

Oregon Tobacco Control Status Report

October 28, 2003

The following document outlines the state of tobacco control in Oregon, and was created for a statewide tobacco control planning process that will take place throughout Winter 2003 and Spring 2004. While this document intends to encompass the entire spectrum of strategies, involvement and achievements in Oregon, it is a work-in-progress that relies on the data and experiences collected by the Oregon DHS, as well as input from other integral partners involved in this public health response to the #1 preventable cause of death and disability in Oregon. It is recognized that other valuable efforts may be conducted and not reflected here.



Information is shared on the following charts cataloged by the goal areas identified by the Centers for Disease Control and Prevention. These goal areas include Eliminating Exposure to Environmental Tobacco Smoke, Preventing the Initiation of Tobacco by Youth, Promoting Quitting Among Adults and Youth, Eliminating Disparities in Tobacco Use, and Development of Infrastructure for Tobacco Use Prevention.

Each goal area contains "Status" and "Infrastructure" information. Status information provides a snapshot of the current outcome data on tobacco policy, surveillance and public opinion. Infrastructure charts describe systems in place for improving outcomes.

Detailed information can be found in the appendices listed at the end of this document. In the Infrastructure section of this document parenthetical statements exist following some statements that indicate time frame of the component's existence. Currently, DHS is working to determine which activities will be re-instated.

Eliminating Exposure To Environmental Tobacco Smoke: STATUS

Policies

General workplaces

- State law implemented in 2002 bans smoking in most workplaces, except for bars, bar areas of restaurants, bowling alleys, bingo halls, and hotel rooms. Eugene, Corvallis, and Philomath have local ordinances that ban smoking in all workplaces.
 - About 22% of workers are exposed to secondhand smoke, mostly outdoors. (BRFSS)
 - Approximately 2% of workers are illegally exposed to secondhand smoke in indoor workplaces. (BRFSS)

Child care facilities

- All child care facilities that are regulated by the state are required to be smoke-free during hours of operation and in vehicles transporting children (see Appendix A for information on enforcement mechanism).

Schools

- Currently, 52% of schools have written policies that do not allow smoking by students, faculty, staff and visitors on school grounds.

Prisons / Jails

- The State Department of Corrections and county jails have policies in place prohibiting smoking indoors.

Surveillance Data

Children

- The percentage of adults with children who say that smoking occurred in the home in the past 30 days has decreased from 26% in 1996 to 11% in 2002. (BRFSS)

Homes

- The percent of adults who have a rule that no one is allowed to smoke inside the home has increased from 71% to 83% in the 1996-2002 time period. (BRFSS)

Cars

- 75% of adults report that smoking is not allowed in their family's cars. (BRFSS)

Overall exposure

- 57% of adults report no exposure to indoor secondhand smoke in a typical week. (BRFSS)

Public Opinion (BRFSS)

- 65% say that secondhand smoke is very harmful; 91% say it is somewhat or very harmful.
- 84% agree that people should be protected from secondhand smoke.
- 87% agree that smoking should not be allowed in indoor work areas.
- 80% agree that smoking should not be allowed in restaurants.
- 41% agree that smoking should not be allowed in bars.
- All of the above public opinion measures have shown moderate increases since 1997.

Eliminating Exposure to Environmental Tobacco Smoke: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Funding	<ul style="list-style-type: none"> Tobacco excise taxes dedicated to tobacco use prevention (see page 18-20 for amount) Centers for Disease Control and Prevention grant (see page 18-20 for amount) 	<ul style="list-style-type: none"> Smokeless States (see page 18-20 for amount) Clean Indoor Air Advocacy grant for WorkSmokeFree.com and defending local ordinances (\$250,000) 	<ul style="list-style-type: none"> ACS/AHA/ALAO pool funds for professional lobbyists ACS/AHA dedicate advocacy FTE 	<ul style="list-style-type: none"> Northwest Portland Area Indian Health Board (see page 18-20 for amounts)
Surveillance	<ul style="list-style-type: none"> School Policy Data System: School tobacco policies for every district are systematically collected, coded, entered into a database and analyzed (2000 baseline) Indoor Clean Air Act Data System: requests for information and complaint are systematically collected, coded, entered into a database and analyzed BRFSS includes 20 questions on secondhand smoke issues 			

