

2021
INDEPENDENT EVALUATION REPORT
New York Tobacco Control Program



NEW YORK STATE DEPARTMENT OF HEALTH

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**2021 Independent
Evaluation Report of
the New York Tobacco
Control Program**

Report

Prepared for

New York State Department of Health
Corning Tower, Room 1055
Albany, NY 12237-0676

Prepared by

RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709

RTI Project Number 0217222.000.012

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Executive Summary

Every day, more than 57 New Yorkers die prematurely from smoking-related illnesses and an additional three New Yorkers die due to secondhand smoke. Addressing tobacco use with evidence-based interventions has been complicated by the COVID-19 pandemic, which has taken the lives of many thousands of New Yorkers and disrupted all facets of life. Continuing to prioritize public health, the New York State Department of Health's New York Tobacco Control Program (NY TCP) implements a comprehensive approach to reduce tobacco use initiation, increase tobacco cessation, eliminate exposure to secondhand smoke, and reduce tobacco-related disparities in New York. Decreases in youth and adult cigarette smoking – including early achievement of some long-term strategic goals set by the Program – have lessened the negative health and financial toll of tobacco use in New York. Levels of youth vaping have begun to decline, and the state has implemented policies to reduce the accessibility and appeal of vaping products. However, there is an ongoing need to further reduce tobacco use and its effects in New York, including addressing disparities in tobacco use and further decreasing youth vaping prevalence. The NY TCP's multicomponent intervention to achieve its goals includes efforts in the areas of health communications, cessation-focused health systems change, and statewide and community interventions.

This independent evaluation report provides an annual review of NY TCP's activities and its progress. The report summarizes the Program's context, outlines the programmatic approach, and describes progress toward tobacco control outcomes.

Key Evaluation Findings

- NY TCP funding is only 17% of the Centers for Disease Control and Prevention's (CDC's) recommended level for the state, even as New York faces ongoing health and economic effects from tobacco use. The low funding levels in recent years have posed challenges for the Program to make progress across its areas of focus.
- New York adult cigarette smoking decreased from 18.9% in 2010 to 12.0% in 2020, approaching the 2024 target of 11%. Nationally, cigarette smoking has decreased as well, and was 12.4% in 2020.

- However, cigarette smoking prevalence remains higher among some population groups.
 - Smoking among New York adults with frequent mental distress (defined as experiencing 14 days or more when mental health is not good, in terms of stress, depression, and problems with emotions) was 19.7% in 2020, compared with 10.8% of those who do not report frequent mental distress.
 - Prevalence of smoking among New Yorkers with household incomes of less than \$25,000 was 20.0% in 2020, approximately twice the rate of those making \$25,000 or more (10.2%).
 - Young adult smoking prevalence has steadily declined. In 2020, only 5.5% of New York adults aged 18-24 reported current cigarette smoking, compared with 12.8% among adults aged 25 and older.
- Approximately half of smokers reported having made a quit attempt in the past 12 months (50.1% in 2020), similar to the national estimate of past-year quit attempts (52.2%).
- More than half of New York adult smokers who visited a health care provider in the past 12 months reported their provider assisted them with a quit attempt (53.3%) in 2020, notably higher than for adults in the United States overall (37.3%).
- In 2020, 8.2% of New York adults reported using cigars, similar to adult cigar use prevalence nationally (10.0%).
- Although New York adult vaping product use prevalence was 6.5% overall in 2020, vaping was much more common among young adults aged 18-24 (21.2%) than among adults aged 25 and older (4.7%). Nationally, 7.8% of adults reported current vaping in 2020, and vaping was more common among young adults (23.1%) than adults aged 25 and older (5.8%).
- Youth overall use of any tobacco product in 2020 was 25.6%, well above the Prevention Agenda target of lowering overall use to 19.7% by 2024. Use of vaping products was overwhelmingly more common than other types of tobacco products. However, youth tobacco product use decreased 16% from 2018 to 2020, reflecting declines in the use of multiple tobacco product types.

- Cigarette smoking rates among New York high school students have declined 81% over the past 10 years, and only 2.4% of New York high school students reported past 30-day use of cigarettes in 2020. National high school student cigarette smoking prevalence was 4.6% in 2020. Current cigarette smoking among middle school students was 1.0% in New York and 1.6% nationally.
- In 2020, 3.7% of high school students in New York reported current cigar use, relatively close to the national rate of 5.0%. Among New York middle school students, only 1.2% reported current cigar use, similar to middle schoolers nationally (1.5%).
- Vaping product use among high schoolers in New York and across the United States decreased from 2018 to 2020, but 22.5% of New York high school students and 19.6% of high school students nationally reported current use of vaping products in 2020. Middle school student vaping product use prevalence was 6.8% in New York and 4.7% nationally in 2020.

Measures of NY TCP Reach and Impact

- NY TCP aired a cessation-focused media campaign in early 2020, and 67% of New York smokers reported awareness of the NY TCP's campaign tagline in February 2020. However, the pandemic led to changes in resource allocation which meant the Program did not air antitobacco media during most of 2020.
- During 2020, 19.9% of Medicaid-enrolled smokers were estimated to have used Medicaid smoking cessation benefits.
- In 2020, New York State enacted a wide range of tobacco control policies, including a prohibition of sales of flavored vaping products, a prohibition on sales of tobacco products in pharmacies, restrictions on tobacco product coupons and promotions, limits on exterior tobacco advertising near schools, and a prohibition of delivery of vaping products other than to licensed manufacturers and retailers.
- In addition to the statewide tobacco control policies enacted in 2020, community grantees reported facilitating two retailer density-focused policies, bringing to 24 the total number of local retail policies adopted in recent years. This translates to 71% of the population of the state being covered by at least one local tobacco retail policy.

Overall Programmatic Recommendations

- Increase funding to 50% of CDC’s recommended funding level for the state (which would result in Program funding of \$101.5 million), to give the Program a better chance to succeed at achieving its NYSDOH 2019-2024 Prevention Agenda objectives. At minimum, ensure NY TCP’s annual available funding equals the amount allocated by the state legislature. In FY 2021-2022, the funding limit set by the NYS Division of Budget was \$5 million less than the amount allocated to the Program by the state legislature.
 - Continued high rates of youth use of vaping products require NY TCP to use its resources for a broad range of tobacco product types, even as newer tobacco products emerge onto the market. The Program could respond more effectively with additional funding to develop and disseminate messaging, identify and educate about policies to reduce youth exposure and access, implement compliance monitoring protocols, and study the effectiveness of interventions in this emerging area. This could include additional support for and evaluation of tobacco control policies implemented in 2020.
 - Directing the revenue from the vaping product sales tax to tobacco control would support NY TCP efforts to educate, intervene, and evaluate in this area.
- Continue to refine the Program’s approach to reach smokers with disproportionately high rates of smoking, especially adults who have low income and who experience frequent mental distress.
- Develop a strategic plan for addressing tobacco and cannabis co-use, in collaboration with the New York Office of Cannabis Management.

Introduction

Tobacco use takes a significant health, economic, and social toll on the people of New York. Every day, more than 57 New Yorkers die prematurely from smoking-related illnesses, and an additional three New Yorkers die due to secondhand smoke. In 2020 and into 2021, the COVID-19 pandemic has had devastating effects on the lives of New Yorkers, and necessary public health measures have changed the way people live, work, and play to slow and eventually end the pandemic. During 2020, New York Tobacco Control Program (NY TCP) staff were deployed to pandemic response efforts, the processing of programmatic contracts was put on hold, media campaigns were halted, and routine activities were disrupted. The pandemic has brought public health interventions and outcomes to the forefront, highlighting the importance of disease prevention and health promotion work across key areas, including tobacco control.

Although smoking prevalence has declined and thereby lessened the public health and financial burden in the state, tobacco-related mortality and morbidity remain high in New York. The Program's work continues to be relevant and critical, as youth use of vaping products remains high, adult smokers who want to quit smoking struggle with addiction, the tobacco product landscape shifts, and the effects of tobacco use continue to harm New Yorkers. In alignment with the Centers for Disease Control and Prevention's (CDC's) *Best Practices for Comprehensive Tobacco Control Programs* (CDC, 2014), NY TCP uses a multi-component approach to reduce tobacco use initiation, increase cessation, eliminate secondhand smoke exposure, and reduce smoking-related disparities.

New York has a history of state and local tobacco control successes via policy and community interventions. The state has established a comprehensive smoke-free air policy, raised cigarette prices, and supported cessation efforts, leading to better health and economic outcomes. Local, state, and federal policy actions during 2020 have focused on decreasing youth initiation and making a tobacco-free lifestyle an easier choice. These include state policies restricting the sale of flavored vaping products and prohibiting coupons and discounts, and state and federal policies raising the minimum legal sales age

for tobacco products to 21. Although cigarette smoking among adults and youth have decreased, smoking rates are still disproportionately high among New Yorkers with low income and education; with frequent mental distress; who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ); and those living with a disability. In addition, high rates of youth vaping have reversed trends of decreasing youth tobacco use and increased concerns about youth nicotine addiction and harm to adolescents' developing brains. The Program pursues a comprehensive approach that comprises a range of initiatives and interventions with an emphasis on health communication, cessation-focused health systems change, and state and community interventions.

This independent evaluation report addresses the following core tobacco control evaluation questions:

- How have key outcome indicators changed over time?
- How do these indicators compare between New York and the United States?

We also share highlights from some specific studies and analyses conducted as part of the independent evaluation that address topics of interest to NY TCP:

- What is the return on investment of the New York Tobacco Control Program?
- How do smokers and nonsmokers in the African American community perceive menthol cigarettes and policies to restrict menthol cigarette sales?
- How do New Yorkers describe changes in their tobacco use behaviors since the COVID-19 pandemic?

This report describes the NY TCP's context, the programmatic approach, key tobacco-related outcomes, and findings from several evaluation studies conducted as part of the evaluation of the Program. This 2021 Independent Evaluation Report reflects on activities and outcomes from the 2020 calendar year. Originally prepared for NY TCP in spring 2021, this report describes the Program's context as of early 2021, including funding levels for fiscal year (FY) 2021–2022.

The New York Tobacco Control Program – Context and Programmatic Approach

New York’s tobacco control environment consists of a range of factors including the Program’s funding and infrastructure, existing tobacco control policies, and the Program’s initiatives and activities. This environment provides important context for program outcomes. In this section of the report, we describe policy and funding factors that are relevant to the Program’s efforts, followed by a description of the programmatic approach for key areas in tobacco control.

Tobacco Control Policy Environment

Health promotion and disease prevention efforts range from individualized interventions to systemic changes, and tobacco control policies can help shape the environment in ways that promote health and make a tobacco-free lifestyle an easier choice. Core tobacco control policies that have been shown to help reduce smoking rates include implementing smoke-free air laws, increasing the price of tobacco products, and funding comprehensive tobacco control programs (CDC, 2014). At the federal level, the U.S. Food and Drug Administration (FDA) has prohibited flavored cigarettes other than menthol; although the FDA has announced plans for a ban on menthol cigarettes and flavored cigars (FDA, 2021), the rulemaking process and likely litigation may significantly delay this action. States and local jurisdictions also have the authority to implement a wide range of tobacco control policies. New York has the opportunity to implement state and local restrictions on sales of menthol and other flavored tobacco products, in alignment with FDA’s planned actions.

New York State has implemented many evidence-based tobacco control policies. The state’s cigarette excise tax is \$4.35, which is more than twice the average of U.S. states (Table 1), and New York City also adds a local excise tax for cigarettes and institutes minimum prices for tobacco products including cigarettes and cigars. In late 2019, New York State implemented a 20% vaping product sales tax on the retail price of vaping products; 30 other states (as well as the District of Columbia and three U.S. territories) have some form of vaping product tax (Public Health Law Center, 2021). All New Yorkers

are covered by a comprehensive statewide smoke-free air law (which includes workplaces, restaurants, and bars), compared with 61.1% of the U.S. population. In addition, because New York State added vaping products to the state’s Clean Indoor Air Act, vaping products may not be used where smoking is prohibited. With the recent legalization of recreational marijuana, the state has applied Clean Indoor Air Act provisions to combustible cannabis products. New York has also prohibited the use of vaping products and other tobacco products on all public and private school grounds in New York, including pre-school, elementary, and secondary schools. Many colleges and universities in the state have passed tobacco-free policies as well. In November 2019, New York State passed a registration requirement for all retailers that sell vaping products and established a minimum legal sales age of 21 for all tobacco products (including vaping products), prior to the federal change to age 21 in December 2019.

In April 2020, New York State enacted a wide range of tobacco control policies, including a prohibition of sales of flavored vaping products, a prohibition on sales of tobacco products in pharmacies, restrictions on tobacco product coupons and promotions, limits on exterior tobacco advertising near schools, and a prohibition of delivery of vaping products other than to licensed manufacturers and retailers.

Table 1. Pro- and Antitobacco Environmental Influences in New York and the United States

Indicator	New York	U.S. Average
State cigarette excise tax (January 1, 2021)	\$4.35	\$1.88
Percentage of the state population covered by comprehensive ^a smoke-free air laws (January 2, 2021)	100%	61.1%
Annual per capita funding for tobacco control (FY 2020)	\$1.93	\$2.46 (excluding NY)

FY = fiscal year. ^a “Comprehensive” refers to laws that create smoke-free workplaces, restaurants, and bars.

Although New York has implemented a range of tobacco control policies, the state allocated less funding per capita for tobacco control than the national average (excluding New York). In FY 2020, New York’s per capita tobacco control program funding was lower (\$1.93) than the average for all other states (\$2.46). This reflects New York’s reduced funding and the increase in some states’ funding, particularly California (where we estimated \$8.35 per capita spending on tobacco control program funding in FY 2020).

At its peak in 2007, New York State's per capita funding was \$5.21, compared with \$2.40 in all other states. New York's program funding determines its capacity to achieve its programmatic goals of reducing tobacco use initiation, increasing cessation, eliminating secondhand smoke, and decreasing tobacco-related disparities.

Program Funding

Although the prior annual report described planned funding for FY 2020–2021, the pandemic disrupted New York State Department of Health (NYSDOH) programmatic activities and spending. In response to staff reassignments to COVID-19 response efforts and new limitations on funds and processing of new contracts, NY TCP did not spend its originally projected funding on media and was unable to fund contracts for grantees focused on health systems interventions and policy support as planned.

For FY 2021–2022, the state appropriated \$39.8 million for NY TCP, the same amount as had been allocated in recent fiscal years. In contrast to the state appropriation, the NYS Division of Budget communicated to the Department a limit of \$34.8 million, which is less than the appropriated budget amount. This lower amount is a result of an administrative function set by the Division of Budget; the value can be changed by the Division of Budget in the course of a State Fiscal Year. However, even the appropriated dollar amount is significantly less than the \$203 million federal recommendation for tobacco control funding. The reduction constrains the Program's capacity and reach, and thereby its effectiveness. CDC published minimum and recommended funding levels for each state tobacco control program, and New York's tobacco control funding represents 17% of CDC's recommended funding level for New York (\$203 million) and 24% of CDC's recommended minimum level (\$142.8 million).

NY TCP's FY 2021–2022 funding represents only 2% of the combined revenue that the state receives annually from cigarette excise taxes and Master Settlement Agreement (MSA) payments. New York State received \$1.0 billion in cigarette excise taxes in FY 2021 and \$764.4 million in MSA payments in FY 2020 (Table 2). Although annual MSA

payments are made to New York by cigarette companies as part of a settlement due to the costs of treating people with tobacco-related illnesses, the state does not necessarily use the funds for tobacco use prevention and cessation.

Exhibit 1. New York Tobacco Control Program Funding, in Context

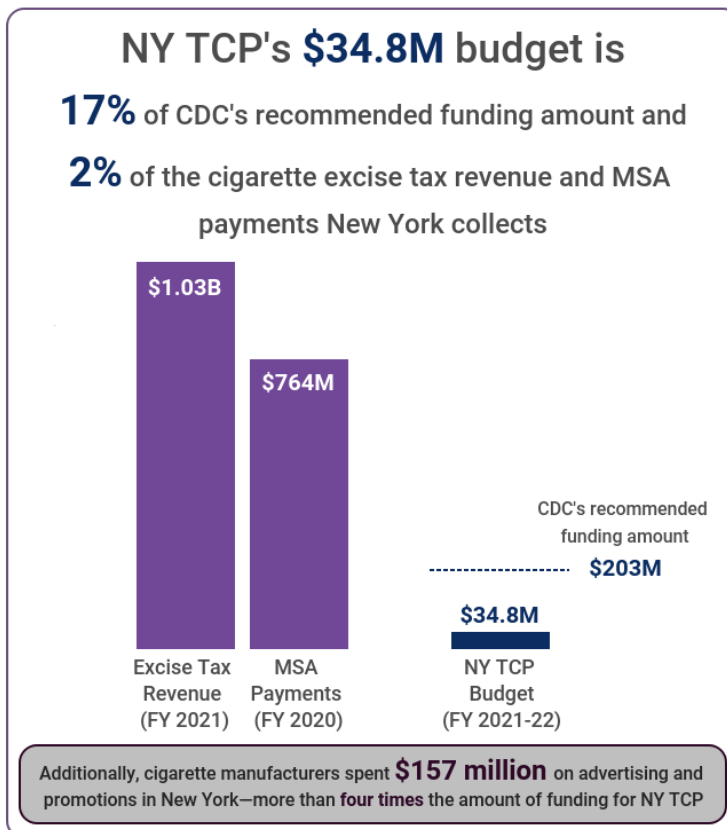


Table 2. Annual New York State Tobacco Tax Revenue, Master Settlement Agreement Payments, and Spending on Tobacco Control and Tobacco Promotions

Revenue/Expenditure Category	Annual Revenue/Expenditure
Revenue from tobacco excise taxes (FY 2021)	\$1,026,000,000
Revenue from MSA payments (FY 2020)	\$764,400,000
Estimated cigarette advertising and promotions in New York State (FY 2019) by five major cigarette manufacturers	\$156,710,000
NY Bureau of Tobacco Control budget (FY 2021–2022)	\$34,780,600

CY = calendar year; FY = fiscal year; MSA = Master Settlement Agreement.

