-63.7] | 310 |
| 55-64 | 65.2% | [55.0-74.2] | 186 |
| 65 + years | 61.3% | [48.7-72.5] | 112 |
| Race* | | | |
| White (non-Hispanic) | 63.3% | [59.0-67.5] | 1011 |
| Black (non-Hispanic) | 38.8% | [29.3-49.2] | 148 |
| Hispanic | 44.4% | [32.4-57.1] | 119 |
| Other | 72.0% | [57.3-83.2] | 91 |
| Gender | | | |
| Male | 58.9% | [53.2-64.4] | 600 |
| Female | 55.5% | [50.3-60.5] | 769 |
| Education* | | | |
| Less Than High School | 42.6% | [31.9-54.1] | 154 |
| High School | 57.5% | [50.9-63.8] | 494 |
| Some College | 57.7% | [50.8-64.3] | 406 |
| College Degree or More | 66.9% | [59.2-73.8] | 314 |
| Region* | | | |
| Western | 79.3% | [71.9-85.1] | 319 |
| Central | 70.1% | [60.1-78.5] | 187 |
| Capital | 53.4% | [43.0-63.5] | 191 |
| Metro | 48.7% | [43.4-54.0] | 672 |
| Insurance | | | |
| Public | 51.5% | [43.7-59.2] | 324 |
| Private | 61.1% | [56.0-65.9] | 748 |
| None | 58.0% | [49.1-66.3] | 269 |

DT. 4-15a Percentage of Smokers Who Purchased At Least Once from an Indian Reservation in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 28.3% | [20.6-37.5] | 170 |
| 25-34 | 25.2% | [19.2-32.2] | 243 |
| 35-44 | 32.3% | [26.0-39.3] | 332 |
| 45-54 | 34.5% | [27.3-42.5] | 308 |
| 55-64 | 39.8% | [30.7-49.7] | 184 |
| 65 + years | 45.6% | [34.1-57.6] | 112 |
| Race* | | | |
| White (non-Hispanic) | 41.1% | [37.3-45.1] | 1004 |
| Black (non-Hispanic) | 12.9% | [7.7-20.7] | 148 |
| Hispanic | 14.1% | [6.5-27.9] | 119 |
| Other | 27.0% | [16.2-41.4] | 91 |
| Gender | | | |
| Male | 30.5% | [26.1-35.4] | 599 |
| Female | 33.5% | [29.3-37.9] | 763 |
| Education* | | | |
| Less Than High School | 21.3% | [13.8-31.3] | 154 |
| High School | 34.7% | [29.4-40.5] | 490 |
| Some College | 37.5% | [31.5-44.0] | 404 |
| College Degree or More | 27.3% | [21.3-34.1] | 313 |
| Region* | | | |
| Western | 74.8% | [67.4-81.0] | 314 |
| Central | 50.6% | [40.6-60.5] | 187 |
| Capital | 27.8% | [20.5-36.4] | 190 |
| Metro | 15.9% | [12.5-19.9] | 671 |
| Insurance | | | |
| Public | 33.0% | [26.4-40.3] | 323 |
| Private | 32.6% | [28.4-37.1] | 744 |
| None | 30.2% | [24.0-37.3] | 267 |

DT. 4-15b Percentage of Smokers Who Purchased At Least Once from Out of State in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 40.1% | [31.1-49.9] | 170 |
| 25-34 | 30.7% | [23.4-39.1] | 243 |
| 35-44 | 28.8% | [22.7-35.8] | 332 |
| 45-54 | 25.7% | [19.6-32.9] | 310 |
| 55-64 | 34.3% | [24.8-45.1] | 183 |
| 65 + years | 27.0% | [16.9-40.4] | 111 |
| Race* | | | |
| White (non-Hispanic) | 31.4% | [27.6-35.5] | 1004 |
| Black (non-Hispanic) | 25.6% | [17.8-35.4] | 148 |
| Hispanic | 29.3% | [19.8-41.1] | 119 |
| Other | 51.3% | [36.4-66.0] | 91 |
| Gender | | | |
| Male | 33.8% | [28.9-39.2] | 595 |
| Female | 28.7% | [24.4-33.5] | 767 |
| Education* | | | |
| Less Than High School | 23.1% | [15.0-33.7] | 152 |
| High School | 25.7% | [20.6-31.5] | 492 |
| Some College | 30.7% | [24.9-37.2] | 405 |
| College Degree or More | 48.5% | [40.9-56.2] | 312 |
| Region* | | | |
| Western | 20.2% | [14.9-26.8] | 319 |
| Central | 31.5% | [23.1-41.3] | 186 |
| Capital | 26.5% | [19.0-35.6] | 189 |
| Metro | 35.7% | [30.9-40.9] | 668 |
| Insurance* | | | |
| Public | 25.2% | [19.2-32.3] | 322 |
| Private | 36.9% | [32.1-42.1] | 745 |
| None | 29.4% | [22.7-37.1] | 269 |

DT. 4-15c Percentage of Smokers Who Purchased At Least Once from the Internet in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 6.6% | [3.5-11.9] | 170 |
| 25-34 | 9.1% | [5.5-14.9] | 244 |
| 35-44 | 11.6% | [7.5-17.5] | 332 |
| 45-54 | 8.8% | [5.7-13.3] | 309 |
| 55-64 | 11.1% | [6.5-18.2] | 185 |
| 65 + years | 5.7% | [1.5-19.0] | 112 |
| Race | | | |
| White (non-Hispanic) | 10.1% | [7.9-12.7] | 1007 |
| Black (non-Hispanic) | 4.3% | [1.8-9.9] | 148 |
| Hispanic | 6.7% | [2.7-15.4] | 119 |
| Other | 17.4% | [8.5-32.3] | 91 |
| Gender | | | |
| Male | 10.6% | [7.7-14.3] | 597 |
| Female | 7.5% | [5.6-9.9] | 768 |
| Education* | | | |
| Less Than High School | 2.9% | [1.2-6.9] | 153 |
| High School | 9.8% | [6.8-13.9] | 493 |
| Some College | 7.5% | [5.2-10.7] | 405 |
| College Degree or More | 14.3% | [9.4-21.2] | 313 |
| Region* | | | |
| Western | 3.5% | [1.4-8.2] | 318 |
| Central | 13.3% | [8.1-21.0] | 187 |
| Capital | 16.8% | [10.6-25.5] | 191 |
| Metro | 8.6% | [6.3-11.7] | 669 |
| Insurance* | | | |
| Public | 5.3% | [3.1-8.9] | 324 |
| Private | 13.0% | [10.0-16.8] | 747 |
| None | 5.6% | [3.0-10.3] | 268 |

**DT. 4-15d Percentage of Smokers Who Purchased At Least Once
from a Toll Free Number in the Past 12 Months by Demographic
Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|------|
| Age* | | | |
| 18-24 | 4.0% | [1.4-11.0] | 170 |
| 25-34 | 3.0% | [1.5-6.0] | 243 |
| 35-44 | 3.3% | [1.6-6.8] | 331 |
| 45-54 | 5.7% | [3.2-10.0] | 307 |
| 55-64 | 14.3% | [8.8-22.3] | 185 |
| 65 + years | 13.6% | [8.0-22.1] | 112 |
| | | | |
| Race* | | | |
| White (non-Hispanic) | 7.3% | [5.5-9.7] | 1004 |
| Black (non-Hispanic) | 2.0% | [0.9-4.7] | 148 |
| Hispanic | 4.0% | [1.2-12.0] | 119 |
| Other | 1.6% | [0.6-4.0] | 90 |
| | | | |
| Gender | | | |
| Male | 5.6% | [3.6-8.5] | 595 |
| Female | 5.7% | [4.1-7.8] | 766 |
| | | | |
| Education | | | |
| Less Than High School | 4.6% | [2.2-9.4] | 152 |
| High School | 7.8% | [5.1-11.8] | 492 |
| Some College | 3.6% | [2.2-5.9] | 403 |
| College Degree or More | 5.0% | [2.8-8.6] | 313 |
| | | | |
| Region | | | |
| Western | 3.1% | [1.4-6.4] | 318 |
| Central | 6.2% | [2.5-14.4] | 185 |
| Capital | 7.9% | [4.5-13.5] | 191 |
| Metro | 5.9% | [4.1-8.4] | 667 |
| | | | |
| Insurance | | | |
| Public | 7.6% | [5.1-11.2] | 324 |
| Private | 5.3% | [3.6-7.9] | 744 |
| None | 5.0% | [2.4-10.0] | 268 |

DT. 4-15e Percentage of Smokers Who Purchased At Least Once From a Duty Free Shop in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age | | | |
| 18-24 | 9.9% | [5.7-16.6] | 168 |
| 25-34 | 16.6% | [11.1-24.1] | 244 |
| 35-44 | 15.1% | [10.8-20.7] | 332 |
| 45-54 | 12.7% | [8.5-18.5] | 305 |
| 55-64 | 20.6% | [13.5-30.0] | 182 |
| 65 + years | 12.0% | [5.9-22.8] | 109 |
| Race | | | |
| White (non-Hispanic) | 16.5% | [13.6-19.9] | 999 |
| Black (non-Hispanic) | 9.3% | [5.0-16.7] | 146 |
| Hispanic | 8.0% | [4.0-15.5] | 118 |
| Other | 16.6% | [8.0-31.2] | 90 |
| Gender | | | |
| Male | 15.6% | [12.2-19.8] | 593 |
| Female | 12.6% | [9.8-16.0] | 760 |
| Education | | | |
| Less Than High School | 8.7% | [4.6-16.0] | 152 |
| High School | 12.7% | [9.2-17.2] | 485 |
| Some College | 16.0% | [11.6-21.6] | 403 |
| College Degree or More | 18.4% | [13.4-24.8] | 312 |
| Region | | | |
| Western | 15.8% | [11.3-21.7] | 315 |
| Central | 14.5% | [8.5-23.7] | 185 |
| Capital | 5.7% | [2.6-11.9] | 188 |
| Metro | 15.1% | [12.0-18.9] | 665 |
| Insurance | | | |
| Public | 10.8% | [7.1-16.0] | 317 |
| Private | 17.1% | [13.8-21.1] | 744 |
| None | 12.6% | [8.1-18.9] | 264 |

DT. 4-16 Percentage of Smokers Who Purchased “All the Time” or “Sometimes” from Any Low- or Untaxed Venue by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 28.9% | [21.4-37.9] | 170 |
| 25-34 | 38.6% | [30.8-47.0] | 244 |
| 35-44 | 34.9% | [28.5-41.9] | 332 |
| 45-54 | 40.8% | [33.0-49.1] | 309 |
| 55-64 | 46.1% | [36.4-56.2] | 185 |
| 65 + years | 47.0% | [35.1-59.1] | 112 |
| Race* | | | |
| White (non-Hispanic) | 44.2% | [40.1-48.3] | 1007 |
| Black (non-Hispanic) | 18.9% | [12.6-27.2] | 148 |
| Hispanic | 22.9% | [13.7-35.7] | 119 |
| Other | 45.6% | [31.5-60.5] | 91 |
| Gender | | | |
| Male | 37.2% | [32.3-42.5] | 597 |
| Female | 37.2% | [32.7-41.8] | 768 |
| Education | | | |
| Less Than High School | 27.0% | [18.5-37.6] | 153 |
| High School | 37.7% | [32.1-43.7] | 493 |
| Some College | 38.9% | [32.8-45.3] | 405 |
| College Degree or More | 41.4% | [34.1-49.1] | 313 |
| Region* | | | |
| Western | 70.7% | [63.2-77.2] | 318 |
| Central | 47.6% | [37.8-57.6] | 187 |
| Capital | 32.1% | [24.1-41.3] | 191 |
| Metro | 25.7% | [21.6-30.4] | 669 |
| Insurance | | | |
| Public | 35.3% | [28.6-42.6] | 324 |
| Private | 39.0% | [34.4-43.9] | 747 |
| None | 36.6% | [29.5-44.4] | 268 |

DT. 4-17a Percentage of Smokers Who Purchased "All the Time" or "Sometimes" from Indian Reservations in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 16.4% | [10.4-24.8] | 170 |
| 25-34 | 19.7% | [14.4-26.5] | 243 |
| 35-44 | 25.6% | [20.1-31.9] | 332 |
| 45-54 | 30.2% | [23.3-38.1] | 308 |
| 55-64 | 33.0% | [24.7-42.5] | 184 |
| 65 + years | 33.3% | [23.3-45.0] | 112 |
| Race* | | | |
| White (non-Hispanic) | 32.2% | [28.7-35.9] | 1004 |
| Black (non-Hispanic) | 7.3% | [3.8-13.7] | 148 |
| Hispanic | 12.4% | [5.2-26.7] | 119 |
| Other | 16.9% | [9.6-28.1] | 91 |
| Gender | | | |
| Male | 23.3% | [19.3-27.9] | 599 |
| Female | 25.8% | [22.1-29.8] | 763 |
| Education | | | |
| Less Than High School | 17.9% | [11.0-27.9] | 154 |
| High School | 26.7% | [22.0-31.9] | 490 |
| Some College | 27.0% | [21.9-32.8] | 404 |
| College Degree or More | 22.1% | [16.6-28.7] | 313 |
| Region* | | | |
| Western | 68.4% | [60.9-75.1] | 314 |
| Central | 36.2% | [27.4-46.1] | 187 |
| Capital | 19.9% | [14.0-27.5] | 190 |
| Metro | 9.6% | [7.0-13.1] | 671 |
| Insurance | | | |
| Public | 24.1% | [18.5-30.9] | 323 |
| Private | 24.8% | [21.2-28.9] | 744 |
| None | 24.4% | [18.7-31.1] | 267 |

**DT. 4-17b Percentage of Smokers Who Purchased “All the Time” or
“Sometimes” from Out of State in the Past 12 Months by
Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 11.8% | [7.6-18.0] | 170 |
| 25-34 | 16.7% | [11.1-24.4] | 243 |
| 35-44 | 12.3% | [8.3-17.7] | 332 |
| 45-54 | 9.5% | [6.2-14.3] | 310 |
| 55-64 | 11.6% | [6.8-19.1] | 182 |
| 65 + years | 13.9% | [6.8-26.2] | 110 |
| Race | | | |
| White (non-Hispanic) | 12.2% | [9.7-15.2] | 1002 |
| Black (non-Hispanic) | 10.1% | [5.9-17.0] | 148 |
| Hispanic | 11.8% | [6.4-20.9] | 119 |
| Other | 23.5% | [13.3-38.2] | 91 |
| Gender* | | | |
| Male | 14.7% | [11.4-18.8] | 595 |
| Female | 10.1% | [7.7-13.1] | 765 |
| Education* | | | |
| Less Than High School | 8.1% | [4.2-15.0] | 151 |
| High School | 10.1% | [7.2-14.0] | 492 |
| Some College | 11.6% | [8.3-16.1] | 404 |
| College Degree or More | 21.2% | [15.3-28.6] | 312 |
| Region* | | | |
| Western | 4.9% | [2.8-8.5] | 319 |
| Central | 13.6% | [8.8-20.3] | 185 |
| Capital | 11.1% | [6.4-18.6] | 189 |
| Metro | 14.9% | [11.8-18.8] | 667 |
| Insurance | | | |
| Public | 11.5% | [7.7-16.7] | 321 |
| Private | 13.6% | [10.5-17.5] | 744 |
| None | 12.6% | [8.5-18.2] | 269 |

DT. 4-17c Percentage of Smokers Who Purchased "All the Time" or "Sometimes" from the Internet in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|------|
| Age | | | |
| 18-24 | 4.4% | [2.0-9.4] | 170 |
| 25-34 | 3.8% | [2.1-6.9] | 244 |
| 35-44 | 7.9% | [4.5-13.2] | 332 |
| 45-54 | 5.2% | [3.1-8.6] | 308 |
| 55-64 | 9.2% | [5.3-15.7] | 185 |
| 65 + years | 5.7% | [1.5-19.0] | 112 |
| Race | | | |
| White (non-Hispanic) | 6.5% | [4.9-8.7] | 1006 |
| Black (non-Hispanic) | 2.2% | [0.8-6.0] | 148 |
| Hispanic | 5.1% | [1.7-14.2] | 119 |
| Other | 10.6% | [4.2-24.2] | 91 |
| Gender | | | |
| Male | 6.8% | [4.5-10.0] | 596 |
| Female | 4.9% | [3.6-6.7] | 768 |
| Education* | | | |
| Less Than High School | 1.5% | [0.6-3.5] | 152 |
| High School | 5.9% | [3.8-9.1] | 493 |
| Some College | 5.6% | [3.7-8.3] | 405 |
| College Degree or More | 9.3% | [5.4-15.7] | 313 |
| Region* | | | |
| Western | 3.1% | [1.1-8.0] | 318 |
| Central | 8.1% | [4.9-13.1] | 187 |
| Capital | 11.5% | [6.8-18.6] | 191 |
| Metro | 5.3% | [3.5-7.9] | 668 |
| Insurance* | | | |
| Public | 3.3% | [1.8-6.0] | 324 |
| Private | 8.6% | [6.3-11.8] | 747 |
| None | 3.8% | [1.7-8.2] | 268 |

**DT. 4-17d Percentage of Smokers Who Purchased “All the Time” or
“Sometimes” from a Toll Free Number in the Past 12 Months by
Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|------|
| Age* | | | |
| 18-24 | 0.7% | [0.1-5.1] | 170 |
| 25-34 | 2.3% | [1.0-5.2] | 243 |
| 35-44 | 1.5% | [0.7-3.2] | 331 |
| 45-54 | 4.6% | [2.3-9.0] | 306 |
| 55-64 | 10.7% | [6.2-18.0] | 185 |
| 65 + years | 11.6% | [6.5-19.6] | 112 |
| Race* | | | |
| White (non-Hispanic) | 5.2% | [3.8-7.2] | 1003 |
| Black (non-Hispanic) | 1.2% | [0.4-3.3] | 148 |
| Hispanic | 0.4% | [0.1-2.0] | 119 |
| Other | 1.4% | [0.5-3.9] | 90 |
| Gender | | | |
| Male | 3.0% | [1.8-4.7] | 595 |
| Female | 4.5% | [3.0-6.5] | 765 |
| Education | | | |
| Less Than High School | 2.6% | [1.1-6.2] | 152 |
| High School | 5.2% | [3.4-7.8] | 491 |
| Some College | 2.5% | [1.4-4.4] | 403 |
| College Degree or More | 3.2% | [1.5-6.8] | 313 |
| Region | | | |
| Western | 2.7% | [1.1-6.1] | 318 |
| Central | 3.4% | [1.5-7.4] | 185 |
| Capital | 7.1% | [3.9-12.5] | 191 |
| Metro | 3.4% | [2.2-5.2] | 666 |
| Insurance* | | | |
| Public | 5.8% | [3.7-9.0] | 324 |
| Private | 3.9% | [2.4-6.0] | 743 |
| None | 1.8% | [0.8-3.6] | 268 |

DT. 4-17e Percentage of Smokers Who Purchased "All the Time" or "Sometimes" Duty Free in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|-----|
| Age | | | |
| 18-24 | 2.2% | [1.0-4.9] | 168 |
| 25-34 | 8.6% | [4.9-14.5] | 244 |
| 35-44 | 6.5% | [4.0-10.4] | 332 |
| 45-54 | 7.0% | [4.0-12.0] | 305 |
| 55-64 | 8.6% | [4.4-15.8] | 182 |
| 65 + years | 4.7% | [2.1-10.3] | 109 |
| Race | | | |
| White (non-Hispanic) | 7.5% | [5.6-9.8] | 999 |
| Black (non-Hispanic) | 4.2% | [1.8-9.4] | 146 |
| Hispanic | 2.2% | [0.5-8.6] | 118 |
| Other | 6.8% | [2.5-17.4] | 90 |
| Gender | | | |
| Male | 6.4% | [4.4-9.1] | 593 |
| Female | 5.9% | [4.1-8.3] | 760 |
| Education | | | |
| Less Than High School | 5.3% | [2.4-11.6] | 152 |
| High School | 6.4% | [4.2-9.7] | 485 |
| Some College | 5.3% | [3.2-8.5] | 403 |
| College Degree or More | 7.4% | [4.5-11.9] | 312 |
| Region | | | |
| Western | 8.6% | [5.5-13.2] | 315 |
| Central | 8.8% | [4.5-16.5] | 185 |
| Capital | 2.2% | [0.6-7.2] | 188 |
| Metro | 5.6% | [3.9-8.0] | 665 |
| Insurance | | | |
| Public | 5.3% | [3.1-8.8] | 317 |
| Private | 7.7% | [5.6-10.5] | 744 |
| None | 4.7% | [2.3-9.2] | 264 |

DT. 4-28 Average Number of Hours in the Past 7 Days That Adults Spent in a Room Where Someone was Smoking by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|------|
| Age* | | | |
| 18-24 | 7.6 | [5.3-9.9] | 541 |
| 25-34 | 4.2 | [3.2-5.2] | 1218 |
| 35-44 | 4.3 | [3.1-5.5] | 1581 |
| 45-54 | 4.0 | [2.9-5.1] | 1598 |
| 55-64 | 3.4 | [2.3-4.5] | 1335 |
| 65 + years | 1.7 | [1.2-2.2] | 1607 |
| Race | | | |
| White (non-Hispanic) | 4.4 | [3.8-5.0] | 6010 |
| Black (non-Hispanic) | 3.2 | [1.9-4.4] | 789 |
| Hispanic | 2.9 | [1.9-4.0] | 743 |
| Other | 4.6 | [2.5-6.7] | 512 |
| Gender* | | | |
| Male | 4.7 | [3.9-5.5] | 3107 |
| Female | 3.4 | [2.8-4.0] | 4944 |
| Education* | | | |
| Less Than High School | 7.8 | [4.9-10.7] | 627 |
| High School | 5.2 | [4.1-6.2] | 2134 |
| Some College | 5.1 | [4-6.3.0] | 1942 |
| College Degree or More | 1.7 | [1.4-2.0] | 3314 |
| Region* | | | |
| Western | 7.1 | [5.3-8.9] | 1682 |
| Central | 7.5 | [5.3-9.6] | 925 |
| Capital | 5.0 | [2.9-7.0] | 930 |
| Metro | 2.8 | [2.3-3.2] | 4517 |
| Insurance* | | | |
| Public | 4.0 | [3.0-5.1] | 1900 |
| Private | 3.0 | [2.5-3.5] | 5016 |
| None | 7.9 | [5.9-9.9] | 949 |