Eliminating Exposure to Environmental Tobacco Smoke: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Awareness & Education	<ul style="list-style-type: none"> Community-based Programs in each county all required to do policy-focused activities (1997 - 4/2003) Media campaign – annual per capita spending \$0.86 until 4/2003 School policy efforts statewide (current) Additional school policy support through funded school programs (1997 – 4/2003) 	<ul style="list-style-type: none"> WorkSmokeFree.com website & campaign to organize/educate hospitality industry Paid advertisement campaign to launch and promote WorkSmokeFree.com (Summer 2003) Listserve for advocates to share info, distribute action items, etc. 		<ul style="list-style-type: none"> Northwest Portland Area Indian Health Board provides training, technical assistance, and access to culturally appropriate resources on ETS to the nine federally recognized tribes in Oregon

Eliminating Exposure to Environmental Tobacco Smoke: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Advocacy/ Policy Change	<ul style="list-style-type: none"> County Tobacco Coalitions advocating for tobacco policy (1997 – ongoing) 	<ul style="list-style-type: none"> Grassroots Advocacy Network of approximately 500 active advocates Over 200 WorkSmokeFree.com activists Capacity to communicate with 6,000 in membership 	<ul style="list-style-type: none"> ACS/AHA/ALAO combined Grassroots Advocacy Network of approximately 4,000 advocates ACS/AHA/ALAO combined capacity to communicate 200,000 organizational members AHA lobbying efforts ACS staff participate on local county coalitions 	<ul style="list-style-type: none"> Northwest Portland Area Indian Health Board supports and encourages policy change within Oregon tribes regarding smoke free workplaces, homes, and community events
Enforcement	<ul style="list-style-type: none"> Public Health System (DHS-HS and Local Public Health Authorities) is enforcing Indoor Clean Air Act and county ordinances (see Appendix B) 			<ul style="list-style-type: none"> Cities and Counties – Some local jurisdictions are enforcing city and county ETS ordinances

Preventing the Initiation of Tobacco by Youth: STATUS

Policies

Sales

- State law will require that all tobacco sales in retail stores be vendor-assisted as of January 2005.
- Minimum age to purchase tobacco products is 18 years old.
- The percentage of retailers who sold to minors has declined from 39% in 1996 to 16% in 2002. (Synar data)
- 8th graders get tobacco from a variety of sources, including gas stations 19%, convenience stores 18%. (OHT)

Price

- Cigarettes in Oregon are taxed at a rate of \$1.28 per pack. The last increase was in November 2002. (See Appendix C for a breakdown of how tobacco taxes are spent)

Surveillance Data

Smoking rates

- 8th grade and 11th grade smoking prevalence has declined recently, both in Oregon and nationally. Between 1996 and 2002, the percentage of Oregon 8th grade students who smoke fell 47%, and the percentage of 11th grade students who smoke fell 26% (see Appendix D). (OHT)
- The percentage of 11th grade males who use smokeless tobacco has decreased from 22% to 13% between 1996-2002. (OHT)

Public Opinion (BRFSS)

- 91% of adults agree that tobacco use by adults should not be allowed on school grounds or at any school events.
- 97% of adults say that it is important for communities to keep stores from selling tobacco to minors.
- 72% of adults agree that store owners should be required to have a license to sell tobacco products, similar to alcohol, so that prohibition of sales to minors can be enforced.
- The above three public opinion measures have shown slight increases since 1997.
- 64% of adults say that cigarette companies deliberately advertise and promote cigarettes to encourage youth under 18 to smoke. The percentage that agree has declined from 68% in 1997.