The tobacco industry spends nearly five times more on advertising and promoting cigarettes in New York in a year than New York spends on its tobacco control program. Tobacco companies spent more than \$7.6 billion on

cigarette advertising and promotions in the United States in FY 2019, the most recent year for which data are available. If these expenditures are proportional to cigarette sales, this translates to \$156.7 million on cigarette advertising and promotions in New York State in a single year. Of this, an estimated \$136 million was spent on price reductions and retail-value-added bonus cigarettes (e.g., buy two packs, get one free) in retail stores. These reductions and promotions were prohibited via New York's 2020 law regarding discounts and promotions, so these enticements to purchase tobacco products should be diminished in future years. In addition, vaping product advertising was estimated to be \$20.3 million in U.S. consumer media outlets in 2020, down from \$276.2 million nationally in 2019. This vaping product advertising includes magazines, outdoor, television, radio, newspaper, Internet display, mobile web, and online video. Notably, JUUL Labs suspended digital and print advertising in fall 2019; the majority of vaping product advertisement expenditures in 2020 were for Vuse. Youth and young adult exposure to vaping product advertising is associated with increased intentions to use and reported use of vaping products (Farrelly et al., 2015; Villanti et al., 2016; Mantey et al., 2016).

NY TCP's funding of \$34.8 million (Figure 1) remained steady, at a fraction of the funds spent by the tobacco industry on promoting tobacco products (Figure 1). However, although Program funds appear relatively unchanged over the past several years, this funding has not increased to account for inflation. If the 2014 CDC recommendation were adjusted for inflation, the recommended funding for NY TCP would be \$228 million, meaning that the Program's current funding is essentially only 15% of the suggested level. The level of funding available to the NY TCP provides context for interpreting trends in key outcome measures.

Figure 1. NY TCP Funding FY 2000–2001 to FY 2021–2022

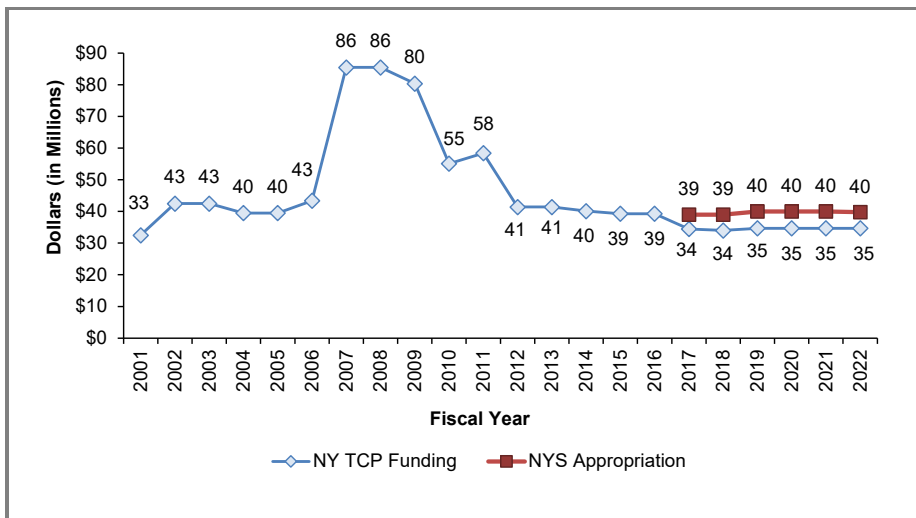


Table 3 shows funding by program component for FY 2021–2022, as planned in early 2021. The funding total and amount per Program component are similar to the prior FY. During the calendar year 2020, the NY TCP limited its activities and spending in response to state and NYSDOH prioritization of responding to the COVID-19 pandemic, and federal relief funds in early 2021 facilitated the Program funding to remain similar to previous years.

CDC guidance regarding program funding sets an overall recommendation for state tobacco control programs and suggests relative emphasis across program components (CDC, 2014). Although NY TCP funding is approximately 17% of the CDC-recommended level, the Program weighs CDC Best Practices as it navigates the distribution of its available funding. NY TCP allocated 10% of its funding (\$3.3 million) for administration, approximately half of CDC’s recommended amount. CDC encourages programs to fund their administration, management, and infrastructure activities at the recommended dollar amount, even if the Program’s overall funding is below the CDC-recommended level because of the importance of maintaining a functioning infrastructure (CDC, 2014). CDC suggests that cessation interventions and state and community interventions receive the highest allocations. NY TCP put 43% of its funding toward state and community interventions, compared with CDC’s recommendation of 30%. NY TCP assigned 22% of its funding to cessation interventions through its health systems interventions, compared with

CDC's suggested 34%. NY TCP applied 9% of its funding to surveillance and evaluation, which is the percentage recommended by CDC. The Program put 17% of its FY 2021–2022 funding to health communications interventions, compared with CDC's recommended 23%. Although there are some differences between the absolute proportions recommended by CDC and allocated by NY TCP, the more pressing discrepancy is the overall Program funding level.

Table 3. NY TCP Funding for FY 2021–2022, by Program Component

Program Component	2021–2022 Funding
State and Community Interventions	\$10,210,500
Advancing Tobacco-Free Communities	\$9,275,000
Center for Public Health and Tobacco Policy	\$535,500
Training/Professional development	\$400,000
Enforcement	\$4,649,950
BTC funds for enforcement	\$2,475,350
CEH funds for enforcement	\$2,174,600
Health Systems Interventions	\$7,654,483
Health Systems for a Tobacco-Free New York	\$3,002,083
New York State Smokers' Quitline	\$4,152,400
Nicotine replacement therapy	\$500,000
Health Communication Interventions	
Media placement	\$5,890,292
Surveillance and Evaluation	
Independent evaluation	\$3,043,375
Administration	
Tobacco control and cancer services	\$3,332,000
Total	\$34,780,600

BTC = Bureau of Tobacco Control; CEH = Center for Environmental Health

Programmatic Approach

NY TCP built its programmatic approach on CDC Best Practices, evidence in the field of tobacco control, and surveillance and evaluation data regarding tobacco use in the state. New York applies its evidence-based approach to achieve its core goals: preventing the initiation of tobacco use by youth and young adults, promoting cessation, eliminating exposure to secondhand smoke, and reducing smoking-related disparities. Overall, the Program uses a social norm change model to promote an environment across New York in which tobacco use becomes less

acceptable, less desirable, and less accessible (CDC, 2014; Frieden, 2010; NCI, 1991; USDHHS, 2000). The Program outlined specific objectives within the NYSDOH’s 2019–2024 Prevention Agenda, which provides a blueprint for action at the state and local levels to improve the health and well-being among all New Yorkers (NYSDOH, 2019). The 2019–2024 NYSDOH Prevention Agenda tobacco-related objectives focus on decreasing youth and adult tobacco use statewide with targeted reductions among populations disproportionately affected by tobacco use, as well as increased use of evidence-based cessation treatments and reduced exposure to secondhand smoke (overview in Table 4, and a full list of tobacco objectives and measurable targets in Appendix A).

Table 4. 2019–2024 NYSDOH Prevention Agenda: Tobacco Prevention

Tobacco-related Objectives’ Areas of Focus
Tobacco use prevalence among high school students
Tobacco use prevalence among young adults
Cigarette smoking prevalence among adults, overall and for populations with historically higher smoking rates
Use of evidence-based treatments, including health care provider assistance and utilization of Medicaid cessation benefits
Secondhand smoke exposure among adults and youth
Policies restricting tobacco products at the point of sale and prohibiting smoking in multi-unit housing

Note: See Appendix A for a full list of objectives and targets.

NY TCP’s comprehensive approach involves managing an integrated infrastructure, conducting mass-reach health communication interventions, effecting health systems change to support cessation, and implementing state and community interventions that engage a range of grantees and partners. In the following sections, we describe these central programmatic activities in more detail.

Administration and Management

NY TCP's programmatic activities are grounded in CDC Best Practices, and the Program's administration and management efforts include staffing and infrastructure aligned with CDC recommendations (Exhibit 2). NY TCP coordinates overall programmatic strategy and communicates with program staff, grantees, partners, and the broader NYSDOH. NY TCP's multilevel leadership approach engages staff and stakeholders in planning, communication, and coordinated management. The Program offers professional development, technical assistance, and guidance to reinforce effective and efficient investment of the state's tobacco control funding. NY TCP maintains contracts for the Quitline and tobacco control grantees and oversees grantee reporting systems, tools, and procedures to ensure accountability. The Program connects with regional, state, and local tobacco control stakeholders on a routine basis and in response to emerging issues. In coordination with state- and community-level activities and program initiatives, NY TCP develops and disseminates key messages through community grantees and earned and paid media. The Program collaborates with an independent surveillance and evaluation contractor and shares key tobacco control data and reports with stakeholders and the public.


Exhibit 2. NY TCP Programmatic Highlight: Administration and Management

Programmatic Approach Highlight:

Administration and Management


” CDC recommends that “a fully functioning infrastructure must be in place in order to achieve the capacity to implement effective interventions” (CDC, 2014).

Grants & contract management


 Ensure effective management, monitoring, and communicating across contracts, including:


- Health systems grantees
- ATFC grantees
- Quitline

Education of public & decision-makers


 Promote policy change and support program sustainability by sharing successes and the ongoing need for tobacco control


Strategic planning

 Engage with Advisory Board


 Contribute to NYSDOH Prevention Agenda

Staffing & Development


 Maintain personnel focused on core components of program and grants management


 Ensure staff support coordination, communication, training, and monitoring

Fiscal management

 Oversee use of and accountability for state funds and CDC grant funds

Engaging data

 Employ surveillance and evaluation data to monitor progress and disseminate findings

 Internal research and evaluation, plus external independent evaluation

Health Communication

NY TCP uses health communication strategies to encourage tobacco users to quit by talking with their health care provider and using evidence-based tobacco cessation methods (Exhibit 3). Antismoking campaigns are effective at reducing cigarette smoking among adults (Davis et al., 2015; Farrelly et al., 2012; NCI, 2008; Wakefield et al., 2010, 2011; Bala et al., 2017) and youth (USDHHS, 2012). In January and February 2020, NY TCP continued airing antismoking ads from a campaign that began in fall 2019. The program did not air any antismoking media for the rest of the year due to funding restrictions related to the NYSDOH pandemic response. The majority of media campaign expenditures (88%) were for video ads aired on

broadcast, cable, video-on-demand, or streaming video services (e.g., Hulu), with the remaining 12% allocated to online placements including search, streaming video, and social media placements.

Exhibit 3. NY TCP Programmatic Highlight: Health Communications

Programmatic Approach Highlight:

Health Communications

” CDC recommends “strategic, culturally appropriate, and high-impact messages through sustained and adequately funded campaigns that are integrated into a comprehensive state tobacco control program” (CDC, 2014).



Susan Ferry
California

Christine, MD
Pennsylvania

Ad Testing

Assess New York smokers' reactions to antitobacco TV ads that NY TCP is considering airing



100 unique ads have been tested since 2014, including ads from CDC's "Tips from Former Smokers" campaign and 14 vaping prevention ads

➤

Ad Awareness

Assess awareness of and reactions to ads among New York smokers




67% of New York smokers reported awareness of NY TCP's campaign tagline

NY TCP ads encourage tobacco users to:

- Quit using tobacco
- Talk with their doctor
- Use Medicaid benefits for tobacco dependence treatment
- Call the Quitline






As the media environment evolves, NY TCP measures how people use media, which can help inform media placement decisions.



75% of New York smokers reported watching TV via streaming TV services



84% of surveyed New York smokers report using Facebook

NY TCP’s antismoking media efforts in early 2020 (January and February only, due to the pandemic) included ads depicting the negative health consequences of smoking through emotionally evocative and graphic content. NY TCP

aired two ads from the CDC's *Tips from a Former Smoker* Campaign, *Christine – Quit for Loved Ones*, *Christine – Head of Household*, and *Leonard Nimoy – More Time*, along with the NY TCP-adapted ad *Echo*. These ads include the tagline, "Smoking is an addiction. Medicaid and your health care provider can help," along with the New York State Smokers' Quitline telephone number—messaging that complements health systems efforts and offers smokers encouragement and a specific call to action.

In line with the 2019–2024 NYSDOH Prevention Agenda goal to decrease the prevalence of vaping product use by youth and young adults, NY TCP implemented a media campaign to promote its *Drop the Vape* text-based vaping cessation program (a tailored adaptation of Truth Initiative's This is Quitting text messaging program). The program encouraged vape product users to text a help number for free support and guidance to help them quit using vape products. The media campaign included animated videos that were promoted on Instagram and Snapchat. The \$168,000 campaign ran from June 30 through August 31, 2020, garnering 307 full enrollments of young people aged 13–24 over 3 months, compared with 76 enrollments during the previous 8-month period.

To complement smoker-targeted ads and build on the Program's health systems interventions, NY TCP also implements ads targeting medical and behavioral healthcare providers, encouraging them to assist patients with evidence-based cessation. Due to the COVID-19 pandemic, NY TCP did not run the campaign as planned. In January 2020, NY TCP used print and digital media placements to encourage providers to recommend combination nicotine replacement therapy (NRT) and provide counseling to address patients' nicotine addiction. NY TCP placed print ads in professional trade journals that the target audience is likely to frequent, such as the *Journal of the American Medical Association* and the *American Journal of Psychiatry*. They also placed digital banner ads on online medical journal sites and ads on social media platforms with targeting intended to reach providers.

The ads include a link to the website TalkToYourPatients.health.ny.gov, which reinforces the ad

messaging and provides additional details about nicotine addiction, tobacco dependence treatment medications, and brief counseling. In addition, the site has a specific section for behavioral health care providers that dispels common myths about smoking cessation among individuals experiencing mental illness.

Health Systems Interventions

To help tobacco users quit, NY TCP's health systems interventions focus on increasing the provision of evidence-based treatments for tobacco dependence (Exhibit 4). These treatments include brief counseling by health care providers, use of FDA-approved cessation products such as NRT and prescription medications Wellbutrin (Zyban) and varenicline (Chantix), and counseling via the state Quitline. NY TCP's health systems approach includes several activities targeting systems-, provider-, and patient-level outcomes including

- grantee facilitation of improvements to medical and behavioral health care systems' policies, electronic health records (EHRs), and protocols that institutionalize provision of tobacco dependence treatment;
- coordination with external initiatives and partnerships to link statewide health care reform changes with NY TCP efforts to support tobacco-related systems change;
- provision of telephone- and web-based smoking cessation support; and
- reductions in the cost of tobacco dependence treatments for patients.

One of the main goals of these efforts is to create a barrier-free environment for providers and smokers to access evidence-based tobacco dependence treatment. The following sections describe NY TCP health systems interventions in more detail, summarizing health systems grantees' interventions, reduced patient costs for treatment, and the New York State Smokers' Quitline.

Exhibit 4. NY TCP Programmatic Highlight: Health Systems Intervention

Programmatic Approach Highlight:

Health Systems Intervention

“Health systems change involves institutionalizing cessation interventions in health care systems and seamlessly integrating these interventions into routine clinical care” (CDC, 2014).

New York's health systems approach comprises an integrated set of components:

- Regional Grantees
- Center of Excellence
- Provider-Targeted Media
- Smokers' Quitline
- Reduced-Cost Cessation Treatment

Health systems changes include:

- Changes to electronic health records
- Changes to policies and workflows
- Feedback to providers
- Training and resources

The Quitline offers coaching and NRT.

The New York State Medicaid Program covers FDA-approved cessation medications and counseling.

NRT=Nicotine Replacement Therapy

Health Systems Grantee Interventions

NY TCP funds Health Systems for a Tobacco-Free New York (HSTFNY) grantees across the state to increase the number of medical and mental health care organizations that have institutionalized systems supporting the provision of evidence-based tobacco dependence treatment. These systems reinforce the screening of all patients for tobacco use, provision of brief advice to quit at all visits, and provision of assistance to help patients quit successfully. Ten regional grantees work with administrators of medical and behavioral health care organizations throughout the state.

Brief advice to quit smoking by a health care provider significantly increases the odds that a smoker will quit (Fiore et al., 2008; Nonnemaker et al., 2011). NY TCP's

approach is aligned with CDC Best Practices and the U.S. Public Health Service guideline, *Treating Tobacco Use and Dependence* (Fiore et al., 2008). NY TCP funds 10 regional health systems grantees and one statewide Center for Health Systems Improvement (see list of health systems grantees by catchment area in Appendix B). The statewide Center works to help foster a climate that encourages health care organizations to institutionalize guideline-concordant policies and systems, build partnerships among key stakeholders, and support regional grantees. The 10 regional grantees assist individual health care organizations throughout New York State in making changes to improve provider tobacco cessation intervention, establish regular provider training, facilitate system improvement, and integrate provider feedback based on clinical data audits. They also implement special projects focused on eliminating tobacco-related disparities.

NY TCP's health systems grantee efforts have evolved alongside shifts in the health care landscape and public health priorities in the state. When regional health systems grantees began their efforts in 2004, they targeted hospitals and then later shifted their emphasis to medical practices, where the majority of smokers report receiving regular health care. Consistent with RTI recommendations (RTI International, 2009), NY TCP refined the focus of the health systems initiative to target organizations that serve groups with higher rates of smoking, including populations with low income and populations that experience frequent mental distress. Specifically, NY TCP instructed grantees to target Community Health Centers (CHCs), which provide services to underserved populations including those with low income, and programs that serve individuals who experience frequent mental distress. Regional health systems grantees provide these organizations with guidance and strategic assistance on systems-level changes that support consistent screening for and treatment of tobacco dependence.

NY TCP health systems grantees leverage existing initiatives and performance improvement projects, such as the Delivery System Reform Incentive Payment (DSRIP) Program and the CDC's 6|18 Initiative, positioning themselves as resources to help with tobacco dependence-related projects. In 2019, the NY TCP issued a funding

opportunity for future health systems grantee work, and for the first time, the request for proposals formally integrated vaping products into the health systems approach to tobacco use identification and treatment in response to the changing tobacco product environment. Due to statewide contracting delays resulting from the pandemic response, the HSTFNY grantee contracts expired June 30, 2020; issuing new HSTFNY contracts was delayed until 2021.

The COVID-19 pandemic significantly affected grantee activities in 2020. In March, several grantees brainstormed how their initiatives may be affected by COVID-19 and collaborated with systems change partners on how to overcome potential hurdles. Earned media initiatives pivoted to address COVID-19 and tobacco use through writing editorials and other media communications.

From April to June, most earned media efforts were stopped at the Program's direction, and all grantees reported the majority of cessation-related initiatives had stalled. Some grantees reported coordinating with partners to develop tobacco cessation resources, exploring the tobacco cessation resources and tobacco dependence treatment utilization and availability with telemedicine, drafting and publishing essays on COVID-19 and tobacco use, and providing support to partners during the unprecedented time. Despite challenges of COVID-19, grantees were able to allocate time and resources toward corresponding with legislators during the 2019–2020 legislative session and advancing disparities projects. For example, one grantee provided telehealth cessation counseling resources to residents of smoke-free affordable housing in New York City and another partnered with women's health organizations in low-income communities to increase tobacco use screening, cessation counseling, and referrals to tobacco dependence treatments.

