

## Tobacco Prevention and Education Program

Proposed 2005-2007 Service Level	Changes from 2003-2005 Service Level
<b>Quit Line</b>	
\$1,000,000 (14% of budget)	\$1,700,000 (25% of budget)
<p>Oregon Tobacco Quit Line will provide:</p> <ul style="list-style-type: none"> <li>• One intervention for approximately 8,121 tobacco users</li> <li>• Two-week starter kits of Nicotine Replacement Therapy (NRT) for approximately 80% of one call tobacco users (6,497)</li> <li>• Referral to other programs for which they are eligible through their insurer or community</li> <li>• Quit kit for all tobacco users ready to quit</li> <li>• Information, materials and referral for other types of callers (family member, health care providers, etc.)</li> </ul> <p>Note: Some CDC funds may be available during this biennium. These funds, if received, will be used to expand services to uninsured Oregonians.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Results of the two month evaluation indicate that tobacco users receiving NRT are twice as likely to quit as those who don't receive NRT. This corroborates evidence of other states. For these reasons, the offer of free NRT is a high priority for the cessation program.</p> </div>	<p>Increase in provision of two-week starter kits of Nicotine Replacement therapy (NRT) by approximately 2,700 tobacco users.</p> <p>Decrease in one intervention services by approximately 4,900 tobacco users.</p> <p>No proactive counseling calls and pharmacotherapy for uninsured Oregonians (pending receipt of CDC funds to expand services)</p> <p>Note: Some cessation funds were provided to TPEP from CDC in 2004-2005. These funds were used to expand existing service levels and evaluation activities.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Through the NRT Initiative, we learned that offering two-week starter kits of NRT is very effective at driving calls to the Quit Line. This method of promotion frees valuable advertising time for other program areas such as educating about the dangers of secondhand smoke.</p> </div>

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<b>Public Awareness and Education</b>	
\$1,900,000 (28% of budget)	\$3,100,000 (45% of budget)
<p>Provide paid media in the four major television media markets, and rural radio to focus on secondhand smoke and truth about the industry. Tag paid media as necessary to promote the Quit Line.</p> <p>Expand training for local programs and specific population networks in media outreach and advocacy. Training will ensure that local programs develop and maintain the capacity to mount their own earned media campaigns.</p> <p>Focus group test new ads with teens and adults.</p> <p>Evaluate the paid and earned media efforts through two recall rate surveys of teens and adults.</p> <p>Note: Negotiations are beginning with Washington State to collaborate on media buys that spill from the Portland media market into Southwest Washington. This could result in increased capacity to purchase advertising.</p>	<p>Increase emphasis in paid and earned media on secondhand smoke.</p> <p>Decrease emphasis in paid media on promotion of the Quit Line.</p> <p>Increase media evaluation activities.</p> <p>Increase training for local programs and specific population networks.</p> <p>Decrease service in the area of statewide earned media.</p> <div data-bbox="1083 1096 1879 1263" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Due to the success of the NRT Initiative, we will be able to focus our advertising efforts on the dangers of secondhand smoke as well as other program areas.</p> </div>

Proposed 2005-2007 Service Level	Changes from 2003-2005 Service Level
<b>Community-based Program</b>	
\$1,500,000 (22% of budget)	\$850,000 (12% of budget)
<p>Provide funding for top 14 applicants (17 local health departments) for the implementation of a community-based tobacco prevention and education program that addresses each of four goal areas:</p> <ul style="list-style-type: none"> <li>• Maintain coalition partnerships</li> <li>• Reduce exposure to secondhand smoke</li> <li>• Reduce youth initiation of tobacco use</li> <li>• Promote cessation</li> </ul> <p>Develop local capacity and Indoor Clean Air Act/local ordinance grant program for non-funded counties or consortia (5 regional grants at \$15,000/each).</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>National and state tobacco control experts continue to recommend the development and maintenance of local infrastructure for tobacco control as a high priority for successful tobacco control programs.</p> </div>	<p>Increases number of funded community-based tobacco prevention and education programs in County Health Departments from 10 to 14 and the number of funded counties from 13 to 17. Funds all of the qualified County Health Department Applications.</p> <p>Provides funding for regional Indoor Clean Air Act and capacity building programs in unfunded counties.</p>

Proposed 2005-2007 Service Level	Changes from 2003-2005 Service Level
<b>School-based Program</b>	
\$750,000 (11% of budget)	\$195,000 (3% of budget)
<p>Fund the School Policy Project.</p> <p>Work with ODE and other partners to determine the best funding design for the 2006-2007 school year. Allows for reinstatement of comprehensive school based programs in 5 to 7 school districts or Educational Service Districts in the 2006-2007 school year.</p> <div data-bbox="216 919 1010 1114" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>When funded, Oregon's Comprehensive Tobacco Free Schools Program appears to have been successful at further decreasing youth prevalence in those schools where the programs were executed.</p> </div>	<p>Restructures program to once again provide funding directly to school districts or Educational Service Districts.</p>