Preventing the Initiation of Tobacco by Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Funding	<ul style="list-style-type: none"> • Ballot Measure 44 tobacco (see page 18-20 for amount) • Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant program for Synar programs (see page 18-20 for amount) • Centers for Disease Control and Prevention grant (see page 18-20 for amount) 	<ul style="list-style-type: none"> • Smokeless States (see page 18-20 for amount) 	<ul style="list-style-type: none"> • ACS/AHA/ALAO pool funds for professional lobbyists 	<ul style="list-style-type: none"> • Northwest Portland Area Indian Health Board funds staff support for community training and technical support regarding youth commercial tobacco prevention within the nine federally recognized tribes in Oregon. (Grant funding comes from CDC-OSH, see page 18-20 for amount)
Surveillance	<ul style="list-style-type: none"> • Oregon Health Teens Survey –This survey combines questions from the Youth Risk Behavior Survey and the Oregon Drug and Alcohol Survey, which ask various health-related questions including 50 questions about tobacco. Approximately 22,000 children are surveyed each year. The number of questions will be cut in half for the 2004 survey, and the number of children surveyed will also decrease. 			

Preventing the Initiation of Tobacco by Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Awareness & Education	<ul style="list-style-type: none"> • Comprehensive school-based tobacco prevention and education programs reached 30% of Oregon students (1997 – 4/2003, see MMWR in Appendix E) • Community-based Programs in every county offer programs to raise awareness about youth access to tobacco, advertising and sponsorship of tobacco products (1997 – 4/2003) • Statewide public awareness campaign (1997 – 4/2003) 	<ul style="list-style-type: none"> • Listserve to share information for adults who work with youth 	<ul style="list-style-type: none"> • ACS Speakout Workshops train youth advocates on tobacco issues 	<ul style="list-style-type: none"> • Northwest Portland Area Indian Health Board provides training, technical assistance, and access to culturally appropriate resources (including topics surrounding youth prevention) to the nine federally recognized tribes in Oregon and partners with other American Indian organizations throughout the state and region, including the Bureau of Indian Affairs Boarding school and Chemawa.
Advocacy/ Policy Change	<ul style="list-style-type: none"> • Some county coalitions worked on youth access ordinances (i.e. placement, licensure etc. 1997 – 4/2003) • DHS and Department of Justice supported youth access policy packages in 2001 and 2003 legislative sessions 	<ul style="list-style-type: none"> • Kick Butts Day Rally Days during Legislative Sessions, involving over 200 youth advocating for funding (2001 and 2003) 	<ul style="list-style-type: none"> • ACS staff participate on county coalitions 	<ul style="list-style-type: none"> • Northwest Portland Area Indian Health Board encourages policy change within Oregon tribes regarding tobacco free schools

Preventing the Initiation of Tobacco by Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Enforcement	<ul style="list-style-type: none"> DHS, OMHAS conducts Synar retailer compliance checks, where retailers receive checks in the form of a “controlled buy” (since 1995) 			

Promoting Quitting Among Adults and Youth: STATUS

Surveillance Data

- Adult smoking prevalence has declined since 1996, except for a slight increase in 2002. Overall, adult smoking prevalence has declined 9% since 1996, the similar to the decline seen nationally. (BRFSS)
- 75% of adult smokers say that they want to quit. (BRFSS)
- 28% of all smokers say they plan to quit in the next 30 days. (BRFSS)
- Per capita cigarette consumption has declined 30% since 1996 versus about 15% nationally. (Cigarette Tax Revenue)
- Per capita cigarette consumption was relatively stable though from 2001 to 2002 (see Appendix F). (Cigarette Tax Revenue)
- The percent of adult males who use smokeless tobacco has declined from 9% in 1996 to 5% in 2002. Smokeless tobacco use is most common among males 15-44 years old. (BRFSS and OHT)
- Tobacco use among pregnant women has been declining in Oregon and nationally. In Oregon, the rate of decline increased after 1996 and is declining faster than the nation (see Appendix G). (Birth Certificate Statistical File)

Quit Line Calls (Oregon Tobacco Quit Line Caller Database)

- Calls to the Oregon Tobacco Quit Line have increased each year since it opened in November 1998.
- In 2002, 10,000 tobacco users (2% of all tobacco users) called the Quit Line.
- The percentage of callers who are in the preparation or action stage remains at around 95%.
- About half of the Quit Line calls are generated by television or radio advertising.
- The number of Quit Line callers that were referred by healthcare providers has increased dramatically each year. In 2003, referrals from health care providers accounted for 20% of the calls.
- When Quit Line information is included in a mailing to Medicaid clients, 300-500 people call the Quit Line.