Reduced Patient Costs for Treatment

NY TCP has worked to make evidence-based cessation treatment available to those with low income and frequent mental distress, who smoke at disproportionately higher rates than the general population. To increase barrier-free access to proven tobacco dependence treatments, the New

York State Medicaid program has expanded coverage for smoking cessation counseling and pharmacotherapy. The New York State Medicaid program covers all seven FDA-approved medications as well as individual and group counseling, although some Medicaid plans may vary in their coverage for the NRT inhaler and whether they require copays for cessation treatment (DiGiulio et al., 2020). The New York State Medicaid program covers unlimited trials of all FDA-approved medications and smoking cessation counseling to all Medicaid enrollees, via fee-for-service and Medicaid Managed Care (MMC) plans. Coverage includes combination NRT (e.g., long-acting patch and short-acting gum). In addition to medical health care provider counseling, New York Medicaid reimburses dentists and dental hygienists for smoking cessation counseling. During 2020, 19.9% of Medicaid-enrolled smokers used the counseling and/or medication benefits provided through Medicaid.

NY TCP and its grantees encourage health insurers to expand coverage and promote cessation services to their members. NY TCP and the Center for Health Systems Improvement grantee are supporting MMC plans and groups of providers in systems change efforts focused on increased utilization of tobacco dependence treatments, including use of the Medicaid benefits for cessation medication and counseling. Although 94.3% of Medicaid-enrolled New York smokers surveyed in 2017 were aware of tobacco dependence treatments, a smaller proportion of them (59.7%) were aware that Medicaid covered these benefits (Hayes et al, 2021). To increase awareness, NY TCP uses multiple approaches to educate Medicaid-enrolled smokers about the support available to them through health communications, systems changes to reinforce evidence-based treatment, and Quitline counseling communications.

New York State Smokers' Quitline

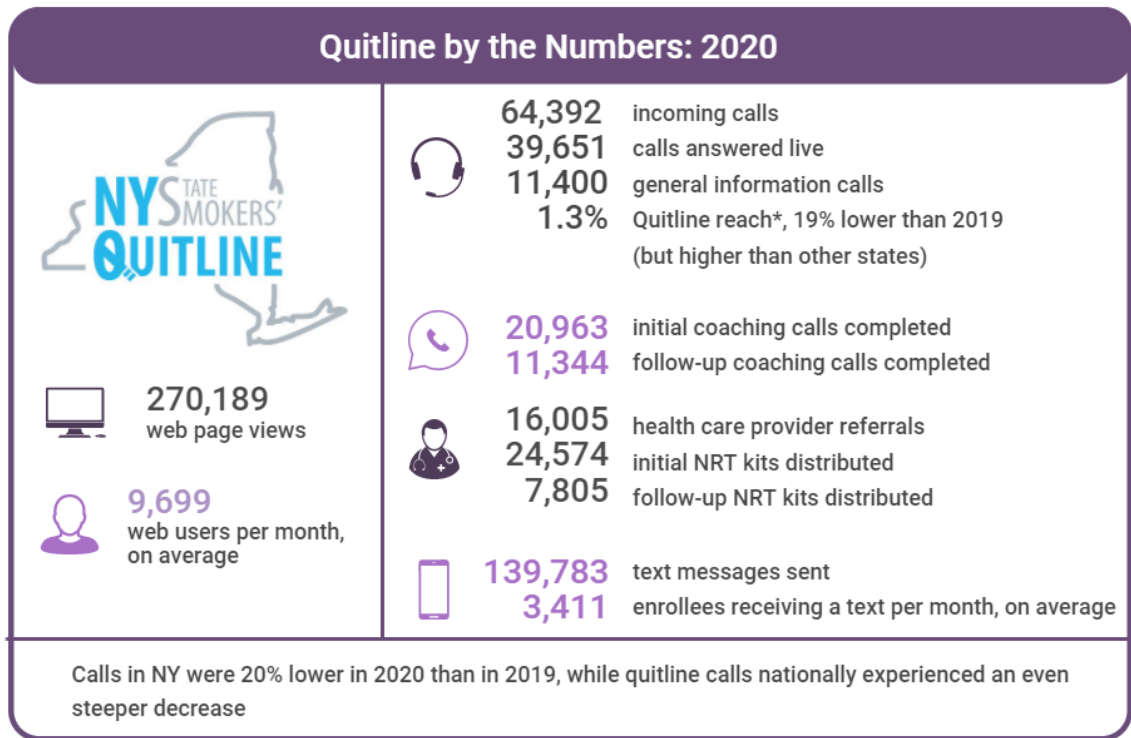
NY TCP funds the New York State Smokers' Quitline, which has been in operation since 2000 and is managed by Roswell Park Comprehensive Cancer Center. The Quitline provides an evidence-based service that provides quit coaching and support services to smokers and vaping product users by telephone, as well as free NRT for eligible

New Yorkers. Eligible Quitline clients receive a 2-week supply of NRT and can receive an additional 2-week supply after completing a follow-up coaching call. The Quitline also provides a Quitsite website that contains information for tobacco users and health care providers.

In 2020, the Quitline received more than 64,000 calls and the Quitsite had an average of nearly 9,700 web users per month (Exhibit 5). The Quitline also serves New Yorkers trying to quit vaping, and 6.4% of new Quitline clients reported using vaping products. However, the COVID-19 pandemic was associated with considerably lower Quitline call volume, Quitsite web traffic, use of Quitline services, and NRT distribution in 2020, compared with 2019. These decreases may have been related to the Program running significantly less antitobacco media during 2020. Quitline calls in New York were 20% lower in 2020 than in 2019, while Quitline calls to the national 1-800-QUIT-NOW in 2020 were 27% lower in 2020, compared with 2019 (NAQC, 2021). The proportion of adult smokers in New York who received an evidence-based service from the Quitline each year, known as Quitline reach, has consistently been higher than reach in most other states (Mann et al., 2018), and New York's Quitline reach was 1.3% in 2020, a decrease of 19% from 2019.

To reach the largest number of smokers and have the greatest population impact, NY TCP has aligned Quitline efforts with the health systems initiative. Specifically, Quitline coaches encourage Quitline callers to talk with their health care providers about quitting and to take advantage of the cessation-related benefits available to them through their insurance. In 2019, the Quitline also started using a text messaging program to encourage clients to talk with their doctor and access available cessation benefits through their health plans. In 2020, the Quitline sent an average of 11,649 text messages out each month to an average of 3,411 clients per month.

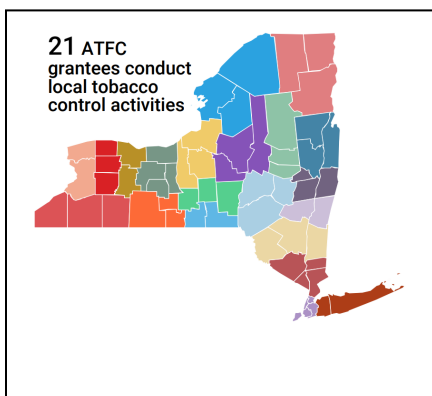
Exhibit 5. New York State Smokers' Quitline Statistics for 2020



*Reach is the proportion of adult smokers who received an evidence-based Quitline service. NY reach has been consistently higher than other states (Mann et al., 2018).

Statewide and Community Action

NY TCP promotes policies at the statewide and local level that have the potential to prevent youth tobacco use initiation, promote cessation, eliminate exposure to secondhand smoke, and reduce smoking-related disparities. As part of its coordinated community-based intervention strategy, NY TCP funds 21 Advancing Tobacco-Free Communities (ATFC) grantees to conduct local tobacco control activities, covering all 62 counties in the state. The Program directs the grantees to concentrate on specific evidence-based policy initiatives and strategies that are recommended by CDC (CDC, 2014) and considered essential to continued declines in tobacco use (IOM, 2007). The Program funds two full-time staff positions for each ATFC grantee, a Community Engagement Coordinator and a Reality Check Youth Action Coordinator.



With the goal of promoting a tobacco-free norm throughout the state, ATFC grantees focus their efforts on four initiatives: retail environment, tobacco-free outdoors,

smoke-free multi-unit housing, and smoke-free media (Exhibit 6). Grantees promote these initiatives by building public, organizational, and political support through a coordinated set of strategies: community education, community mobilization, government policy maker education, and advocacy with organizational decision makers. Grantees apply a health equity lens to their work across these initiatives, including pursuing policy action to reduce the influence of tobacco marketing in lower-income and racial/ethnic minority communities, disadvantaged urban neighborhoods, and rural areas.

Exhibit 6. NY TCP Programmatic Highlight: Statewide and Community Interventions

Programmatic Approach Highlight:

Statewide and Community Interventions

“ CDC recommends state and community interventions that support and implement “programs and policies to influence societal organizations, systems, and networks that encourage and support individuals to make behavior choices consistent with tobacco-free norms” (CDC, 2014).

Advancing Tobacco-Free Communities (ATFC) grantees combine community partnership and youth engagement strategies to focus on core initiatives.

 <p>Retail environment policies aim to reduce the impact of tobacco product marketing on youth</p>	 <p>Tobacco-free outdoors policies reinforce tobacco-free norms</p>
 <p>Smoke-free multi-unit housing policies reduce secondhand smoke exposure</p>	 <p>Smoke-free movies efforts aim to change social norms</p>

The COVID-19 pandemic took a significant toll in New York in 2020. The pandemic’s toll has included a significant burden of death and disease, as well as associated health (physical and mental), social, and economic consequences. New Yorkers experienced changes in their school, work, personal, and social lives as a result of the pandemic. NY TCP’s statewide and community interventions were no exception: the pandemic profoundly altered the ways the

Program and the grantees did their work. NY TCP staff and grantees in local health departments were deployed for the COVID-19 response for significant periods, often juggling their day-to-day tobacco control responsibilities with pressing COVID-19 needs. In the first year of their contracts, only a small number of grantees conducted community assessments as planned before lockdown, and the rest were postponed. Due to restrictions on in-person gatherings, which have been the cornerstone of their core strategies, grantees had to pivot to virtual events to engage their communities and local policy makers and decision makers. School closures and remote learning created additional barriers for the school-based Reality Check program. Despite these challenges, NY TCP and the ATFC grantees have adapted and continued to make progress toward their statewide and community intervention goals in 2020.

Retail Environment Initiative. The goal of the retail environment initiative is to reduce the influence of retail tobacco product marketing on youth. The retail environment initiative prioritizes education about policies that

- restrict the density of tobacco retailers by limiting the number of retailers that can sell tobacco products in a community, the type of retailers (e.g., prohibiting the sale of tobacco products in pharmacies), and location of retailers (e.g., prohibiting the sale of tobacco products in stores near schools);
- keep the price of tobacco products high (such as prohibiting retailers from redeeming coupons or offering special promotions, including offers to buy one tobacco product and get one free); and
- prohibit the sale of flavored tobacco products, including menthol cigarettes.

At the state level, a suite of policies that affect the retail environment was enacted in 2020, which included

- prohibiting tobacco product sales in pharmacies (effective May 18, 2020);
- restricting the sale of flavored vaping products so that only tobacco flavor may be sold (effective May 18, 2020);

- prohibiting tobacco product price reduction mechanisms (i.e., restricting retailers from distributing or accepting coupons for tobacco or vapor products, offering multi-pack discounts, offering discounted non-tobacco products when a consumer purchases a tobacco or vapor product, and offering or selling tobacco or vapor products for less than the listed or non-discounted price) (effective July 1, 2020);
- restricting shipment or delivery of vaping products to only registered retailers (effective July 1, 2020); and
- prohibiting storefront or window display of tobacco and e-cigarette advertisements near schools (effective July 1, 2020).

Although certain municipalities and counties had one or more of these policies in place prior to the statewide policies, the adoption of statewide tobacco control policies ensures that all New Yorkers are covered.

Grantee efforts at the local level complement statewide actions. ATFC grantees educated policy makers about the retail environment initiative, including elected leaders of villages, townships, and New York City boroughs, as well as county officials, local boards of health, and state legislators.

The 2019–2024 NYSDOH Prevention Agenda has set an objective to have 30 municipalities adopt retail environment policies by the end of 2024. During 2020, two municipalities adopted retail environment policies, bringing the total to 24 local communities with policies by the end of 2020. These 24 communities represent approximately 71% of the state’s population.

Two jurisdictions adopted policies that require local tobacco retailer licensing or registration and restrict tobacco sales near schools. The Village of Endicott (population: 12,828, located in Broome County) adopted a policy that requires a local license for sale of any tobacco product; institutes a 2-for-1 cap, which means that all existing retailers are licensed but only one new license will be issued for every two that are revoked or not renewed (thus, gradually reducing the number of retailers); and prohibits issuing a

new license after the first year to any retailer within 1,000 feet of a school (existing retailers near schools are grandfathered in), among other provisions. The Town of Bethlehem (population: 35,093, in Albany County) adopted a policy that requires a license for all tobacco retailers; prohibits the sale of vaping products within 1,000 feet of schools; and institutes a 2-for-1 cap until the town reaches a floor of seven retailers.

Grantees worked to gain media coverage of the retail environment issue and reported 203 instances of earned media coverage during 2020, 59 of which focused on tobacco use disparities. This earned media promotes continued awareness, prioritization, and discussion of tobacco issues, and grantees reported contributing to newspaper stories, TV stories, newsletters, radio interviews, letters to the editor, and editorials.

More than half of New York adults support retail tobacco control policies (Table 5). In 2020, 59.8% of New York adults supported policies that would limit the number of tobacco retailers, compared with 48.4% nationally. New Yorker support for banning the sale of flavored and menthol tobacco products were higher than estimates for the country as a whole.

Table 5. Support Among Adults for Tobacco Control Policies, New York Adult Tobacco Survey, 2020, and National Adult Tobacco Survey, 2020

Type of Policy	Adults in Support of Policy	
	New York	United States
Limiting the number of tobacco retailers	59.8%	48.4%
Banning the sale of flavored tobacco products other than menthol	57.1%	44.8%
Banning the sale of menthol cigarettes	54.9%	44.1%

Note: In 2020, adults in New York were more likely than US adults to support policies limiting the number of tobacco retailers, banning the sale of flavored tobacco products other than menthol, and banning the sale of menthol cigarettes ($p < 0.05$).

Tobacco-Free Outdoors Initiative. The goal of the tobacco-free outdoors initiative is to reduce the social acceptability of tobacco use by decreasing the number of public places where it is allowed. Policies within this initiative include restrictions on tobacco use in outdoor public places such as

beaches, parks, and playgrounds, and policies prohibiting tobacco use on grounds or near entrances of community colleges, museums, and other public spaces. ATFC grantees reported 178 instances of educating policy makers about the issue and its policy solutions during 2020. These policy makers included elected representatives of villages, towns, cities, and counties. Grantees also reported 171 instances of advocating with organizational decision makers about the need for organizational policies addressing settings such as colleges/universities, businesses, religious organizations, health care provider offices, and libraries.

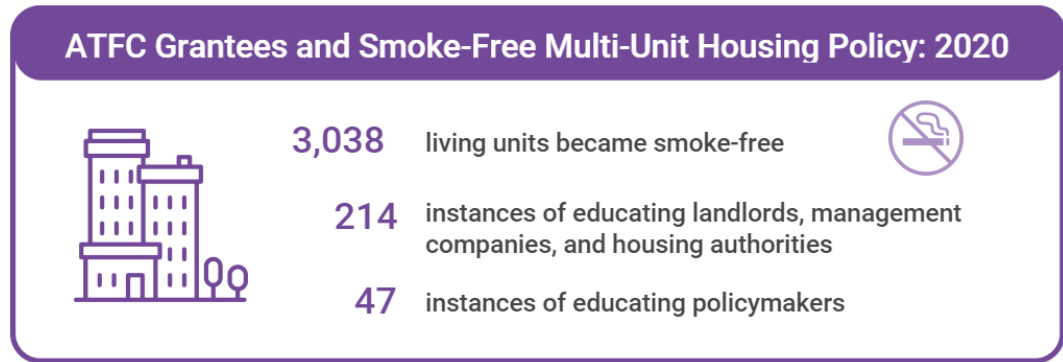
In 2020, grantees reported that 19 municipalities and 68 organizations adopted new tobacco-free outdoors policies or updated existing policies that addressed only combustible products to include vaping products. Grantees relied on tobacco-free signage and media coverage to make community members aware of the tobacco-free outdoors policies, and they reported 95 instances of earned media coverage regarding tobacco-free outdoors.

Smoke-Free Multi-Unit Housing Initiative. The goal of the smoke-free multi-unit housing initiative is to eliminate exposure to secondhand smoke by increasing the number of housing units where smoking is prohibited. Grantees advocate with building owners and managers for smoke-free policies in large housing complexes with an emphasis on policies that protect the health of New York residents with low income. The 2019–2024 NYSDOH Prevention Agenda has set an objective to increase the number of multi-unit housing units that adopt a smoke-free policy by 5,000 units each year. During 2020, ATFC grantees reported that approximately 3,038 living units became smoke-free (Exhibit 7). The pace of adoption of these policies slowed during 2020 due to the pandemic, compared with the average of nearly 13,000 units covered by new policies each year during the three prior years. These policies prohibit smoking in individual units and/or in indoor and outdoor common areas. Most of these recent policies also restrict use of vaping products in addition to combustible products, in an effort to reduce exposure to aerosols.

Smoke-free homes protect nonsmokers and children from secondhand smoke and have the potential to increase quit

attempts among smokers (USDHHS, 2006). A recent RTI study assessed the impact of the U.S. Department of Housing and Urban Development (HUD) rule prohibiting the use of cigarettes, cigars, pipes, and waterpipes in all federally subsidized public housing, including within housing units (apartments). The study found evidence of policy compliance, reduced secondhand smoke incursions, and lower reported smoking rates 10 months after implementation of the rule in July 2018.

Exhibit 7. ATFC Grantees’ Smoke-Free Multi-Unit Housing Policy Milestones



Smoke-Free Movies Initiative. The goal of the smoke-free movies initiative is to reduce youth exposure to tobacco use imagery in movies. New York youth involved in ATFC’s Reality Check youth initiative engage the support of influential community members, including media stakeholders, to advocate with the Motion Picture Association of America and Internet companies (e.g., YouTube) to remove tobacco imagery from media targeted at youth. Youth also reach out to individual media outlets (e.g., radio stations), movie theaters, and regional and national media providers (e.g., Comcast, Viacom, Disney Sony). Grantees reported 54 instances of educating policy makers and 73 instances of advocating with organizational decision makers about the smoke-free movies initiative during 2020.

Infrastructure Development and Sustainability. In addition to their policy-focused activities, ATFC grantees engage in continuous education and networking activities to maximize the effectiveness of their policy work. They also conduct sustainability efforts to raise awareness of the Program among key stakeholders at the state and local levels to

ensure that legislators understand the need for continued progress in tobacco control in New York. In 2020, maintaining infrastructure has been a priority of the Program so that momentum can continue after grantees have weathered the challenges of the COVID-19 pandemic.

