

Tobacco Prevention and Education Program

Proposed 2007-2009 Service Level*	2005-2007 Service Level†
Community Programs	
\$4,950,000 (15% of budget) (CDC rec. - 15%)	\$1,500,000 (22% of budget)
<p>Provide full funding to all counties as per the most recently CLHO negotiated funding formula (January 2003).</p> <p>County level programs will work on policy-focused best practices in 5 main goal areas:</p> <ul style="list-style-type: none"> • Maintain coalition partnerships • Reduce exposure to secondhand smoke • Reduce youth initiation of tobacco use • Promote cessation • Enforcement 	<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"> • Maintain coalition partnerships • Reduce exposure to secondhand smoke • Reduce youth initiation of tobacco use • Promote cessation <div data-bbox="1100 911 1896 1101" 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>

* Based on total budget of \$34 million/biennium.

† Based on current budget of \$6.9 million/biennium.

Proposed 2007-2009 Service Level*	2005-2007 Service Level†
Tobacco-Related Disease Programs	
\$4,000,000 (12% of budget) (CDC rec. - 13%)	\$0 (0% of budget)
<p>Provide funding to local health departments and tribal programs to address tobacco-related chronic diseases through:</p> <ul style="list-style-type: none"> ▪ Developing and maintaining coalition partnerships ▪ Worksite policies and health promotion ▪ School wellness policies and health promotion ▪ Promotion of cessation resources, specifically targeted at people with chronic disease, or at risk of developing a chronic disease ▪ Increasing health system and provider capacity to address tobacco use among clients <p>Provide skill-building institutes for local health departments to address tobacco-related chronic diseases.</p> <p><u>Statewide:</u> Conduct increased surveillance and evaluation activities to describe the burden of tobacco-related chronic diseases.</p> <ul style="list-style-type: none"> ▪ Heart attack and stroke registry <p>Integrate tobacco and related chronic diseases into health systems quality improvement projects.</p>	<p>Currently, tobacco-related disease collaboration activities are conducted in-kind by TPEP.</p>

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School Programs	
\$3,740,000 (11% of budget) (CDC rec. - 14%)	\$750,000 (11% of budget)
<p>Provide competitive funding for medium and large school districts to effectively implement comprehensive tobacco free school programs.</p> <p>Provide funding to the Oregon Department of Education for program management and funding for schools or school districts addressing tobacco prevention and education through a coordinated school health approach.</p> <p>Provide competitive funding for integrating comprehensive school-based tobacco prevention programs into charter schools serving American Indian youth.</p> <p>Provide support for school districts to establish and enforce comprehensive tobacco free school policies.</p> <p>Provide funding to a community-based organization that will work with schools to establish youth advocacy programs.</p>	<p>Provided funding to the American Lung Association of Oregon to assist school districts in establishing comprehensive tobacco free school policies.</p> <p>Provided funding for seven school districts to implement comprehensive tobacco free school programs.</p> <p>Provided funding to Oregon Department of Education to support the health curriculum training cadre and the coordinated school health schools.</p>

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Enforcement	
\$2,600,000 (8% of budget) (CDC rec. – 7%)	\$0 (0% of budget)
<p>\$200,000 for interagency coordination \$2,400,000 for enforcement programs through county health departments. CHD programs will focus on:</p> <ul style="list-style-type: none"> • Youth Access Laws (state and federal) • Indoor Clean Air Act • MSA public health considerations compliance 	<p>Currently, costs for enforcement activities are absorbed by TPEP. TPEP is only able to support minimal, reactive enforcement of the Indoor Clean Air Act.</p>

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Proposed 2007-2009 Service Level*	2005-2007 Service Level†
Statewide Programs	
\$2,591,000 (8% of budget) (CDC rec. – 6%)	\$355,000 (5% of budget)
<p>Includes: Tribal Programs (\$800,000) Specific Populations Programs (\$1,466,000) Training and Materials (\$325,000)</p> <p>See following pages for details.</p>	<p>Includes: Tribal Programs (\$75,000) Specific Populations Programs (\$130,000) Training and Materials (\$150,000)</p> <p>See following pages for details.</p>