Promoting Quitting Among Adults and Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Funding	<ul style="list-style-type: none"> • Ballot Measure 44 tobacco taxes (see page 18-20 for amount) • Centers for Disease Control and Prevention grants (see page 18-20 for amount) • Robert Wood Johnson Smokefree Mothers and Babies grant (\$200,000/year totaling \$600,000 over a 3-year period ending December 2004) 	<ul style="list-style-type: none"> • Smokeless States grant (see page 18-20 for amount) • Robert Wood Johnson Pacific Center on Health and Tobacco grant \$677,676 for March 2001 - June 2004 • Robert Wood Johnson Foundation Smokeless States Special Opportunities Grant for Make It Your Business campaign (\$200,000) 	<ul style="list-style-type: none"> • ACS/AHA/ALAO pool funds for professional lobbyists 	<ul style="list-style-type: none"> • Northwest Portland Area Indian Health Board funds staff support for community training and technical support for topics including youth & adult commercial tobacco cessation for the nine federally recognized tribes in Oregon (see page 18-20 for amount) • Native American Rehabilitation Association received American Legacy Foundation grant for pregnant women cessation

Promoting Quitting Among Adults and Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Surveillance	<ul style="list-style-type: none"> • Adult Behavioral Risk Factor Surveillance System (20 questions related to cessation, ongoing) • Quit Line Data – information collected from calls include how the caller heard about the Quit Line, demographics, what type of tobacco user they are, stage of change, exact time of call (1997 – 4/2003) • Birth Certificate Data file - indicates smoking status of the mother (ongoing) • Pregnancy Risk Assessment Monitoring System - national survey, 10 questions are tobacco related (ongoing) • Quit Line database of health plan coverage for cessation and local cessation resources (1997 – 4/2003) 	<ul style="list-style-type: none"> • Tobacco Guidelines Implementation Evaluation – 22 question survey mailed to 960 providers to evaluate implementation of the U.S. Public Health Services guidelines within Oregon’s health system. • Sent mail survey to 36 members of the Oregon Coalition for Health Care Purchasers to evaluate organizational practices and attitudes towards tobacco cessation benefits. (October 2002) • Public opinion survey of Oregonians attitudes about helping smokers quit conducted. (Fall 2002) 		<ul style="list-style-type: none"> • Kaiser Center for Health Research, in partnership with Providence Health System, completed large National Cancer Institute study to evaluate best practices for quitlines using the Oregon Tobacco Quit Line. • Northwest Portland Area Indian Health Board – 2004 Adult Tobacco Survey among select Northwest Tribes.

Promoting Quitting Among Adults and Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Awareness & Education	<ul style="list-style-type: none"> • DHS developed and implemented system for reaching Oregon Health Plan (OHP) members with Quit Line information. 1997 – 4/2003 • DHS developed and implemented system for providing 5A training to providers, including awareness of Quit Line. 2000 – 4/2003 • Community-based Programs develop a variety of systems and programs for promoting quitting 	<ul style="list-style-type: none"> • Provided conference on cessation during pregnancy and how to treat this population for clinicians. (October 2000) • Make It Your Business public relations and organizer campaign to create consumer demand for cessation benefits. • Listserv to share information with cessation advocates. 	<ul style="list-style-type: none"> • ACS promotes quitting and provides resources to those wanting to quit through 800-ACS-2345. • ACS Workplace Services program has cessation component. 	<ul style="list-style-type: none"> • Northwest Portland Area Indian Health Board provides training, technical assistance, and access to culturally appropriate resources (including available Tribally-designed programs) to the nine federally recognized tribes in Oregon