Key Evaluation Questions

This section of the report addresses NY TCP progress for key outcome indicators for New York State and the United States over time. In addition, we document progress toward 2019–2024 NYSDOH Prevention Agenda objectives. Where possible, we examine trends from 2010 to 2020 for the following indicators:

- Prevalence of adults in New York and the United States who currently
 - smoke cigarettes, overall and for specific populations with historically higher rates
 - use vaping products
 - smoke cigars
 - use smokeless tobacco
- Prevalence of adult smokers who made a quit attempt in the past 12 months in New York and the United States
- Prevalence of New York adult smokers who report provider assistance with a quit attempt
- Prevalence of youth in New York and nationally who currently use tobacco
- We also summarize special studies that address questions related to Program return on investment, perceptions of menthol tobacco restrictions, and changes in tobacco use related to the COVID-19 pandemic:
 - What is the return on investment of the New York Tobacco Control Program?
 - How do smokers and nonsmokers in the African American community perceive menthol cigarettes and policies to restrict menthol cigarette sales?

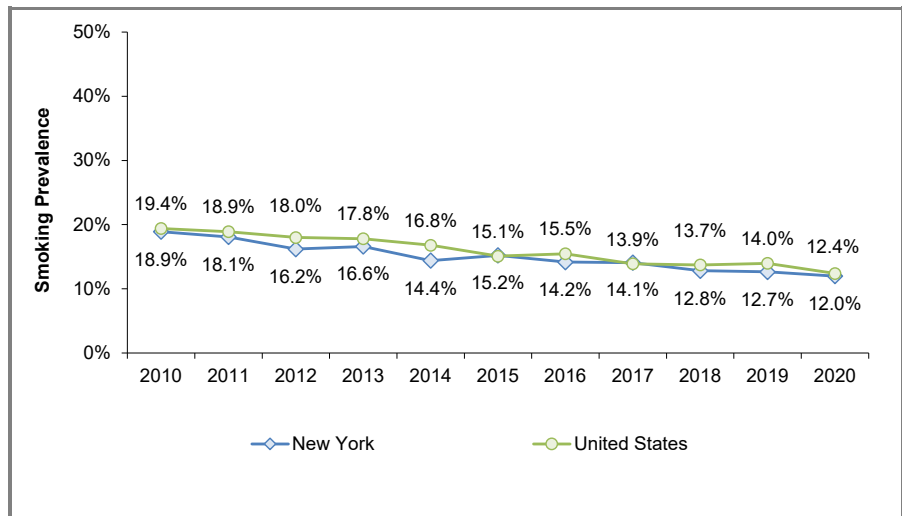
- How do New Yorkers describe changes in their tobacco use behaviors since the COVID-19 pandemic?

Adult Tobacco Use Measures

We present trends in New York adult smoking prevalence from 2010 to 2020, using the Behavioral Risk Factor Surveillance System (BRFSS). We report national smoking prevalence estimates for comparison from the National Health Interview Survey for 2010 to 2019. For other tobacco control measures, we use the New York Adult Tobacco Survey (NY ATS) and New York’s National Adult Tobacco Survey. Due to methodological changes in NY ATS (in 2020) and New York’s National Adult Tobacco Survey (in 2019 and in 2020) data collection to improve precision and accuracy of estimates, we show breaks in the trends in the figures presented below. Although estimates from 2020 may not be directly comparable to estimates from previous years, all trend analyses account for these methodological changes.

Current smoking prevalence was 12.0% among New York adults in 2020, down from 18.9% in 2010 (Figure 2). The downward trend in adult smoking in New York is similar to the decrease in the United States overall. The 2019–2024 NYSDOH Prevention Agenda set an objective of decreasing adult smoking to 11% by the end of 2024.

Figure 2. Percentage of Adults Who Currently Smoke in New York (Behavioral Risk Factor Surveillance System) 2010–2020 and Nationally (National Health Interview Survey), 2010–2020

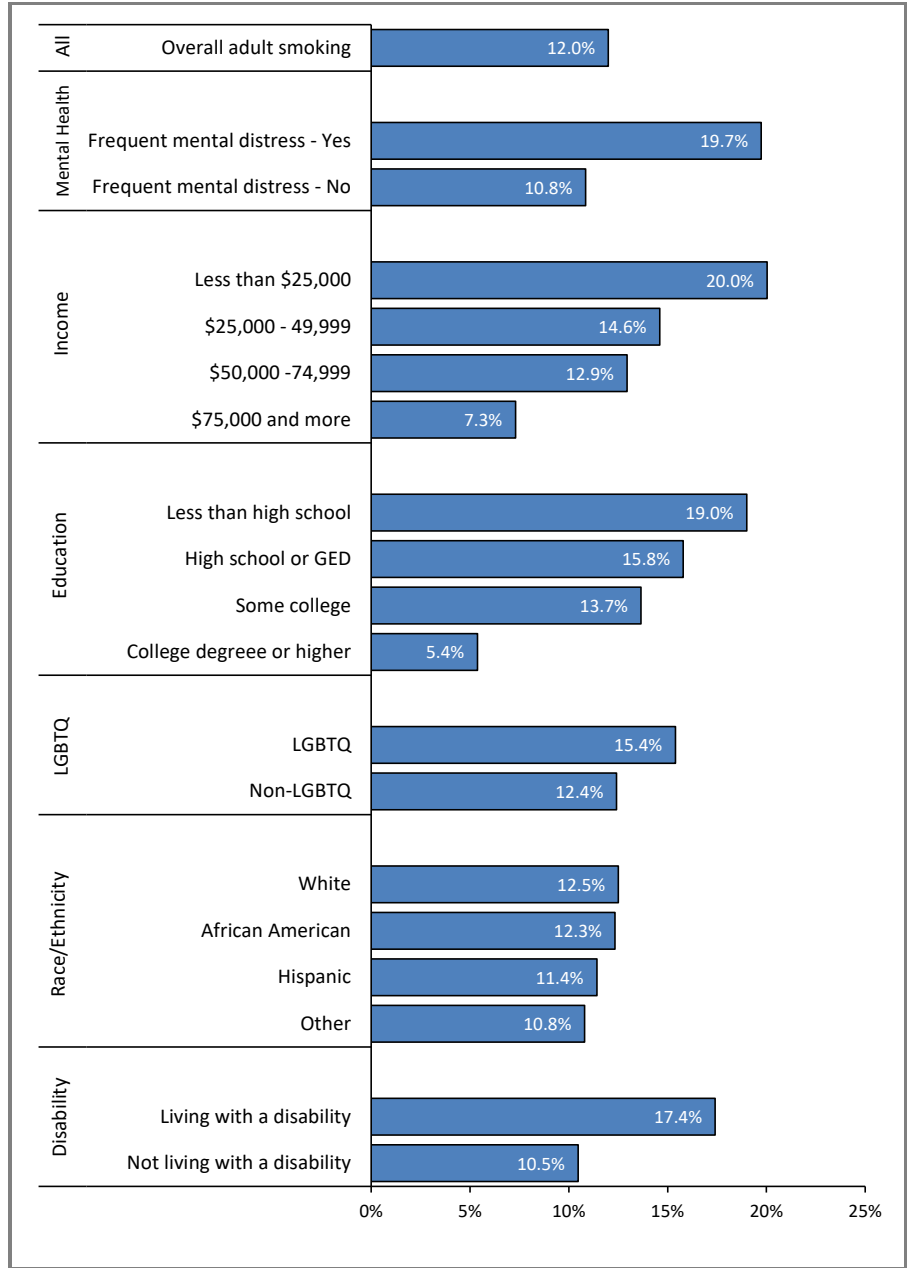


Note: There is a statistically significant downward trend in smoking prevalence from 2010 to 2020 among adults in New York State and from 2010 to 2019 among adults in the United States.

Based on NY ATS data, daily cigarette consumption among New York adult smokers was 10.5 cigarettes per day in 2020, or about half a pack a day (data not shown). This cigarette consumption estimate has remained relatively unchanged over the past decade and is close to the national rate; daily cigarette consumption among adults in the United States was 10.5 in 2020.

Although adult cigarette smoking prevalence has decreased, estimates vary across population groups in New York (Figure 3). In 2020, smoking was higher among New York adults with frequent mental distress, with low income, with lower educational attainment, and with a disability.

Figure 3. Percentage of New York Adults Who Currently Smoke, by Key Demographic Characteristics, New York Behavioral Risk Factor Surveillance System, 2020

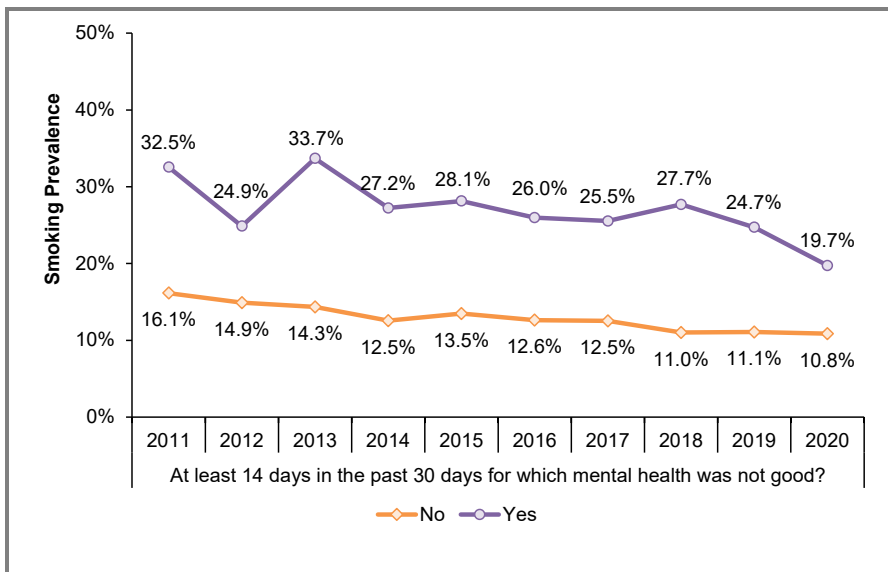


Note: Smoking prevalence significantly differs by mental health status (Experienced frequent mental distress > did not experience frequent mental distress), household income (less than 25k > 25k-50k, 50k-75k, 75k+; 25k-50k, 50k-75k > 75k+), education level (less than high school > some college; less than high school, high school/GED, some college > college+), and disability status (living with a disability > not living with a disability).

Smoking prevalence has consistently been higher among New York adults with frequent mental distress than New York adults who do not report frequent mental distress (Figure 4). However, smoking prevalence among adults with frequent

mental distress has declined in recent years and was 19.7% in 2020, achieving the NYSDOH 2019-2024 Prevention Agenda objective set for the year 2024.

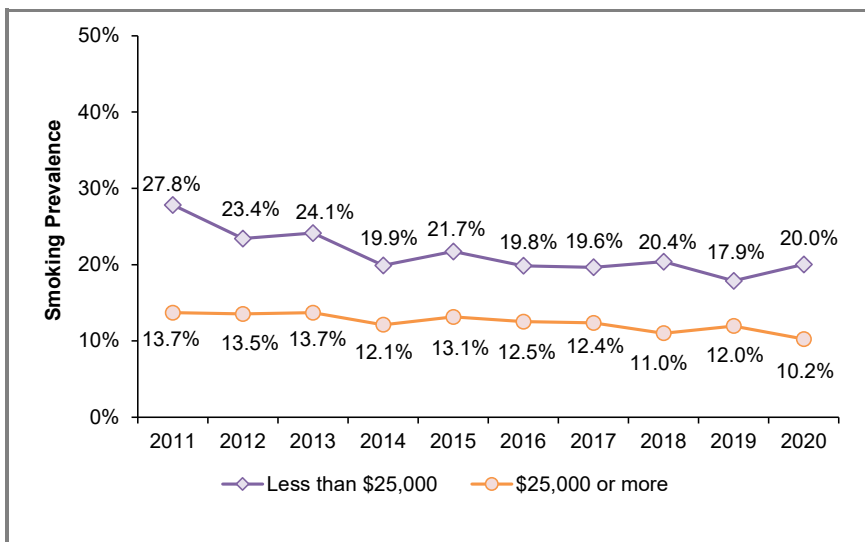
Figure 4. Percentage of New York Adults Who Currently Smoke, by Frequent Mental Distress, New York Behavioral Risk Factor Surveillance System, 2011–2020



Note: There is a statistically significant downward trend in smoking prevalence among New York adults indicating that their mental health (including stress, depression, and problems with emotions) was not good during at least 14 of the past 30 days.

A greater proportion of New York adults with household incomes less than \$25,000 per year smoke cigarettes (20.0% in 2020) compared with New Yorkers with higher income (Figure 5).

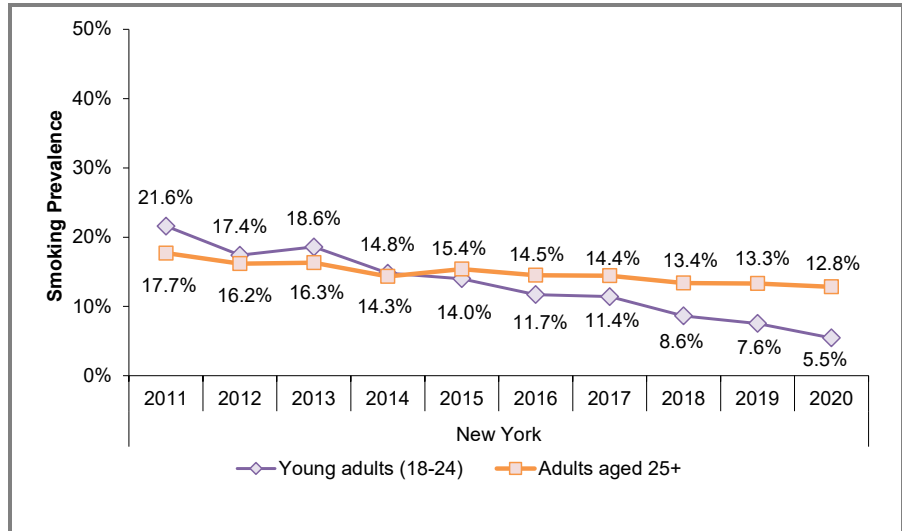
Figure 5. Percentage of New York Adults Who Currently Smoke, by Income, Behavioral Risk Factor Surveillance System, 2020



Note: There is a statistically significant downward trend in smoking prevalence among New York adults with household incomes less than \$25,000 per year, and those with household incomes of \$25,000 or more per year.

Smoking prevalence among adults varies by age group, with young adult cigarette smoking prevalence steadily decreasing in recent years while smoking among adults aged 25 and older has remained stable (Figure 6). In 2020, 5.5% of young adults aged 18-24 reported smoking cigarettes, less than half of the prevalence for adults aged 25 and older and continuing the decrease beyond the Prevention Agenda target of 9.1% young adult cigarette smoking prevalence.

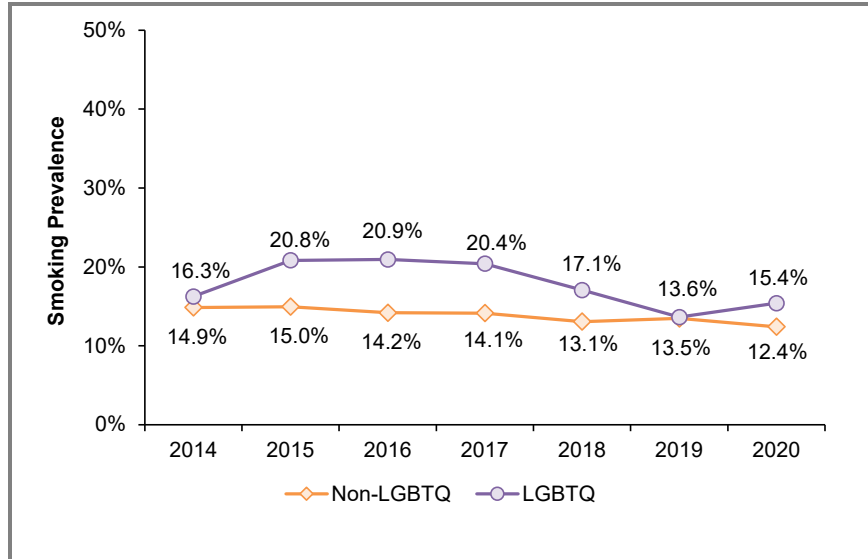
Figure 6. Percentage of New York Adults Who Currently Smoke, By Age Group, Behavioral Risk Factor Surveillance System, 2011–2020



Note: There is a statistically significant downward trend in smoking prevalence among young adults and adults aged 25+ in New York State from 2011 to 2020.

Approximately 15% of New York adults who identify as LGBTQ reported smoking cigarettes in 2020 (Figure 7). Smoking prevalence has decreased among adults who identify as LGBTQ and those who do not.

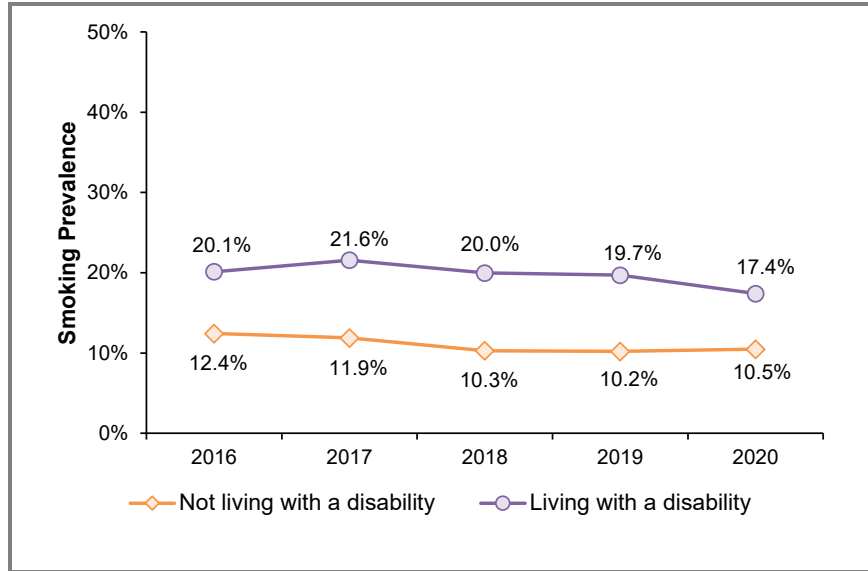
Figure 7. Percentage of New York Adults Who Currently Smoke, by LGBTQ Identity, New York Behavioral Risk Factor Surveillance System, 2014–2020



Note: There is a statistically significant downward trend in smoking prevalence among adults identifying as LGBTQ and adults not identifying as LGBTQ in New York State from 2014 to 2020.