DT. 4-29 Average Number of Hours in the Past 7 Days That Adults Spent in a Vehicle Where Someone was Smoking by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-----------|------|
| Age* | | | |
| 18-24 | 3.0 | [1.7-4.4] | 552 |
| 25-34 | 1.0 | [0.7-1.3] | 1232 |
| 35-44 | 1.1 | [0.7-1.5] | 1597 |
| 45-54 | 0.5 | [0.4-0.7] | 1618 |
| 55-64 | 0.7 | [0.3-1.0] | 1348 |
| 65 + years | 0.3 | [0.2-0.5] | 1632 |
| Race | | | |
| White (non-Hispanic) | 1.1 | [0.8-1.4] | 6090 |
| Black (non-Hispanic) | 0.9 | [0.5-1.3] | 798 |
| Hispanic | 0.8 | [0.4-1.3] | 751 |
| Other | 0.6 | [0.3-1.0] | 517 |
| Gender* | | | |
| Male | 1.5 | [1.1-1.9] | 3154 |
| Female | 0.6 | [0.5-0.8] | 4999 |
| Education* | | | |
| Less Than High School | 2.1 | [0.6-3.5] | 638 |
| High School | 1.3 | [1.0-1.6] | 2171 |
| Some College | 1.3 | [0.8-1.8] | 1967 |
| College Degree or More | 0.4 | [0.3-0.5] | 3343 |
| Region* | | | |
| Western | 1.6 | [1.0-2.3] | 1690 |
| Central | 1.5 | [0.9-2.1] | 939 |
| Capital | 2.3 | [0.6-4.1] | 943 |
| Metro | 0.7 | [0.5-0.8] | 4584 |
| Insurance* | | | |
| Public | 0.7 | [0.5-0.9] | 1932 |
| Private | 0.7 | [0.5-0.9] | 5068 |
| None | 2.4 | [1.4-3.4] | 962 |

DT. 4-30 Average Number of Hours in the Past 7 Days That Adult Nonsmokers Spent in a Room Where Someone was Smoking by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-----------|------|
| Age* | | | |
| 18-24 | 1.9 | [1.3-2.6] | 339 |
| 25-34 | 1.5 | [1-1.9] | 900 |
| 35-44 | 0.8 | [0.6-1] | 1180 |
| 45-54 | 0.9 | [0.5-1.2] | 1221 |
| 55-64 | 0.7 | [0.5-0.9] | 1102 |
| 65 + years | 0.5 | [0.4-0.7] | 1463 |
| Race* | | | |
| White (non-Hispanic) | 1.0 | [0.8-1.2] | 4762 |
| Black (non-Hispanic) | 0.5 | [0.3-0.7] | 608 |
| Hispanic | 1.0 | [0.7-1.4] | 583 |
| Other | 1.5 | [0.7-2.4] | 407 |
| Gender* | | | |
| Male | 1.2 | [1-1.4] | 2375 |
| Female | 0.8 | [0.6-0.9] | 3983 |
| Education | | | |
| Less Than High School | 0.8 | [0.4-1.1] | 430 |
| High School | 1.0 | [0.7-1.3] | 1542 |
| Some College | 1.2 | [0.9-1.6] | 1455 |
| College Degree or More | 0.8 | [0.6-1] | 2900 |
| Region | | | |
| Western | 1.1 | [0.8-1.4] | 1278 |
| Central | 1.4 | [0.9-2.0] | 692 |
| Capital | 1.5 | [0.8-2.2] | 710 |
| Metro | 0.8 | [0.7-1.0] | 3680 |
| Insurance* | | | |
| Public | 0.7 | [0.5-0.9] | 1520 |
| Private | 1.0 | [0.8-1.2] | 4068 |
| None | 1.3 | [0.9-1.7] | 617 |

DT. 4-31 Average Number of Hours in the Past 7 Days That Adult Smokers Spent in a Room Where Someone was Smoking by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 22.1 | [14.9-29.2] | 202 |
| 25-34 | 15.1 | [10.7-19.5] | 314 |
| 35-44 | 18.3 | [13.1-23.5] | 397 |
| 45-54 | 19.0 | [13.3-24.6] | 375 |
| 55-64 | 21.3 | [13.9-28.6] | 227 |
| 65 + years | 19.4 | [13.5-25.2] | 137 |
| Race* | | | |
| White (non-Hispanic) | 20.9 | [17.7-24] | 1229 |
| Black (non-Hispanic) | 15.0 | [8.9-21] | 175 |
| Hispanic | 12.0 | [6.4-17.6] | 160 |
| Other | 24.5 | [11.7-37.2] | 104 |
| Gender | | | |
| Male | 19.7 | [16-23.4] | 720 |
| Female | 17.8 | [14.5-21.2] | 947 |
| Education* | | | |
| Less Than High School | 26.1 | [16.9-35.3] | 196 |
| High School | 19.0 | [14.9-23] | 587 |
| Some College | 22.1 | [17.1-27] | 483 |
| College Degree or More | 9.8 | [7.4-12.1] | 399 |
| Region* | | | |
| Western | 29.7 | [22.6-36.9] | 400 |
| Central | 27.7 | [19.7-35.7] | 230 |
| Capital | 17.0 | [8.9-25.2] | 219 |
| Metro | 13.9 | [11.2-16.6] | 819 |
| Insurance* | | | |
| Public | 20.0 | [14.6-25.5] | 374 |
| Private | 15.3 | [12.3-18.2] | 934 |
| None | 25.2 | [19-31.5] | 328 |

DT. 4-32 Average Number of Hours in the Past 7 Days That Adult Nonsmokers Spent in a Vehicle Where Someone was Smoking by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-----------|------|
| Age* | | | |
| 18-24 | 0.8 | [0.3-1.3] | 343 |
| 25-34 | 0.5 | [0.2-0.8] | 908 |
| 35-44 | 0.2 | [0.1-0.4] | 1185 |
| 45-54 | 0.1 | [0.1-0.2] | 1226 |
| 55-64 | 0.1 | [0-0.2] | 1104 |
| 65 + years | 0.1 | [0.1-0.2] | 1473 |
| Race | | | |
| White (non-Hispanic) | 0.2 | [0.1-0.3] | 4788 |
| Black (non-Hispanic) | 0.4 | [0.1-0.7] | 610 |
| Hispanic | 0.3 | [0.1-0.5] | 587 |
| Other | 0.3 | [0-0.5] | 410 |
| Gender* | | | |
| Male | 0.4 | [0.3-0.6] | 2392 |
| Female | 0.2 | [0.1-0.2] | 4001 |
| Education | | | |
| Less Than High School | 0.3 | [0.1-0.4] | 431 |
| High School | 0.3 | [0.1-0.4] | 1553 |
| Some College | 0.5 | [0.2-0.7] | 1463 |
| College Degree or More | 0.2 | [0.1-0.3] | 2915 |
| Region | | | |
| Western | 0.2 | [0.1-0.3] | 1279 |
| Central | 0.2 | [0.1-0.3] | 698 |
| Capital | 0.6 | [0-1.1] | 712 |
| Metro | 0.3 | [0.2-0.4] | 3706 |
| Insurance | | | |
| Public | 0.3 | [0.1-0.4] | 1530 |
| Private | 0.2 | [0.1-0.3] | 4088 |
| None | 0.6 | [0.2-1] | 621 |

DT. 4-33 Average Number of Hours in the Past 7 Days That Adult Smokers Spent in a Vehicle Where Someone was Smoking by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|------|
| Age* | | | |
| 18-24 | 8.5 | [4.2-12.8] | 209 |
| 25-34 | 3.1 | [2.1-4.0] | 320 |
| 35-44 | 4.5 | [2.7-6.3] | 407 |
| 45-54 | 2.4 | [1.8-3.1] | 390 |
| 55-64 | 4.2 | [1.9-6.5] | 238 |
| 65 + years | 3.1 | [0.8-5.4] | 151 |
| Race | | | |
| White (non-Hispanic) | 5.4 | [3.9-6.9] | 1281 |
| Black (non-Hispanic) | 2.8 | [1.0-4.7] | 182 |
| Hispanic | 3.3 | [1.1-5.6] | 164 |
| Other | 3.1 | [1.5-4.8] | 106 |
| Gender* | | | |
| Male | 5.9 | [4.0-7.8] | 749 |
| Female | 3.1 | [2.3-3.9] | 983 |
| Education* | | | |
| Less Than High School | 6.7 | [1.7-11.7] | 205 |
| High School | 4.7 | [3.5-6.0] | 612 |
| Some College | 4.9 | [2.7-7.1] | 500 |
| College Degree or More | 2.4 | [1.6-3.1] | 413 |
| Region* | | | |
| Western | 6.8 | [3.9-9.7] | 407 |
| Central | 5.8 | [3.2-8.4] | 237 |
| Capital | 8.3 | [1.3-15.2] | 230 |
| Metro | 2.9 | [2.2-3.7] | 859 |
| Insurance* | | | |
| Public | 2.7 | [1.8-3.7] | 395 |
| Private | 3.9 | [2.6-5.1] | 965 |
| None | 7.4 | [4.0-10.8] | 337 |

DT. 4-34 Number of Days in the Past Week Middle and High School Students Were in a Room with a Smoker by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|---------------|----------|-----------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 1.9 | [1.7-2.2] | 1931 |
| Male | 1.6 | [1.4-1.9] | 1795 |
| Race* | | | |
| White | 2.0 | [1.6-2.3] | 1478 |
| Black | 1.5 | [1.3-1.8] | 758 |
| Hispanic | 1.5 | [1.3-1.7] | 937 |
| Other | 1.8 | [1.3-2.3] | 403 |
| Grade* | | | |
| 6th | 1.5 | [1.2-1.8] | 943 |
| 7th | 1.8 | [1.4-2.1] | 1461 |
| 8th | 2.0 | [1.7-2.4] | 1344 |
| Region* | | | |
| Rest of State | 1.9 | [1.7-2.2] | 1984 |
| New York City | 1.5 | [1.3-1.8] | 1764 |
| High School | | | |
| Gender* | | | |
| Female | 2.5 | [2.2-2.8] | 2242 |
| Male | 2.1 | [1.9-2.4] | 1886 |
| Race* | | | |
| White | 2.6 | [2.4-2.9] | 1973 |
| Black | 1.6 | [1.4-1.8] | 659 |
| Hispanic | 2.0 | [1.7-2.4] | 852 |
| Other | 1.7 | [1.4-1.9] | 557 |
| Grade | | | |
| 9th | 2.1 | [1.9-2.3] | 1286 |
| 10th | 2.3 | [1.9-2.6] | 1077 |
| 11th | 2.5 | [2.2-2.8] | 896 |
| 12th | 2.6 | [2.1-3.1] | 907 |
| Region* | | | |
| Rest of State | 2.5 | [2.2-2.8] | 2499 |
| New York City | 1.9 | [1.7-2.2] | 1667 |

DT. 4-35 Number of Days in the Past Week Middle and High School Students Were in a Car with a Smoker by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|---------------|----------|-----------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 1.3 | [1.1-1.6] | 1934 |
| Male | 1.1 | [0.9-1.3] | 1807 |
| Race* | | | |
| White | 1.4 | [1.1-1.7] | 1486 |
| Black | 0.7 | [0.5-0.9] | 757 |
| Hispanic | 1.0 | [0.8-1.1] | 945 |
| Other | 1.1 | [0.7-1.5] | 402 |
| Grade | | | |
| 6th | 1.1 | [0.9-1.3] | 950 |
| 7th | 1.2 | [0.9-1.5] | 1464 |
| 8th | 1.3 | [0.9-1.7] | 1348 |
| Region* | | | |
| Rest of State | 1.4 | [1.1-1.6] | 1995 |
| New York City | 0.9 | [0.7-1.1] | 1767 |
| High School | | | |
| Gender | | | |
| Female | 1.5 | [1.4-1.7] | 2246 |
| Male | 1.4 | [1.3-1.6] | 1893 |
| Race* | | | |
| White | 1.8 | [1.6-2] | 1982 |
| Black | 0.8 | [0.6-1] | 663 |
| Hispanic | 1.1 | [0.9-1.3] | 853 |
| Other | 1.0 | [0.7-1.2] | 554 |
| Grade | | | |
| 9th | 1.3 | [1.1-1.5] | 1289 |
| 10th | 1.4 | [1.2-1.6] | 1079 |
| 11th | 1.7 | [1.5-1.9] | 899 |
| 12th | 1.8 | [1.4-2.2] | 910 |
| Region* | | | |
| Rest of State | 1.8 | [1.6-1.9] | 2508 |
| New York City | 1.0 | [0.8-1.2] | 1669 |

DT. 4-36a/37a Number of Days in the Past Week Middle and High School Students Who Live With a Smoker Were in a Room with a Smoker by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-----------|-----|
| Middle School | | | |
| Gender* | | | |
| Female | 3.7 | [3.3-4] | 799 |
| Male | 3.1 | [2.8-3.5] | 701 |
| Race* | | | |
| White | 3.8 | [3.4-4.1] | 608 |
| Black | 2.8 | [2.3-3.3] | 286 |
| Hispanic | 2.7 | [2.4-2.9] | 379 |
| Other | 3.4 | [2.4-4.3] | 157 |
| Grade* | | | |
| 6th | 3.0 | [2.6-3.5] | 382 |
| 7th | 3.3 | [2.9-3.7] | 589 |
| 8th | 3.9 | [3.4-4.4] | 534 |
| Region* | | | |
| Rest of State | 3.8 | [3.4-4.1] | 787 |
| New York City | 2.8 | [2.4-3.1] | 718 |
| High School | | | |
| Gender* | | | |
| Female | 4.3 | [3.9-4.7] | 875 |
| Male | 3.5 | [3.1-4] | 690 |
| Race* | | | |
| White | 4.4 | [4-4.9] | 762 |
| Black | 2.9 | [2.4-3.5] | 220 |
| Hispanic | 3.3 | [2.9-3.7] | 347 |
| Other | 3.1 | [2.1-4.1] | 198 |
| Grade | | | |
| 9th | 3.7 | [3.3-4] | 501 |
| 10th | 4.0 | [3.5-4.6] | 394 |
| 11th | 4.4 | [3.8-4.9] | 331 |
| 12th | 3.9 | [3.3-4.5] | 353 |
| Region* | | | |
| Rest of State | 4.2 | [3.7-4.6] | 947 |
| New York City | 3.5 | [3.2-3.8] | 632 |

DT. 4-36b/37b Number of Days in the Past Week Middle and High School Students Who Do Not Live With a Smoker Were in a Room with a Smoker by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-----------|------|
| Middle School | | | |
| Gender | | | |
| Female | 0.7 | [0.6-0.8] | 1097 |
| Male | 0.7 | [0.5-0.8] | 1044 |
| Race | | | |
| White | 0.7 | [0.5-0.8] | 858 |
| Black | 0.7 | [0.5-0.8] | 438 |
| Hispanic | 0.7 | [0.5-0.9] | 533 |
| Other | 0.7 | [0.5-1] | 235 |
| Grade | | | |
| 6th | 0.5 | [0.4-0.7] | 538 |
| 7th | 0.7 | [0.5-0.9] | 829 |
| 8th | 0.8 | [0.6-0.9] | 791 |
| Region | | | |
| Rest of State | 0.7 | [0.5-0.8] | 1170 |
| New York City | 0.7 | [0.5-0.8] | 988 |
| High School | | | |
| Gender | | | |
| Female | 1.3 | [1.2-1.5] | 1351 |
| Male | 1.3 | [1.1-1.5] | 1163 |
| Race* | | | |
| White | 1.5 | [1.4-1.6] | 1200 |
| Black | 0.9 | [0.7-1.2] | 422 |
| Hispanic | 1.1 | [0.9-1.4] | 490 |
| Other | 0.9 | [0.6-1.2] | 354 |
| Grade* | | | |
| 9th | 1.1 | [0.9-1.2] | 768 |
| 10th | 1.3 | [1.1-1.5] | 672 |
| 11th | 1.4 | [1.2-1.6] | 558 |
| 12th | 1.7 | [1.4-2.1] | 539 |
| Region* | | | |
| Rest of State | 1.5 | [1.4-1.6] | 1539 |
| New York City | 1.0 | [0.8-1.2] | 998 |

DT. 4-38a/39a Number of Days in the Past Week Middle and High School Students Who Live With a Smoker Were in a Car With a Smoker by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-----------|-----|
| Middle School | | | |
| Gender* | | | |
| Female | 2.8 | [2.3-3.2] | 800 |
| Male | 2.3 | [1.9-2.6] | 705 |
| Race* | | | |
| White | 3.1 | [2.6-3.5] | 611 |
| Black | 1.5 | [1.1-1.9] | 285 |
| Hispanic | 1.7 | [1.4-2] | 382 |
| Other | 2.2 | [1.2-3.1] | 158 |
| Grade | | | |
| 6th | 2.4 | [2-2.8] | 385 |
| 7th | 2.5 | [2.1-2.9] | 590 |
| 8th | 2.7 | [2-3.3] | 535 |
| Region* | | | |
| Rest of State | 3.0 | [2.6-3.4] | 791 |
| New York City | 1.6 | [1.1-2.1] | 719 |
| High School | | | |
| Gender | | | |
| Female | 2.8 | [2.5-3.1] | 874 |
| Male | 2.6 | [2.2-2.9] | 695 |
| Race* | | | |
| White | 3.3 | [3-3.6] | 765 |
| Black | 1.6 | [1.2-2.1] | 221 |
| Hispanic | 1.8 | [1.4-2.2] | 349 |
| Other | 1.9 | [1.2-2.6] | 196 |
| Grade | | | |
| 9th | 2.6 | [2.2-2.9] | 502 |
| 10th | 2.6 | [2.2-3.1] | 395 |
| 11th | 3.0 | [2.6-3.4] | 332 |
| 12th | 2.7 | [2.1-3.2] | 354 |
| Region* | | | |
| Rest of State | 3.1 | [2.9-3.4] | 950 |
| New York City | 1.8 | [1.4-2.2] | 633 |

DT. 4-38b/39b Number of Days in the Past Week Middle and High School Students Who Do Not Live With a Smoker Were in a Car With a Smoker by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-----------|------|
| Middle School | | | |
| Gender | | | |
| Female | 0.3 | [0.2-0.4] | 1101 |
| Male | 0.3 | [0.2-0.4] | 1051 |
| Race | | | |
| White | 0.3 | [0.2-0.4] | 863 |
| Black | 0.3 | [0.2-0.4] | 438 |
| Hispanic | 0.5 | [0.3-0.6] | 539 |
| Other | 0.4 | [0.1-0.6] | 234 |
| Grade | | | |
| 6th | 0.2 | [0.2-0.3] | 542 |
| 7th | 0.3 | [0.2-0.5] | 832 |
| 8th | 0.4 | [0.2-0.5] | 794 |
| Region | | | |
| Rest of State | 0.3 | [0.2-0.4] | 1177 |
| New York City | 0.4 | [0.3-0.4] | 991 |
| High School | | | |
| Gender | | | |
| Female | 0.7 | [0.6-0.9] | 1356 |
| Male | 0.8 | [0.6-0.9] | 1172 |
| Race* | | | |
| White | 0.9 | [0.8-1] | 1206 |
| Black | 0.4 | [0.3-0.6] | 428 |
| Hispanic | 0.6 | [0.5-0.7] | 491 |
| Other | 0.5 | [0.3-0.7] | 355 |
| Grade* | | | |
| 9th | 0.5 | [0.3-0.6] | 773 |
| 10th | 0.7 | [0.5-0.8] | 675 |
| 11th | 0.9 | [0.7-1.1] | 560 |
| 12th | 1.2 | [0.9-1.5] | 543 |
| Region* | | | |
| Rest of State | 0.9 | [0.8-1] | 1545 |
| New York City | 0.5 | [0.4-0.6] | 1006 |

DT. 4-40 Percentage of Indoor Workers Who Reported Seeing Smoking in their Work Area in the Past Week by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 14.6% | [9.7-21.2] | 233 |
| 25-34 | 14.5% | [10.6-19.4] | 732 |
| 35-44 | 7.1% | [5.1-9.8] | 940 |
| 45-54 | 9.2% | [6.5-12.8] | 959 |
| 55-64 | 6.4% | [3.7-10.9] | 545 |
| 65 + years | 9.8% | [4.2-21.3] | 151 |
| Race* | | | |
| White (non-Hispanic) | 7.7% | [6.3-9.4] | 2720 |
| Black (non-Hispanic) | 10.0% | [6.4-15.4] | 342 |
| Hispanic | 18.4% | [12.6-26.1] | 312 |
| Other | 14.6% | [8.7-23.4] | 242 |
| Gender* | | | |
| Male | 14.2% | [11.6-17.3] | 1332 |
| Female | 6.3% | [4.9-8.0] | 2284 |
| Education* | | | |
| Less Than High School | 20.8% | [13.8-30.3] | 144 |
| High School | 12.1% | [8.7-16.7] | 766 |
| Some College | 10.1% | [7.2-13.9] | 864 |
| College Degree or More | 7.8% | [6.0-10.2] | 1832 |
| Region* | | | |
| Western | 7.3% | [5.2-10.1] | 759 |
| Central | 7.2% | [4.0-12.5] | 400 |
| Capital | 6.4% | [3.6-10.9] | 465 |
| Metro | 11.6% | [9.5-14.0] | 1992 |
| Insurance* | | | |
| Public | 13.5% | [8.5-20.7] | 234 |
| Private | 7.6% | [6.3-9.2] | 3000 |
| None | 23.3% | [16.6-31.8] | 320 |

DT. 4-41 Percentage of Indoor Workers with Smoke-Free Workplaces by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 67.9% | [58.5-76.1] | 230 |
| 25-34 | 77.3% | [72.1-81.9] | 733 |
| 35-44 | 82.6% | [78.9-85.9] | 937 |
| 45-54 | 86.3% | [82.7-89.2] | 955 |
| 55-64 | 86.8% | [81.5-90.8] | 542 |
| 65 + years | 78.6% | [66.7-87.1] | 151 |
| Race* | | | |
| White (non-Hispanic) | 85.0% | [82.9-86.9] | 2716 |
| Black (non-Hispanic) | 76.2% | [68.3-82.6] | 342 |
| Hispanic | 73.3% | [65.6-79.9] | 308 |
| Other | 71.5% | [61.8-79.6] | 238 |
| Gender* | | | |
| Male | 78.2% | [74.6-81.4] | 1330 |
| Female | 83.9% | [81.5-86.0] | 2274 |
| Education* | | | |
| Less Than High School | 58.3% | [46.8-69.0] | 140 |
| High School | 76.3% | [71.1-80.8] | 765 |
| Some College | 79.9% | [75.0-84.0] | 863 |
| College Degree or More | 86.3% | [83.6-88.6] | 1826 |
| Region* | | | |
| Western | 86.4% | [82.4-89.5] | 760 |
| Central | 83.6% | [77.5-88.3] | 396 |
| Capital | 77.3% | [70.8-82.7] | 464 |
| Metro | 80.2% | [77.3-82.8] | 1984 |
| Insurance* | | | |
| Public | 62.8% | [51.9-72.6] | 235 |
| Private | 85.8% | [83.8-87.5] | 2992 |
| None | 65.7% | [57.6-73.1] | 319 |