Promoting Quitting Among Adults and Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Support	<ul style="list-style-type: none"> • Oregon's Medicaid program includes a tobacco cessation benefit for all clients, though the exact coverage varies depending upon which health plan the client is enrolled in. • Comprehensive Program components all promote quitting tobacco and more specifically the Public Awareness Campaign and the Quit Line (1997 – 4/2003) • OMAP Project Prevention provides health plans that contract with OHP technical assistance and guidance on quality improvement. • Smokefree Mothers and Babies set up system to help identify and provide assistance to pregnant tobacco users through training given to health care providers. 	<ul style="list-style-type: none"> • Making the Quitting Connection project included 5A training of providers within Oregon clinics. (2001) • TOFCO staff provides information to partners and participates in statewide projects such as Project Prevention, and the SmokeFree Mothers and Babies project. • TOFCO is supporting Providence Health System's effort to coordinate a statewide meeting on cessation during pregnancy. 	<ul style="list-style-type: none"> • American Lung Association offering <i>Not on Tobacco</i> school-based program 	<ul style="list-style-type: none"> • Providence Health System is coordinating a statewide meeting on cessation during pregnancy. • Providence Health System has received a Robert Wood Johnson grant to evaluate the use of the Electronic Medical Records System to assist with implementation of 5A's in medical offices. (Received 2002, ongoing) • Northwest Portland Area Indian Health Board provides science based cessation training and access to culturally appropriate resources to Tobacco educators within the nine federally recognized tribes in Oregon

Promoting Quitting Among Adults and Youth: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Advocacy/ Policy Change	<ul style="list-style-type: none"> County Coalitions advocate for development of policies promoting quitting. 	<ul style="list-style-type: none"> TOFCO's work on the issue of coding and reimbursement of cessation services helped change Oregon Medical Assistance Program's and CareOregon's policy on reimbursement. (2001) 		<ul style="list-style-type: none"> Northwest Portland Area Indian Health Board staff work with tribal leaders to enhance existing policy and encourage the development and implementation of cessation services among Oregon tribes

Eliminating Disparities in Tobacco Use: STATUS

Surveillance

- Adult smoking prevalence (BRFSS) is well above the state mean among:
 - Native Americans and Alaska Natives 44%
 - People of low socio-economic status 40%
 - Young adults (18-24 years old) 28%
 - African Americans 27%
- Adult smoking prevalence is lower than the state mean for Hispanics (18%) and Asian/Pacific Islanders (14%). (BRFSS)
- Among males, use of smokeless tobacco is markedly higher than the State mean among Native Americans/Alaska Natives, people from rural areas (population density less than 100 persons/sq. mile), and young adults. (BRFSS)
- There is almost no use of smokeless tobacco among females in Oregon. (BRFSS)
- Most of the racial and regional disparities noted above are also seen among youth. (OHT)
- Preliminary data from the BRFSS show a smoking prevalence of 31% for the Lesbian, Gay, Bisexual, and Transgender (LGBT) population. (BRFSS)

Eliminating Disparities in Tobacco Use: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Funding	<ul style="list-style-type: none"> • Ballot Measure 44 tobacco taxes (see page 18-20 for amount) • Centers for Disease Control and Prevention grants (see page 18-20 for amount) 	<ul style="list-style-type: none"> • SmokeLess States (see page 18-20 for amount) 	<ul style="list-style-type: none"> • ACS/AHA/ALAO pool funds for professional lobbyists 	<ul style="list-style-type: none"> • American Legacy Foundation funding to Next Door Inc. • American Legacy Foundation funding to Confederated Tribes of Siletz Indians • Northwest Portland Area Indian Health Board funds staff support for community training and technical assistance for the nine federally recognized tribes in Oregon (see page 18-20 for amount)