Smoking prevalence is higher among New Yorkers living with a disability than those not living with a disability (Figure 8). Smoking prevalence has decreased by 13% among those with a disability and by 15% among those without a disability from 2016 to 2020.

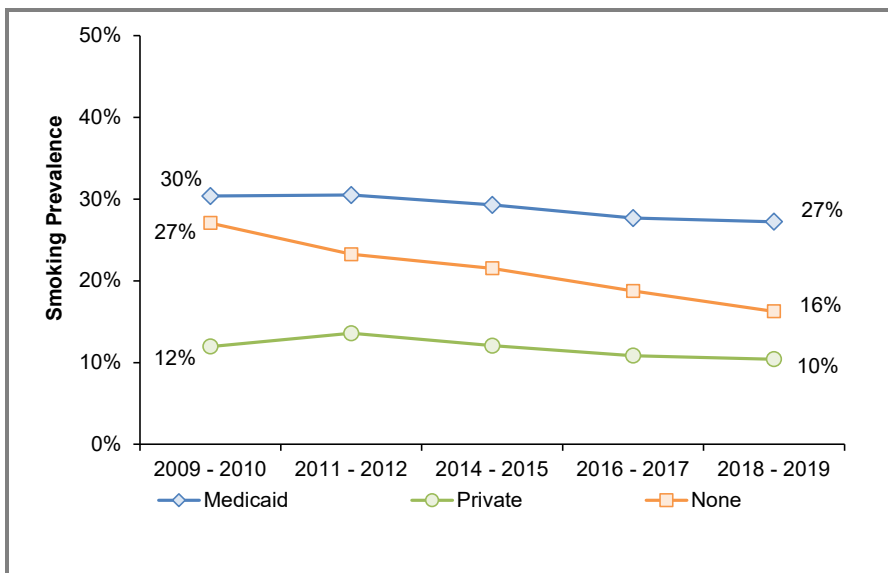
Figure 8. Percentage of New York Adults Who Currently Smoke, by Disability Status, New York Behavioral Risk Factor Surveillance System, 2016–2020



Note: There is a statistically significant downward trend in smoking prevalence among adults living with a disability and not living with a disability in New York State from 2016 to 2020.

Cigarette smoking was more common in 2018–2019 among adult Medicaid recipients and those without health insurance than those with private health insurance (Figure 9). Smoking prevalence has decreased among those with private health insurance or no health insurance but has remained stable among Medicaid recipients.

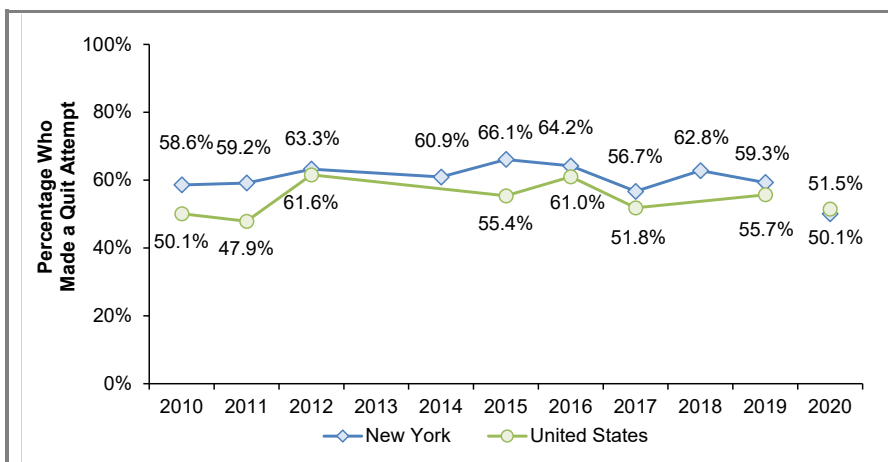
Figure 9. Percentage of New York Adults Who Currently Smoke, by Health Insurance Type, New York Adult Tobacco Survey, 2009–2019



Note: There is a statistically significant downward trend in smoking prevalence among adults with private health insurance and no health insurance in New York State from 2009 to 2019.

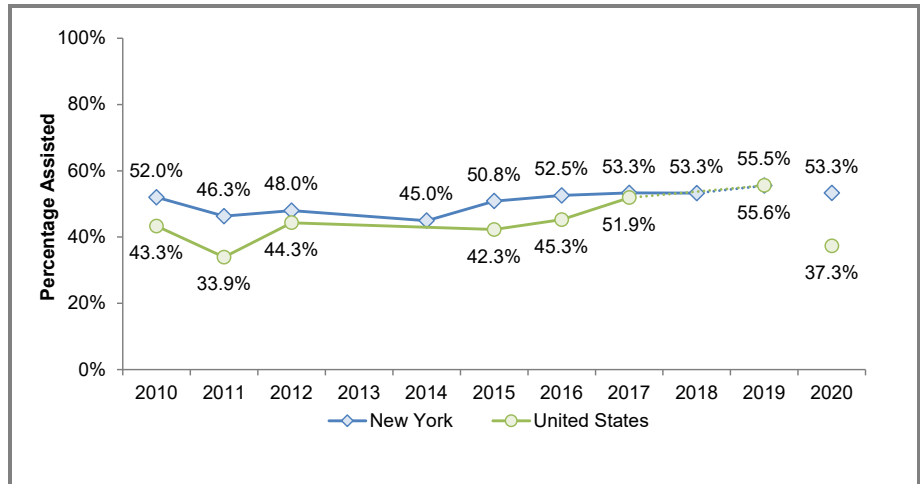
Half of New York adult smokers (50.1%) reported having made a past-year quit attempt in 2020 (Figure 10). The prevalence of past-year quit attempts in the United States was 51.5% in 2020.

Figure 10. Percentage of Adult Smokers Who Made a Quit Attempt in the Past 12 Months, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020



Health care provider interventions with patients who use tobacco are associated with increased patient quit success. Clinical guidelines recommend that once patients are identified as tobacco users, providers advise the patient to quit and provide assistance with a quit attempt. Provider assistance with quitting is measured by smoker reports of provider suggestions of setting a quit date; provision of quit-smoking materials; and/or discussion of cessation medications, quitlines, or cessation classes. The 2019–2024 NYSDOH Prevention Agenda set an objective of increasing provider assistance with quitting from 53.3% in 2017 to 60.1% by the end of 2024. Assistance with a quit attempt has been fairly stable over the past 10 years in New York. Over half (53.3%) of New York adult smokers who saw a provider in the past 12 months reported that they received provider assistance with quitting smoking (Figure 11). Provider quit assistance in New York was higher than among adults in the United States overall (37.3%) in 2020.

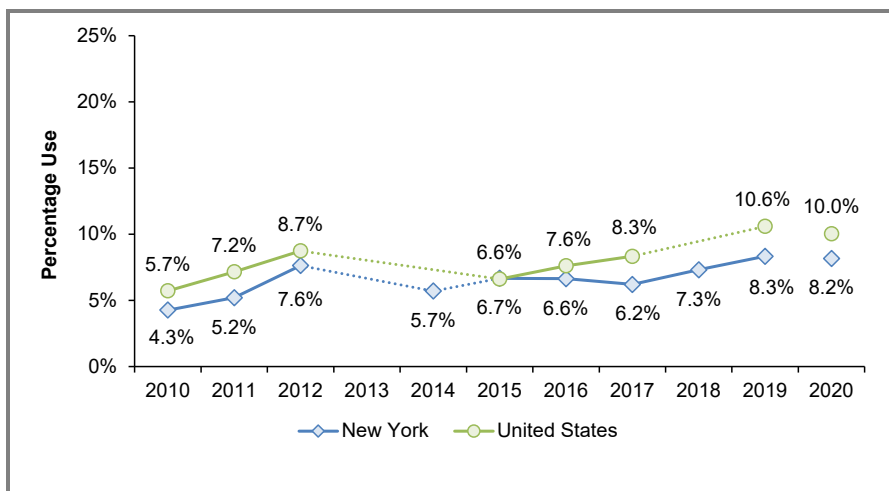
Figure 11. Percentage of Adult Smokers Who Report That Their Health Care Provider Assisted Them with Smoking Cessation in the Past 12 Months, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020



Note: There is a statistically significant upward trend in the percentage of smokers who reported that their health care provider assisted them with smoking cessation in the past 12 months in New York State and the United States from 2010 to 2020. The proportion of smokers who reported that their health care provider assisted them with smoking cessation in the past 12 months was higher in New York State than in the United States in 2020.

In 2020, 8.2% of New York adults reported current use of cigars, an increase from 2010 (Figure 12). National cigar use prevalence in 2020 was 10.0%. Most New York adults who use cigars report using them rarely. In 2020, 4.2% of New York adults and 5.3% of U.S. adults reported using cigarillos or little cigars, and 6.7% of New York adults and 7.8% of U.S. adults reported using traditional cigars (data not shown). However, there are some differences in adult cigar use by gender and age group. Males reported cigar use more often than females, with 13.9% of males and 2.9% of females reporting current cigar use in 2020 in New York (data not shown). New York young adults aged 18-24 more commonly reported current use of cigarillos or little cigars (8.7%) than adults aged 25 or older (3.7%) in 2020 (data not shown).

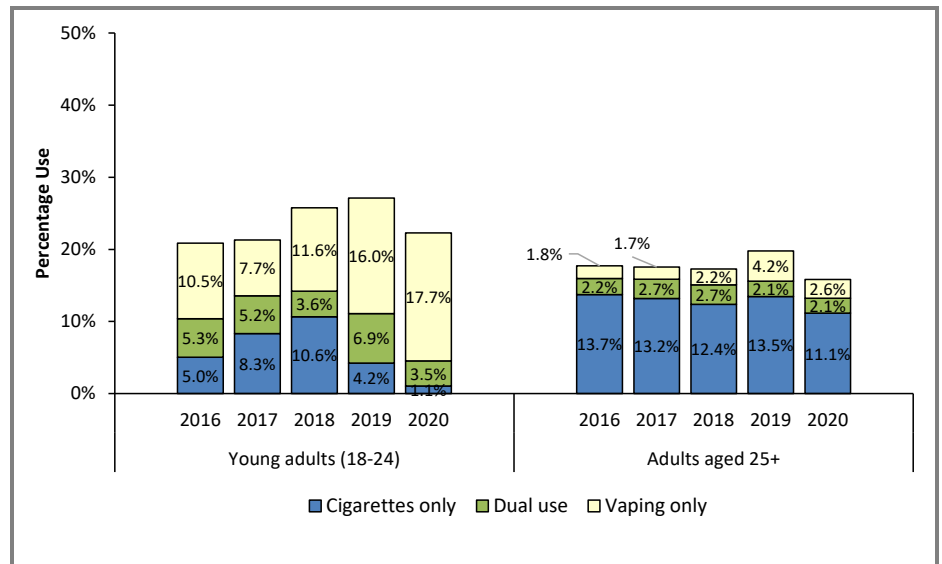
Figure 12. Percentage of Adults Who Currently Smoke Cigars, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020



Note: There is a statistically significant upward trend in current cigar use among adults in New York. Since Quarter 4, 2011, data include “rarely” as an additional response option for current cigar use in addition to “Every day,” “Some days,” and “Not at all.” Beginning in 2019, cigar use is defined using two questions: “Do you now use traditional cigars, every day, some days, rarely, or not at all?,” and “Do you now use cigarillos or little filtered cigars, every day, some days, rarely, or not at all?”

Use of nicotine vaping products in 2020 was 6.5% among New York adults (data not shown). However, vaping prevalence among young adults was dramatically different from older adults, and dual use of vaping products and cigarettes was relatively low among all adults (Figure 13). In 2020, 21.2% of young adults aged 18-24 reported vaping (with 17.7% of young adults reporting vaping but not smoking, and 3.5% of young adults reporting using both vaping products and cigarettes). Among older adults, vaping was less common than smoking. Nationally, 7.8% of adults reported current vaping in 2020, and vaping was more common among young adults (23.1%) than adults aged 25 and older (5.8%) (data not shown).

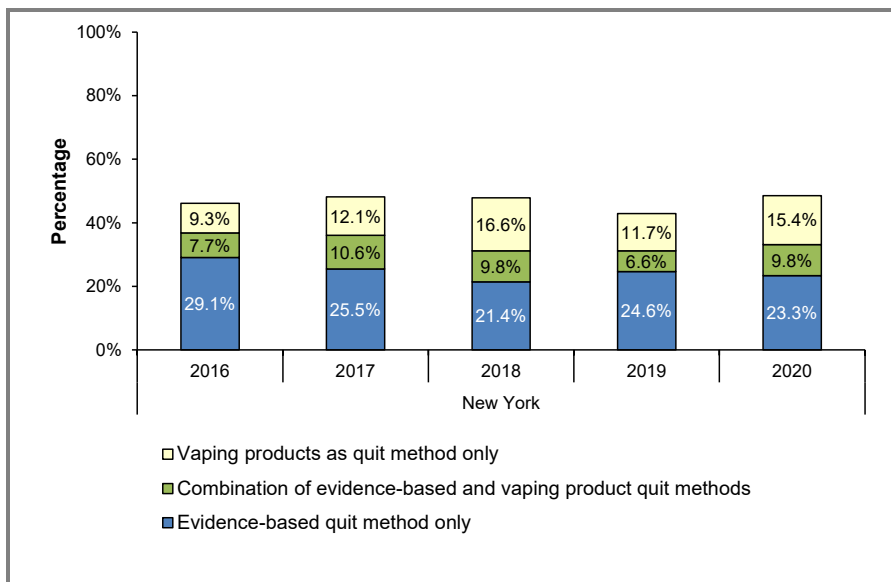
Figure 13. Percentage of New York Adults Who Currently Use Cigarettes, Vaping Products, and Both Cigarettes and Vaping Products, By Age Group, New York Adult Tobacco Survey, 2016–2020



Note: Current nicotine vaping product use includes reports of use every day, some days, and rarely.

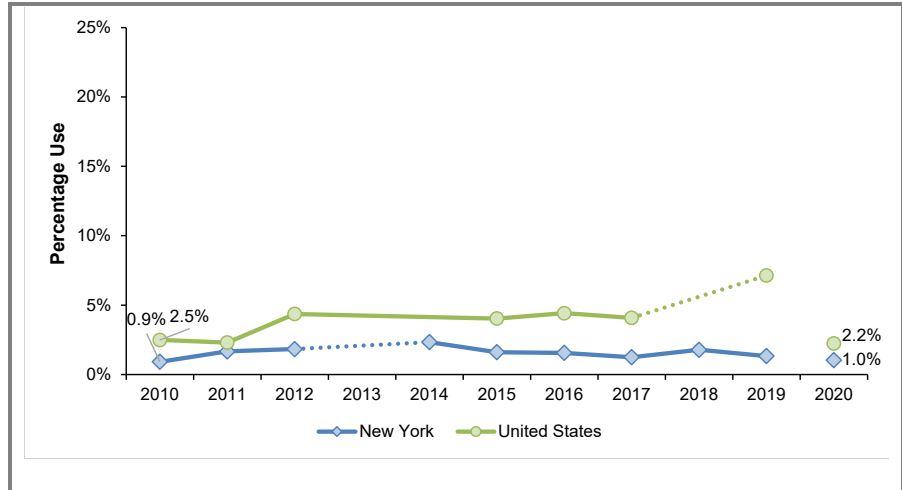
Some smokers may use vaping products to quit smoking cigarettes, although these products have not been approved for cessation by FDA. In 2020, 23.3% of New York smokers reported using evidence-based quit methods only, 15.4% reported using vaping products as their only quit method, and 9.8% used a combination of evidence-based quit methods and vaping products (Figure 14).

Figure 14. Percentage of Adult Smokers or Recent Quitters Who Made a Quit Attempt in the Past Year Who Used Evidence-based Quit Methods, Vaping Products as Quit Method, or Both, New York Adult Tobacco Survey, 2016–2020



Current smokeless tobacco use prevalence among New York adults is very low and remained stable from 2010 to 2020 (Figure 15). Adult smokeless tobacco use prevalence is lower in New York than nationally.

Figure 15. Percentage of Adults Who Currently Use Smokeless Tobacco, New York Adult Tobacco Survey, 2010–2020, and National Adult Tobacco Survey, 2010–2020



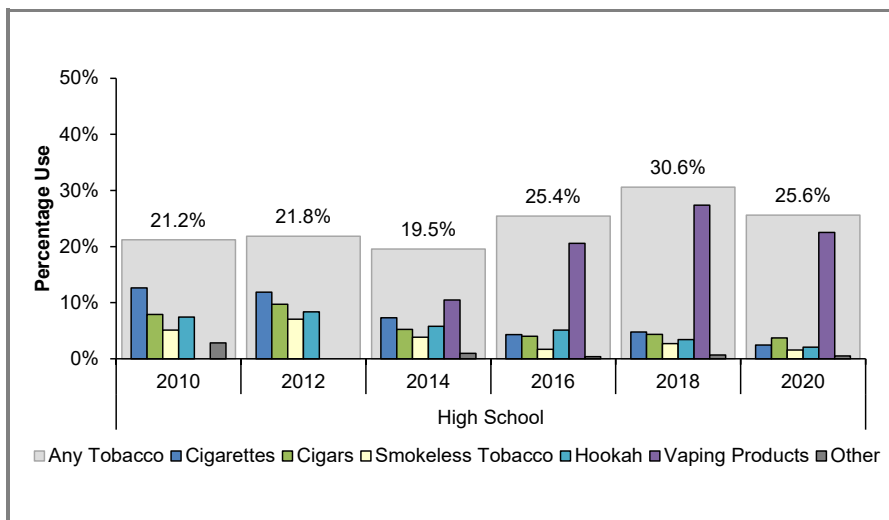
Note: There is a statistically significant upward trend in current smokeless use among adults in the United States. Smokeless tobacco use prevalence was lower in New York State than in the United States in 2020. From Quarter 2, 2010, smokeless tobacco included chewing tobacco, snuff, and dip. Since Quarter 3, 2010, smokeless tobacco includes chewing tobacco, snuff, dip, and snus. Since Quarter 4, 2011, data include “rarely” as an additional response option for current smokeless tobacco use in addition to “Every day,” “Some days,” and “Not at all.”

Youth Tobacco Use Measures

In this section of the report, we present trends in youth tobacco product use as assessed among middle and high school students in New York and nationally. These data are based on surveys collected prior to pandemic-related school closures in 2020.

The 2019–2024 NYSDOH Prevention Agenda includes an objective of decreasing high school student prevalence of any tobacco product use to 19.7% by the end of 2024. Youth use of tobacco products in 2020 was 25.6%, with use of vaping products overwhelmingly more common than other types of tobacco products (Figure 16). Youth tobacco product use decreased 16% from 2018 to 2020, due to declines in use of multiple tobacco product types.