**DT. 4-45 Percentage of Restaurant Patrons Who Saw Smoking
Indoors in the Past 30 Days by Demographic Characteristics, ATS
2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|------|
| Age* | | | |
| 18-24 | 7.5% | [5.1-11.0] | 446 |
| 25-34 | 3.0% | [1.9-4.8] | 1011 |
| 35-44 | 5.1% | [3.5-7.3] | 1305 |
| 45-54 | 4.2% | [2.8-6.2] | 1295 |
| 55-64 | 2.4% | [1.4-4.0] | 1067 |
| 65 + years | 4.6% | [3.3-6.3] | 1197 |
| Race* | | | |
| White (non-Hispanic) | 2.9% | [2.4-3.6] | 5059 |
| Black (non-Hispanic) | 6.9% | [4.4-10.8] | 496 |
| Hispanic | 8.4% | [5.8-11.9] | 505 |
| Other | 7.9% | [4.7-13.0] | 385 |
| Gender | | | |
| Male | 5.0% | [3.9-6.4] | 2570 |
| Female | 3.9% | [3.1-4.9] | 3873 |
| Education | | | |
| Less Than High School | 6.9% | [4.0-11.8] | 338 |
| High School | 5.5% | [4.0-7.4] | 1613 |
| Some College | 4.5% | [3.3-6.1] | 1582 |
| College Degree or More | 3.5% | [2.6-4.6] | 2888 |
| Region* | | | |
| Western | 3.3% | [2.3-4.7] | 1415 |
| Central | 3.5% | [2.1-5.7] | 737 |
| Capital | 2.2% | [1.2-3.8] | 764 |
| Metro | 5.1% | [4.2-6.3] | 3529 |
| Insurance* | | | |
| Public | 7.6% | [5.7-10.0] | 1357 |
| Private | 3.1% | [2.4-3.9] | 4274 |
| None | 6.4% | [4.2-9.6] | 677 |

DT. 4-46 Percentage of Bar Patrons Who Saw Smoking Indoors in the Past 30 Days by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 26.3% | [19.5-34.4] | 207 |
| 25-34 | 17.7% | [13.1-23.5] | 413 |
| 35-44 | 17.6% | [12.6-23.9] | 327 |
| 45-54 | 17.2% | [11.5-24.8] | 301 |
| 55-64 | 10.5% | [6.1-17.4] | 187 |
| 65 + years | 23.2% | [14.2-35.4] | 102 |
| Race* | | | |
| White (non-Hispanic) | 18.0% | [15.2-21.2] | 1268 |
| Black (non-Hispanic) | 19.6% | [11.2-32.0] | 85 |
| Hispanic | 15.8% | [9.3-25.5] | 123 |
| Other | 40.6% | [26.3-56.8] | 88 |
| Gender* | | | |
| Male | 21.8% | [18.0-26.1] | 817 |
| Female | 15.3% | [12.1-19.1] | 746 |
| Education | | | |
| Less Than High School | 34.3% | [21.1-50.5] | 70 |
| High School | 19.1% | [14.2-25.1] | 341 |
| Some College | 19.2% | [14.2-25.3] | 390 |
| College Degree or More | 17.7% | [13.9-22.3] | 759 |
| Region | | | |
| Western | 14.0% | [10.1-19.1] | 377 |
| Central | 21.1% | [14.5-29.7] | 198 |
| Capital | 17.3% | [11.1-25.8] | 179 |
| Metro | 20.9% | [17.2-25.1] | 810 |
| Insurance* | | | |
| Public | 28.1% | [19.5-38.7] | 191 |
| Private | 15.8% | [12.9-19.1] | 1137 |
| None | 27.8% | [20.2-37.0] | 204 |

**DT. 4-48 Percentage of Adults Who Favor the Clean Indoor Air Act
by Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 60.9% | [55.1-66.5] | 551 |
| 25-34 | 72.1% | [68.5-75.5] | 1239 |
| 35-44 | 74.4% | [71.4-77.2] | 1589 |
| 45-54 | 72.9% | [69.9-75.7] | 1605 |
| 55-64 | 73.9% | [70.6-77.0] | 1341 |
| 65 + years | 75.5% | [72.6-78.2] | 1607 |
| Race* | | | |
| White (non-Hispanic) | 70.6% | [69.0-72.2] | 6063 |
| Black (non-Hispanic) | 70.3% | [65.6-74.5] | 790 |
| Hispanic | 79.5% | [75.1-83.3] | 746 |
| Other | 75.7% | [70.2-80.5] | 508 |
| Gender* | | | |
| Male | 67.8% | [65.4-70.1] | 3149 |
| Female | 76.3% | [74.6-77.9] | 4955 |
| Education* | | | |
| Less Than High School | 71.4% | [66.1-76.1] | 632 |
| High School | 64.6% | [61.7-67.5] | 2164 |
| Some College | 68.3% | [65.2-71.2] | 1954 |
| College Degree or More | 79.9% | [77.9-81.8] | 3321 |
| Region* | | | |
| Western | 64.5% | [61.3-67.6] | 1672 |
| Central | 62.8% | [58.5-67.0] | 943 |
| Capital | 69.5% | [65.1-73.5] | 941 |
| Metro | 75.5% | [73.7-77.2] | 4551 |
| Insurance* | | | |
| Public | 69.0% | [65.8-72.0] | 1918 |
| Private | 75.1% | [73.4-76.7] | 5034 |
| None | 67.4% | [63.1-71.5] | 963 |

DT. 4-49 Percentage of Adult Nonsmokers Who Favor the Clean Indoor Air Act by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 74.2% | [66.7-80.4] | 337 |
| 25-34 | 80.4% | [76.4-83.9] | 903 |
| 35-44 | 84.2% | [81.2-86.9] | 1174 |
| 45-54 | 81.0% | [77.9-83.8] | 1210 |
| 55-64 | 81.7% | [78.4-84.6] | 1091 |
| 65 + years | 78.9% | [75.9-81.6] | 1441 |
| Race* | | | |
| White (non-Hispanic) | 79.7% | [78.1-81.3] | 4728 |
| Black (non-Hispanic) | 77.8% | [72.6-82.3] | 600 |
| Hispanic | 86.1% | [81.5-89.7] | 579 |
| Other | 81.8% | [76.2-86.3] | 401 |
| Gender* | | | |
| Male | 76.4% | [73.8-78.8] | 2365 |
| Female | 84.2% | [82.6-85.7] | 3941 |
| Education* | | | |
| Less Than High School | 80.8% | [74.7-85.7] | 423 |
| High School | 76.1% | [72.9-79.1] | 1525 |
| Some College | 77.0% | [73.6-80.1] | 1441 |
| College Degree or More | 85.0% | [83.0-86.7] | 2888 |
| Region* | | | |
| Western | 75.8% | [72.3-79.0] | 1261 |
| Central | 75.9% | [71.3-80.0] | 691 |
| Capital | 81.7% | [77.4-85.3] | 702 |
| Metro | 82.0% | [80.1-83.7] | 3654 |
| Insurance* | | | |
| Public | 76.7% | [73.2-79.9] | 1498 |
| Private | 82.5% | [80.9-84.1] | 4044 |
| None | 78.9% | [73.9-83.2] | 613 |

DT. 4-50 Percentage of Adult Smokers Who Favor the Clean Indoor Air Act by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 29.7% | [22.4-38.2] | 214 |
| 25-34 | 39.3% | [32.3-46.7] | 331 |
| 35-44 | 35.3% | [28.7-42.5] | 410 |
| 45-54 | 36.1% | [28.6-44.4] | 393 |
| 55-64 | 25.3% | [18.6-33.4] | 244 |
| 65 + years | 29.3% | [20.8-39.5] | 157 |
| Race* | | | |
| White (non-Hispanic) | 29.0% | [25.7-32.6] | 1312 |
| Black (non-Hispanic) | 36.5% | [27.2-46.9] | 183 |
| Hispanic | 49.7% | [39.0-60.5] | 167 |
| Other | 34.4% | [22.7-48.4] | 106 |
| Gender | | | |
| Male | 32.5% | [27.8-37.5] | 769 |
| Female | 34.7% | [30.5-39.2] | 998 |
| Education* | | | |
| Less Than High School | 47.2% | [37.1-57.5] | 206 |
| High School | 29.1% | [24.0-34.7] | 633 |
| Some College | 32.6% | [27.1-38.7] | 509 |
| College Degree or More | 32.7% | [27.0-39.1] | 417 |
| Region* | | | |
| Western | 24.1% | [18.9-30.1] | 406 |
| Central | 20.5% | [14.6-27.9] | 248 |
| Capital | 30.0% | [23.0-38.2] | 238 |
| Metro | 39.7% | [35.1-44.6] | 876 |
| Insurance | | | |
| Public | 34.9% | [28.4-42.0] | 412 |
| Private | 31.6% | [27.7-35.8] | 975 |
| None | 38.0% | [30.5-46.0] | 345 |

DT. 4-51 Middle and High School Students' Awareness of the Clean Indoor Air Act by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|---------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 89.8% | [87.9-91.4] | 1391 |
| Male | 84.1% | [79.2-88.0] | 1273 |
| Race* | | | |
| White | 89.8% | [86.9-92.1] | 950 |
| Black | 84.4% | [81.2-87.2] | 660 |
| Hispanic | 83.4% | [78.6-87.3] | 737 |
| Other | 84.4% | [73.1-91.4] | 230 |
| Grade* | | | |
| 6th | 85.7% | [83.1-87.9] | 666 |
| 7th | 84.6% | [79.8-88.4] | 1115 |
| 8th | 91.7% | [87.4-94.6] | 901 |
| Region* | | | |
| Rest of State | 88.8% | [86.2-91.0] | 1428 |
| New York City | 84.0% | [79.9-87.4] | 1254 |
| High School | | | |
| Gender* | | | |
| Female | 94.0% | [92.2-95.4] | 1811 |
| Male | 89.7% | [87.5-91.6] | 1483 |
| Race* | | | |
| White | 94.1% | [91.7-95.9] | 1621 |
| Black | 88.8% | [86.2-91.0] | 498 |
| Hispanic | 88.7% | [85.5-91.2] | 661 |
| Other | 90.4% | [86.2-93.5] | 452 |
| Grade | | | |
| 9th | 90.6% | [86.9-93.4] | 954 |
| 10th | 90.1% | [88.2-91.6] | 879 |
| 11th | 94.6% | [91.2-96.7] | 764 |
| 12th | 94.2% | [89.6-96.8] | 728 |
| Region | | | |
| Rest of State | 92.8% | [90.3-94.7] | 2076 |
| New York City | 90.3% | [89.5-91.1] | 1249 |

DT. 4-52a Percentage of Middle and High School Students' Who Favor the Clean Indoor Air Act by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 38.5% | [30.2-47.6] | 1988 |
| Male | 32.3% | [25.3-40.2] | 1951 |
| Race | | | |
| White | 37.5% | [25.2-51.8] | 1509 |
| Black | 35.1% | [26.5-44.8] | 837 |
| Hispanic | 33.6% | [28.2-39.5] | 1006 |
| Other | 30.3% | [21.4-40.8] | 421 |
| Grade | | | |
| 6th | 34.6% | [20.1-52.7] | 1030 |
| 7th | 38.3% | [29.5-48.0] | 1545 |
| 8th | 33.3% | [21.9-47.0] | 1388 |
| Region | | | |
| Rest of State | 39.3% | [25.5-55.1] | 2032 |
| New York City | 28.9% | [21.2-38.0] | 1931 |
| High School | | | |
| Gender* | | | |
| Female | 45.2% | [38.5-52.1] | 2281 |
| Male | 36.0% | [31.1-41.3] | 1980 |
| Race | | | |
| White | 46.2% | [38.4-54.2] | 1991 |
| Black | 33.9% | [20.8-50.2] | 715 |
| Hispanic | 31.1% | [24.9-38.0] | 893 |
| Other | 41.9% | [32.4-52.1] | 568 |
| Grade | | | |
| 9th | 41.3% | [32.6-50.7] | 1314 |
| 10th | 39.3% | [32.1-46.9] | 1109 |
| 11th | 45.0% | [36.9-53.3] | 923 |
| 12th | 38.7% | [29.3-49.0] | 955 |
| Region | | | |
| Rest of State | 46.6% | [38.5-54.8] | 2528 |
| New York City | 30.7% | [20.9-42.6] | 1773 |

DT. 4-52b Percentage of Middle and High School Students' Who are Against the Clean Indoor Air Act by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender | | | |
| Female | 12.2% | [9.7-15.2] | 1387 |
| Male | 13.7% | [10.4-17.9] | 1259 |
| Race* | | | |
| White | 9.5% | [6.2-14.2] | 954 |
| Black | 14.6% | [11.0-19.1] | 652 |
| Hispanic | 16.7% | [12.5-22.0] | 730 |
| Other | 18.0% | [12.2-25.6] | 225 |
| Grade | | | |
| 6th | 16.4% | [11.2-23.5] | 659 |
| 7th | 13.3% | [8.9-19.5] | 1106 |
| 8th | 9.0% | [6.2-13.0] | 899 |
| Region* | | | |
| Rest of State | 9.8% | [7.0-13.6] | 1430 |
| New York City | 18.8% | [14.7-23.6] | 1234 |
| High School | | | |
| Gender* | | | |
| Female | 11.3% | [8.7-14.5] | 1823 |
| Male | 18.3% | [14.0-23.6] | 1490 |
| Race* | | | |
| White | 16.1% | [13.0-19.7] | 1626 |
| Black | 8.9% | [5.6-13.8] | 500 |
| Hispanic | 12.6% | [9.0-17.2] | 663 |
| Other | 10.5% | [6.7-16.0] | 456 |
| Grade* | | | |
| 9th | 9.9% | [7.3-13.3] | 959 |
| 10th | 14.2% | [11.8-16.9] | 883 |
| 11th | 16.3% | [11.7-22.2] | 771 |
| 12th | 19.0% | [13.6-25.9] | 730 |
| Region | | | |
| Rest of State | 14.7% | [12.4-17.2] | 2082 |
| New York City | 13.7% | [6.5-26.4] | 1261 |

DT. 4-52c Percentage of Middle and High School Students' Who are Indifferent Towards the Clean Indoor Air Act by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 27.9% | [25.2-30.8] | 1387 |
| Male | 31.7% | [27.7-36.1] | 1259 |
| Race | | | |
| White | 27.3% | [21.7-33.6] | 954 |
| Black | 35.5% | [31.4-39.8] | 652 |
| Hispanic | 33.0% | [29.8-36.5] | 730 |
| Other | 27.8% | [21.6-34.9] | 225 |
| Grade | | | |
| 6th | 25.2% | [20.1-31.1] | 659 |
| 7th | 30.1% | [25.1-35.6] | 1106 |
| 8th | 33.8% | [28.7-39.3] | 899 |
| Region | | | |
| Rest of State | 28.4% | [24.5-32.7] | 1430 |
| New York City | 32.0% | [26.9-37.6] | 1234 |
| High School | | | |
| Gender | | | |
| Female | 28.3% | [25.0-31.8] | 1823 |
| Male | 30.5% | [27.2-34.0] | 1490 |
| Race* | | | |
| White | 25.9% | [22.9-29.2] | 1626 |
| Black | 32.8% | [28.9-37.0] | 500 |
| Hispanic | 36.0% | [30.1-42.4] | 663 |
| Other | 32.7% | [27.4-38.4] | 456 |
| Grade | | | |
| 9th | 30.2% | [25.1-35.9] | 959 |
| 10th | 32.5% | [28.4-36.9] | 883 |
| 11th | 26.6% | [22.2-31.5] | 771 |
| 12th | 26.3% | [22.1-31.1] | 730 |
| Region* | | | |
| Rest of State | 27.2% | [24.3-30.2] | 2082 |
| New York City | 34.4% | [28.9-40.4] | 1261 |

DT. 4-55 Percentage of Adults Who Believe Secondhand Smoke Causes Heart Disease by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 74.9% | [69.8-79.4] | 562 |
| 25-34 | 74.8% | [71.2-78.1] | 1249 |
| 35-44 | 75.1% | [72.1-77.9] | 1609 |
| 45-54 | 72.2% | [69.0-75.1] | 1633 |
| 55-64 | 68.2% | [64.6-71.6] | 1357 |
| 65 + years | 64.6% | [61.4-67.7] | 1649 |
| Race* | | | |
| White (non-Hispanic) | 70.5% | [69.0-72.1] | 6151 |
| Black (non-Hispanic) | 70.3% | [65.8-74.4] | 807 |
| Hispanic | 77.3% | [72.8-81.3] | 757 |
| Other | 72.4% | [66.7-77.5] | 526 |
| Gender | | | |
| Male | 73.0% | [70.7-75.1] | 3204 |
| Female | 70.5% | [68.7-72.2] | 5034 |
| Education* | | | |
| Less Than High School | 70.6% | [65.4-75.3] | 652 |
| High School | 65.7% | [62.8-68.5] | 2214 |
| Some College | 72.5% | [69.6-75.2] | 1988 |
| College Degree or More | 75.5% | [73.4-77.5] | 3350 |
| Region | | | |
| Western | 72.9% | [70.0-75.7] | 1703 |
| Central | 72.5% | [68.5-76.1] | 953 |
| Capital | 68.9% | [64.7-72.8] | 953 |
| Metro | 71.6% | [69.7-73.4] | 4632 |
| Insurance* | | | |
| Public | 70.4% | [67.0-73.5] | 1535 |
| Private | 76.1% | [74.2-77.8] | 4084 |
| None | 77.6% | [72.4-82.0] | 622 |

**DT. 4-56 Percentage of Adult Smokers Who Believe Secondhand
Smoke Causes Heart Disease by Demographic Characteristics, ATS
2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 58.9% | [49.9-67.4] | 219 |
| 25-34 | 65.5% | [58.2-72.2] | 337 |
| 35-44 | 60.5% | [53.7-66.9] | 420 |
| 45-54 | 60.5% | [53.6-67.1] | 404 |
| 55-64 | 37.1% | [29.1-45.9] | 249 |
| 65 + years | 35.4% | [26.4-45.5] | 160 |
| Race | | | |
| White (non-Hispanic) | 53.7% | [49.9-57.4] | 1342 |
| Black (non-Hispanic) | 60.1% | [50.8-68.8] | 187 |
| Hispanic | 66.0% | [54.9-75.5] | 169 |
| Other | 58.6% | [44.4-71.5] | 111 |
| Gender | | | |
| Male | 59.1% | [54.2-63.8] | 788 |
| Female | 54.1% | [49.6-58.6] | 1020 |
| Education* | | | |
| Less Than High School | 63.6% | [53.9-72.3] | 213 |
| High School | 49.9% | [44.2-55.6] | 645 |
| Some College | 57.4% | [51.3-63.3] | 519 |
| College Degree or More | 62.4% | [55.8-68.5] | 429 |
| Region | | | |
| Western | 54.7% | [47.9-61.3] | 418 |
| Central | 54.3% | [45.6-62.8] | 251 |
| Capital | 55.9% | [46.8-64.6] | 242 |
| Metro | 58.0% | [53.4-62.5] | 898 |
| Insurance | | | |
| Public | 55.0% | [48.1-61.7] | 422 |
| Private | 57.4% | [52.9-61.7] | 996 |
| None | 59.1% | [51.7-66.1] | 351 |

DT. 4-57 Percentage of Adults Who Believe Secondhand Smoke Causes Lung Cancer by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 89.1% | [85.0-92.2] | 563 |
| 25-34 | 87.6% | [84.7-90.0] | 1252 |
| 35-44 | 85.9% | [83.4-88.1] | 1612 |
| 45-54 | 83.1% | [80.4-85.5] | 1634 |
| 55-64 | 79.5% | [76.4-82.3] | 1355 |
| 65 + years | 76.5% | [73.6-79.2] | 1650 |
| Race* | | | |
| White (non-Hispanic) | 82.4% | [81.1-83.7] | 6152 |
| Black (non-Hispanic) | 82.7% | [78.9-86.0] | 810 |
| Hispanic | 86.6% | [82.6-89.7] | 759 |
| Other | 87.9% | [83.6-91.2] | 526 |
| Gender | | | |
| Male | 82.5% | [80.7-84.3] | 3203 |
| Female | 84.4% | [82.9-85.7] | 5041 |
| Education* | | | |
| Less Than High School | 80.2% | [75.6-84.2] | 653 |
| High School | 77.9% | [75.4-80.2] | 2211 |
| Some College | 83.8% | [81.4-85.9] | 1987 |
| College Degree or More | 87.9% | [86.2-89.3] | 3358 |
| Region | | | |
| Western | 83.1% | [80.6-85.3] | 1704 |
| Central | 83.3% | [80.0-86.1] | 954 |
| Capital | 80.8% | [77.2-84.0] | 955 |
| Metro | 83.9% | [82.4-85.3] | 4634 |
| Insurance* | | | |
| Public | 83.5% | [80.8-85.9] | 1538 |
| Private | 89.1% | [87.7-90.4] | 4088 |
| None | 86.8% | [82.4-90.2] | 625 |

**DT. 4-58 Percentage of Adult Smokers Who Believe Secondhand
Smoke Causes Lung Cancer by Demographic Characteristics, ATS
2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 79.2% | [70.4-85.9] | 219 |
| 25-34 | 73.6% | [66.4-79.8] | 338 |
| 35-44 | 67.2% | [60.5-73.4] | 420 |
| 45-54 | 61.8% | [54.9-68.3] | 405 |
| 55-64 | 46.1% | [37.3-55.1] | 248 |
| 65 + years | 36.7% | [27.3-47.3] | 158 |
| Race | | | |
| White (non-Hispanic) | 63.3% | [59.7-66.9] | 1341 |
| Black (non-Hispanic) | 64.7% | [55.3-73.0] | 187 |
| Hispanic | 71.4% | [60.1-80.5] | 169 |
| Other | 77.3% | [65.6-85.8] | 111 |
| Gender | | | |
| Male | 66.5% | [61.8-70.9] | 787 |
| Female | 64.5% | [60.1-68.6] | 1020 |
| Education* | | | |
| Less Than High School | 70.4% | [61.2-78.2] | 213 |
| High School | 59.9% | [54.3-65.3] | 644 |
| Some College | 66.1% | [60.2-71.6] | 519 |
| College Degree or More | 70.6% | [64.5-76.1] | 429 |
| Region | | | |
| Western | 65.7% | [59.1-71.7] | 418 |
| Central | 59.5% | [50.7-67.7] | 251 |
| Capital | 60.7% | [51.6-69.1] | 241 |
| Metro | 67.5% | [63.1-71.7] | 898 |
| Insurance | | | |
| Public | 64.4% | [57.9-70.5] | 420 |
| Private | 66.1% | [61.8-70.1] | 997 |
| None | 67.7% | [60.6-74.1] | 351 |