Proposed 2005-2007 Service Level	Changes from 2003-2005 Service Level
<b>Tribal Program</b>	
<p>\$360,000 (5% of budget)  <i>(Note: These funds are in addition to CDC funds.)</i></p>	<p>\$0 (0% of budget)  <i>(Note: These programs were completely funded by CDC funds in 2003-2005. No Measure 44 funds were used to support tribal programs.)</i></p>
<p>Provide non-competitive expanded funding for each of Oregon's nine federally recognized tribes for the implementation of a community-based tobacco prevention and education program that addresses each of four goal areas:</p> <ul style="list-style-type: none"> <li>• Maintain tribal partnerships</li> <li>• Reduce exposure to secondhand smoke</li> <li>• Reduce youth initiation of tobacco use</li> <li>• Promote cessation</li> </ul> <p>Funding at this level will provide the nine federally recognized tribes with enough money to reach a base capacity. The three largest tribes will have enough funds to maintain 1.0 FTE dedicated to tobacco prevention. This would contribute to the sustainability of policy-oriented education and advocacy efforts.</p>	<p>Increases the level of funding for tribes, bringing all nine federally recognized tribes to basic capacity (ranging from .5 FTE to 1.0 FTE) specific to tobacco prevention.</p> <div data-bbox="1066 971 1864 1117" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Tribes are sovereign nations, and not subject to Oregon law. Therefore, tribes establish their own tobacco control policies for their communities.</p> </div>

Proposed 2005-2007 Service Level	Changes from 2003-2005 Service Level
<b>Specific Populations Program</b>	
<p>\$200,000 (3% of budget)  <i>(Note: These funds backfill a reduction in CDC funds.)</i></p>	<p>\$0 (0% of budget)  <i>(Note: These programs were completely funded by CDC funds in 2003-2005. No Measure 44 funds were used to support specific population programs.)</i></p>
<p>Provide competitive funding for five specific population networks serving Oregon's African American, Urban American Indian, Asian and Pacific Islander, Latino, and Lesbian and Gay communities to address tobacco use in culturally appropriate ways. These programs build infrastructure through the development of statewide coalitions for the purpose of assessing policy development opportunities and conducting planned campaigns for populations experiencing tobacco-related disparities.</p> <p>Each network receives approximately \$70,000 per year.</p>	<p>No changes from 2003-2005.</p> <div data-bbox="1100 1073 1892 1284" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Smoking prevalence is higher in certain communities, leading to higher rates of disease and premature death. Specific Population Networks address tobacco use in communities experiencing high rates of tobacco use.</p> </div>

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<b>Evaluation and Surveillance</b>	
\$540,000 (8% of budget)	\$500,000 (7% of budget)
<p>Maintain core surveillance of adult and youth tobacco use through analysis of:</p> <ul style="list-style-type: none"> <li>• BRFSS</li> <li>• Oregon Healthy Teens</li> <li>• TOTS</li> <li>• PRAMS</li> <li>• Birth certificate database</li> <li>• Death certificate database</li> <li>• Department of Revenue tax receipts</li> <li>• Oregon Quit Line database</li> </ul> <p>Continue development of school policy, Indoor Clean Air Act and media tracking databases. Analyze and report data as necessary.</p> <p>Provide technical assistance to grantees.</p> <p>Develop participatory action research* with tribal and specific population network contractors.</p>	<p>Additional funds to be used to develop participatory action research* with tribal and specific population network contractors.</p> <div data-bbox="1066 789 1879 1218" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>* In participatory action research, community-based organizations or groups (such as churches, church members, neighborhood organizations, community residents, and other social organizations) play a direct role in the design and conduct of the research. In participatory action research, community members are also involved in getting the word out about the research and promoting the use of the research findings. This involvement can help improve the quality of life and health care in the community by putting new knowledge in the hands of those who need to make changes.</p> </div>

Proposed 2005-2007 Service Level	Changes from 2003-2005 Service Level
<b>Statewide Leadership and Coordination</b>	
\$500,000 (7% of budget)	\$400,000 (6% of budget)
<p>TPEP staffing structure to:</p> <ul style="list-style-type: none"> <li>• Develop and implement all grant and vendor selection processes</li> <li>• Manage all TPEP grants and contracts</li> <li>• Provide technical assistance to grantees and contractors</li> <li>• Track all tobacco-related legislation; provide reports on legislation to State Epidemiologist, DHS Director's Office and legislators</li> <li>• Ensure the enforcement of the Indoor Clean Air Act</li> <li>• Work with community organizations and agencies to develop and maintain partnerships to reduce the burden of tobacco in Oregon</li> </ul>	<p>Funds added to cover an additional 1.3 FTE. With the additional staff, the TPEP staffing structure will have more capacity to coordinate and provide technical assistance to schools, and to coordinate the training needs for county programs, school programs, specific population networks, and tribal programs. TPEP will also have more capacity to work with health systems, Medicaid and other chronic disease programs to promote and develop cessation and prevention activities.</p>

Proposed 2005-2007 Service Level	Changes from 2003-2005 Service Level
<b>Training and Materials</b>	
\$150,000 (2% of budget)	\$160,000 (2% of budget)
<p>Provide skill building workshops for grantees and contractors.</p> <p>Conduct two annual meetings.</p> <p>Provide materials through the Tobacco Clearinghouse.</p>	<p>Slight decrease in materials provided through the Tobacco Clearinghouse.</p>