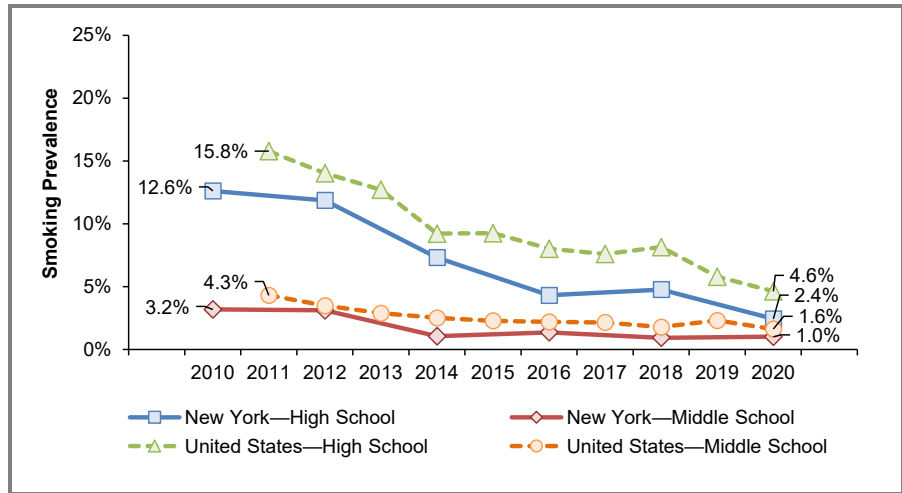
Figure 16. Percentage of New York High School Students Reporting Current Use of Any Tobacco Product, New York Youth Tobacco Survey, 2010–2020



Note: There is a statistically significant upward trend in current use of any tobacco product among New York high school students. Current tobacco use is defined by indicating use of cigarettes, cigars (large cigars, cigarillos, or little cigars), smokeless tobacco (chew, snuff, dip, snus, or dissolvable), hookah (or waterpipe), vaping products, or other tobacco products (pipe, bidi, or kretek) on 1 or more days in the past 30 days. Survey questions addressing various tobacco products have varied over time; specifically, data regarding vaping product use were first available in 2014, hookah use data were first available in 2008, bidi and kretek use data were available from 2000 to 2010, pipe use data were available for all years except 2010 and 2012, snus use data were available in 2012, and dissolvable use data were first available in 2014.

Cigarette smoking rates among New York high school students have declined 81% over the past 10 years, and only 2.4% of New York high school students reported past 30-day use of cigarettes in 2020 (Figure 17). National high school student cigarette smoking prevalence was below 5% in 2020. Current cigarette smoking among middle school students was 1.0% in New York and 1.6% nationally.

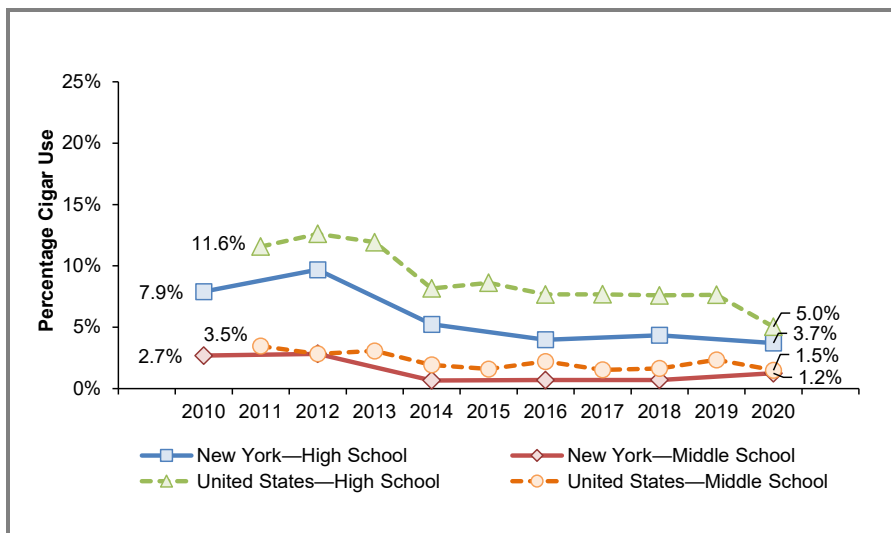
Figure 17. Percentage of Middle and High School Students Who Currently Smoke Cigarettes in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020



Note: There is a statistically significant downward trend among middle and high school students in New York and in the United States.

The prevalence of cigar use among middle and high school students has declined over the past 10 years in New York and nationally (Figure 18). In 2020, 3.7% of high school students in New York reported current cigar use, close to the national rate of 5.0%. Among New York middle school students, only 1.2% reported current cigar use. However, youth use of blunts (cigars that contain marijuana or cannabis) were notably higher than cigar use overall. In 2020, 4.3% of New York middle school students and 15.5% of New York high school students reported smoking blunts in the past 30 days (data not shown).

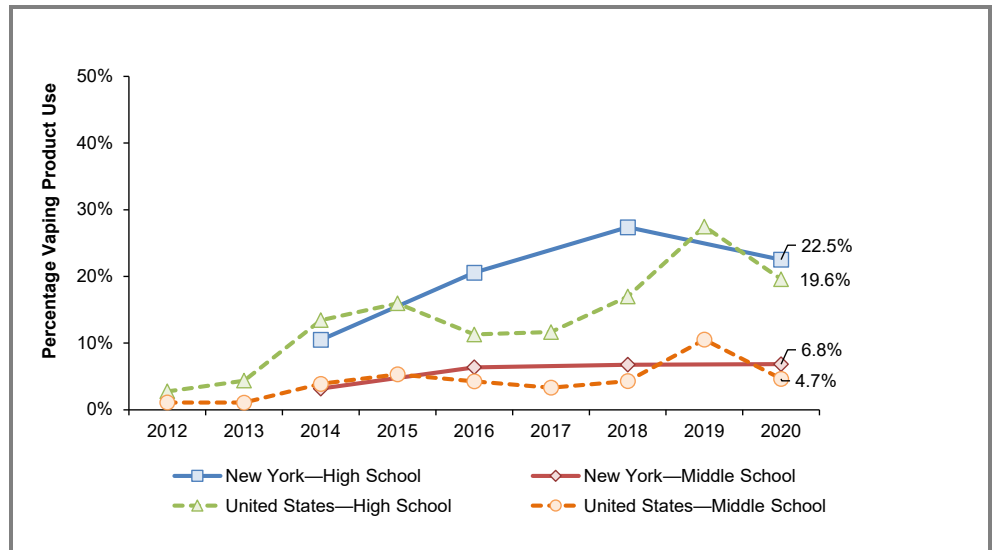
Figure 18. Percentage of Middle and High School Students Who Currently Smoke Cigars in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020



Note: There is a statistically significant downward trend among middle and high school students in New York and in the United States. Starting in 2014 for New York and 2011 for the United States, questions about other tobacco product use were combined into one current use question with separate response options for each product type.

In contrast to low rates of cigarette smoking, youth use of vaping products has remained high in New York over the past few years. Although vaping product use among high schoolers in New York and across the United States decreased from the prior survey administration, 22.5% of New York high school students reported current use of vaping products in 2020 (Figure 19). Current use is defined as self-reported vaping within the past 30 days, which includes youth who vape regularly and youth who vape less frequently but did vape recently, which puts them at risk of regular use. Among New York middle school students, 6.8% reported current vaping in 2020. Nationally, 19.6% of high school students and 4.7% of middle school students reported current vaping in 2020.

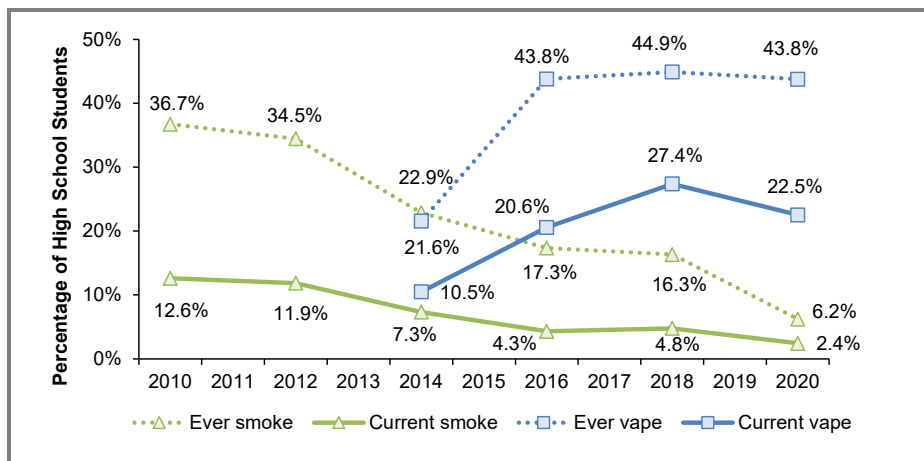
Figure 19. Percentage of Middle Students and High School Students Who Currently Vape in New York and Nationally, New York Youth Tobacco Survey, 2014–2020, and National Youth Tobacco Survey, 2012–2020



Note: There is a statistically significant upward trend among middle school students in the United States and high school students in New York and in the United States.

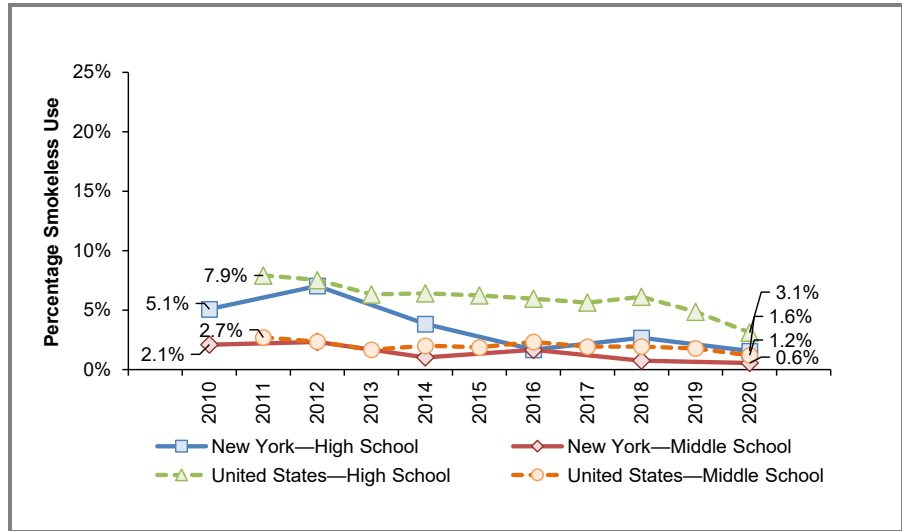
The proportion of New York high school students who reported ever using vaping products has plateaued around 44% since 2016, whereas the proportion who ever smoked cigarettes was 6.2% in 2020, a sharp decline from 16.3% in 2018 (Figure 20). In 2020, approximately half of New York high school students who reported trying vaping reported current use.

Figure 20. Prevalence of Cigarette and Vaping Product Ever Use and Current Use Among High School Students, New York Youth Tobacco Survey, 2010–2020



Youth use of smokeless tobacco is low, both in New York and in the United States as a whole. In 2020, only 1.6% of New York high school students reported current use of smokeless tobacco, and high school smokeless tobacco use nationally has declined, with a relatively steep decrease over the past 2 years, reaching a new low of 3.1% (Figure 21). New York middle school student smokeless tobacco use prevalence was 0.6% in 2018, and the national middle school student rate was 1.2%.

Figure 21. Percentage of Middle and High School Students Who Currently Use Smokeless Tobacco in New York and Nationally, New York Youth Tobacco Survey, 2010–2020, and National Youth Tobacco Survey, 2011–2020

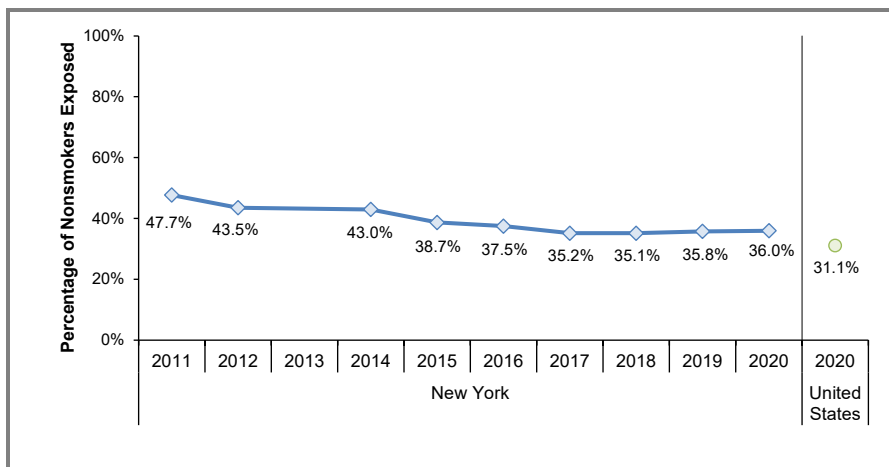


Note: There is a statistically significant downward trend among middle school and high school students in New York. Starting in 2014 for New York and 2011 for the United States, questions about other tobacco product use were combined into one current use question with separate response options for each product type. Smokeless tobacco includes chew, snuff, dip, snus, or dissolvable. Survey questions regarding snus use were first available for New York in 2012 and for the United States in 2011. Survey questions regarding dissolvable use were first available for New York in 2014 and for the United States in 2011.

Secondhand Smoke Exposure

This section of the report describes exposure to secondhand smoke in New York. The 2019–2024 NYSDOH Prevention Agenda targets a reduction in secondhand smoke exposure among nonsmoking New York adults who live in multi-unit housing. In 2020, 36.0% of nonsmoking New York adults in multi-unit housing reported secondhand smoke exposure in their homes (Figure 22). The trend is relatively stable, although secondhand smoke exposure among nonsmokers in multi-unit housing has decreased by 25% over the past decade. Multi-unit housing secondhand smoke exposure estimates are similar between New York and the United States.

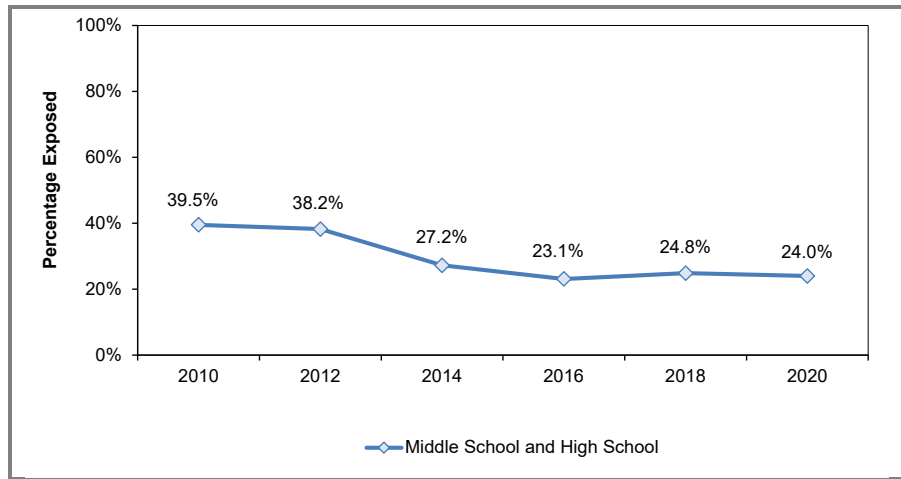
Figure 22. Percentage of New York Nonsmokers Living in Multi-unit Housing Who Report Being Exposed to Secondhand Smoke, New York Adult Tobacco Survey, 2011–2020, and National Adult Tobacco Survey, 2020



Note: There is a statistically significant downward trend in secondhand smoke exposure among New York nonsmokers living in multi-unit housing.

Youth exposure to secondhand smoke has decreased, although estimates have remained stagnant around 25% for the past several years (Figure 23).

Figure 23. Percentage of New York Middle School and High School Students Who Were in a Room Where Someone Was Smoking on at Least 1 Day in the Past 7 Days, New York Youth Tobacco Survey, 2010–2020



Note: There is a statistically significant downward trend in secondhand smoke exposure among New York middle school and high school students.

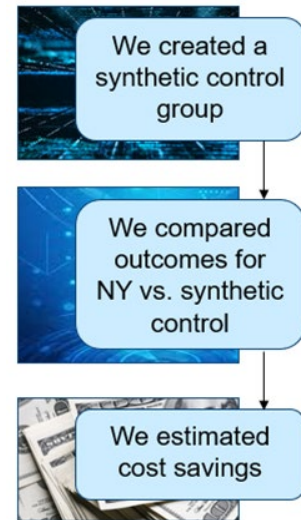
The next sections explore three important tobacco control issues in greater detail. First, we present return-on-investment analysis of NY TCP. Second, we analyze focus groups on menthol cigarettes and the African American community. Third, we highlight findings from a survey regarding New York adults’ reports on how the COVID-19 pandemic has affected their tobacco use.

What is the return on investment of the New York Tobacco Control Program?

New York faces substantial health and economic burdens associated with cigarette smoking. In 2017, more than 20,000 New Yorkers died prematurely from smoking-related illnesses, and smoking-attributable personal healthcare expenditures in New York State were \$9.7 billion ([Mann et al., 2020](#)). Although the state has significant ongoing smoking-related costs, smoking outcomes have improved since the implementation of the NY TCP. We conducted analyses to estimate the extent to which the NY TCP has contributed to the decline in smoking prevalence in New York from 2001 through 2019. We then translated the decline in smoking prevalence attributable to NY TCP into healthcare expenditure and mortality cost savings within the same time period.

Data and Methods

We used a synthetic control method to estimate the impact of NY TCP funding on smoking prevalence. The synthetic control method created a comparison group (using a weighted average of states with little or no tobacco control funding) that best matched adult smoking prevalence in New York in the period prior to implementation of the NY TCP. We compared smoking prevalence in New York to the synthetic control in the period after treatment (2001-2019). The synthetic control represents what adult smoking prevalence would have been in New York had the tobacco control program not been in place.