DT. 4-58a Percentage of Adults Who Believe Secondhand Smoke Causes Colon Cancer by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 42.1% | [36.5-48.0] | 563 |
| 25-34 | 40.1% | [36.3-44.0] | 1246 |
| 35-44 | 35.3% | [32.0-38.8] | 1606 |
| 45-54 | 29.0% | [25.8-32.3] | 1631 |
| 55-64 | 26.7% | [23.3-30.3] | 1354 |
| 65 + years | 24.7% | [21.7-27.8] | 1641 |
| Race* | | | |
| White (non-Hispanic) | 28.8% | [27.3-30.5] | 6131 |
| Black (non-Hispanic) | 37.2% | [32.5-42.2] | 806 |
| Hispanic | 41.5% | [36.6-46.6] | 759 |
| Other | 42.5% | [36.3-49.0] | 525 |
| Gender | | | |
| Male | 33.3% | [30.9-35.8] | 3191 |
| Female | 32.7% | [30.8-34.6] | 5027 |
| Education | | | |
| Less Than High School | 39.5% | [33.8-45.4] | 652 |
| High School | 31.0% | [28.1-34.0] | 2207 |
| Some College | 32.3% | [29.2-35.6] | 1986 |
| College Degree or More | 33.1% | [30.8-35.4] | 3338 |
| Region | | | |
| Western | 33.0% | [29.9-36.2] | 1700 |
| Central | 29.6% | [25.9-33.7] | 953 |
| Capital | 29.2% | [25.2-33.5] | 949 |
| Metro | 33.8% | [31.8-35.9] | 4619 |
| Insurance* | | | |
| Public | 32.0% | [28.4-35.7] | 1529 |
| Private | 33.1% | [31.0-35.2] | 4070 |
| None | 45.4% | [39.6-51.4] | 623 |

**DT. 4-58b Percentage of Adult Smokers Who Believe Secondhand
Smoke Causes Colon Cancer by Demographic Characteristics, ATS
2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 34.6% | [26.8-43.3] | 219 |
| 25-34 | 31.1% | [24.6-38.3] | 335 |
| 35-44 | 24.7% | [19.1-31.4] | 420 |
| 45-54 | 21.2% | [14.9-29.2] | 405 |
| 55-64 | 17.7% | [11.6-26.1] | 249 |
| 65 + years | 8.3% | [5.1-13.3] | 160 |
| Race | | | |
| White (non-Hispanic) | 22.9% | [19.8-26.4] | 1341 |
| Black (non-Hispanic) | 27.7% | [19.6-37.4] | 187 |
| Hispanic | 34.3% | [24.7-45.3] | 169 |
| Other | 26.5% | [16.1-40.2] | 111 |
| Gender* | | | |
| Male | 28.7% | [24.2-33.7] | 786 |
| Female | 22.0% | [18.5-26.0] | 1021 |
| Education | | | |
| Less Than High School | 32.6% | [23.5-43.2] | 213 |
| High School | 21.1% | [16.6-26.5] | 645 |
| Some College | 24.6% | [19.7-30.1] | 519 |
| College Degree or More | 29.0% | [23.1-35.7] | 428 |
| Region | | | |
| Western | 26.5% | [20.8-33.1] | 418 |
| Central | 15.9% | [10.9-22.7] | 252 |
| Capital | 26.0% | [18.8-34.7] | 242 |
| Metro | 27.1% | [22.9-31.7] | 896 |
| Insurance | | | |
| Public | 24.4% | [19.1-30.7] | 422 |
| Private | 24.8% | [21.0-29.0] | 996 |
| None | 28.1% | [21.3-36.1] | 350 |

DT. 4-58c Percentage of Adults Who Believe Secondhand Smoke Causes Respiratory Problems in Children by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 95.0% | [92.0-96.9] | 563 |
| 25-34 | 93.9% | [91.5-95.7] | 1254 |
| 35-44 | 95.4% | [93.7-96.6] | 1613 |
| 45-54 | 93.4% | [91.6-94.8] | 1635 |
| 55-64 | 89.9% | [87.3-91.9] | 1358 |
| 65 + years | 85.8% | [83.5-87.8] | 1648 |
| Race | | | |
| White (non-Hispanic) | 91.7% | [90.7-92.6] | 6156 |
| Black (non-Hispanic) | 91.6% | [88.6-93.8] | 810 |
| Hispanic | 94.5% | [91.9-96.4] | 760 |
| Other | 93.6% | [90.7-95.7] | 527 |
| Gender* | | | |
| Male | 90.3% | [88.9-91.6] | 3203 |
| Female | 94.0% | [93.1-94.7] | 5047 |
| Education* | | | |
| Less Than High School | 88.5% | [84.6-91.5] | 655 |
| High School | 90.8% | [89.1-92.2] | 2215 |
| Some College | 92.6% | [90.9-94.0] | 1989 |
| College Degree or More | 94.0% | [92.7-95.0] | 3356 |
| Region | | | |
| Western | 92.0% | [90.2-93.4] | 1705 |
| Central | 94.2% | [92.1-95.8] | 953 |
| Capital | 93.0% | [90.9-94.6] | 955 |
| Metro | 92.0% | [90.8-93.0] | 4640 |
| Insurance* | | | |
| Public | 89.8% | [87.4-91.8] | 1537 |
| Private | 95.4% | [94.5-96.2] | 4091 |
| None | 94.9% | [92.3-96.7] | 626 |

**DT. 4-58d Percentage of Adult Smokers Who Believe Secondhand
Smoke Causes Respiratory Problems in Children by Demographic
Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 93.9% | [89.1-96.6] | 219 |
| 25-34 | 88.3% | [81.6-92.8] | 338 |
| 35-44 | 90.3% | [86.3-93.3] | 420 |
| 45-54 | 82.4% | [76.5-87.0] | 405 |
| 55-64 | 67.1% | [58.1-75.0] | 247 |
| 65 + years | 62.5% | [51.8-72.1] | 158 |
| Race | | | |
| White (non-Hispanic) | 84.6% | [81.8-86.9] | 1339 |
| Black (non-Hispanic) | 84.7% | [77.5-89.9] | 187 |
| Hispanic | 85.7% | [76.1-91.9] | 170 |
| Other | 83.6% | [72.1-91.0] | 111 |
| Gender | | | |
| Male | 83.7% | [80.1-86.8] | 784 |
| Female | 85.7% | [82.5-88.5] | 1022 |
| Education | | | |
| Less Than High School | 87.6% | [81.7-91.8] | 214 |
| High School | 83.5% | [79.3-87.1] | 644 |
| Some College | 82.4% | [77.0-86.7] | 519 |
| College Degree or More | 87.5% | [82.7-91.1] | 427 |
| Region | | | |
| Western | 85.2% | [80.6-88.8] | 418 |
| Central | 90.3% | [83.9-94.4] | 250 |
| Capital | 87.0% | [81.4-91.1] | 241 |
| Metro | 83.0% | [79.4-86.1] | 898 |
| Insurance | | | |
| Public | 83.1% | [78.0-87.2] | 420 |
| Private | 84.4% | [81.2-87.3] | 997 |
| None | 88.8% | [84.0-92.3] | 350 |

DT. 4-58e Percentage of Adults Who Believe Secondhand Smoke Causes SIDS by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 58.7% | [52.9-64.3] | 561 |
| 25-34 | 48.7% | [44.8-52.7] | 1248 |
| 35-44 | 43.7% | [40.3-47.2] | 1601 |
| 45-54 | 32.8% | [29.5-36.3] | 1630 |
| 55-64 | 26.7% | [23.3-30.3] | 1347 |
| 65 + years | 27.9% | [24.9-31.2] | 1639 |
| Race* | | | |
| White (non-Hispanic) | 33.2% | [31.5-34.8] | 6120 |
| Black (non-Hispanic) | 45.6% | [40.7-50.5] | 807 |
| Hispanic | 57.0% | [52.0-61.9] | 756 |
| Other | 46.5% | [40.3-52.9] | 524 |
| Gender* | | | |
| Male | 37.2% | [34.7-39.8] | 3185 |
| Female | 41.5% | [39.5-43.5] | 5019 |
| Education* | | | |
| Less Than High School | 54.4% | [48.6-60.0] | 651 |
| High School | 38.6% | [35.6-41.7] | 2205 |
| Some College | 39.7% | [36.5-43.0] | 1985 |
| College Degree or More | 36.4% | [34.0-38.8] | 3329 |
| Region* | | | |
| Western | 35.3% | [32.2-38.5] | 1696 |
| Central | 40.6% | [36.3-45.0] | 951 |
| Capital | 33.5% | [29.4-38.0] | 950 |
| Metro | 40.9% | [38.9-43.0] | 4610 |
| Insurance* | | | |
| Public | 39.7% | [36.0-43.6] | 1523 |
| Private | 38.2% | [36.1-40.4] | 4070 |
| None | 56.1% | [50.3-61.8] | 624 |

DT. 4-58f Percentage of Adult Smokers Who Believe Secondhand Smoke Causes SIDS by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 50.9% | [42.1-59.6] | 218 |
| 25-34 | 36.1% | [29.5-43.4] | 334 |
| 35-44 | 29.3% | [23.3-36.1] | 417 |
| 45-54 | 23.1% | [16.8-30.9] | 403 |
| 55-64 | 21.6% | [14.9-30.2] | 247 |
| 65 + years | 16.5% | [9.8-26.4] | 160 |
| Race* | | | |
| White (non-Hispanic) | 27.6% | [24.4-31.1] | 1333 |
| Black (non-Hispanic) | 40.7% | [31.5-50.7] | 187 |
| Hispanic | 44.4% | [33.9-55.3] | 168 |
| Other | 30.7% | [19.5-44.8] | 111 |
| Gender | | | |
| Male | 32.5% | [27.9-37.4] | 781 |
| Female | 32.1% | [28.0-36.5] | 1017 |
| Education* | | | |
| Less Than High School | 44.0% | [34.3-54.2] | 213 |
| High School | 30.0% | [24.9-35.6] | 644 |
| Some College | 29.5% | [24.3-35.3] | 517 |
| College Degree or More | 31.2% | [25.4-37.7] | 422 |
| Region | | | |
| Western | 29.1% | [23.2-35.8] | 417 |
| Central | 32.5% | [24.6-41.4] | 250 |
| Capital | 30.3% | [22.8-38.9] | 242 |
| Metro | 33.5% | [29.2-38.2] | 890 |
| Insurance | | | |
| Public | 35.3% | [28.9-42.2] | 421 |
| Private | 28.7% | [24.9-32.9] | 988 |
| None | 37.9% | [30.6-45.7] | 350 |

DT. 4-62 Percentage of Middle and High School Students Who Think Secondhand Smoke is Harmful by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender | | | |
| Female | 93.1% | [91.0-94.7] | 1923 |
| Male | 91.1% | [88.6-93.1] | 1798 |
| Race* | | | |
| White | 94.5% | [93.0-95.8] | 1492 |
| Black | 90.3% | [85.0-93.8] | 743 |
| Hispanic | 88.6% | [83.4-92.3] | 936 |
| Other | 90.3% | [84.8-94.0] | 399 |
| Grade | | | |
| 6th | 91.5% | [88.8-93.6] | 949 |
| 7th | 91.6% | [88.8-93.7] | 1450 |
| 8th | 93.3% | [90.8-95.1] | 1343 |
| Region* | | | |
| Rest of State | 93.9% | [92.7-95.0] | 1993 |
| New York City | 88.6% | [83.9-92.1] | 1749 |
| High School | | | |
| Gender* | | | |
| Female | 95.3% | [93.4-96.7] | 2249 |
| Male | 90.5% | [88.2-92.4] | 1886 |
| Race* | | | |
| White | 94.7% | [92.7-96.2] | 1976 |
| Black | 92.1% | [88.1-94.8] | 664 |
| Hispanic | 90.6% | [86.1-93.8] | 853 |
| Other | 90.8% | [86.9-93.7] | 554 |
| Grade | | | |
| 9th | 92.0% | [89.2-94.1] | 1290 |
| 10th | 92.4% | [89.8-94.3] | 1078 |
| 11th | 93.9% | [90.6-96.1] | 897 |
| 12th | 95.2% | [92.8-96.8] | 906 |
| Region* | | | |
| Rest of State | 94.5% | [93.1-95.7] | 2500 |
| New York City | 90.4% | [87.3-92.8] | 1671 |

**DT. 4-63 Percentage of Adults in Smoke-free Homes
by Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 68.2% | [62.7-73.2] | 563 |
| 25-34 | 73.4% | [69.7-76.7] | 1253 |
| 35-44 | 73.7% | [70.5-76.7] | 1611 |
| 45-54 | 68.4% | [64.9-71.6] | 1633 |
| 55-64 | 70.1% | [66.4-73.6] | 1359 |
| 65 + years | 69.9% | [66.8-72.8] | 1646 |
| Race | | | |
| White (non-Hispanic) | 70.0% | [68.4-71.6] | 6150 |
| Black (non-Hispanic) | 68.9% | [64.3-73.1] | 811 |
| Hispanic | 74.9% | [69.9-79.3] | 760 |
| Other | 75.5% | [70.1-80.2] | 525 |
| Gender* | | | |
| Male | 67.4% | [64.9-69.7] | 3205 |
| Female | 74.2% | [72.5-75.8] | 5038 |
| Education* | | | |
| Less Than High School | 63.9% | [58.1-69.4] | 655 |
| High School | 66.8% | [63.9-69.7] | 2213 |
| Some College | 69.7% | [66.6-72.6] | 1983 |
| College Degree or More | 76.2% | [74.1-78.2] | 3358 |
| Region | | | |
| Western | 68.0% | [64.9-71.0] | 1702 |
| Central | 69.3% | [65.2-73.1] | 955 |
| Capital | 69.1% | [64.9-73.0] | 954 |
| Metro | 72.1% | [70.2-73.9] | 4635 |
| Insurance* | | | |
| Public | 68.6% | [65.6-71.4] | 1961 |
| Private | 73.7% | [71.9-75.4] | 5101 |
| None | 64.0% | [59.3-68.5] | 982 |

**DT. 4-64 Percentage of Adult Nonsmokers in Smoke-free Homes
by Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 80.3% | [73.8-85.5] | 344 |
| 25-34 | 82.7% | [78.8-86.0] | 911 |
| 35-44 | 85.6% | [82.3-88.4] | 1185 |
| 45-54 | 79.3% | [75.7-82.5] | 1224 |
| 55-64 | 79.6% | [75.7-83.0] | 1106 |
| 65 + years | 74.3% | [71.1-77.2] | 1476 |
| Race | | | |
| White (non-Hispanic) | 79.4% | [77.8-81.0] | 4785 |
| Black (non-Hispanic) | 79.8% | [74.8-84.0] | 615 |
| Hispanic | 83.4% | [77.9-87.7] | 590 |
| Other | 84.4% | [79.2-88.4] | 413 |
| Gender* | | | |
| Male | 76.7% | [74.0-79.1] | 2404 |
| Female | 83.7% | [82.1-85.2] | 3997 |
| Education | | | |
| Less Than High School | 79.5% | [72.6-85.1] | 437 |
| High School | 79.7% | [76.6-82.5] | 1560 |
| Some College | 80.5% | [77.2-83.4] | 1460 |
| College Degree or More | 81.0% | [78.9-82.9] | 2914 |
| Region | | | |
| Western | 80.6% | [77.4-83.4] | 1280 |
| Central | 82.9% | [78.9-86.2] | 699 |
| Capital | 83.0% | [79.0-86.4] | 711 |
| Metro | 79.8% | [77.9-81.7] | 3713 |
| Insurance | | | |
| Public | 78.8% | [75.9-81.5] | 1532 |
| Private | 81.3% | [79.4-82.9] | 4087 |
| None | 79.1% | [73.3-84.0] | 625 |

**DT. 4-65 Percentage of Adult Smokers in Smoke-free Homes by
Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 39.4% | [31.3-48.1] | 219 |
| 25-34 | 37.9% | [31.2-45.0] | 338 |
| 35-44 | 28.0% | [22.6-34.1] | 421 |
| 45-54 | 20.2% | [15.7-25.7] | 406 |
| 55-64 | 11.8% | [7.9-17.3] | 247 |
| 65 + years | 11.1% | [6.3-18.7] | 161 |
| Race | | | |
| White (non-Hispanic) | 27.9% | [24.8-31.4] | 1342 |
| Black (non-Hispanic) | 22.1% | [15.0-31.3] | 189 |
| Hispanic | 35.7% | [26.6-46.0] | 170 |
| Other | 24.9% | [15.7-37.2] | 111 |
| Gender | | | |
| Male | 30.1% | [26.0-34.5] | 787 |
| Female | 25.7% | [21.9-29.9] | 1024 |
| Education | | | |
| Less Than High School | 24.8% | [17.7-33.5] | 215 |
| High School | 27.6% | [22.9-32.8] | 647 |
| Some College | 25.4% | [20.6-30.9] | 518 |
| College Degree or More | 34.1% | [28.2-40.5] | 429 |
| Region | | | |
| Western | 23.3% | [18.4-29.1] | 417 |
| Central | 25.8% | [18.9-34.0] | 252 |
| Capital | 24.2% | [17.5-32.4] | 242 |
| Metro | 30.5% | [26.6-34.9] | 901 |
| Insurance | | | |
| Public | 23.6% | [18.0-30.3] | 421 |
| Private | 31.0% | [27.1-35.2] | 999 |
| None | 25.3% | [19.9-31.6] | 352 |

DT. 4-66 Percentage of Adults in Smoke-free Cars by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 67.8% | [62.0-73.1] | 487 |
| 25-34 | 74.9% | [71.2-78.1] | 1065 |
| 35-44 | 78.5% | [75.6-81.2] | 1457 |
| 45-54 | 77.3% | [74.1-80.1] | 1451 |
| 55-64 | 79.7% | [76.5-82.6] | 1205 |
| 65 + years | 84.4% | [81.9-86.6] | 1391 |
| Race* | | | |
| White (non-Hispanic) | 74.9% | [73.3-76.4] | 5580 |
| Black (non-Hispanic) | 84.2% | [79.5-88.0] | 611 |
| Hispanic | 83.8% | [79.1-87.7] | 569 |
| Other | 81.3% | [76.3-85.5] | 452 |
| Gender* | | | |
| Male | 74.4% | [72.1-76.6] | 2844 |
| Female | 80.7% | [79.1-82.2] | 4365 |
| Education* | | | |
| Less Than High School | 73.7% | [67.6-79.0] | 458 |
| High School | 72.0% | [69.2-74.7] | 1952 |
| Some College | 74.4% | [71.3-77.3] | 1783 |
| College Degree or More | 83.9% | [82.1-85.6] | 2991 |
| Region* | | | |
| Western | 71.7% | [68.6-74.6] | 1607 |
| Central | 71.1% | [67.0-74.9] | 897 |
| Capital | 68.7% | [64.3-72.7] | 895 |
| Metro | 81.4% | [79.6-83.0] | 3813 |
| Insurance* | | | |
| Public | 78.7% | [75.7-81.5] | 1589 |
| Private | 78.9% | [77.2-80.4] | 4663 |
| None | 70.2% | [65.6-74.4] | 795 |

DT. 4-67 Percentage of Adult Nonsmokers in Smoke-free Cars by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 84.2% | [77.4-89.3] | 299 |
| 25-34 | 85.1% | [81.4-88.2] | 779 |
| 35-44 | 90.6% | [87.8-92.7] | 1076 |
| 45-54 | 88.0% | [84.8-90.6] | 1101 |
| 55-64 | 87.8% | [84.9-90.2] | 994 |
| 65 + years | 88.2% | [85.9-90.2] | 1262 |
| Race | | | |
| White (non-Hispanic) | 86.5% | [85.1-87.9] | 4364 |
| Black (non-Hispanic) | 90.0% | [84.9-93.6] | 485 |
| Hispanic | 90.8% | [85.8-94.1] | 444 |
| Other | 90.6% | [86.5-93.5] | 353 |
| Gender* | | | |
| Male | 84.6% | [82.3-86.7] | 2163 |
| Female | 90.7% | [89.3-91.9] | 3481 |
| Education | | | |
| Less Than High School | 89.0% | [82.9-93.1] | 297 |
| High School | 87.2% | [84.7-89.3] | 1389 |
| Some College | 86.3% | [82.9-89.2] | 1328 |
| College Degree or More | 88.8% | [87.1-90.4] | 2608 |
| Region | | | |
| Western | 87.0% | [84.3-89.3] | 1215 |
| Central | 85.9% | [82.1-89.0] | 661 |
| Capital | 84.3% | [80.4-87.6] | 676 |
| Metro | 88.7% | [87.0-90.2] | 3094 |
| Insurance | | | |
| Public | 88.8% | [85.8-91.3] | 1260 |
| Private | 87.8% | [86.2-89.1] | 3754 |
| None | 85.8% | [80.8-89.7] | 502 |

DT. 4-68 Percentage of Adult Smokers in Smoke-free Cars by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 28.1% | [20.5-37.3] | 188 |
| 25-34 | 33.8% | [26.1-42.4] | 282 |
| 35-44 | 30.5% | [24.3-37.4] | 376 |
| 45-54 | 24.2% | [18.7-30.7] | 348 |
| 55-64 | 25.7% | [18.0-35.3] | 206 |
| 65 + years | 24.3% | [16.1-35.0] | 122 |
| Race* | | | |
| White (non-Hispanic) | 20.6% | [17.6-23.9] | 1195 |
| Black (non-Hispanic) | 52.6% | [40.8-64.1] | 121 |
| Hispanic | 51.5% | [39.3-63.5] | 125 |
| Other | 24.1% | [14.2-37.9] | 98 |
| Gender | | | |
| Male | 30.4% | [25.7-35.6] | 669 |
| Female | 26.5% | [22.5-30.9] | 869 |
| Education* | | | |
| Less Than High School | 36.5% | [26.3-48.1] | 159 |
| High School | 24.2% | [19.6-29.5] | 558 |
| Some College | 23.9% | [18.4-30.4] | 451 |
| College Degree or More | 37.1% | [30.2-44.4] | 369 |
| Region* | | | |
| Western | 16.2% | [12.1-21.4] | 388 |
| Central | 22.8% | [15.9-31.7] | 233 |
| Capital | 15.5% | [10.1-22.8] | 218 |
| Metro | 37.5% | [32.5-42.7] | 700 |
| Insurance | | | |
| Public | 31.0% | [24.3-38.7] | 324 |
| Private | 26.1% | [22.2-30.4] | 894 |
| None | 30.6% | [23.6-38.7] | 288 |