Eliminating Disparities in Tobacco Use: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Surveillance	<ul style="list-style-type: none"> Over sample on BRFSS to assess tobacco use and attitudes toward tobacco among racial and ethnic groups that are not adequately represented in standard BRFSS sampling frames. Funding limitations make further over-samples to assess tobacco use unlikely in the near future. Questions about sexual orientation introduced in 2002 on BRFSS to permit assessment of tobacco use and attitudes toward tobacco in the LGBT community (2003) 			<ul style="list-style-type: none"> Adult Tobacco Survey – Portland Area Indian Health Board

Eliminating Disparities in Tobacco Use: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Awareness & Education	<ul style="list-style-type: none"> • Multicultural networks 2000 – 2003 • Tribal contracts provide culturally appropriate policy activities for American Indian population (1997 – 4/2003) • Multicultural contracts provide culturally and linguistically appropriate policy activities for the African American, Hispanic/Latino, Asian/Pacific Islander, and American Indian populations (1997 – 4/2003) • Disparities workgroup convened to conduct assessment and provide recommendations on eliminating disparities to DHS (4/2002 – 4/2003 see Appendix H) 	<ul style="list-style-type: none"> • LGBT & Hispanic communities key leader education and early capacity building minigrants. (2002) 		<ul style="list-style-type: none"> • Next Door Inc. developed a Hispanic/Latino coalition trained to conduct culturally relevant tobacco control strategies • All nine federally recognized tribes in Oregon provide tribal youth with tobacco prevention education • Northwest Portland Area Indian Health Board provides training, technical support, and access to culturally appropriate resources to the nine federally recognized tribes in Oregon and works with state health department staff and county tobacco staff to enhance the work among disparate populations, including the tribes

Eliminating Disparities in Tobacco Use: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Advocacy/ Policy Change			Groups such as the Asian-Pacific Consortium on Substance Abuse, Native American Rehabilitation Association, Asian Family Center, and Urban League of Portland participate in advocacy efforts.	<ul style="list-style-type: none"> Youth advocates engaged in letter-writing campaigns and other advocacy on program funding through Next Door & the Hood River County Coalition. (2003) Northwest Portland Area Indian Health Board encourages policy change within Oregon tribes to eliminate tobacco related disparities and has been an active partner with the Disparities workgroup within Oregon

Developing Infrastructure - Maintaining Stable Funding: STATUS

Since 1995, there have been several sources of funding for tobacco control efforts in Oregon including:

Robert Wood Johnson Foundation Smokeless States Project Funding

Oregon has received funding for a SmokeLess States Project since 1994. The grantee is the Tobacco Free Coalition of Oregon (TOFCO), and the American Heart Association, Pacific/Mountain Affiliate is the fiscal agent. The Coalition's current focus is on Clean Indoor Air (expanding Oregon's state law to cover all workers), Cessation (expanding access to cessation benefits), and advocating for and defending sustainable funding for state tobacco prevention efforts. Some Coalition funding is also used for addressing disparities in tobacco use among Priority Populations – primarily in the LGBT and Hispanic communities. Matching funds for TOFCO come from the local chapters of the American Cancer Society, the American Lung Association, and the American Heart Association, and various health systems and business partners. TOFCO has also successfully raised funds for various ballot measure and legislative campaigns from the National Cancer Society, the Campaign for Tobacco Free Kids, and local state partners such as the Long-term Health Care Association, the Oregon Education Association, the Oregon Public Employees Union, the Oregon Medical Association, and the Oregon Nurses Association, among others. Our median operational grant in recent history has been approximately \$400,000/year.

Centers for Disease Control and Prevention Office on Smoking and Health (OSH) National Tobacco Control Program Grant

Like most states, Oregon receives tobacco control funds from the CDC. These grants are awarded to states with tobacco programs working to achieve the objectives outlined in OSH's Best Practices for Comprehensive Tobacco Control Programs. Oregon receives approximately \$1 million annually for tobacco use surveillance, evaluation, technical assistance and eliminating disparities.

Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Treatment (SAPT) Block Grant program for Synar programs

National Native American Alaska Native Tribal Network Grant and Regional Tribal Support Centers Grant: The Northwest Portland Area Indian Health Board

The NPAIHB receives grants from the CDC to fund both the Western Tobacco Prevention Project (WTPP) and the National Tribal Tobacco Prevention Network (NTTPN). The WTPP serves the 9 federally recognized tribes in Oregon (and also 34 federally recognized tribes in Idaho and Washington) with the mission of enhancing the wellness of American Indian and Alaska Native communities through provision of culturally appropriate tobacco education and prevention resources through training, technical support, collaboration, and advocacy. The NTTPN provides technical assistance and collaboration for Tribal Support Centers, villages, tribes, health organizations, and individuals in tobacco control, and fosters and facilitates National, State and Tribal partnerships. Approximate funding total: \$629,000 (National and Regional combined)

Developing Infrastructure - Maintaining Stable Funding: STATUS (continued)

Tobacco Excise Taxes

In 1996 voters approved Ballot Measure 44 which increased tobacco taxes and dedicated a portion of the increase to the Tobacco Use Reduction Account (TURA). Then in November 2002, voters approved Ballot Measure 20, a second cigarette tax increase with a small portion going to tobacco prevention programs. These funds are also credited to the TURA. Oregon law continuously appropriates funds credited to the TURA to the Department of Human Services for the implementation of a tobacco program. The Oregon State Legislature has twice amended this law, redirecting TURA funds to general government purposes and Oregon's Medicaid program.

Measure 44 and Measure 20 appropriation for Tobacco Prevention and Education Program

1997-98	\$8.5 million
1998-99	\$8.5 million
1999-00	\$8.87 million
2000-01	\$8.87 million
2001-02	\$9.09 million
2002-03	\$11.09 million (Note: \$4 million of these funds were transferred to the general fund in March 2003.)
2003-04	\$2.8 million (Note: An estimated \$7.8 million will go into the TURA in 2003-2004; \$5 million will be transferred to Oregon's Medicaid program.)

For more information about how funds were used and the programs implemented with these funds see TPEP biennial program reports (Appendix I).

Master Settlement Agreement funds

In June 2001 the Oregon state legislature appropriated \$5 million of Oregon's Master Settlement Agreement funds to the TPEP. These funds were then redirected in February 2002.

Developing Infrastructure - Maintaining Stable Funding: STATUS (continued)

Other Grants Awarded

American Lung Association of Oregon

- American Legacy Foundation funding for *Not on Tobacco* school-based program to low income and minority students in 120 alternative schools

TOFCO

- RWJ Special Opportunities Grant Funding
 - Tobacco Intervention in Managed Care, November 15, 1999 - March 31, 2002 for \$232,490.04
 - MSA Public Education and Awareness Campaign, September 1, 2000 - May 31, 2001 for \$243,098.24
 - Defense of local CIA ordinances and advocacy toward expanding statewide CIA law, January 1, 2002 - June 30, 2003 for \$240,322
 - Make It Your Business: raising consumer demand for cessation services through businesses, January 1, 2003 - December 31, 2003 for \$192,785
- Campaign funding (Approximate figures)
 - \$300,000 - Campaigns to promote allocation of MSA funds to tobacco prevention. Funds came from voluntaries, state coalition partners, American Cancer Society - National, and Campaign for Tobacco Free Kids. 2001
 - \$364,000 - Campaign to increase the cigarette tax by 60 cents with a small portion dedicated to tobacco prevention. Funding came from voluntaries, state coalition partners, American Cancer Society - National, and Campaign for Tobacco Free Kids. 2002
 - \$220,000 - Campaign to Save the Tobacco Prevention and Education Program. Funds came from National Cancer Society and Campaign for Tobacco Free Kids. 2003.