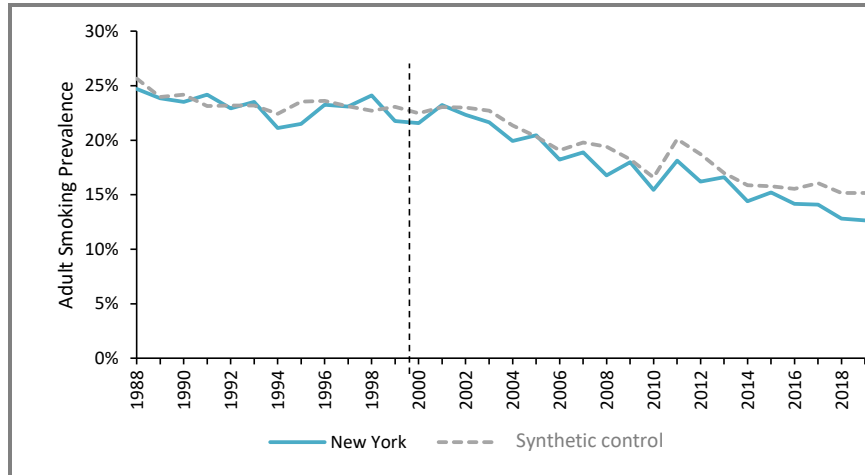
To conduct this analysis, we used data from the NY BRFSS, U.S. Census Bureau, Annual Social and Economic Supplement of the Current Population Survey, and the CDC-recommended funding levels for tobacco control programs. To estimate the impact of NY TCP on healthcare expenditures, smoking-attributable mortality, years of life lost, and the economic value of premature mortality due to smoking in New York from 2001 through 2019, we took the difference in each of those smoking-attributable outcomes between New York and the synthetic control, based on estimates of adult smoking prevalence for each. To calculate the return on investment, we computed the difference between the value of healthcare expenditures or life-years saved as a result of the program and the program costs, divided by program costs (i.e., the ratio of net savings to program costs).

Results

Prior to the start of NY TCP funding, the average smoking prevalence was 23.0% in New York compared with 23.4% in the synthetic control (Figure 24). Following program implementation, smoking prevalence in New York was lower than the synthetic control for all but 2 years in our analysis. The average smoking prevalence in New York during the period

of funding was 17.3%, compared with 18.6% for the synthetic control.

Figure 24. Annual Adult Smoking Prevalence in New York and Synthetic Control, 1988–2017



From 2001 through 2019 in New York, smoking-attributable healthcare expenditures averaged \$9.35 billion annually. We estimate that the NY TCP-attributable reduction in smoking prevalence translated to an average annual savings in smoking-attributable healthcare expenditures of nearly \$694 million. Overall, the cumulative reduction in smoking-attributable healthcare expenditures was approximately \$13.19 billion.

We also estimated how the NY TCP’s contribution to reduced smoking prevalence resulted in fewer years of life lost due to smoking. The difference in smoking prevalence between New York and the synthetic control resulted in an estimated 41,771 smoking-attributable deaths (SAD) averted in New York during the years 2001 through 2019, further resulting in an estimated 672,141 years of life lost (YLL) averted as a result of NY TCP funding, valued at approximately \$1.63 trillion.

The return on investment for smoking-attributable healthcare expenditures in New York from 2001 through 2019 was approximately 11:1, suggesting that for every \$1 of expenditure by NY TCP, smoking-attributable healthcare expenditures from 2001 through 2019 decreased by approximately \$12. The return on investment for the economic value of years of life lost due to smoking-attributable mortality was approximately 116:1, suggesting that for every \$1 of expenditure by NY TCP, the value of the years of life lost due to smoking-attributable mortality from 2001 through 2019 would be approximately \$117 lower.

Summary

Our findings suggest that the NY TCP contributed to the decline in adult smoking prevalence in New York from 2001 to 2019, which resulted in substantial healthcare expenditure savings, reductions in smoking-attributable mortality, and the avoidance of significant years of life lost due to smoking-attributable causes of death. Our return-on-investment estimates indicate the NY TCP budgeted expenditures were a good investment of public funds since net savings were substantially larger than program costs.

How do smokers and nonsmokers in the African American community perceive menthol cigarettes and policies to restrict menthol cigarette sales?

Menthol flavor in cigarettes makes initiation easier and quitting harder. Menthol flavoring facilitates deeper inhalation so that the chemicals in cigarettes are more easily absorbed and may also have more negative health effects than nonmenthol cigarettes. For decades, the tobacco industry has targeted African American communities with menthol cigarette marketing, resulting in clear racial/ethnic disparities for menthol tobacco product use (Mattingly et al., 2020; Rath et al., 2016). Compared with white Americans, African Americans are five times more likely to smoke menthol cigarettes (Rath et al., 2016). To reduce youth tobacco use initiation and address health disparities, some states and localities have implemented policies to restrict the sale of menthol tobacco products. The FDA has announced an intention to develop a product standard prohibiting menthol in cigarettes (FDA, 2021), although this may not take effect for several years. We conducted a focus group study to understand how African American smokers and nonsmokers in New York react to messaging being considered by NY TCP related to menthol cigarette policies. In this study, we explored African American smokers' and nonsmokers' perceptions of menthol cigarette use and reactions to tobacco industry targeting of the African American community. We also sought to understand attitudes toward and level of support for or opposition to policies that would prohibit the sale of menthol cigarettes.

Data and Methods

We conducted virtual focus groups in July 2020 with African American adult smokers and nonsmokers. A total of 15 smokers and 25 nonsmokers participated in six virtual focus groups (two of the focus groups were based in Albany, two in Buffalo, two in New York City) about tobacco use and cigarettes. All focus group sessions were audio recorded and transcribed for analysis. Transcripts were coded electronically in qualitative analysis software to identify common themes and identify similarities and differences among participant groups, when possible.

"We have a store on every corner in the urban area. The first thing that you see when you see the store is a big Newport sign or cigarette sign ... Whereas when you go to people that are more wealthy, they don't have stores on their corners."

Results

Perceptions of Menthol Use and Marketing

Participants attributed higher menthol use among African Americans than among whites to generational use of menthol cigarettes in the African American community, targeted marketing of menthol cigarettes to African Americans, the affordability of menthol cigarettes, and the perception that menthol cigarettes were more addictive and better tasting than regular cigarettes. Many participants also expressed an interest in learning about the relative harm of menthol cigarettes compared with nonmenthol cigarettes.

Most smokers reported starting to smoke before age 21. Nonsmokers and smokers attributed African American youth smoking to the influence of peers and family members and the availability, access, and advertising of menthol cigarettes in neighborhoods. Although smokers and nonsmokers expressed concern about youth smoking, they reported that they did not regularly observe young people smoking cigarettes and expressed concerns with youth vaping and marijuana use.

Participants emphasized seeing more advertisements for menthol cigarettes in African American and/or urban communities than in wealthy white communities, and more menthol ads in magazines that target African American audiences than in other magazines. Participants perceived that menthol advertising had more of an influence on

"Well, you know a lot of kids are influenced by advertising, especially ... with the music industry,"

African American youth smoking behavior than adult smoking behavior.

Attitudes Toward Policies to Ban the Sale of Menthol Cigarettes

Prior to the focus groups, many participants had not considered a ban on menthol cigarette sales. Once introduced to the idea, a majority of participants supported a ban on menthol cigarette sales. Those in support of a ban believed it could deter youth from initiating smoking, help smokers quit, and reduce negative health outcomes. Participants who did not support a ban of menthol cigarette sales, many of whom were nonsmokers, reported that people should have the freedom to make their own choices or expressed concerns that a ban may increase police interactions with the African American community. However, most did not view a potential increase in police interactions as a valid reason to oppose a ban on the sale of menthol cigarettes, suggesting this argument is a “cop out” by the tobacco industry to stoke concerns among the African American community. Other participants expressed that African American interactions with the police are inevitable regardless of laws banning the sale of menthol cigarettes, or that the benefits of a ban outweighed the potential negative consequences of increased police interaction.

Participants mentioned several other potential impacts of a ban on menthol cigarette sales such as increased quit attempts, substitution of other drugs for menthol tobacco products, or smokers accessing menthol cigarettes in other ways. Several participants also suggested that prior to implementing a ban lawmakers should consider addressing underlying issues that cause harm and stress in the African American community, such as poverty, unemployment, and underemployment, increasing anti-tobacco campaigns that reach and resonate with African Americans, and providing free cessation services to menthol smokers.

Summary

Smoker and nonsmoker participants were very aware of the targeted marketing of menthol cigarettes to the African American community. Most participants were in favor of a ban on the sale of menthol cigarettes because they believed it would help people to quit, deter youth from smoking, and reduce negative health effects associated with cigarette use.

Despite concerns that a ban on the sale of menthol cigarettes may increase police interaction with the African American community, many participants indicated that the benefits of a ban outweighed the potential negative consequences. These findings can facilitate conversations regarding menthol tobacco policies in New York.

How do New Yorkers describe changes in their tobacco use behaviors since the COVID-19 pandemic?

The COVID-19 pandemic caused disease, unprecedented deaths, and disruption during 2020. Current and former tobacco users and those living with medical conditions associated with smoking (e.g., lung cancer, chronic obstructive pulmonary disease) were identified as being at increased risk of severe illness from COVID-19 (CDC, 2021). Understanding how tobacco use behaviors changed during the pandemic can inform NY TCP interventions.

Data and Methods

We collected data from New York adults from June 23 to July 23, 2020 using a redirected inbound calling sample (RICS). RICS data collection is an emerging non-probability-based telephone sampling methodology that allowed us to collect data rapidly, efficiently, and without direct interaction during widespread restrictions on physical interactions and travel. With RICS, telephone calls to nonworking numbers are redirected for screening, recruitment, and data collection using interactive voice response technology that allows respondents to press buttons on their phone to record their responses. We asked a range of questions about New York adults' behaviors during the COVID-19 pandemic (phrased in the survey and in our summary of findings as the "coronavirus crisis").

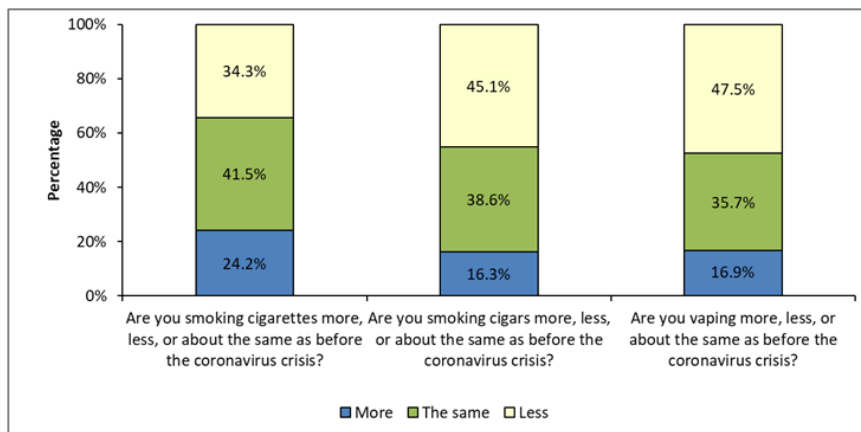
We conducted a weighted analysis of tobacco-related behavioral changes overall and by population subgroups. We used adjusted Wald tests to assess significant differences in outcome estimates across subgroups ($p < 0.05$).

Results

The majority of New York adult tobacco users reported a change in their tobacco use since the start of the coronavirus

crisis. During summer 2020, NY adult tobacco users reported that they used cigarettes, cigars, and vapes the same or less than before the coronavirus crisis. Cigarette smokers most often reported that their use was the same (41.5%), whereas cigar users and vaping product users most often reported that they used less than before the pandemic (Figure 25). Reports of cigarette smoking changes in 2020 during the pandemic assessed via the New York Adult Tobacco Survey were similar to findings from this COVID-specific study (data not shown).

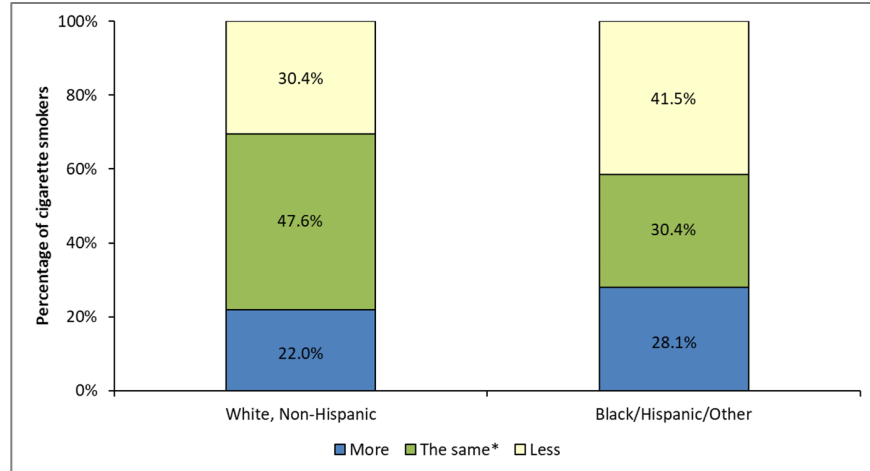
Figure 25. Percentage of New York Adults Reporting How Cigarette Use, Cigar Use, And Vaping Has Changed During the Coronavirus Crisis, NY COVID Survey, June–July 2020



Cigarette Use

Among New York adult cigarette users, the percentage reporting a change in their cigarette use since the start of the coronavirus crisis differed significantly by race/ethnicity and geography. The percentage of adult cigarette users reporting that their cigarette use was the same as before the coronavirus crisis was higher among non-Hispanic white respondents (47.6%) than other racial and ethnic groups (30.4%) (Figure 26). The percentage of adult cigarette users reporting less cigarette use since the coronavirus crisis was greater for NYC (42.3%) than the rest of New York State (29.3%) (data not shown). There was no statistically significant difference in change of cigarette use by age group or gender.

Figure 26. Percentage of New York Adults Reporting How Cigarette Use Has Changed During the Coronavirus Crisis by Race/Ethnicity, NY COVID Survey, June–July 2020



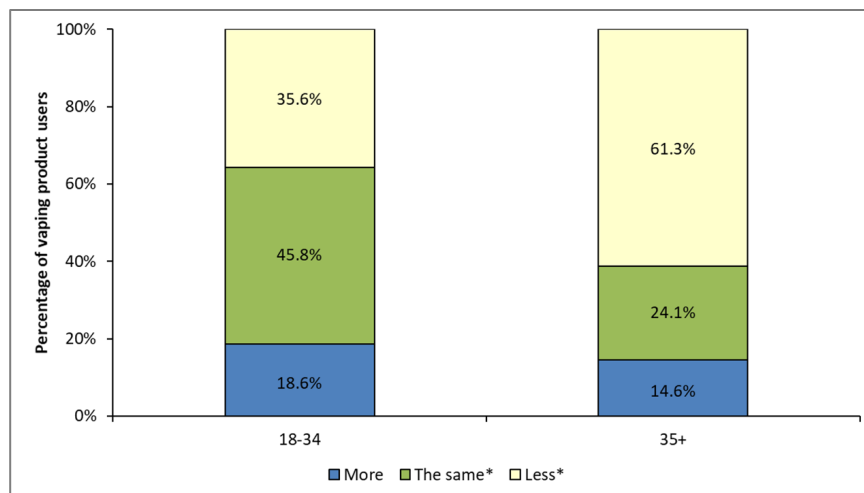
Cigar Use

Among New York adult cigar users, the percentage reporting a change in their cigar use since the start of the coronavirus crisis differed by gender and race/ethnicity. The percentage of adult cigar users reporting less cigar use since the coronavirus crisis was lower among male respondents (36.6%) than female respondents (60.5%). The percentage of adult cigar users reporting more cigar use since the coronavirus crisis was lower among non-Hispanic white respondents (9.6%) than among other racial and ethnic groups (23.6%).

Vaping Product Use

Among New York adults who vape, the percentage reporting a change in their vaping frequency since the start of the coronavirus crisis differed by age group and race/ethnicity. The percentage of adults reporting vaping less since the coronavirus crisis was higher for respondents aged 35 and older (61.3%) than those aged 18–34 (35.6%) (Figure 27). The percentage of adults reporting vaping less since the coronavirus crisis was lower for non-Hispanic white respondents (40.6%) than other racial and ethnic groups (55.6%).

Figure 27. Percentage of New York Adults Reporting How Vaping Has Changed During the Coronavirus Crisis, by Age, NY COVID Survey, June–July 2020



Quit Attempts

Among New York adult tobacco users, the percentage of adult tobacco users reporting a quit attempt in the past year differed by race/ethnicity and geography. The percentage of adult tobacco users who reported a quit attempt in the past year was lower among non-Hispanic white respondents (47.1%) than other racial and ethnic groups (59.6%). The percentage of adult tobacco users who reported a quit attempt in the past year was also greater for NYC (62.2%) than the rest of NY state (44.7%). There was no significant difference in the percentage reporting a quit attempt in the past year by age group or gender. Overall, approximately half (51.4%) of New York adult tobacco users reported making a quit attempt since the start of the coronavirus crisis.

Summary

The COVID-19 pandemic has resulted in behavior changes among New York adults who use cigarettes, cigars, and/or vaping products. Most tobacco users reported some change in their behaviors. More adult cigarette users in NYC reported decreasing their cigarette use since the coronavirus crisis than users in the rest of the state. Women more often than men reported decreasing their cigar use during the pandemic. Adults aged 35+ reported cutting back on how often they vaped, while those aged 18–34 reported their vaping did not change. Over half of New York adult tobacco users made a quit attempt since the start of the coronavirus.

Discussion

Progress in Changing Tobacco Use

The prevalence of adult smoking in New York was 12.0% in 2020, continuing a gradual decline in recent years. The prevalence of smoking in New York was statistically similar to the national rate of 12.4%, as it has been in recent years. With per capita funding for tobacco control falling below the national average funding level, it is not surprising that the trends in overall smoking prevalence are similar in New York and nationally. Consistent with the gradual change in smoking prevalence, the prevalence of smokers making a quit attempt in the past year has remained stable and is similar to the prevalence nationally, at roughly half of smokers. The prevalence of youth smoking reached new historic lows, at only 2.4% of high school students and 1.0% of middle school students.

Although the overall prevalence of smoking represents an historic low, there are populations with disproportionately high smoking prevalence, such as adults experiencing frequent mental distress, those with low income and/or educational attainment, those living with a disability, and those without private insurance. Since 2011, the prevalence of smoking has declined among adults with frequent mental distress, adults with a disability, and adults with no insurance. Finally, about one-third of adult smokers report smoking less as a result of the COVID-19 pandemic, while another one-quarter indicate smoking more. In addition, nearly half of White, non-Hispanic smokers reported no change in their smoking as a result of the pandemic, while only 30% of smokers of other races/ethnicities reported no change.

In contrast to the progress in reducing youth and adult smoking prevalence, the prevalence of cigar use has increased since 2010 in New York and nationally. In 2020, approximately one in twelve adults reported currently smoking any type of cigar. Cigar use is much more common among men and young adults. And while the prevalence of cigar use remains low among middle and high school students, current use of blunts (cigars with cannabis) was 4% among middle school students and 16% among high school students.