DT. 4-70 Percentage of Adults Who Believe Tobacco-Related News Stories are Negatively Slanted in the Media by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 50.5% | [44.7-56.2] | 557 |
| 25-34 | 48.2% | [44.2-52.2] | 1228 |
| 35-44 | 49.7% | [46.2-53.1] | 1586 |
| 45-54 | 47.5% | [44.0-51.1] | 1603 |
| 55-64 | 39.8% | [36.1-43.7] | 1317 |
| 65 + years | 35.4% | [32.2-38.8] | 1566 |
| Race* | | | |
| White (non-Hispanic) | 49.4% | [47.6-51.2] | 5991 |
| Black (non-Hispanic) | 37.9% | [33.1-42.9] | 790 |
| Hispanic | 38.5% | [33.7-43.5] | 742 |
| Other | 38.5% | [32.4-44.9] | 500 |
| Gender* | | | |
| Male | 47.5% | [45.0-50.0] | 3141 |
| Female | 43.3% | [41.3-45.3] | 4879 |
| Education* | | | |
| Less Than High School | 31.3% | [26.0-37.1] | 627 |
| High School | 41.6% | [38.5-44.7] | 2134 |
| Some College | 44.5% | [41.2-47.8] | 1942 |
| College Degree or More | 51.8% | [49.3-54.2] | 3285 |
| Region* | | | |
| Western | 47.4% | [44.1-50.7] | 1666 |
| Central | 47.9% | [43.5-52.3] | 918 |
| Capital | 53.8% | [49.4-58.2] | 921 |
| Metro | 43.5% | [41.5-45.6] | 4518 |
| Insurance* | | | |
| Public | 38.1% | [34.9-41.5] | 1878 |
| Private | 49.6% | [47.6-51.5] | 5000 |
| None | 41.6% | [37.0-46.3] | 958 |

DT. 4-74 Percentage of Adults Who Noticed Tobacco Advertising at Sporting Events by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 23.0% | [18.6-28.1] | 555 |
| 25-34 | 18.9% | [15.7-22.5] | 1230 |
| 35-44 | 16.4% | [14.0-19.2] | 1587 |
| 45-54 | 14.4% | [11.8-17.3] | 1603 |
| 55-64 | 12.0% | [9.5-14.9] | 1339 |
| 65 + years | 7.8% | [6.2-9.9] | 1622 |
| Race* | | | |
| White (non-Hispanic) | 13.4% | [12.2-14.7] | 6066 |
| Black (non-Hispanic) | 16.8% | [13.3-21.1] | 797 |
| Hispanic | 19.3% | [15.4-23.8] | 740 |
| Other | 19.0% | [14.6-24.5] | 508 |
| Gender* | | | |
| Male | 21.1% | [19.0-23.3] | 3147 |
| Female | 9.8% | [8.7-11.1] | 4961 |
| Education | | | |
| Less Than High School | 11.7% | [8.3-16.1] | 649 |
| High School | 14.9% | [12.7-17.5] | 2177 |
| Some College | 16.6% | [14.2-19.4] | 1951 |
| College Degree or More | 15.4% | [13.6-17.4] | 3297 |
| Region | | | |
| Western | 14.9% | [12.6-17.6] | 1680 |
| Central | 14.9% | [11.6-18.9] | 944 |
| Capital | 12.0% | [9.3-15.4] | 945 |
| Metro | 15.6% | [14.1-17.3] | 4542 |
| Insurance | | | |
| Public | 13.2% | [10.8-16.0] | 1929 |
| Private | 15.4% | [13.9-17.0] | 5017 |
| None | 17.0% | [13.7-21.0] | 965 |

DT. 4-75 Percentage of Adults Who Noticed Tobacco Advertising at Cultural Events by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 12.9% | [9.5-17.3] | 548 |
| 25-34 | 10.6% | [8.2-13.5] | 1221 |
| 35-44 | 11.6% | [9.4-14.1] | 1592 |
| 45-54 | 7.8% | [6.1-10.0] | 1607 |
| 55-64 | 6.2% | [4.6-8.3] | 1341 |
| 65 + years | 5.3% | [3.9-7.2] | 1622 |
| Race* | | | |
| White (non-Hispanic) | 7.7% | [6.8-8.7] | 6066 |
| Black (non-Hispanic) | 13.7% | [10.3-18.0] | 794 |
| Hispanic | 10.8% | [8.0-14.4] | 733 |
| Other | 8.4% | [5.8-12.0] | 511 |
| Gender* | | | |
| Male | 10.7% | [9.1-12.5] | 3140 |
| Female | 7.6% | [6.6-8.8] | 4962 |
| Education | | | |
| Less Than High School | 9.5% | [6.7-13.5] | 639 |
| High School | 8.4% | [6.7-10.4] | 2165 |
| Some College | 8.8% | [6.9-11.2] | 1950 |
| College Degree or More | 9.6% | [8.2-11.2] | 3314 |
| Region* | | | |
| Western | 8.1% | [6.4-10.3] | 1683 |
| Central | 5.5% | [3.8-8.1] | 946 |
| Capital | 6.1% | [3.9-9.3] | 938 |
| Metro | 10.1% | [8.8-11.5] | 4537 |
| Insurance | | | |
| Public | 8.8% | [6.7-11.3] | 1922 |
| Private | 8.8% | [7.7-10.0] | 5024 |
| None | 10.5% | [8.0-13.8] | 961 |

DT. 4-76a Percentage of New York Tobacco Retailers with Price Promotions, By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-------------|------|
| Region | | | |
| Capital | 66.7% | [62.4-70.9] | 471 |
| Central | 86.0% | [82.8-89.1] | 470 |
| Metro | 79.0% | [76.3-81.8] | 839 |
| Western | 92.2% | [89.8-94.6] | 486 |
| New York State | 80.7% | [79.1-82.3] | 2266 |

DT. 4-76b Percentage of New York Tobacco Retailers with Volume Discounts, By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-------------|------|
| Region | | | |
| Capital | 13.6% | [10.5-16.7] | 471 |
| Central | 11.5% | [8.6-14.4] | 470 |
| Metro | 11.7% | [9.5-13.9] | 839 |
| Western | 13.2% | [10.2-16.2] | 486 |
| New York State | 12.4% | [11.0-13.7] | 2266 |

DT. 4-76c Percentage of New York Tobacco Retailers with Purchase Promotions, By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-------------|------|
| Region | | | |
| Capital | 26.8% | [22.7-30.8] | 471 |
| Central | 15.5% | [12.2-18.8] | 470 |
| Metro | 14.3% | [11.9-16.7] | 839 |
| Western | 14.6% | [11.5-17.8] | 486 |
| New York State | 17.2% | [15.7-18.8] | 2266 |

DT. 4-77a Percentage of Tobacco Retailers with Any Exterior Cigarette Advertising, By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-------------|------|
| Region | | | |
| Capital | 47.8% | [43.2-52.3] | 471 |
| Central | 56.2% | [51.7-60.7] | 470 |
| Metro | 54.7% | [51.3-58.1] | 839 |
| Western | 52.9% | [48.4-57.3] | 486 |
| | | | |
| New York State | 53.2% | [51.1-55.2] | 2266 |

DT. 4-77b Percentage of Tobacco Retailers with Any Interior Cigarette Advertising, By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-------------|------|
| Region | | | |
| Capital | 97.5% | [96.0-98.9] | 471 |
| Central | 97.0% | [95.5-98.6] | 470 |
| Metro | 90.7% | [88.7-92.7] | 839 |
| Western | 95.3% | [93.4-97.2] | 486 |
| | | | |
| New York State | 94.4% | [93.4-95.3] | 2266 |

DT. 4-77c Percentage of Tobacco Retailers with Any Branded Functional Items, By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-----------|------|
| Region | | | |
| Capital | 3.2% | [1.6-4.8] | 471 |
| Central | 1.1% | [0.1-2.0] | 470 |
| Metro | 4.1% | [2.7-5.4] | 839 |
| Western | 2.7% | [1.2-4.1] | 486 |
| | | | |
| New York State | 3.0% | [2.3-3.7] | 2266 |

DT. 4-78a Average Number of Exterior Advertisements (Outlets with > 0 Ads), By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-----------|------|
| Region | | | |
| Capital | 3.5 | [3.1-3.9] | 225 |
| Central | 4.2 | [3.7-4.6] | 264 |
| Metro | 5.2 | [4.8-5.5] | 459 |
| Western | 4.5 | [4.1-5.0] | 257 |
| New York State | 4.5 | [4.3-4.7] | 1205 |

DT. 4-78b Average Number of Exterior Advertisements (All Outlets), By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-----------|------|
| Region | | | |
| Capital | 1.7 | [1.4-1.9] | 471 |
| Central | 2.4 | [2.0-2.7] | 470 |
| Metro | 2.8 | [2.6-3.1] | 839 |
| Western | 2.4 | [2.1-2.7] | 486 |
| New York State | 2.4 | [2.2-2.5] | 2266 |

DT. 4-78c Average Number of Interior Advertisements, By Region, November 2004

| Category | Estimate | C.I. | N |
|----------------|----------|-------------|------|
| Region | | | |
| Capital | 19.5 | [18.3-20.7] | 471 |
| Central | 17.4 | [16.3-18.6] | 470 |
| Metro | 13.2 | [12.6-13.8] | 839 |
| Western | 13.9 | [13.2-14.6] | 486 |
| New York State | 15.5 | [15.1-16.0] | 2266 |

DT. 4-79 Percentage of Middle and High School Students Who Saw Tobacco Advertising in Grocery Stores or Gas Stations by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|---------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 89.6% | [87.5-91.4] | 1839 |
| Male | 83.9% | [79.3-87.7] | 1708 |
| Race* | | | |
| White | 91.0% | [89.1-92.7] | 1445 |
| Black | 82.1% | [78.5-85.2] | 695 |
| Hispanic | 79.4% | [71.5-85.5] | 881 |
| Other | 83.7% | [74.3-90.1] | 386 |
| Grade* | | | |
| 6th | 83.9% | [79.0-87.8] | 899 |
| 7th | 85.9% | [81.8-89.2] | 1377 |
| 8th | 90.5% | [87.2-93.0] | 1291 |
| Region* | | | |
| Rest of State | 90.7% | [88.9-92.2] | 1919 |
| New York City | 79.2% | [72.6-84.6] | 1648 |
| High School | | | |
| Gender* | | | |
| Female | 93.4% | [92.0-94.6] | 2227 |
| Male | 85.5% | [82.2-88.3] | 1844 |
| Race* | | | |
| White | 92.6% | [90.7-94.0] | 1964 |
| Black | 85.1% | [81.1-88.3] | 643 |
| Hispanic | 84.4% | [80.2-87.9] | 844 |
| Other | 85.0% | [80.3-88.7] | 538 |
| Grade | | | |
| 9th | 88.8% | [85.2-91.6] | 1272 |
| 10th | 89.6% | [86.1-92.3] | 1061 |
| 11th | 90.7% | [87.1-93.4] | 872 |
| 12th | 90.5% | [87.6-92.7] | 903 |
| Region* | | | |
| Rest of State | 91.5% | [89.4-93.1] | 2478 |
| New York City | 86.4% | [83.0-89.2] | 1630 |

DT. 4-80 Average Index of Awareness of Tobacco Advertising or Promotions Among Adults by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-----------|------|
| Age* | | | |
| 18-24 | 1.6 | [1.4-1.8] | 563 |
| 25-34 | 1.5 | [1.3-1.6] | 1254 |
| 35-44 | 1.1 | [1-1.2] | 1614 |
| 45-54 | 0.9 | [0.8-0.9] | 1638 |
| 55-64 | 0.7 | [0.6-0.8] | 1362 |
| 65 + years | 0.5 | [0.5-0.6] | 1655 |
| Race* | | | |
| White (non-Hispanic) | 0.9 | [0.8-0.9] | 6168 |
| Black (non-Hispanic) | 1.4 | [1.2-1.6] | 813 |
| Hispanic | 1.3 | [1.2-1.5] | 760 |
| Other | 1.2 | [1-1.4] | 527 |
| Gender* | | | |
| Male | 1.2 | [1.1-1.3] | 3212 |
| Female | 0.9 | [0.8-0.9] | 5053 |
| Education* | | | |
| Less Than High School | 1.0 | [0.9-1.2] | 657 |
| High School | 1.1 | [1-1.2] | 2218 |
| Some College | 1.1 | [1-1.3] | 1990 |
| College Degree or More | 0.9 | [0.9-1] | 3365 |
| Region* | | | |
| Western | 0.9 | [0.8-1] | 1706 |
| Central | 0.8 | [0.7-0.9] | 956 |
| Capital | 0.8 | [0.7-0.9] | 958 |
| Metro | 1.1 | [1.1-1.2] | 4648 |
| Insurance* | | | |
| Public | 0.9 | [0.8-1] | 1970 |
| Private | 1.0 | [0.9-1] | 5112 |
| None | 1.4 | [1.2-1.6] | 983 |

DT. 4-80a Percentage of Adults Who Noticed Tobacco Advertising or Promotions At Least Once a Day on Posters or Billboards by Demographic Characteristics, ATS 2004.

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 28.1% | [23.0-33.7] | 554 |
| 25-34 | 24.2% | [20.8-28.0] | 1231 |
| 35-44 | 18.3% | [15.7-21.1] | 1586 |
| 45-54 | 14.2% | [11.8-16.9] | 1594 |
| 55-64 | 11.8% | [9.5-14.6] | 1333 |
| 65 + years | 9.4% | [7.5-11.8] | 1602 |
| Race* | | | |
| White (non-Hispanic) | 13.2% | [11.9-14.5] | 6035 |
| Black (non-Hispanic) | 25.3% | [21.3-29.8] | 789 |
| Hispanic | 27.5% | [23.2-32.3] | 735 |
| Other | 20.4% | [15.5-26.4] | 513 |
| Gender* | | | |
| Male | 21.4% | [19.3-23.6] | 3150 |
| Female | 14.1% | [12.7-15.7] | 4919 |
| Education | | | |
| Less Than High School | 20.3% | [16.0-25.5] | 632 |
| High School | 17.8% | [15.4-20.5] | 2162 |
| Some College | 19.1% | [16.4-22.0] | 1947 |
| College Degree or More | 15.9% | [14.1-17.9] | 3295 |
| Region* | | | |
| Western | 13.2% | [11.1-15.8] | 1669 |
| Central | 12.6% | [9.6-16.4] | 939 |
| Capital | 11.8% | [8.8-15.5] | 936 |
| Metro | 19.8% | [18.1-21.6] | 4528 |
| Insurance* | | | |
| Public | 16.1% | [13.7-18.8] | 1917 |
| Private | 16.0% | [14.5-17.6] | 4998 |
| None | 27.2% | [23.0-31.8] | 963 |
| None | 16.1% | [13.7-18.8] | 1917 |

DT. 4-80b Percentage of Adults Who Noticed Tobacco Advertising Or Promotions At Least Once A Day In Newspapers Or Magazines by Demographic Characteristics, ATS 2004.

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 21.9% | [17.4-27.2] | 556 |
| 25-34 | 21.8% | [18.6-25.4] | 1232 |
| 35-44 | 17.4% | [14.9-20.2] | 1577 |
| 45-54 | 15.9% | [13.2-19.0] | 1599 |
| 55-64 | 12.6% | [10.2-15.4] | 1322 |
| 65 + years | 13.4% | [11.2-16.1] | 1602 |
| Race* | | | |
| White (non-Hispanic) | 14.3% | [13.1-15.5] | 6029 |
| Black (non-Hispanic) | 24.3% | [20.1-29.0] | 781 |
| Hispanic | 21.9% | [17.8-26.6] | 733 |
| Other | 19.8% | [15.0-25.6] | 514 |
| Gender* | | | |
| Male | 19.6% | [17.6-21.8] | 3132 |
| Female | 15.1% | [13.7-16.7] | 4922 |
| Education* | | | |
| Less Than High School | 17.5% | [15.2-20.0] | 2158 |
| High School | 21.0% | [18.1-24.2] | 1944 |
| Some College | 14.9% | [13.2-16.7] | 3281 |
| College Degree or More | 16.5% | [12.3-21.8] | 637 |
| Region* | | | |
| Western | 16.5% | [14.2-19.2] | 1674 |
| Central | 11.2% | [8.6-14.4] | 938 |
| Capital | 16.1% | [13.0-19.9] | 934 |
| Metro | 18.3% | [16.7-20.1] | 4511 |
| Insurance | | | |
| Public | 18.9% | [16.2-22.1] | 1908 |
| Private | 16.2% | [14.7-17.7] | 4990 |
| None | 19.6% | [16.0-23.8] | 965 |

**DT. 4-80c Percentage of Adults Who Noticed Tobacco Advertising
Or Promotions At Least Once A Day In Shop Windows Or Inside
Shops Where Tobacco Is Sold by Demographic Characteristics, ATS
2004.**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 39.1% | [33.6-44.8] | 557 |
| 25-34 | 35.6% | [31.8-39.5] | 1218 |
| 35-44 | 31.3% | [28.1-34.6] | 1583 |
| 45-54 | 25.5% | [22.5-28.8] | 1587 |
| 55-64 | 18.9% | [15.9-22.4] | 1327 |
| 65 + years | 10.9% | [8.9-13.2] | 1598 |
| Race* | | | |
| White (non-Hispanic) | 24.2% | [22.7-25.8] | 6018 |
| Black (non-Hispanic) | 31.3% | [26.9-36.2] | 785 |
| Hispanic | 32.4% | [27.8-37.3] | 728 |
| Other | 32.8% | [26.9-39.3] | 506 |
| Gender* | | | |
| Male | 32.5% | [30.1-35.0] | 3131 |
| Female | 22.1% | [20.5-23.9] | 4903 |
| Education | | | |
| Less Than High School | 27.1% | [22.0-32.8] | 633 |
| High School | 27.2% | [24.5-30.1] | 2153 |
| Some College | 29.8% | [26.8-33.0] | 1939 |
| College Degree or More | 25.3% | [23.1-27.6] | 3274 |
| Region* | | | |
| Western | 22.1% | [19.4-25.0] | 1671 |
| Central | 22.1% | [18.4-26.2] | 933 |
| Capital | 23.1% | [19.3-27.4] | 931 |
| Metro | 29.3% | [27.4-31.3] | 4502 |
| Insurance* | | | |
| Public | 23.1% | [20.3-26.1] | 1906 |
| Private | 26.4% | [24.6-28.2] | 4973 |
| None | 36.4% | [31.9-41.2] | 965 |
| None | 23.1% | [20.3-26.1] | 1906 |

DT. 4-80d Percentage of Adults Who Noticed Tobacco Advertising Or Promotions At Least Once A Day On Leaflets by Demographic Characteristics, ATS 2004.

| Category | Estimate | C.I. | N |
|------------------------|----------|-----------|------|
| Age* | | | |
| 18-24 | 4.6% | [3.0-7.1] | 543 |
| 25-34 | 4.6% | [3.1-6.6] | 1217 |
| 35-44 | 5.4% | [3.9-7.4] | 1576 |
| 45-54 | 2.6% | [1.6-4.1] | 1597 |
| 55-64 | 1.7% | [1.0-3.0] | 1335 |
| 65 + years | 0.8% | [0.5-1.3] | 1610 |
| Race* | | | |
| White (non-Hispanic) | 1.9% | [1.4-2.5] | 6048 |
| Black (non-Hispanic) | 6.6% | [4.6-9.3] | 783 |
| Hispanic | 6.8% | [4.8-9.6] | 721 |
| Other | 3.2% | [1.8-5.6] | 497 |
| Gender | | | |
| Male | 3.4% | [2.5-4.4] | 3134 |
| Female | 3.4% | [2.7-4.3] | 4912 |
| Education* | | | |
| Less Than High School | 4.1% | [3.0-5.6] | 2149 |
| High School | 4.3% | [3.1-6.0] | 1949 |
| Some College | 1.9% | [1.3-2.8] | 3294 |
| College Degree or More | 4.9% | [3.0-7.9] | 620 |
| Region* | | | |
| Western | 2.5% | [1.7-3.6] | 1676 |
| Central | 1.3% | [0.7-2.5] | 938 |
| Capital | 2.5% | [1.4-4.2] | 934 |
| Metro | 4.0% | [3.2-4.9] | 4501 |
| Insurance* | | | |
| Public | 2.6% | [2.0-3.3] | 5011 |
| Private | 5.9% | [3.9-8.8] | 943 |
| None | 3.7% | [2.7-5.1] | 1906 |

**DT. 4-80e Percentage of Adults Who Noticed Tobacco Advertising
Or Promotions At Least Once A Day Over The Internet by
Demographic Characteristics, ATS 2004.**

| Category | Estimate | C.I. | N |
|------------------------|----------|-----------|------|
| 18-24 | 4.8% | [3.1-7.3] | 558 |
| 25-34 | 5.5% | [3.9-7.7] | 1237 |
| 35-44 | 2.1% | [1.4-3.1] | 1589 |
| 45-54 | 1.8% | [1.1-2.9] | 1618 |
| 55-64 | 1.2% | [0.7-2.0] | 1348 |
| 65 + years | 0.3% | [0.1-1.0] | 1631 |
| Race* | | | |
| White (non-Hispanic) | 1.9% | [1.5-2.5] | 6097 |
| Black (non-Hispanic) | 4.1% | [2.6-6.4] | 796 |
| Hispanic | 3.2% | [1.9-5.5] | 743 |
| Other | 3.5% | [2.1-5.8] | 521 |
| Gender | | | |
| Male | 2.5% | [1.9-3.4] | 3166 |
| Female | 2.6% | [2.0-3.4] | 4988 |
| Education | | | |
| Less Than High School | 1.2% | [0.5-3.0] | 651 |
| High School | 2.2% | [1.4-3.3] | 2191 |
| Some College | 3.3% | [2.3-4.6] | 1961 |
| College Degree or More | 2.7% | [2.0-3.6] | 3318 |
| Region | | | |
| Western | 2.6% | [1.6-4.2] | 1684 |
| Central | 1.7% | [0.9-3.3] | 945 |
| Capital | 3.2% | [1.7-6.0] | 945 |
| Metro | 2.6% | [2.0-3.3] | 4583 |
| 18-24 | 4.8% | [3.1-7.3] | 558 |
| Insurance | | | |
| Public | 2.0% | [1.3-3.1] | 1945 |
| Private | 2.8% | [2.2-3.5] | 5050 |
| None | 2.5% | [1.5-4.3] | 967 |