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Tribal Program	
\$800,000 (2% of budget)	\$75,000 (1% of budget)
<p>Funding for nine federally recognized tribes for tobacco prevention programs. Base funding determined by 30/70 split; equal base per tribe plus per capita.</p> <p>Coordinated needs assessment and policy advocacy for Oregon tribes. Provision of specialized training, technical assistance and capacity-building support. Development of policy advocacy tools.</p> <div data-bbox="224 829 987 1097" style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Funding at this level will permit large tribes to maintain 1.0 FTE dedicated to tobacco prevention, and .5 FTE for small tribes. This would contribute to the sustainability of policy-oriented efforts. Coordination, technical assistance and training, as well as coordinated evaluation support, will facilitate better implementation of expanded tribal programs.</p> </div>	<p>Since 1997, the Tribal Tobacco Program has been funded at \$300,000 biennially. A majority of funds for Tribal Programs and tribal evaluation activities were covered by CDC grant dollars.</p>

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Specific Populations Program	
\$1,466,000 (4% of budget)	\$130,000 (2% of budget)
<p>Increase base funding of Specific Population Networks. Supplemental competitive funding, based on population size, degree of disparity, geographic range, and number/scope of policy objectives.</p> <p>Demonstration Projects (<i>Competitive funding</i>) for other populations experiencing disparities (addictions/mental health, disabilities, low SES). Funding based on population size, degree of disparity, number/scope of policy objectives.</p> <p>Provision of coordination, training, and technical assistance. Development of policy advocacy tools.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Funding at this level will allow Networks to extend geographic range and expand support to additional TPEP programs. Coordination, technical assistance and training, in addition to coordinated evaluation support, will facilitate better program implementation.</p> </div>	<p>Specific Population Networks serving African American, Urban American Indian, Asian & Pacific Islander, Latino, and LGBTQ communities, have been funded at \$140,000 biennially per Network, for a total of \$700,000. A majority of funds for Specific Population Network Programs and network evaluation activities were covered by CDC grant dollars.</p>

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Training and Materials	
\$325,000 (1% of budget)	\$150,000 (2% of budget)
<p>Conduct one annual and one Northwest regional tobacco prevention and education meeting.</p> <p>Provide skill building and networking meetings for grantees and contractors.</p> <p>Provide materials through the Tobacco Clearinghouse, including printing or purchasing new materials (including translation) when necessary.</p>	<p>Provided skill-building workshops for grantees and contractors.</p> <p>Conducted two annual meetings for tobacco prevention and education grantees, contractors, and partners.</p> <p>Provided education and prevention materials through the Tobacco Clearinghouse.</p>

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Counter-Marketing	
\$5,940,000 (17% of budget) (CDC rec. – 15%)	\$1,900,000 (28% of budget)
<p><u>Paid Advertising @ 85% = \$5,049,000</u></p> <ul style="list-style-type: none"> • Create four campaigns focusing on 1) the dangers of secondhand smoke; 2) quitting; 3) education about and enforcement of the smokefree workplace law and; 4) prevention of youth initiation • Increase broadcast media, buy statewide radio and targeted cable TV. Include statewide outdoor advertising. Include new, targeted radio ads on secondhand smoke, smokeless use, and social smoking for 18 – 24 yr. olds. Target advertising. • Focus group test teens and adults, conduct recall rate surveys after each campaign • Possible combined ad campaign with HPCDP Chronic Disease programs: focusing on motivation to change behavior and tips for doing so, i.e. 1) Make a plan; 2) Set a date; 3) Tell loved ones; 4) Prepare for difficult situations; and 5) Recover from relapse <p><u>Media Relations @ 15% = \$891,000</u></p> <ul style="list-style-type: none"> • Create earned media/ media advocacy campaigns in conjunction with the four Paid Advertising campaigns listed above • Training and technical assistance for all grantees • Field opinion survey testing messages as well as opinions on protection from secondhand smoke, enforcement of law. 	<p><u>Paid Advertising: Current level</u> One campaign focused on the dangers of secondhand smoke</p> <p>The campaign uses primarily television advertising, with very limited radio and print media</p> <p><u>Media Relations: Current level</u> Focused primarily on building capacity at the local level to place stories in local media</p> <p>Limited statewide campaign</p>