Finally, the prevalence of vaping among adults has increased since 2010 but has remained stable for many years and was 6.5% in 2020. In contrast, vaping among high school students increased dramatically since 2014 in New York to 22.5% in 2020, which is similar to the national rate of 19.6%. Vaping increased more slowly among middle school students in New York, with the current prevalence of 6.8%, compared with 4.7% nationally.

Co-use of tobacco and cannabis, both combustible and with vaping devices, raises concerns including the possibility that tobacco use could increase or stagnate rather than decrease. At least half of youth and adults who use vaping products report vaping cannabis, and youth use of blunts far outpaces youth use of cigars. It is important to monitor co-use of tobacco and cannabis and to work with the New York State Office of Cannabis Management to develop communications and interventions that protect public health, particularly for youth.

Given the changing patterns of tobacco use in New York, especially the high rates of vaping among youth and young adults, NY TCP may need to develop new strategies to minimize the burden of tobacco in the state. Expanding health communication activities, progressing the health systems initiative, and developing policy efforts will be more feasible with additional funding for the Program.

Health Communications

2020 was a unique year for the NY TCP's health communications campaigns. Because of programmatic activity changes due to the COVID-19 pandemic, NY TCP's smoking cessation and health care provider-targeted campaigns only ran briefly at the beginning of the year. During this time, the Program's paid smoking cessation media efforts continued to emphasize television and digital ads that depict the health consequences of smoking and the emotional impact of those health effects on individuals and their families, with message strategies and specific advertisements that have performed well in formative testing. The Program also continued to promote Medicaid coverage of tobacco dependence treatment for smokers and implements media campaigns encouraging medical and behavioral health care providers to assist patients with evidence-based cessation. As a complement to these

efforts, NY TCP also implemented a media campaign to promote its *Drop the Vape* text-based vaping cessation program encouraging users to text a help number for free support and guidance to help them quit using vape products.

Because of the limited media campaign dosage and discrepancies in the timing of campaign implementation and the NY ATS data collection, NY ATS ad awareness estimates are not available for 2020. Results from the Media Tracking Survey Online (MTSO) indicated that specific ad and campaign tagline awareness at the time of the campaign were in line with previous years, with approximately two-thirds of adult smokers reporting awareness of campaign taglines and any of the ads that aired in early 2020. It is probable that campaign awareness overall for the calendar year was similar to or lower than in 2019 (during which approximately 25% of smokers were aware of New York's cessation-focused ads) especially since the campaign was off-air for the majority of 2020, and any campaign impacts on knowledge, attitudes, beliefs, and behaviors would likely have diminished over time.

We recommend that the Program pursue sustained media campaign activities with continued focus on hard-hitting graphic or emotionally resonant ads that have been perceived as highly effective by New York smokers. NY TCP should consider adjusting ad allocation to align more specifically with the way that their target audiences use media, such as investing a greater proportion of the budget towards streaming and social media, consistent with national tobacco education campaigns. Additionally, the Program could reassess the media vendor's negotiated bonus airtime to maximize the value of the Program's ad buys. With the evolution of the tobacco product landscape, such as increases in vaping product use, campaign strategies will need to evolve. However, little evidence exists regarding effective campaigns to curb vaping product use or reduce adult use of other tobacco products. With additional resources, the Program could take steps to identify effective messages. The program's recent efforts to identify promising vaping-related beliefs for campaigns targeting parents and young adult vapers will help inform these efforts.

Health Systems Change

NY TCP conducts evidence-based health systems interventions to promote cessation from tobacco use by supporting the provision of evidence-based tobacco dependence treatment in health care settings. The multi-component intervention includes funding health systems grantees to facilitate policy, systems, and environmental changes; providing Quitline support; and reducing the cost of and barriers to accessing evidence-based cessation assistance. These efforts complement the NY TCP's antitobacco advertising and health care provider-targeted media campaigns that encourage medical and behavioral health care providers to treat nicotine addiction with counseling and evidence-based tobacco dependence treatments. However, contract delays and the COVID-19 pandemic response in 2020 caused grantees to be inactive for half of the year, limiting potential impact of their health systems work. The pandemic required changes in medical and behavioral health care organizations' priorities, processes, and communications patterns, which further disrupted this intervention effort.

NY TCP's continued focus on systems change in CHCs and mental health treatment facilities is aligned with the evidence that smoking prevalence continues to be higher among New Yorkers with low income and frequent mental distress. When funded, grantees have been reaching around one-third of the identified organizations in the state, and they continue to educate and support them regarding changes to institutionalize evidence-based tobacco dependence treatment. Although there is room for improvement in the prevalence of New York adult smokers reporting that health care providers are assisting with quit attempts, some of the highest rates of provider assistance were reported among the groups that NY TCP interventions are targeting: those with frequent mental distress, those on public insurance, and those with low income. In addition, provider assistance with quitting during 2020 was higher in New York than in the country overall. Although it may be too early to tell, perhaps systems-level integration of tobacco use identification and treatment in New York health reinforced quit assistance in ways that persisted even under the strain of the pandemic.

Although the state's Quitline reach is low and decreased in 2020, it is generally higher than in other states and provides efficient services as recommended by CDC's *Best Practices*

(2014) (Mann et al., 2018). It should be noted that all states experienced a decrease in Quitline demand during the pandemic. The NY TCP has integrated Quitline services into the overall health systems initiative, reinforcing evidence-based cessation approaches for tobacco users ready to quit.

Some smokers report using vaping products in quit attempts. It would be worthwhile for the Program to clarify its strategic approach regarding vaping products, especially since the vaping product landscape is shifting. Specifically, there are changes in the products on the market and changes in the federal and state regulations surrounding them. The health systems grantees may face questions from health care organizations and providers regarding this issue, so focused messaging will support their efforts.

Statewide and Community Action

The COVID-19 pandemic fundamentally changed the way ATFC grantees conduct their work, and they pivoted from in-person meetings with community organizations, youth advocates, policy makers, and decision makers to virtual engagement and events in 2020. Despite the challenges of the pandemic, ATFC grantees continued working on core tobacco control initiatives focused on the retail environment, tobacco-free outdoors, and smoke-free multi-unit housing.

Policy change in the retail environment remains challenging in tobacco control generally and requires years of educating the public and policy makers about the effects of tobacco retail marketing and the need for policies to counter it. There was little policy action in the retail environment at the local level during 2020, with only two small jurisdictions adopting policies, which may be largely due to jurisdictions focusing their efforts on responding to the pandemic. However, that all New Yorkers are now covered by statewide retail environment policies adopted in 2020 represented huge strides for the Program. In particular, prohibiting tobacco product sales in pharmacies addresses retailer density in communities across the state, prohibiting tobacco product price reduction mechanisms helps ensure that the price of tobacco products remains high to prevent initiation and promote cessation, and restricting the sale of flavored vaping products reduces the appeal of these products, especially for youth. After policy adoption,

understanding how these policies are being implemented and enforced is crucial for evaluating policy impact and identifying potential unintended consequences. The statewide policy restricting the sale of flavored vaping products exempts products granted marketing authorization by the U.S. Food and Drug Administration (FDA), and ATFC grantees can support efforts to close that loophole. Grantees can also focus on tobacco control policy priorities not yet implemented, such as restrictions on flavored cigars and menthol cigarettes. Although the FDA has announced plans to ban menthol as a characterizing flavor in cigarettes and ban characterizing flavors in cigars, the timeline for these product standards is unknown. As such, New York can promote flavored tobacco sales restrictions to seek public health benefits in advance of federal rulemaking.

Grantees continue to educate about policy solutions to create environments where the easiest choice is the tobacco-free choice. Grantees facilitated smoke-free multi-unit housing policies, with more than 3,000 units becoming smoke-free in 2020. Though this falls short of the 2019–2024 NYSDOH Prevention Agenda objective of 5,000 units each year and previous years' numbers of more than 10,000 units annually, these efforts represent progress in a year that was defined by a global pandemic, which limited grantees' abilities to conduct business as usual. During 2020, ATFC grantees reported that an additional 87 entities restricted tobacco use in outdoor areas, ranging from individual organizations to municipalities.

The Program has conducted strategic planning to reflect on and prioritize effective ways to integrate an equity focus into its objectives and interventions, and should continue learning, planning, and revisiting this approach. This can include additional trainings, conversations, and collaborations with organizations that represent and serve populations disparately affected by tobacco use.

Programmatic Recommendations

Overall Recommendations

- Increase funding to 50% of CDC's recommended funding level for the state (which would result in Program funding of \$101.5 million), to give the Program a better chance to succeed at achieving its NYSDOH 2019-2024 Prevention

Agenda objectives. At minimum, ensure NY TCP's annual available funding equals the amount allocated by the state legislature. In FY 2021-2022, the funding limit set by the NYS Division of Budget was \$5 million less than the amount allocated to the Program by the state legislature.

- Continued high rates of youth use of vaping products require NY TCP to use its resources for a broad range of tobacco product types, even as newer tobacco products emerge onto the market. The Program could respond more effectively with additional funding to develop and disseminate messaging, identify and educate about policies to reduce youth exposure and access, implement compliance monitoring protocols, and study the effectiveness of interventions in this emerging area. This could include additional support for and evaluation of tobacco control policies implemented in 2020.
- Directing the revenue from the vaping product sales tax to tobacco control would support NY TCP efforts to educate, intervene, and evaluate in this area.
- Continue to refine the Program's approach to reach smokers with disproportionately high rates of smoking, especially adults who have low income and who experience frequent mental distress.
- Develop a strategic plan for addressing tobacco and cannabis co-use, in collaboration with the New York Office of Cannabis Management.

Health Communication Recommendations

- Continue to focus the Program's paid media campaign efforts on high-impact television advertisements, those that graphically depict the health consequences of smoking or elicit strong negative emotions.
- Shift more resources to digital media and away from broadcast television, consistent with consumers' shift in preferences for streaming media.
- Review ad placement strategies to maximize the reach and potential effectiveness of campaigns among populations disproportionately impacted by tobacco use.
- Continue to complement smoker-targeted media campaigns with provider-targeted media campaigns and aim to improve provider response to these campaigns

and increase changes in provider awareness and behaviors.

- Adapt campaigns in response to changes in the tobacco product landscape and policy changes, including vaping product use, menthol cigarette use, and multi-product use. Studying the effectiveness of these efforts will help fill the existing gap in literature and practice on this issue.

Health Systems Change Recommendations

- Refine the approach of health systems grantees and revisit the intervention's measures of success following the pandemic and contract disruptions experienced during 2020.
- Collaborate with the New York State Medicaid program to conduct additional educational efforts targeting enrollees and providers to promote awareness and use of Medicaid smoking cessation benefits.
- Actively leverage existing partnerships and engage in new collaborations across the health care sector to promote health systems change and expand insurance coverage for tobacco dependence treatments for all New Yorkers.
- Work with the NY TCP-funded Center of Excellence to leverage opportunities to create changes in the state-level context for health systems change that support the institutionalization of tobacco dependence treatment.
- Clarify the Program's plan for how vaping product use should be addressed in the health care setting and integrate this into health systems interventions.

Statewide and Community Action Recommendations

- Consider how to integrate aspects of virtual work that worked well during the pandemic even after grantees are able to resume in-person training and community education, community mobilization, policy maker education, and decision maker advocacy efforts. For example, virtual training offers more regular opportunities for peer-to-peer learning among grantees from across the state, and virtual policymaker education events allow for more attendance than a one-on-one meeting.
- Assess whether and how the statewide retail environment policies adopted in 2020 are being implemented and enforced. The COVID-19 pandemic

may have affected policy implementation and enforcement, especially related to in-store inspections.

- Encourage restrictions on the sale of all flavored tobacco products, including menthol cigarettes and flavored cigars and cigarillos. More comprehensive flavor restrictions will reduce the appeal of tobacco products, especially among youth.
- Address increased cigar use with education and policy efforts, acknowledging the potential role of co-use of cigars and cannabis in young adult cigar use trends, especially given the recent legalization of recreational marijuana in New York State.
- Continue to explore messaging approaches that resonate with populations that have disproportionately high tobacco use (and opinion leaders within those populations).
- Encourage grantees to involve local community members in the initial phase of community mobilization to gather information on the best way to reach specific segments of the community.
- Continue to integrate a health equity approach in the grantees' community-based work that recognizes the root causes that contribute to health disparities, including tobacco use and its health consequences. Provide training and technical assistance for grantees to meaningfully engage their communities in this work.

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Appendix A. 2019–2024 NYSDOH Prevention Agenda: Tobacco-Related Targets and 2020 Updates

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2020)	Target Estimate (2024)
3.1 Prevent Initiation of Tobacco Use				
3.1.1 Decrease the prevalence of any tobacco use by high school students	NYS YTS	25.4% (2016)	25.6%	19.7%
3.1.2 Decrease the prevalence of combustible cigarette use by high school students	NYS YTS	4.3% (2016)	2.4%	3.3%
3.1.3 Decrease the prevalence of vaping product use by high school students	NYS YTS	20.6% (2016)	22.5%	15.9%
3.1.4 Decrease the prevalence of combustible cigarette use by young adults age 18–24 years	BRFSS	11.7% (2016)	5.5%	9.1%
3.1.5 Decrease the prevalence of vaping product use by young adults age 18–24 years	BRFSS	9.1% (2016)	10.6%	7.0%
3.1.6 Increase the number of municipalities that adopt retail environment policies, including those that restrict the density of tobacco retailers, keep the price of tobacco products high, and prohibit the sale of flavored tobacco products	CAT	15 (2018)	24	30
3.2 Promote Tobacco Use Cessation				
3.2.1 Increase the percentage of smokers who received assistance from their health care provider to quit smoking by 13.1% from 53.1% (2017) to 60.1%.	NYS ATS	53.1% (2017)	53.3%	60.1%
3.2.2 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among all adults)	BRFSS	14.2% (2016)	12.0%	11.0%
3.2.3 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with income less than \$25,000)	BRFSS	19.8% (2016)	20.0%	15.3%

Goals and Objectives	Data Source	Baseline Estimate (year)	Current Estimate (2020)	Target Estimate (2024)
3.2.4 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults with less than a high school education)	BRFSS	19.2% (2016)	19.0%	14.9%
3.2.5 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults reporting frequent mental distress)	BRFSS	26.0% (2016)	19.7%	20.1%
3.2.6 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults who self-identify as LGBT)	BRFSS	19.3% (2016)*	15.4%	14.9%
3.2.7 Decrease the prevalence of cigarette smoking by adults ages 18 years and older (among adults who are living with any disability)	BRFSS	20.1% (2016)	17.4%	15.6%
3.2.8 Increase the utilization of smoking cessation benefits (counseling and/or medications) among smokers who are enrolled in any Medicaid* program	Medicaid Program	20.5% (2016)	19.9%	26.2%
3.3 Eliminate Exposure to Secondhand Smoke				
3.3.1 Decrease the percentage of adults (non-smokers) living in multi-unit housing who were exposed to secondhand smoke in their homes	NYS ATS	35.2% (2017)	36.0%	27.2%
3.3.2 Decrease the percentage of youth (middle and high school students) who were in a room where someone was smoking on at least 1 day in the past 7 days	NYS YTS	23.1% (2016)	24.0%	17.9%
3.3.3 Increase the number of multi-unit housing units (focus should be on housing with higher number of units) that adopt a smoke-free policy by 5000 units each year	CAT		Average of 10,471 units per year (2017-2020)	

BRFSS=Behavioral Risk Factor Surveillance System; CAT=Community Activity Tracking; NYS ATS=New York State Adult Tobacco Survey; NYS YTS=New York State Youth Tobacco Survey; LGBT=Lesbian, Gay, Bisexual, and Transgender
 * Pooled data from 2014–2016

Appendix B. Health Systems for a Tobacco-Free New York Grantees

HSTFNY Grantee	Counties Served (Boroughs if applicable)
American Lung Association - HSC	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Glens Falls Hospital Health Promotion Center	Clinton, Essex, Franklin, Fulton, Hamilton, Montgomery, Saratoga, Warren, Washington
Health Systems for a Tobacco Free NY (Capital)	Albany, Columbia, Delaware, Greene, Otsego, Rensselaer, Schenectady, Schoharie
Health Systems for a Tobacco Free WNY (Western)	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
North Shore University Hospital (Long Island)	Nassau, Suffolk
NYU School of Medicine (Metro North)	Bronx (The Bronx), New York (Manhattan), Queens (Queens)
NYU School of Medicine (Metro South)	Kings (Brooklyn), Richmond (Staten Island)
St. Joseph’s Hospital (North Central)	Cayuga, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence
St. Joseph’s Hospital (South Central)	Broome, Chenango, Cortland, Tioga, Tompkins
University of Rochester Medical Center	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates

Appendix C. Advancing Tobacco-Free Communities Grantees

ATFC Grantee	Counties Served (Boroughs if applicable)
Capital District Tobacco Free Communities	Albany, Rensselaer, Schenectady
Tobacco-Free CCA	Allegany, Cattaraugus, Chautauqua
NYC Smoke-Free	Bronx (Bronx), Kings (Brooklyn), New York (Manhattan), Queens (Queens)
Tobacco Free Broome and Tioga	Broome, Tioga
Tobacco Free Network of CNY	Cayuga, Onondaga, Oswego
Southern Tier Tobacco Awareness Coalition	Chemung, Schuyler, Steuben
Tobacco Free Zone - Courtland, Tompkins, Chenango	Chenango, Cortland, Tompkins
Tobacco-Free Clinton Franklin Essex Counties	Clinton, Essex, Franklin
Tobacco-Free Action of Columbia & Greene	Columbia, Greene
Advancing Tobacco Free Communities- Delaware, Otsego & Schoharie Counties	Delaware, Otsego, Schoharie
Tobacco Free Action Communities in Ulster, Dutchess and Sullivan Counties	Dutchess, Sullivan, Ulster
Tobacco-Free Erie-Niagara	Erie, Niagara
Advancing Tobacco-Free Communities of Hamilton, Fulton & Montgomery Counties	Fulton, Hamilton, Montgomery
Tobacco-Free GLOW	Genesee, Livingston, Orleans, Wyoming
BRiDGES Tobacco Prevention Program	Herkimer, Madison, Oneida
Tobacco Free St Lawrence, Jefferson and Lewis Counties	Jefferson, Lewis, St. Lawrence
Smoking and Health Action Coalition of Monroe County	Monroe
Tobacco Action Coalition of Long Island	Nassau, Suffolk
Tobacco Action Coalition of the Finger Lakes	Ontario, Seneca, Wayne, Yates
POW'R Against Tobacco	Orange, Putnam, Rockland, Westchester
Living Tobacco-Free	Saratoga, Warren, Washington
Tobacco-Free Staten Island	Richmond (Staten Island)