DT. 4-81 Percentage of Middle and High School Students Who Would Wear Tobacco Branded Attire by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 14.7% | [12.6-17.2] | 1880 |
| Male | 26.8% | [23.9-30.0] | 1752 |
| Race | | | |
| White | 20.7% | [17.8-24.1] | 1462 |
| Black | 19.9% | [16.0-24.3] | 733 |
| Hispanic | 22.9% | [20.0-26.2] | 904 |
| Other | 20.5% | [13.6-29.7] | 387 |
| Grade* | | | |
| 6th | 15.3% | [12.7-18.5] | 933 |
| 7th | 21.4% | [17.9-25.5] | 1434 |
| 8th | 24.8% | [21.5-28.3] | 1286 |
| Region | | | |
| Rest of State | 20.4% | [17.5-23.7] | 1977 |
| New York City | 20.8% | [18.6-23.1] | 1676 |
| High School | | | |
| Gender* | | | |
| Female | 23.4% | [21.2-25.8] | 2243 |
| Male | 34.1% | [30.9-37.4] | 1869 |
| Race* | | | |
| White | 31.6% | [28.7-34.7] | 1972 |
| Black | 15.9% | [12.5-20.1] | 659 |
| Hispanic | 26.7% | [23.2-30.6] | 845 |
| Other | 23.7% | [18.5-29.8] | 549 |
| Grade | | | |
| 9th | 24.9% | [21.2-28.9] | 1278 |
| 10th | 29.5% | [25.8-33.4] | 1075 |
| 11th | 29.5% | [25.9-33.2] | 884 |
| 12th | 29.6% | [24.2-35.5] | 911 |
| Region* | | | |
| Rest of State | 30.8% | [28.0-33.8] | 2488 |
| New York City | 22.6% | [20.0-25.4] | 1660 |

DT. 4-82 Percentage of Middle and High School Students Who Have Seen Tobacco Advertising on the Internet by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender | | | |
| Female | 66.8% | [62.4-71.0] | 1862 |
| Male | 65.0% | [60.7-69.1] | 1723 |
| Race* | | | |
| White | 71.5% | [66.9-75.7] | 1459 |
| Black | 58.2% | [54.9-61.4] | 702 |
| Hispanic | 57.6% | [53.0-62.0] | 884 |
| Other | 62.6% | [52.0-72.2] | 394 |
| Grade* | | | |
| 6th | 56.8% | [51.6-61.8] | 915 |
| 7th | 65.1% | [61.1-68.9] | 1387 |
| 8th | 75.0% | [69.8-79.5] | 1303 |
| Region* | | | |
| Rest of State | 69.5% | [64.9-73.7] | 1931 |
| New York City | 58.7% | [53.3-63.8] | 1674 |
| High School | | | |
| Gender* | | | |
| Female | 75.0% | [72.1-77.6] | 2236 |
| Male | 68.4% | [63.9-72.6] | 1854 |
| Race* | | | |
| White | 76.5% | [73.9-78.8] | 1964 |
| Black | 63.0% | [58.5-67.3] | 653 |
| Hispanic | 64.1% | [56.0-71.6] | 849 |
| Other | 73.1% | [66.4-78.9] | 541 |
| Grade | | | |
| 9th | 74.0% | [68.9-78.4] | 1275 |
| 10th | 70.8% | [66.0-75.1] | 1069 |
| 11th | 70.2% | [65.8-74.3] | 878 |
| 12th | 73.0% | [67.8-77.5] | 905 |
| Region* | | | |
| Rest of State | 74.8% | [72.4-76.9] | 2479 |
| New York City | 66.8% | [60.5-72.6] | 1648 |

DT. 4-83 Percentage of Middle and High School Students Who Have Seen Tobacco Advertising in Newspapers or Magazines by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|---------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 66.5% | [62.9-70.0] | 1809 |
| Male | 57.1% | [52.4-61.6] | 1685 |
| Race* | | | |
| White | 64.9% | [60.0-69.6] | 1432 |
| Black | 61.5% | [57.0-65.9] | 687 |
| Hispanic | 57.9% | [53.4-62.3] | 859 |
| Other | 55.7% | [46.5-64.5] | 376 |
| Grade* | | | |
| 6th | 52.1% | [47.8-56.4] | 891 |
| 7th | 64.8% | [60.5-68.9] | 1376 |
| 8th | 68.2% | [64.1-72.0] | 1247 |
| Region | | | |
| Rest of State | 62.8% | [58.0-67.2] | 1919 |
| New York City | 60.1% | [55.3-64.7] | 1595 |
| High School | | | |
| Gender* | | | |
| Female | 81.3% | [79.5-83.0] | 2230 |
| Male | 70.4% | [65.9-74.4] | 1847 |
| Race* | | | |
| White | 79.0% | [76.5-81.4] | 1965 |
| Black | 72.8% | [69.3-76.0] | 647 |
| Hispanic | 72.9% | [68.8-76.6] | 844 |
| Other | 71.4% | [62.1-79.2] | 539 |
| Grade | | | |
| 9th | 75.2% | [71.0-78.9] | 1275 |
| 10th | 73.6% | [69.3-77.5] | 1062 |
| 11th | 78.3% | [74.2-81.8] | 873 |
| 12th | 80.1% | [77.5-82.5] | 904 |
| Region* | | | |
| Rest of State | 78.3% | [76.2-80.2] | 2479 |
| New York City | 72.8% | [69.7-75.7] | 1635 |

DT. 4-84 Percentage of Adults Who Have Seen Antismoking Advertising on Television by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 86.6% | [82.2-90.1] | 505 |
| 25-34 | 80.0% | [76.1-83.3] | 1121 |
| 35-44 | 73.7% | [70.4-76.8] | 1489 |
| 45-54 | 67.0% | [63.4-70.4] | 1495 |
| 55-64 | 61.3% | [57.3-65.2] | 1248 |
| 65 + years | 58.1% | [54.6-61.5] | 1497 |
| Race | | | |
| White (non-Hispanic) | 70.8% | [69.2-72.4] | 5637 |
| Black (non-Hispanic) | 72.9% | [68.3-77.1] | 728 |
| Hispanic | 72.8% | [67.7-77.5] | 675 |
| Other | 64.4% | [57.6-70.6] | 467 |
| Gender* | | | |
| Male | 74.4% | [72.0-76.6] | 2932 |
| Female | 67.8% | [65.9-69.7] | 4572 |
| Education | | | |
| Less Than High School | 68.1% | [61.8-73.7] | 557 |
| High School | 70.9% | [67.9-73.8] | 2009 |
| Some College | 72.9% | [69.9-75.7] | 1850 |
| College Degree or More | 70.4% | [68.1-72.6] | 3060 |
| Region* | | | |
| Western | 74.0% | [71.1-76.7] | 1601 |
| Central | 74.5% | [70.5-78.0] | 875 |
| Capital | 75.2% | [71.2-78.8] | 864 |
| Metro | 69.2% | [67.2-71.2] | 4167 |
| Insurance* | | | |
| Public | 67.2% | [64.1-70.3] | 1760 |
| Private | 72.1% | [70.3-73.9] | 4713 |
| None | 72.5% | [67.7-76.9] | 865 |

DT. 4-85 Percentage of Adults Who Have Seen Advertising About Family Members Losing a Loved One Due to Smoking-Related Illnesses by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 58.9% | [53.2-64.4] | 558 |
| 25-34 | 48.2% | [44.2-52.2] | 1245 |
| 35-44 | 47.6% | [44.2-51.1] | 1595 |
| 45-54 | 46.5% | [43.0-50.1] | 1609 |
| 55-64 | 47.4% | [43.6-51.3] | 1348 |
| 65 + years | 40.6% | [37.3-44.0] | 1623 |
| Race* | | | |
| White (non-Hispanic) | 45.0% | [43.3-46.8] | 6086 |
| Black (non-Hispanic) | 52.9% | [48.0-57.8] | 800 |
| Hispanic | 55.9% | [50.8-60.9] | 748 |
| Other | 42.3% | [36.1-48.7] | 516 |
| Gender* | | | |
| Male | 45.8% | [43.3-48.3] | 3179 |
| Female | 49.2% | [47.2-51.2] | 4968 |
| Education* | | | |
| Less Than High School | 50.5% | [44.7-56.3] | 642 |
| High School | 50.7% | [47.6-53.8] | 2179 |
| Some College | 50.0% | [46.7-53.3] | 1966 |
| College Degree or More | 43.4% | [41.0-45.8] | 3326 |
| Region | | | |
| Western | 47.6% | [44.4-50.9] | 1686 |
| Central | 45.9% | [41.6-50.2] | 944 |
| Capital | 53.6% | [49.2-57.9] | 948 |
| Metro | 47.1% | [45.0-49.2] | 4572 |
| Insurance* | | | |
| Public | 48.0% | [44.7-51.3] | 1931 |
| Private | 46.4% | [44.4-48.4] | 5046 |
| None | 52.6% | [47.8-57.3] | 974 |

DT. 4-86 Percentage of Adult Smokers Who Have Seen Advertising About Family Members Losing a Loved One Due to Smoking-Related Illnesses by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 61.7% | [52.7-70.0] | 218 |
| 25-34 | 47.4% | [40.2-54.8] | 336 |
| 35-44 | 48.0% | [41.2-54.9] | 416 |
| 45-54 | 49.7% | [42.3-57.2] | 397 |
| 55-64 | 39.0% | [30.8-47.9] | 244 |
| 65 + years | 39.6% | [29.9-50.3] | 156 |
| Race | | | |
| White (non-Hispanic) | 47.8% | [44.0-51.6] | 1325 |
| Black (non-Hispanic) | 48.9% | [39.4-58.5] | 184 |
| Hispanic | 58.0% | [46.8-68.4] | 168 |
| Other | 47.5% | [34.0-61.4] | 109 |
| Gender | | | |
| Male | 49.6% | [44.6-54.5] | 780 |
| Female | 49.3% | [44.8-53.8] | 1005 |
| Education | | | |
| Less Than High School | 54.7% | [44.7-64.4] | 210 |
| High School | 50.8% | [45.1-56.5] | 634 |
| Some College | 50.9% | [44.8-57.0] | 515 |
| College Degree or More | 42.1% | [35.6-48.8] | 424 |
| Region | | | |
| Western | 44.8% | [38.2-51.6] | 412 |
| Central | 50.7% | [42.1-59.3] | 249 |
| Capital | 50.9% | [41.9-59.9] | 238 |
| Metro | 50.3% | [45.6-55.1] | 887 |
| Insurance | | | |
| Public | 54.7% | [47.8-61.5] | 412 |
| Private | 45.8% | [41.4-50.2] | 984 |
| None | 54.1% | [46.6-61.5] | 352 |

DT. 4-87 Percentage of Adult Smokers Who Have Noticed Advertising About the Dangers of Children Being Exposed to Cigarette Smoke by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 67.9% | [59.3-75.5] | 218 |
| 25-34 | 68.9% | [61.9-75.2] | 337 |
| 35-44 | 64.8% | [57.9-71.2] | 416 |
| 45-54 | 69.4% | [63.0-75.2] | 403 |
| 55-64 | 65.5% | [56.2-73.7] | 246 |
| 65 + years | 70.0% | [60.4-78.2] | 159 |
| Race* | | | |
| White (non-Hispanic) | 64.3% | [60.6-67.9] | 1334 |
| Black (non-Hispanic) | 69.8% | [60.0-78.0] | 185 |
| Hispanic | 83.5% | [74.7-89.6] | 169 |
| Other | 56.3% | [42.4-69.3] | 110 |
| Gender* | | | |
| Male | 64.3% | [59.5-68.8] | 783 |
| Female | 70.9% | [66.7-74.8] | 1014 |
| Education* | | | |
| Less Than High School | 77.5% | [69.1-84.1] | 214 |
| High School | 65.5% | [59.8-70.8] | 639 |
| Some College | 72.7% | [67.2-77.5] | 518 |
| College Degree or More | 57.6% | [50.8-64.1] | 424 |
| Region | | | |
| Western | 70.4% | [63.9-76.1] | 414 |
| Central | 73.3% | [65.5-79.8] | 251 |
| Capital | 66.4% | [57.2-74.5] | 242 |
| Metro | 65.6% | [61.1-69.9] | 891 |
| Insurance | | | |
| Public | 72.4% | [65.8-78.1] | 416 |
| Private | 64.9% | [60.5-69.0] | 992 |
| None | 69.7% | [62.7-75.9] | 350 |

DT. 4-88 Percentage of Adult Smokers Who Have Noticed Advertisements About Calling a Quitline by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 60.7% | [51.9-68.9] | 217 |
| 25-34 | 59.0% | [51.6-66.1] | 335 |
| 35-44 | 52.6% | [45.7-59.5] | 417 |
| 45-54 | 53.6% | [46.2-60.9] | 403 |
| 55-64 | 52.6% | [43.8-61.4] | 248 |
| 65 + years | 58.1% | [47.9-67.6] | 158 |
| Race | | | |
| White (non-Hispanic) | 57.0% | [53.2-60.7] | 1332 |
| Black (non-Hispanic) | 62.1% | [52.1-71.1] | 187 |
| Hispanic | 52.0% | [41.1-62.8] | 167 |
| Other | 44.4% | [31.5-58.1] | 111 |
| Gender | | | |
| Male | 53.7% | [48.7-58.6] | 778 |
| Female | 59.2% | [54.8-63.5] | 1018 |
| Education | | | |
| Less Than High School | 51.2% | [41.3-61.1] | 213 |
| High School | 53.8% | [48.1-59.5] | 637 |
| Some College | 60.9% | [55.0-66.6] | 517 |
| College Degree or More | 58.1% | [51.5-64.4] | 427 |
| Region | | | |
| Western | 55.7% | [48.8-62.5] | 414 |
| Central | 51.3% | [42.6-59.9] | 250 |
| Capital | 57.6% | [48.5-66.2] | 239 |
| Metro | 57.3% | [52.6-61.9] | 894 |
| Insurance | | | |
| Public | 61.4% | [54.6-67.8] | 418 |
| Private | 57.1% | [52.6-61.4] | 989 |
| None | 52.6% | [45.1-60.1] | 350 |

DT. 4-90a Percentage of Adults Who Reported Confirmed Awareness of Media Campaign Advertisements (Statewide and Local) by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 11.8% | [8.8-15.7] | 563 |
| 25-34 | 17.0% | [14.3-20.1] | 1254 |
| 35-44 | 14.3% | [12.0-17.0] | 1614 |
| 45-54 | 13.4% | [11.1-16.2] | 1638 |
| 55-64 | 11.2% | [9.1-13.8] | 1362 |
| 65 + years | 15.0% | [12.7-17.7] | 1654 |
| Race* | | | |
| White (non-Hispanic) | 15.4% | [14.2-16.7] | 6168 |
| Black (non-Hispanic) | 12.1% | [9.3-15.6] | 813 |
| Hispanic | 13.1% | [10.0-16.9] | 760 |
| Other | 8.5% | [5.9-12.1] | 526 |
| Gender* | | | |
| Male | 12.2% | [10.6-13.9] | 3212 |
| Female | 15.7% | [14.4-17.2] | 5052 |
| Education* | | | |
| Less Than High School | 8.4% | [5.9-12.0] | 656 |
| High School | 13.5% | [11.7-15.6] | 2218 |
| Some College | 18.3% | [15.9-21.0] | 1990 |
| College Degree or More | 13.1% | [11.5-14.8] | 3365 |
| Region* | | | |
| Western | 22.6% | [20.1-25.3] | 1706 |
| Central | 19.2% | [15.6-23.3] | 956 |
| Capital | 23.3% | [19.8-27.2] | 958 |
| Metro | 10.5% | [9.2-11.9] | 4647 |
| Insurance* | | | |
| Public | 15.6% | [13.3-18.1] | 1969 |
| Private | 14.7% | [13.3-16.1] | 5112 |
| None | 10.2% | [7.8-13.1] | 983 |

DT. 4-90b Percentage of Adults Who Reported Confirmed Awareness of Media Campaign Advertisements and Said that the Ad Said Something Important to Them (Statewide and Local) by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age | | | |
| 18-24 | 92.8% | [87.9-97.6] | 69 |
| 25-34 | 93.1% | [89.2-97.0] | 200 |
| 35-44 | 90.2% | [84.8-95.7] | 198 |
| 45-54 | 93.4% | [88.9-97.9] | 209 |
| 55-64 | 94.2% | [89.7-98.6] | 163 |
| 65 + years | 88.0% | [82.6-93.4] | 221 |
| Race | | | |
| White (non-Hispanic) | 92.5% | [90.4-94.6] | 860 |
| Black (non-Hispanic) | 90.1% | [83.6-96.5] | 89 |
| Hispanic | 89.7% | [81.7-97.6] | 91 |
| Other | 89.0% | [81.2-96.8] | 47 |
| Gender | | | |
| Male | 89.4% | [85.5-93.3] | 333 |
| Female | 93.2% | [91.1-95.3] | 753 |
| Education | | | |
| Less Than High School | 84.4% | [71.7-97.0] | 58 |
| High School | 91.8% | [87.9-95.7] | 305 |
| Some College | 91.3% | [87.8-94.8] | 319 |
| College Degree or More | 92.8% | [89.6-96.0] | 398 |
| Region | | | |
| Western | 89.5% | [86.0-93.0] | 383 |
| Central | 93.0% | [87.3-98.8] | 134 |
| Capital | 92.6% | [87.9-97.3] | 197 |
| Metro | 92.1% | [88.9-95.2] | 373 |
| Insurance | | | |
| Public | 89.7% | [85.3-94.0] | 282 |
| Private | 92.7% | [90.3-95.0] | 683 |
| None | 88.8% | [81.0-96.6] | 100 |

DT. 4-90c Percentage of Adults Who Reported Confirmed Awareness of Media Campaign Advertisements and Said that they Had Talked to Someone About the Ad(Statewide and Local) by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age | | | |
| 18-24 | 23.7% | [8.8-38.6] | 71 |
| 25-34 | 34.2% | [25.2-43.3] | 204 |
| 35-44 | 21.5% | [14.3-28.7] | 201 |
| 45-54 | 19.4% | [12.8-26.0] | 210 |
| 55-64 | 26.9% | [16.9-36.9] | 165 |
| 65 + years | 18.3% | [10.8-25.7] | 231 |
| Race* | | | |
| White (non-Hispanic) | 17.6% | [14.2-21.0] | 879 |
| Black (non-Hispanic) | 34.9% | [21.0-48.7] | 89 |
| Hispanic | 39.8% | [26.4-53.1] | 94 |
| Other | 42.4% | [23.8-61.0] | 49 |
| Gender | | | |
| Male | 21.5% | [15.2-27.7] | 342 |
| Female | 25.6% | [21.3-29.9] | 768 |
| Education | | | |
| Less Than High School | 29.0% | [11.4-46.6] | 64 |
| High School | 25.7% | [19.1-32.2] | 308 |
| Some College | 24.3% | [17.7-30.9] | 327 |
| College Degree or More | 20.9% | [14.8-27.0] | 405 |
| Region* | | | |
| Western | 21.2% | [15.7-26.7] | 389 |
| Central | 7.0% | [3.1-10.9] | 135 |
| Capital | 16.2% | [10.1-22.4] | 201 |
| Metro | 31.2% | [25.0-37.5] | 386 |
| Insurance* | | | |
| Public | 30.4% | [22.0-38.8] | 291 |
| Private | 18.8% | [14.9-22.7] | 695 |
| None | 33.3% | [20.6-46] | 102 |

DT. 4-94a Percentage of Middle and High School Students Who Were Aware of Reality Check by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender | | | |
| Female | 32.2% | [27.8-37.0] | 1410 |
| Male | 32.5% | [27.9-37.4] | 1264 |
| Race | | | |
| White | 35.7% | [28.2-44.0] | 965 |
| Black | 31.3% | [28.1-34.8] | 664 |
| Hispanic | 28.2% | [25.6-31.0] | 729 |
| Other | 27.9% | [22.2-34.4] | 224 |
| Grade* | | | |
| 6th | 25.1% | [20.8-30.0] | 678 |
| 7th | 34.3% | [30.4-38.5] | 1112 |
| 8th | 37.5% | [31.0-44.4] | 903 |
| Region* | | | |
| Rest of State | 35.0% | [29.2-41.4] | 1452 |
| New York City | 27.3% | [22.7-32.4] | 1241 |
| High School | | | |
| Gender | | | |
| Female | 36.2% | [27.8-45.6] | 1826 |
| Male | 36.5% | [25.9-48.6] | 1474 |
| Race | | | |
| White | 38.7% | [27.1-51.9] | 1624 |
| Black | 33.9% | [29.1-39.1] | 497 |
| Hispanic | 34.9% | [29.1-41.1] | 664 |
| Other | 27.4% | [22.3-33.2] | 450 |
| Grade | | | |
| 9th | 39.6% | [29.6-50.6] | 955 |
| 10th | 36.5% | [22.1-53.7] | 882 |
| 11th | 37.8% | [29.7-46.6] | 758 |
| 12th | 29.4% | [24.9-34.4] | 736 |
| Region | | | |
| Rest of State | 39.5% | [27.4-53.0] | 2084 |
| New York City | 28.1% | [26.9-29.3] | 1247 |

DT. 4-94b Percentage of Middle and High School Students Who Had Participated in Reality Check Events by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|------------|------|
| Middle School | | | |
| Gender | | | |
| Female | 5.3% | [3.1-8.9] | 1403 |
| Male | 7.1% | [5.1-9.8] | 1248 |
| Race | | | |
| White | 5.5% | [3.2-9.3] | 958 |
| Black | 7.0% | [4.7-10.3] | 663 |
| Hispanic | 7.7% | [4.9-11.7] | 718 |
| Other | 7.3% | [3.4-14.8] | 220 |
| Grade | | | |
| 6th | 4.9% | [3.1-7.6] | 664 |
| 7th | 6.5% | [4.0-10.5] | 1107 |
| 8th | 7.4% | [3.9-13.8] | 899 |
| Region | | | |
| Rest of State | 6.2% | [4.1-9.4] | 1438 |
| New York City | 6.4% | [3.2-12.5] | 1232 |
| High School | | | |
| Gender | | | |
| Female | 8.0% | [3.2-18.7] | 1808 |
| Male | 10.0% | [5.2-18.5] | 1461 |
| Race | | | |
| White | 10.2% | [3.8-24.6] | 1614 |
| Black | 8.3% | [4.8-14.2] | 493 |
| Hispanic | 5.4% | [3.9-7.4] | 652 |
| Other | 7.1% | [4.3-11.5] | 445 |
| Grade* | | | |
| 9th | 9.5% | [4.5-19.1] | 949 |
| 10th | 9.6% | [3.2-25.6] | 872 |
| 11th | 12.0% | [6.1-22.3] | 756 |
| 12th | 3.7% | [2.4-5.7] | 724 |
| Region | | | |
| Rest of State | 10.5% | [4.3-23.4] | 2070 |
| New York City | 4.9% | [2.2-10.5] | 1231 |