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Cessation	
\$5,440,000 (16% of budget) (CDC rec. – 16%)	\$1,000,000 (14% of budget)
<p><u>Quit Line: Will serve approx. 7.8% of Oregon’s tobacco users:</u></p> <p>Registration for approximately 42,300 tobacco users; One-call intervention for 21,996 tobacco users and two-week starter kits of NRT for 7,699 of those receiving the one-call intervention; Four-call intervention for 9,306 uninsured and youth and a four-week course of NRT for 7,538 of those receiving the four-call intervention</p> <p>Yearly end of program evaluation of satisfaction and quit rates</p> <p>Conduct research to determine innovative, effective ways to reach youth, people of low SES and Asian and Pacific Islanders</p> <p><u>Cessation Support:</u></p> <p>Create a cessation integration field team of two to three individuals who will be in the field promoting the 2A’s and an R, working on smokefree policies and cessation services, including fax referral for hospitals, clinics and other worksites.</p>	<p><u>Quit Line – Current service level: Serves approx. 1.5% of Oregon’s tobacco users:</u></p> <p>Registration for approximately 7,849 tobacco users</p> <p>One call intervention for 4,081 tobacco users and two-week starter kits for 1,429 of those receiving the one-call intervention.</p> <p>Four-call intervention for 1,727 uninsured and youth and a four-week course of NRT for 1,399 of those receiving the four-call intervention.</p> <div data-bbox="1083 867 1881 1024" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <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> <p><u>Cessation Support:</u></p> <p>Staff time for technical assistance to Medicaid and other programs such as the Step Up! campaign</p>

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Evaluation and Surveillance	
\$3,254,000 (10% of budget) (CDC rec. – 9%)	\$540,000 (8% of budget)
<p>Maintain 2005-2007 service level, plus:</p> <p>Develop a comprehensive web-based data collection tool and appropriate training for all TPEP grantees and contractors. Collect evaluation and contracts management data using this system. Also upgrade Clearinghouse, Indoor Clean Air Act, Local Policy and Media Tracking databases, and analyze and report data regularly.</p> <p>Increase utilization of Oregon Quit Line, TOTS (a follow-up survey among PRAMS respondents), Oregon State Cancer Registry and School Policy databases.</p> <p>Collaborate with Oregon Department of Revenue to collect, code and analyze Federal Jenkins Act data (a law requiring out-of-state retailers to detail cigarette purchases shipped into each state).</p> <p>Work with others to expand Oregon Healthy Teens Survey to grades 7 through 12 annually and to increase response rates. Also, support the growth of the HKLB Elementary School Survey. Conduct evaluation of school programs and other youth prevention and initiation interventions.</p> <p>Conduct evaluation activities with tribal and specific population network contractors, based on evaluation plans developed 2005-2007. Enhance other disparities data collection strategies as well.</p> <p>Staffing: 1.0 FTE Research Analyst 4 and 4.0 FTE Research Analyst 3 positions</p>	<p>Conducts population-based surveillance of tobacco use through analysis of BRFSS regular and special surveys, Oregon Healthy Teens, PRAMS, Birth Certificate data, Death Certificate data and Department of Revenue tax receipts.</p> <p>Reports data in a variety of formats and venues, including:</p> <ul style="list-style-type: none"> - Tobacco Facts - County and Specific Population Fact Sheets - Legislative Report - CD Summary - Presentations at statewide trainings <p>Assists grantees and contractors to conceptualize and analyze data from special studies as needed.</p> <p>Provides technical assistance to grantees.</p>

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Administration and Management	
\$1,485,000 (4% of budget) (CDC rec. – 4%)	\$500,000 (7% of budget)
<p>Staffing necessary to provide epidemiologic, program and policy support for statewide tobacco control activities and to provide sufficient oversight of the grants and contracts issued at the community level.</p> <ul style="list-style-type: none"> • 1.0 FTE Program Manager • 8.0 FTE Principal Contributor 1: positions manage the development, coordination, and implementation of all program planning and training activities in collaboration with local public health departments, school districts, community organizations, voluntary agencies, and other tobacco prevention partners. • 4.0 FTE Program Technician 2: positions provide technical assistance and oversight to community-based projects and population-specific networks. • 3.0 FTE Administrative Specialist 2 position to enforce the Indoor Clean Air Act and to provide high-level database, computer, and administrative support to the program. <p>Note: Research analysts are included in the Surveillance and Evaluation Section.</p>	<p>Current staffing includes:</p> <ul style="list-style-type: none"> • 1.0 FTE Program Manager • 4.0 FTE Principal Contributor 1: positions manage the development, coordination, and implementation of all program planning and training activities in collaboration with local public health departments, school districts, community organizations, voluntary agencies, and other tobacco prevention partners. • 1.0 FTE Research Analyst 4 • 0.5 FTE Research Analyst 3 • 0.5 FTE Administrative Specialist 1 <p>Note: This reflects the total staffing structure for TPEP, but some positions are funded with CDC funds.</p>

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