Developing Infrastructure - Maintaining Stable Funding: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Funding	<ul style="list-style-type: none"> Participates in CDC National Tobacco Control program as a grantee. 	<ul style="list-style-type: none"> SmokeLess States (see page 18-20 for amount) 	<ul style="list-style-type: none"> ACS/AHA/ALAO pool funds for professional lobbyists ACS/AHA dedicate advocacy FTE 	<ul style="list-style-type: none"> Northwest Portland Area Indian Health Board supports tribal application for funding from National funding agencies
Surveillance	Not Applicable	<ul style="list-style-type: none"> Media tracking services to monitor public debate on funding 		
Awareness & Education	<ul style="list-style-type: none"> Systems are in place to provide information to the public and policymakers about the role of stable funding in decreasing tobacco-related disease and death. 	<ul style="list-style-type: none"> Earned & paid media campaigns 	<ul style="list-style-type: none"> 6 direct mail pieces to memberships of over 300,000 between 1999-2003 Earned & paid media 	<ul style="list-style-type: none"> Northwest Portland Area Indian Health Board staff provide training for developing grant application as well as policy change for the stability of tobacco programs within Oregon tribes

Developing Infrastructure - Maintaining Stable Funding: INFRASTRUCTURE				
	Department of Human Resources, Health Services, Tobacco Prevention & Education Program	Tobacco Free Coalition of Oregon	Health Organizations (ACS, AHA, ALAO)	Community Partners
Advocacy/ Policy Change	Not Applicable	<ul style="list-style-type: none"> • Grassroots Advocacy Network of approximately 500 active advocates • Capacity to Communicate with 6,000 members • Year-round paid lobbyist 	<ul style="list-style-type: none"> • Grassroots Advocacy Network of approximately 4,000 soft advocates • Capacity to communicate with over 200,000 in membership • Additional paid lobbyist(s) as needed 	<ul style="list-style-type: none"> • Northwest Portland Area Indian Health Board staff support tribal policy change and allocation of tribal revenue for tobacco prevention

APPENDICES

Appendix A: Child Care Enforcement Mechanism

<http://www.healthoregon.org/tobacco/laws/state.cfm>

OAR 414-300-0030 (6) sets out the prohibitions on smoking in Certified Child Care Centers OAR 414-350-0050 (3) sets out the prohibitions on smoking in Certified Group Child Care Homes. OAR 414-205-0100(a) prohibits use of tobacco in the home or in transportation vehicles of Family Child Care Centers during business hours.

Appendix B: Indoor Clean Air Act Enforcement

http://arcweb.sos.state.or.us/rules/OARS_300/OAR_333/333_015.html

OAR 333-015-0070 through OAR 333-015-085 outline enforcement procedures.

Appendix C: Tobacco tax distribution

www.oea.das.state.or.us

Economic and Revenue Forecast, December 2002 Economic and Revenue Forecast, Tobacco tax info is in Table B.6 in Appendix B

Appendix D: Youth prevalence, Oregon Tobacco Facts March 2003

<http://www.healthoregon.org/tobacco/facts03/facts03.pdf> Section VI

Appendix E: Effectiveness of School-Based Programs as a Component of a Statewide Tobacco Control Initiative — Oregon, 1999–2000

http://www.cdc.gov/tobacco/research_data/youth/mmwr_oregon.htm

Appendix F: Consumption data, Oregon Tobacco Facts March 2003

<http://www.healthoregon.org/tobacco/facts03/facts03.pdf> Section I

Appendix G: Prevalence among pregnant women, Oregon Tobacco Facts March 2003

<http://www.healthoregon.org/tobacco/facts03/facts03.pdf> Section IX

Appendix H: CLOSING THE GAPS: Identifying & Eliminating Tobacco Related Disparities in Oregon, Tobacco Disparities Planning Project, Executive Summary (2002)

<http://www.healthoregon.org/tobacco/tdpp/index.cfm>

Appendix I: DHS Tobacco Prevention & Education Program, Program Report

<http://www.healthoregon.org/tobacco/arpt2001/index.cfm>

Appendix J: Data sources, Oregon Tobacco Facts March 2003

<http://www.healthoregon.org/tobacco/facts03/facts03.pdf> Appendix Section