DT. 4-95a Percentage of Middle and High School Students Who Participated in an Awareness Event, Among Those Who Attended Any Reality Check Event by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender | | | |
| Female | 51.6% | [30.1-72.4] | 54 |
| Male | 62.3% | [45.4-76.7] | 77 |
| Race | | | |
| White | 51.3% | [28.5-73.6] | 41 |
| Black | 61.0% | [43.6-76.1] | 36 |
| Hispanic | 57.6% | [47.2-67.4] | 44 |
| Other | 59.4% | [38.4-77.5] | 9 |
| Grade | | | |
| 6th | 62.6% | [49.9-73.7] | 25 |
| 7th | 61.6% | [48.4-73.2] | 66 |
| 8th | 48.4% | [24.6-72.9] | 43 |
| Region | | | |
| Rest of State | 56.3% | [38.9-72.4] | 67 |
| New York City | 57.2% | [48.7-65.3] | 67 |
| High School | | | |
| Gender | | | |
| Female | 61.0% | [42.2-77.1] | 108 |
| Male | 52.2% | [38.5-65.6] | 114 |
| Race | | | |
| White | 53.7% | [37.3-69.4] | 123 |
| Black | 73.4% | [59.1-84.1] | 34 |
| Hispanic | 46.6% | [31.7-62.0] | 33 |
| Other | 60.0% | [32.4-82.4] | 27 |
| Grade | | | |
| 9th | 64.3% | [48.6-77.5] | 67 |
| 10th | 48.3% | [35.6-61.1] | 63 |
| 11th | 55.6% | [31.0-77.7] | 61 |
| 12th | 62.2% | [32.3-85.0] | 35 |
| Region | | | |
| Rest of State | 56.7% | [40.1-71.9] | 173 |
| New York City | 57.1% | [41.3-71.5] | 53 |

DT. 4-95b Percentage of Middle and High School Students Who Participated in Media Related Activities, Among Those Who Attended Any Reality Check Event by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender | | | |
| Female | 31.7% | [18.3-48.9] | 55 |
| Male | 38.9% | [22.7-58.0] | 73 |
| Race | | | |
| White | 29.7% | [17.6-45.4] | 43 |
| Black | 39.3% | [18.4-65.0] | 37 |
| Hispanic | 40.6% | [21.1-63.6] | 38 |
| Other | 47.6% | [16.5-80.6] | 10 |
| Grade | | | |
| 6th | 39.9% | [15.4-70.9] | 25 |
| 7th | 32.8% | [18.4-51.5] | 65 |
| 8th | 37.2% | [27.8-47.6] | 41 |
| Region | | | |
| Rest of State | 34.7% | [20.1-52.8] | 70 |
| New York City | 39.0% | [24.4-56.0] | 61 |
| High School | | | |
| Gender | | | |
| Female | 14.9% | [4.3-40.3] | 100 |
| Male | 39.9% | [30.4-50.1] | 112 |
| Race | | | |
| White | 27.9% | [17.4-41.5] | 119 |
| Black | 15.2% | [6.0-33.6] | 33 |
| Hispanic | 28.2% | [13.2-50.5] | 32 |
| Other | 35.3% | [17.9-57.6] | 26 |
| Grade | | | |
| 9th | 31.2% | [18.0-48.3] | 64 |
| 10th | 23.2% | [17.6-29.9] | 63 |
| 11th | 26.0% | [13.6-43.8] | 57 |
| 12th | 26.2% | [10.2-52.5] | 32 |
| Region | | | |
| Rest of State | 25.8% | [16.9-37.3] | 162 |
| New York City | 32.0% | [27.8-36.5] | 54 |

DT. 4-95c Percentage of Middle and High School Students Who Participated in a Training/Workshop, Among Those Who Attended Any Reality Check Event by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender | | | |
| Female | 45.0% | [22.3-70.0] | 53 |
| Male | 41.7% | [29.1-55.5] | 75 |
| Race | | | |
| White | 46.7% | [30.3-63.8] | 41 |
| Black | 42.5% | [25.6-61.4] | 37 |
| Hispanic | 29.3% | [16.0-47.4] | 41 |
| Other | 51.4% | [11.4-89.7] | 9 |
| Grade | | | |
| 6th | 55.9% | [33.7-75.9] | 24 |
| 7th | 33.3% | [20.6-49.0] | 63 |
| 8th | 49.5% | [19.8-79.5] | 44 |
| Region | | | |
| Rest of State | 49.9% | [31.0-68.8] | 69 |
| New York City | 32.5% | [24.4-41.7] | 62 |
| High School | | | |
| Gender | | | |
| Female | 36.8% | [26.3-48.9] | 100 |
| Male | 38.0% | [31.0-45.5] | 111 |
| Race | | | |
| White | 32.6% | [24.6-41.6] | 121 |
| Black | 53.6% | [35.5-70.8] | 31 |
| Hispanic | 38.1% | [14.1-69.9] | 32 |
| Other | 49.9% | [25.2-74.7] | 26 |
| Grade | | | |
| 9th | 37.3% | [27.5-48.2] | 66 |
| 10th | 28.2% | [17.7-41.8] | 61 |
| 11th | 42.3% | [28.2-57.9] | 55 |
| 12th | 42.8% | [22.8-65.4] | 33 |
| Region* | | | |
| Rest of State | 32.8% | [26.4-40.0] | 164 |
| New York City | 59.2% | [37.9-77.5] | 51 |

DT. 4-95d Percentage of Middle and High School Students Who Participated in a Meeting of a Local Group, Among Those Who Attended Any Reality Check Event by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender | | | |
| Female | 30.5% | [17.6-47.5] | 56 |
| Male | 38.4% | [26.1-52.4] | 74 |
| Race | | | |
| White | 29.7% | [16.0-48.4] | 41 |
| Black | 35.7% | [15.3-63.1] | 38 |
| Hispanic | 41.7% | [27.5-57.3] | 41 |
| Other | 27.2% | [4.4-75.4] | 10 |
| Grade | | | |
| 6th | 35.3% | [17.1-59.0] | 25 |
| 7th | 31.1% | [18.5-47.3] | 66 |
| 8th | 36.0% | [23.9-50.2] | 42 |
| Region | | | |
| Rest of State | 33.3% | [20.1-49.8] | 70 |
| New York City | 34.8% | [30.0-40.0] | 63 |
| High School | | | |
| Gender | | | |
| Female | 47.1% | [38.1-56.3] | 103 |
| Male | 43.8% | [34.5-53.5] | 109 |
| Race | | | |
| White | 40.7% | [31.3-50.9] | 118 |
| Black | 55.4% | [31.5-77.1] | 31 |
| Hispanic | 47.9% | [27.4-69.1] | 33 |
| Other | 62.9% | [35.8-83.7] | 27 |
| Grade | | | |
| 9th | 47.8% | [37.8-58.1] | 67 |
| 10th | 48.0% | [36.5-59.7] | 61 |
| 11th | 42.2% | [28.8-56.9] | 56 |
| 12th | 27.6% | [12.7-50.1] | 32 |
| Region | | | |
| Rest of State | 45.4% | [38.2-52.9] | 164 |
| New York City | 39.6% | [13.4-73.4] | 52 |

DT. 4-95e Percentage of Middle and High School Students Who Meet with an Official, Among Those Who Attended Any Reality Check Event by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender | | | |
| Female | 35.3% | [24.6-47.7] | 56 |
| Male | 46.0% | [33.3-59.2] | 76 |
| Race* | | | |
| White | 36.7% | [27.1-47.5] | 43 |
| Black | 63.5% | [42.4-80.5] | 39 |
| Hispanic | 39.0% | [29.8-49.0] | 41 |
| Other | 0.0% | [0.0-0.0] | 9 |
| Grade* | | | |
| 6th | 69.2% | [54.3-81.0] | 24 |
| 7th | 33.3% | [18.9-51.6] | 66 |
| 8th | 37.9% | [28.1-48.7] | 45 |
| Region | | | |
| Rest of State | 40.0% | [29.6-51.3] | 72 |
| New York City | 47.2% | [42.8-51.6] | 63 |
| High School | | | |
| Gender | | | |
| Female | 25.1% | [19.4-31.8] | 102 |
| Male | 34.7% | [24.4-46.7] | 106 |
| Race | | | |
| White | 27.8% | [21.2-35.5] | 117 |
| Black | 29.6% | [14.3-51.4] | 31 |
| Hispanic | 44.1% | [19.5-72.0] | 33 |
| Other | 23.8% | [7.4-54.9] | 25 |
| Grade | | | |
| 9th | 29.2% | [20.9-39.1] | 64 |
| 10th | 19.5% | [14.2-26.0] | 61 |
| 11th | 33.5% | [21.7-47.7] | 55 |
| 12th | 47.7% | [23.7-72.8] | 32 |
| Region* | | | |
| Rest of State | 26.3% | [20.7-32.9] | 160 |
| New York City | 45.0% | [40.3-49.8] | 52 |

DT. 4-104 Percentage of Adults Who Agree That Movies Rated G, PG, and PG-13 Should Not Show Actors Smoking by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 55.9% | [50.1-61.6] | 552 |
| 25-34 | 65.1% | [61.2-68.9] | 1208 |
| 35-44 | 70.3% | [67.0-73.4] | 1571 |
| 45-54 | 72.1% | [68.9-75.1] | 1591 |
| 55-64 | 74.1% | [70.5-77.4] | 1293 |
| 65 + years | 77.9% | [74.8-80.6] | 1490 |
| Race | | | |
| White (non-Hispanic) | 68.7% | [67.0-70.4] | 5895 |
| Black (non-Hispanic) | 70.2% | [65.3-74.8] | 757 |
| Hispanic | 71.6% | [66.9-75.9] | 720 |
| Other | 72.2% | [66.0-77.6] | 489 |
| Gender* | | | |
| Male | 61.0% | [58.5-63.5] | 3041 |
| Female | 77.4% | [75.6-79.0] | 4817 |
| Education | | | |
| Less Than High School | 70.2% | [64.3-75.5] | 594 |
| High School | 68.9% | [65.9-71.8] | 2110 |
| Some College | 72.7% | [69.6-75.6] | 1880 |
| College Degree or More | 67.9% | [65.5-70.2] | 3242 |
| Region | | | |
| Western | 71.7% | [68.5-74.6] | 1636 |
| Central | 67.4% | [62.8-71.7] | 905 |
| Capital | 67.7% | [63.1-72.0] | 921 |
| Metro | 69.7% | [67.7-71.6] | 4399 |
| Insurance* | | | |
| Public | 74.9% | [71.7-77.8] | 1810 |
| Private | 68.7% | [66.8-70.5] | 4919 |
| None | 68.4% | [63.8-72.8] | 938 |

**DT. 4-105 Percentage of Adults Who Disagree With The Statement
“Smoking In The Movies Does Not Encourage Smoking Among
Teens,” by Demographic Characteristics, ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 60.4% | [54.4-66.0] | 548 |
| 25-34 | 63.5% | [59.6-67.3] | 1210 |
| 35-44 | 70.6% | [67.2-73.8] | 1567 |
| 45-54 | 72.5% | [69.1-75.6] | 1570 |
| 55-64 | 71.2% | [67.2-74.9] | 1297 |
| 65 + years | 67.5% | [64.0-70.9] | 1485 |
| Race* | | | |
| White (non-Hispanic) | 71.9% | [70.2-73.5] | 5835 |
| Black (non-Hispanic) | 63.1% | [58.1-67.9] | 770 |
| Hispanic | 59.3% | [54.1-64.3] | 733 |
| Other | 62.0% | [55.4-68.1] | 496 |
| Gender* | | | |
| Male | 63.2% | [60.6-65.7] | 3030 |
| Female | 72.3% | [70.4-74.1] | 4801 |
| Education* | | | |
| Less Than High School | 58.7% | [52.7-64.4] | 614 |
| High School | 63.0% | [59.8-66.1] | 2099 |
| Some College | 68.5% | [65.2-71.7] | 1880 |
| College Degree or More | 73.4% | [71.1-75.7] | 3207 |
| Region | | | |
| Western | 70.9% | [67.7-73.9] | 1625 |
| Central | 68.3% | [63.9-72.5] | 910 |
| Capital | 71.8% | [67.4-75.8] | 899 |
| Metro | 66.9% | [64.8-68.9] | 4400 |
| Insurance* | | | |
| Public | 64.8% | [61.4-68.1] | 1819 |
| Private | 71.8% | [69.9-73.6] | 4895 |
| None | 58.4% | [53.5-63.1] | 932 |

DT. 4-106 Percentage of Middle and High School Students Who Think Smoking Makes People Look Cool by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 9.2% | [7.9-10.8] | 1873 |
| Male | 13.2% | [11.2-15.4] | 1727 |
| Race* | | | |
| White | 9.1% | [7.8-10.7] | 1450 |
| Black | 13.9% | [11.9-16.3] | 718 |
| Hispanic | 14.5% | [11.4-18.2] | 894 |
| Other | 13.1% | [9.9-17.1] | 384 |
| Grade | | | |
| 6th | 9.0% | [7.0-11.4] | 928 |
| 7th | 11.7% | [9.2-14.8] | 1418 |
| 8th | 12.7% | [11.1-14.5] | 1274 |
| Region* | | | |
| Rest of State | 9.8% | [8.6-11.3] | 1959 |
| New York City | 13.8% | [12.0-15.7] | 1661 |
| High School | | | |
| Gender* | | | |
| Female | 8.7% | [7.0-10.9] | 2246 |
| Male | 13.7% | [11.4-16.4] | 1858 |
| Race* | | | |
| White | 10.7% | [9.1-12.4] | 1970 |
| Black | 6.5% | [4.2-10.0] | 655 |
| Hispanic | 10.5% | [8.2-13.3] | 848 |
| Other | 17.1% | [12.3-23.2] | 548 |
| Grade | | | |
| 9th | 10.5% | [8.1-13.6] | 1279 |
| 10th | 11.7% | [8.5-15.9] | 1070 |
| 11th | 10.3% | [8.3-12.7] | 883 |
| 12th | 11.1% | [9.1-13.5] | 909 |
| Region | | | |
| Rest of State | 10.1% | [8.6-11.9] | 2491 |
| New York City | 12.4% | [8.3-18.2] | 1650 |

DT. 4-107 Percentage of Middle and High School Students Who Think it is Safe to Smoke for Just a Year or Two by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|------|
| Middle School | | | |
| Gender* | | | |
| Female | 7.6% | [6.1-9.3] | 1892 |
| Male | 11.8% | [9.8-14.2] | 1751 |
| Race* | | | |
| White | 8.7% | [7.1-10.5] | 1465 |
| Black | 7.8% | [5.3-11.5] | 735 |
| Hispanic | 13.4% | [10.9-16.2] | 905 |
| Other | 13.5% | [8.5-20.8] | 388 |
| Grade | | | |
| 6th | 8.3% | [6.7-10.4] | 944 |
| 7th | 10.2% | [7.6-13.5] | 1436 |
| 8th | 10.4% | [8.2-13.1] | 1285 |
| Region* | | | |
| Rest of State | 8.2% | [6.8-9.8] | 1981 |
| New York City | 12.5% | [10.5-14.9] | 1684 |
| High School | | | |
| Gender* | | | |
| Female | 8.0% | [7.1-8.9] | 2243 |
| Male | 13.5% | [10.6-17.2] | 1857 |
| Race | | | |
| White | 10.8% | [9.3-12.4] | 1971 |
| Black | 7.9% | [4.9-12.4] | 653 |
| Hispanic | 10.7% | [8.0-14.3] | 848 |
| Other | 14.1% | [10.7-18.2] | 544 |
| Grade | | | |
| 9th | 10.9% | [8.5-14.0] | 1279 |
| 10th | 9.6% | [7.3-12.5] | 1073 |
| 11th | 8.8% | [6.3-12.1] | 884 |
| 12th | 12.4% | [9.3-16.4] | 902 |
| Region | | | |
| Rest of State | 10.6% | [9.3-11.9] | 2492 |
| New York City | 10.1% | [6.3-15.8] | 1646 |

DT. 4-112 Percentage of Adult Smokers Who Visited a Doctor, Nurse, or Other Health Professional in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age* | | | |
| 18-24 | 51.8% | [43.1-60.5] | 219 |
| 25-34 | 62.6% | [55.3-69.5] | 338 |
| 35-44 | 63.2% | [56.1-69.8] | 421 |
| 45-54 | 66.3% | [58.6-73.3] | 406 |
| 55-64 | 76.6% | [67.6-83.8] | 248 |
| 65 + years | 74.9% | [64.6-82.9] | 161 |
| Race | | | |
| White (non-Hispanic) | 65.5% | [61.7-69.0] | 1342 |
| Black (non-Hispanic) | 67.6% | [57.5-76.3] | 189 |
| Hispanic | 52.5% | [41.6-63.1] | 170 |
| Other | 62.0% | [47.6-74.6] | 111 |
| Gender* | | | |
| Male | 56.1% | [51.1-61.0] | 788 |
| Female | 72.1% | [67.8-76.0] | 1023 |
| Education* | | | |
| Less Than High School | 55.5% | [45.4-65.1] | 215 |
| High School | 57.2% | [51.4-62.8] | 647 |
| Some College | 69.4% | [63.5-74.8] | 520 |
| College Degree or More | 73.0% | [66.7-78.5] | 427 |
| Region | | | |
| Western | 62.7% | [55.7-69.2] | 417 |
| Central | 61.9% | [52.9-70.1] | 252 |
| Capital | 64.8% | [55.9-72.8] | 242 |
| Metro | 64.2% | [59.4-68.7] | 901 |
| Insurance* | | | |
| Public | 73.0% | [66.3-78.8] | 422 |
| Private | 73.3% | [69.2-77.0] | 999 |
| None | 37.8% | [31.1-44.9] | 352 |

DT. 4-113 Percentage of Adult Smokers Who Were Asked If They Smoked When They Visited a Health Care Provider in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age | | | |
| 18-24 | 89.2% | [79.1-94.7] | 113 |
| 25-34 | 87.0% | [77.9-92.7] | 216 |
| 35-44 | 84.0% | [74.7-90.3] | 280 |
| 45-54 | 91.9% | [84.6-95.9] | 279 |
| 55-64 | 84.1% | [75.2-90.2] | 190 |
| 65 + years | 83.6% | [72.2-91.0] | 123 |
| Race | | | |
| White (non-Hispanic) | 88.6% | [84.9-91.5] | 912 |
| Black (non-Hispanic) | 81.5% | [68.8-89.8] | 139 |
| Hispanic | 87.4% | [76.2-93.8] | 95 |
| Other | 83.7% | [65.1-93.4] | 70 |
| Gender | | | |
| Male | 84.0% | [78.0-88.6] | 469 |
| Female | 89.5% | [85.5-92.5] | 747 |
| Education | | | |
| Less Than High School | 86.1% | [73.9-93.1] | 118 |
| High School | 86.5% | [79.4-91.4] | 405 |
| Some College | 89.0% | [84.3-92.4] | 375 |
| College Degree or More | 85.7% | [77.7-91.1] | 316 |
| Region | | | |
| Western | 90.2% | [82.1-94.8] | 279 |
| Central | 91.6% | [84.9-95.5] | 164 |
| Capital | 89.3% | [81.8-94.0] | 161 |
| Metro | 84.8% | [79.7-88.8] | 612 |
| Insurance | | | |
| Public | 82.3% | [74.1-88.3] | 324 |
| Private | 89.5% | [85.2-92.7] | 719 |
| None | 89.2% | [79.7-94.5] | 152 |

DT. 4-114 Percentage of Adult Smokers Who Were Advised to Quit Smoking When They Visited a Health Care Provider in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age | | | |
| 18-24 | 60.7% | [48.1-72.0] | 113 |
| 25-34 | 69.6% | [60.3-77.6] | 216 |
| 35-44 | 71.3% | [62.5-78.8] | 281 |
| 45-54 | 74.3% | [64.5-82.1] | 281 |
| 55-64 | 70.4% | [60.3-78.8] | 190 |
| 65 + years | 74.5% | [63.3-83.2] | 123 |
| Race | | | |
| White (non-Hispanic) | 73.0% | [68.4-77.2] | 915 |
| Black (non-Hispanic) | 62.9% | [51.4-73.2] | 138 |
| Hispanic | 64.5% | [49.1-77.4] | 95 |
| Other | 65.8% | [49.2-79.2] | 71 |
| Gender | | | |
| Male | 66.2% | [59.7-72.2] | 475 |
| Female | 73.1% | [67.8-77.8] | 744 |
| Education* | | | |
| Less Than High School | 65.4% | [50.9-77.6] | 118 |
| High School | 64.7% | [57.2-71.5] | 408 |
| Some College | 78.9% | [72.8-83.9] | 374 |
| College Degree or More | 69.0% | [60.8-76.2] | 316 |
| Region | | | |
| Western | 71.0% | [62.7-78.2] | 279 |
| Central | 74.7% | [64.0-83.1] | 166 |
| Capital | 66.4% | [53.7-77.1] | 161 |
| Metro | 69.3% | [63.5-74.5] | 613 |
| Insurance | | | |
| Public | 69.2% | [60.6-76.6] | 324 |
| Private | 73.5% | [68.3-78.2] | 722 |
| None | 62.0% | [50.5-72.4] | 152 |

DT. 4-115 Percentage of Adult Smokers Who Report that their Health Care Provider Assisted Them with Smoking Cessation When They Visited a Health Care Provider in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age | | | |
| 18-24 | 31.5% | [21.6-43.4] | 112 |
| 25-34 | 39.4% | [30.8-48.8] | 215 |
| 35-44 | 37.1% | [29.5-45.4] | 280 |
| 45-54 | 48.2% | [39.8-56.7] | 281 |
| 55-64 | 36.9% | [28.2-46.6] | 189 |
| 65 + years | 31.3% | [21.3-43.5] | 121 |
| Race | | | |
| White (non-Hispanic) | 39.4% | [35.0-44.0] | 910 |
| Black (non-Hispanic) | 41.6% | [31.6-52.3] | 138 |
| Hispanic | 26.5% | [16.6-39.5] | 95 |
| Other | 35.4% | [20.2-54.2] | 70 |
| Gender | | | |
| Male | 37.9% | [32.2-44.1] | 472 |
| Female | 38.0% | [33.1-43.1] | 741 |
| Education* | | | |
| Less Than High School | 26.3% | [17.6-37.5] | 117 |
| High School | 40.7% | [34.2-47.6] | 406 |
| Some College | 45.2% | [38.1-52.5] | 371 |
| College Degree or More | 31.8% | [25.0-39.4] | 316 |
| Region | | | |
| Western | 41.7% | [33.8-50.0] | 278 |
| Central | 42.5% | [32.9-52.8] | 165 |
| Capital | 45.7% | [35.0-56.8] | 159 |
| Metro | 34.6% | [29.6-40.1] | 611 |
| Insurance | | | |
| Public | 39.8% | [32.4-47.6] | 322 |
| Private | 39.8% | [34.8-45.0] | 719 |
| None | 32.6% | [23.7-43.0] | 152 |

**DT. 4-116 Percentage of Adult Smokers Who Have Heard of the
New York State Smokers' Quitline by Demographic Characteristics,
ATS 2004**

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 60.8% | [52.0-68.9] | 218 |
| 25-34 | 58.6% | [51.0-65.8] | 336 |
| 35-44 | 55.4% | [48.4-62.2] | 419 |
| 45-54 | 53.1% | [45.6-60.5] | 401 |
| 55-64 | 64.0% | [55.1-72.1] | 249 |
| 65 + years | 45.7% | [35.7-56.1] | 160 |
| Race | | | |
| White (non-Hispanic) | 58.6% | [54.8-62.2] | 1336 |
| Black (non-Hispanic) | 61.3% | [51.5-70.2] | 187 |
| Hispanic | 49.6% | [39.0-60.3] | 170 |
| Other | 47.8% | [34.4-61.5] | 110 |
| Gender | | | |
| Male | 59.1% | [54.1-63.9] | 783 |
| Female | 54.8% | [50.2-59.2] | 1019 |
| Education | | | |
| Less Than High School | 49.3% | [39.4-59.2] | 212 |
| High School | 54.3% | [48.6-60.0] | 643 |
| Some College | 62.7% | [56.5-68.5] | 518 |
| College Degree or More | 59.7% | [53.1-65.9] | 427 |
| Region* | | | |
| Western | 59.0% | [52.2-65.4] | 416 |
| Central | 48.9% | [40.4-57.6] | 250 |
| Capital | 77.3% | [69.9-83.4] | 240 |
| Metro | 54.6% | [49.9-59.3] | 897 |
| Insurance | | | |
| Public | 54.0% | [47.0-60.9] | 418 |
| Private | 59.4% | [55.0-63.7] | 996 |
| None | 55.8% | [48.2-63.2] | 350 |

DT. 4-117 Percentage of Adult Smokers Who Have Called the New York State Smokers' Quitline by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|------------|-----|
| Age* | | | |
| 18-24 | 0.9% | [0.1-5.8] | 127 |
| 25-34 | 7.7% | [4.4-13.4] | 210 |
| 35-44 | 9.0% | [4.2-18.0] | 233 |
| 45-54 | 10.9% | [6.2-18.3] | 223 |
| 55-64 | 6.1% | [2.9-12.6] | 151 |
| 65 + years | 4.7% | [1.2-17.0] | 75 |
| Race | | | |
| White (non-Hispanic) | 7.5% | [5.2-10.6] | 773 |
| Black (non-Hispanic) | 5.5% | [2.1-13.5] | 108 |
| Hispanic | 2.6% | [0.7-9.2] | 95 |
| Other | 10.7% | [2.1-40.5] | 55 |
| Gender* | | | |
| Male | 4.5% | [2.4-8.2] | 457 |
| Female | 9.3% | [6.4-13.4] | 573 |
| Education | | | |
| Less Than High School | 2.3% | [0.7-7.2] | 97 |
| High School | 5.2% | [3.2-8.4] | 357 |
| Some College | 7.8% | [4.4-13.3] | 319 |
| College Degree or More | 10.0% | [5.2-18.6] | 255 |
| Region | | | |
| Western | 7.8% | [4.6-13.0] | 256 |
| Central | 3.5% | [1.4-8.4] | 116 |
| Capital | 8.5% | [3.0-21.9] | 178 |
| Metro | 6.4% | [4.1-9.9] | 481 |
| Insurance | | | |
| Public | 7.9% | [4.8-12.8] | 223 |
| Private | 7.3% | [4.4-11.7] | 588 |
| None | 5.2% | [2.6-10.2] | 203 |

**DT.4-118. New York Smokers' Quitline Call Volume, January 2000-
April 2005**

| Year | Month | Call Volume | Year | Month | Call Volume |
|-------------|--------------|--------------------|-------------|--------------|--------------------|
| 2000 | Jan | 479 | 2001 | Jan | 731 |
| | Feb | 245 | | Feb | 741 |
| | Mar | 76 | | Mar | 1298 |
| | Apr | 61 | | Apr | 640 |
| | May | 45 | | May | 995 |
| | Jun | 99 | | Jun | 741 |
| | Jul | 99 | | Jul | 558 |
| | Aug | 107 | | Aug | 471 |
| | Sep | 93 | | Sep | 294 |
| | Oct | 142 | | Oct | 641 |
| | Nov | 172 | | Nov | 953 |
| | Dec | 508 | | Dec | 834 |
| 2002 | Jan | 1116 | 2003 | Jan | 843 |
| | Feb | 905 | | Feb | 608 |
| | Mar | 742 | | Mar | 883 |
| | Apr | 679 | | Apr | 473 |
| | May | 662 | | May | 529 |
| | Jun | 661 | | Jun | 397 |
| | Jul | 844 | | Jul | 306 |
| | Aug | 1105 | | Aug | 309 |
| | Sep | 765 | | Sep | 198 |
| | Oct | 677 | | Oct | 239 |
| | Nov | 997 | | Nov | 288 |
| | Dec | 1115 | | Dec | 281 |
| 2004 | Jan | 594 | 2005 | Jan | 1355 |
| | Feb | 630 | | Feb | 1529 |
| | Mar | 743 | | Mar | 1506 |
| | Apr | 754 | | Apr | 1096 |
| | May | 741 | | May | 118 |
| | Jun | 369 | | | |
| | Jul | 446 | | | |
| | Aug | 468 | | | |
| | Sep | 470 | | | |
| | Oct | 771 | | | |
| | Nov | 738 | | | |
| | Dec | 684 | | | |

DT.4-119. Number of Calls to the New York State Smokers' Quitline by Sources of Referral, Q1 2000–Q2 2005

| Year | Quarter | Advertising | Fax To Quit | All Other Referrals | Healthcare Provider |
|-------------|----------------|--------------------|--------------------|----------------------------|----------------------------|
| 2000 | Q1 | 670 | 0 | 103 | 27 |
| | Q2 | 59 | 0 | 66 | 80 |
| | Q3 | 53 | 0 | 133 | 113 |
| | Q4 | 607 | 0 | 132 | 83 |
| 2001 | Q1 | 2,405 | 0 | 278 | 87 |
| | Q2 | 1,794 | 0 | 515 | 67 |
| | Q3 | 841 | 0 | 394 | 88 |
| | Q4 | 1,807 | 0 | 481 | 140 |
| 2002 | Q1 | 2,115 | 0 | 449 | 199 |
| | Q2 | 1,391 | 0 | 410 | 201 |
| | Q3 | 1,337 | 0 | 1,135 | 242 |
| | Q4 | 1,781 | 0 | 788 | 220 |
| 2003 | Q1 | 1,492 | 0 | 604 | 238 |
| | Q2 | 585 | 0 | 670 | 144 |
| | Q3 | 255 | 0 | 449 | 109 |
| | Q4 | 278 | 0 | 385 | 145 |
| 2004 | Q1 | 1,198 | 1 | 575 | 193 |
| | Q2 | 471 | 1 | 1,177 | 215 |
| | Q3 | 414 | 2 | 749 | 219 |
| | Q4 | 776 | 37 | 1,130 | 250 |
| 2005 | Q1 | 2,021 | 181 | 1,842 | 346 |
| | Q2 | 271 | 170 | 536 | 119 |

DT. 4-120 Percentage of Adult Former Smokers or Current Smokers with A Quit Attempt in the Past 12 Months Who Have Used a Nicotine Patch or Nicotine Gum by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age* | | | |
| 18-24 | 5.4% | [2.8-10.3] | 128 |
| 25-34 | 28.0% | [20.5-37.0] | 226 |
| 35-44 | 25.0% | [17.5-34.2] | 236 |
| 45-54 | 28.5% | [21.2-37.2] | 217 |
| 55-64 | 27.3% | [18.9-37.6] | 142 |
| 65 + years | 25.7% | [15.3-39.8] | 87 |
| Race* | | | |
| White (non-Hispanic) | 25.3% | [21.3-29.8] | 742 |
| Black (non-Hispanic) | 23.8% | [14.6-36.3] | 125 |
| Hispanic | 11.0% | [6.2-18.7] | 110 |
| Other | 13.2% | [7.0-23.5] | 70 |
| Gender | | | |
| Male | 21.2% | [16.3-26.9] | 455 |
| Female | 24.3% | [20.0-29.3] | 591 |
| Education | | | |
| Less Than High School | 18.7% | [11.3-29.4] | 112 |
| High School | 22.8% | [17.0-29.9] | 363 |
| Some College | 26.8% | [20.4-34.4] | 283 |
| College Degree or More | 20.4% | [14.8-27.5] | 287 |
| Region | | | |
| Western | 27.0% | [20.0-35.3] | 205 |
| Central | 23.3% | [15.0-34.5] | 129 |
| Capital | 27.1% | [18.0-38.6] | 133 |
| Metro | 20.9% | [16.6-26.0] | 580 |
| Insurance | | | |
| Public | 23.8% | [17.5-31.5] | 237 |
| Private | 25.3% | [20.9-30.4] | 610 |
| None | 18.4% | [11.0-29.2] | 178 |

DT. 4-121 Percentage of Adult Smokers Who Were Planning to Stop Smoking in the Next 30 Days by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 21.0% | [13.9-30.6] | 169 |
| 25-34 | 27.5% | [21.0-35.2] | 292 |
| 35-44 | 25.2% | [18.6-33.2] | 346 |
| 45-54 | 26.5% | [19.9-34.2] | 342 |
| 55-64 | 24.2% | [17.0-33.2] | 212 |
| 65 + years | 15.5% | [10.0-23.1] | 138 |
| Race | | | |
| White (non-Hispanic) | 24.5% | [20.9-28.6] | 1130 |
| Black (non-Hispanic) | 30.3% | [21.2-41.1] | 155 |
| Hispanic | 20.4% | [13.1-30.2] | 136 |
| Other | 16.1% | [9.0-27.2] | 96 |
| Gender | | | |
| Male | 25.0% | [20.4-30.3] | 658 |
| Female | 23.5% | [19.6-27.9] | 858 |
| Education | | | |
| Less Than High School | 26.5% | [17.8-37.4] | 171 |
| High School | 22.8% | [17.8-28.7] | 528 |
| Some College | 27.3% | [21.7-33.6] | 445 |
| College Degree or More | 21.8% | [16.1-28.9] | 370 |
| Region* | | | |
| Western | 16.9% | [12.5-22.6] | 354 |
| Central | 19.7% | [12.8-29.0] | 208 |
| Capital | 25.1% | [16.7-36.0] | 195 |
| Metro | 27.3% | [22.8-32.2] | 760 |
| Insurance | | | |
| Public | 25.4% | [19.8-31.9] | 360 |
| Private | 23.0% | [19.1-27.5] | 855 |
| None | 25.9% | [18.5-34.9] | 272 |

DT. 4-122 Percentage of Smokers Who Made a Quit Attempt in the Past 12 Months by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|------|
| Age | | | |
| 18-24 | 47.2% | [38.7-56.0] | 219 |
| 25-34 | 55.0% | [47.6-62.1] | 338 |
| 35-44 | 44.0% | [37.2-51.0] | 420 |
| 45-54 | 40.6% | [33.9-47.7] | 405 |
| 55-64 | 47.2% | [38.5-56.1] | 248 |
| 65 + years | 39.7% | [30.1-50.1] | 160 |
| Race* | | | |
| White (non-Hispanic) | 43.6% | [39.9-47.4] | 1341 |
| Black (non-Hispanic) | 63.2% | [54.0-71.5] | 188 |
| Hispanic | 42.0% | [32.4-52.2] | 170 |
| Other | 42.6% | [30.1-56.1] | 111 |
| Gender | | | |
| Male | 46.9% | [42.0-51.8] | 789 |
| Female | 45.6% | [41.2-50.1] | 1020 |
| Education | | | |
| Less Than High School | 46.6% | [37.0-56.5] | 215 |
| High School | 48.3% | [42.7-54.0] | 647 |
| Some College | 44.7% | [38.8-50.7] | 517 |
| College Degree or More | 44.3% | [37.8-50.9] | 428 |
| Region | | | |
| Western | 40.7% | [34.3-47.4] | 416 |
| Central | 49.9% | [41.3-58.5] | 252 |
| Capital | 42.9% | [34.3-51.8] | 242 |
| Metro | 47.9% | [43.2-52.6] | 900 |
| Insurance | | | |
| Public | 50.5% | [43.6-57.4] | 421 |
| Private | 45.4% | [41.0-49.8] | 998 |
| None | 45.5% | [38.2-52.9] | 351 |

DT. 4-123 Percentage of Smokers Who Made a Successful Quit Attempt in the Past 12 Months (Remained Quit for More Than 6 Months) by Demographic Characteristics, ATS 2004

| Category | Estimate | C.I. | N |
|------------------------|----------|-------------|-----|
| Age* | | | |
| 18-24 | 12.1% | [5.1-26.1] | 135 |
| 25-34 | 17.5% | [9.9-29.2] | 249 |
| 35-44 | 15.4% | [10.5-22.2] | 276 |
| 45-54 | 23.6% | [17.2-31.6] | 264 |
| 55-64 | 30.6% | [22.3-40.4] | 192 |
| 65 + years | 57.6% | [46.6-67.9] | 152 |
| Race | | | |
| White (non-Hispanic) | 23.8% | [20.1-28.0] | 938 |
| Black (non-Hispanic) | 12.7% | [6.5-23.3] | 136 |
| Hispanic | 25.0% | [13.5-41.6] | 129 |
| Other | 31.4% | [14.4-55.7] | 85 |
| Gender | | | |
| Male | 21.2% | [16.3-27.1] | 556 |
| Female | 24.2% | [19.5-29.6] | 731 |
| Education* | | | |
| Less Than High School | 13.2% | [6.9-23.7] | 128 |
| High School | 20.2% | [14.4-27.6] | 428 |
| Some College | 19.3% | [12.6-28.4] | 330 |
| College Degree or More | 32.0% | [25.7-39.0] | 397 |
| Region | | | |
| Western | 19.5% | [13.9-26.6] | 250 |
| Central | 12.9% | [8.0-20.1] | 154 |
| Capital | 22.8% | [15.7-31.9] | 167 |
| Metro | 24.8% | [20.0-30.4] | 717 |
| Insurance | | | |
| Public | 24.0% | [17.6-31.8] | 300 |
| Private | 24.2% | [20.1-28.8] | 765 |
| None | 17.8% | [8.9-32.4] | 196 |

DT. 4-129 Percentage of Middle and High School Students Who Have Been Asked for Proof of Age When Purchasing Cigarettes by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender | | | |
| Female | 30.9% | [23.1-40.0] | 73 |
| Male | 30.2% | [21.0-41.2] | 108 |
| Race | | | |
| White | 33.9% | [22.0-48.2] | 43 |
| Black | 34.0% | [21.6-49.1] | 33 |
| Hispanic | 22.0% | [14.0-32.8] | 75 |
| Other | 23.0% | [8.9-47.6] | 24 |
| Grade | | | |
| 6th | 37.9% | [26.7-50.5] | 42 |
| 7th | 23.3% | [15.4-33.6] | 71 |
| 8th | 30.0% | [19.8-42.6] | 69 |
| Region | | | |
| Rest of State | 33.1% | [25.2-42.0] | 72 |
| New York City | 28.1% | [20.9-36.6] | 110 |
| High School | | | |
| Gender | | | |
| Female | 52.7% | [44.6-60.7] | 240 |
| Male | 54.4% | [46.6-62.0] | 304 |
| Race* | | | |
| White | 58.1% | [52.3-63.8] | 306 |
| Black | 39.0% | [22.3-58.8] | 39 |
| Hispanic | 40.8% | [27.8-55.2] | 127 |
| Other | 48.0% | [30.2-66.3] | 56 |
| Grade* | | | |
| 9th | 38.4% | [29.3-48.4] | 104 |
| 10th | 49.4% | [35.7-63.2] | 115 |
| 11th | 57.9% | [45.3-69.5] | 130 |
| 12th | 60.5% | [55.0-65.8] | 200 |
| Region | | | |
| Rest of State | 58.3% | [53.8-62.7] | 376 |
| New York City | 40.1% | [20.7-63.3] | 173 |

DT. 4-130 Percentage of Middle and High School Students Who Have Been Refused Sale of Cigarettes Because of Age by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender | | | |
| Female | 37.5% | [28.1-47.9] | 79 |
| Male | 41.1% | [33.5-49.2] | 114 |
| Race | | | |
| White | 48.1% | [36.0-60.5] | 49 |
| Black | 38.1% | [27.1-50.5] | 38 |
| Hispanic | 35.3% | [26.9-44.7] | 79 |
| Other | 38.9% | [20.4-61.3] | 22 |
| Grade | | | |
| 6th | 36.6% | [26.7-47.7] | 47 |
| 7th | 36.0% | [27.7-45.3] | 77 |
| 8th | 47.0% | [38.2-56.0] | 71 |
| Region | | | |
| Rest of State | 42.8% | [33.9-52.3] | 81 |
| New York City | 37.1% | [31.3-43.2] | 114 |
| High School | | | |
| Gender | | | |
| Female | 32.8% | [25.6-41.0] | 240 |
| Male | 38.4% | [30.7-46.6] | 278 |
| Race | | | |
| White | 36.3% | [26.9-46.9] | 294 |
| Black | 29.8% | [18.5-44.4] | 39 |
| Hispanic | 32.3% | [22.8-43.5] | 118 |
| Other | 27.4% | [14.0-46.6] | 54 |
| Grade* | | | |
| 9th | 42.3% | [31.9-53.4] | 100 |
| 10th | 49.2% | [37.0-61.4] | 111 |
| 11th | 39.0% | [27.8-51.5] | 125 |
| 12th | 21.9% | [15.8-29.5] | 187 |
| Region | | | |
| Rest of State | 33.3% | [25.4-42.3] | 357 |
| New York City | 43.0% | [35.2-51.2] | 166 |

DT. 4-131a/132a Percentage of Middle and High School Current Smokers Who Bought Their Cigarettes in Packs by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender* | | | |
| Female | 35.7% | [28.3-43.8] | 99 |
| Male | 58.5% | [47.3-68.9] | 122 |
| Race | | | |
| White | 61.1% | [42.6-77.0] | 56 |
| Black | 42.3% | [27.9-58.1] | 42 |
| Hispanic | 33.2% | [22.3-46.2] | 90 |
| Other | 53.3% | [30.8-74.5] | 26 |
| Grade | | | |
| 6th | 46.8% | [35.0-58.9] | 47 |
| 7th | 44.9% | [33.2-57.2] | 94 |
| 8th | 55.0% | [37.7-71.2] | 81 |
| Region* | | | |
| Rest of State | 59.4% | [47.0-70.7] | 99 |
| New York City | 35.6% | [28.0-44.0] | 123 |
| High School | | | |
| Gender | | | |
| Female | 80.1% | [76.3-83.4] | 362 |
| Male | 79.8% | [72.8-85.4] | 313 |
| Race* | | | |
| White | 87.4% | [83.5-90.5] | 396 |
| Black | 50.2% | [32.1-68.3] | 49 |
| Hispanic | 64.5% | [52.2-75.1] | 141 |
| Other | 63.6% | [49.0-76.1] | 77 |
| Grade* | | | |
| 9th | 65.6% | [49.6-78.6] | 139 |
| 10th | 73.4% | [67.4-78.6] | 161 |
| 11th | 86.9% | [83.1-90.0] | 186 |
| 12th | 88.4% | [82.1-92.7] | 199 |
| Region* | | | |
| Rest of State | 86.9% | [82.9-90.2] | 479 |
| New York City | 57.0% | [43.9-69.1] | 206 |

**DT. 4-131b/132b Percentage of Middle and High School Current
Smokers Who Bought Their Cigarettes Loose by Demographic
Characteristics, YTS 2004**

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender* | | | |
| Female | 64.3% | [56.2-71.7] | 99 |
| Male | 41.5% | [31.1-52.7] | 122 |
| Race | | | |
| White | 38.9% | [23.0-57.4] | 56 |
| Black | 57.7% | [41.9-72.1] | 42 |
| Hispanic | 66.8% | [53.8-77.7] | 90 |
| Other | 46.7% | [25.5-69.2] | 26 |
| Grade | | | |
| 6th | 53.2% | [41.1-65.0] | 47 |
| 7th | 55.1% | [42.8-66.8] | 94 |
| 8th | 45.0% | [28.8-62.3] | 81 |
| Region* | | | |
| Rest of State | 40.6% | [29.3-53.0] | 99 |
| New York City | 64.4% | [56.0-72.0] | 123 |
| High School | | | |
| Gender | | | |
| Female | 19.9% | [16.6-23.7] | 362 |
| Male | 20.2% | [14.6-27.2] | 313 |
| Race* | | | |
| White | 12.6% | [9.5-16.5] | 396 |
| Black | 49.8% | [31.7-67.9] | 49 |
| Hispanic | 35.5% | [24.9-47.8] | 141 |
| Other | 36.4% | [23.9-51.0] | 77 |
| Grade* | | | |
| 9th | 34.4% | [21.4-50.4] | 139 |
| 10th | 26.6% | [21.4-32.6] | 161 |
| 11th | 13.1% | [10.0-16.9] | 186 |
| 12th | 11.6% | [7.3-17.9] | 199 |
| Region* | | | |
| Rest of State | 13.1% | [9.8-17.1] | 479 |
| New York City | 43.0% | [30.9-56.1] | 206 |

DT. 4-131c/132c Percentage of Middle and High School Current Smokers Who Bought Their Cigarettes From Independent Sellers by Demographic Characteristics, YTS 2004

| Category | Estimate | C.I. | N |
|----------------------|----------|-------------|-----|
| Middle School | | | |
| Gender* | | | |
| Female | 26.7% | [18.9-36.3] | 132 |
| Male | 42.2% | [31.3-53.9] | 150 |
| Race | | | |
| White | 40.2% | [24.6-58.0] | 67 |
| Black | 34.2% | [24.3-45.6] | 61 |
| Hispanic | 36.9% | [27.9-47.0] | 117 |
| Other | 27.8% | [13.5-48.9] | 27 |
| Grade | | | |
| 6th | 35.4% | [21.2-52.6] | 53 |
| 7th | 34.6% | [28.6-41.1] | 115 |
| 8th | 36.8% | [22.6-53.7] | 115 |
| Region | | | |
| Rest of State | 37.2% | [24.9-51.5] | 132 |
| New York City | 33.5% | [31.2-35.9] | 151 |
| High School | | | |
| Gender* | | | |
| Female | 18.3% | [13.3-24.6] | 429 |
| Male | 40.9% | [35.4-46.6] | 359 |
| Race* | | | |
| White | 23.7% | [19.3-28.7] | 450 |
| Black | 61.6% | [44.1-76.5] | 62 |
| Hispanic | 38.0% | [30.1-46.5] | 168 |
| Other | 30.4% | [15.9-50.2] | 93 |
| Grade | | | |
| 9th | 33.7% | [24.3-44.5] | 162 |
| 10th | 35.1% | [27.7-43.3] | 191 |
| 11th | 25.3% | [15.3-38.7] | 213 |
| 12th | 21.6% | [16.7-27.4] | 230 |
| Region* | | | |
| Rest of State | 24.0% | [20.7-27.6] | 550 |
| New York City | 42.6% | [34.5-51.2] | 246 |