

OREGON DEPARTMENT OF HUMAN SERVICES

Annual Performance Progress Report (APPR)

for Fiscal Year 2006-07

2007-09 KPM #20: Tobacco Use

To obtain additional copies of the complete report, contact Department of Human Services at 503-945-5855, 500 Summer St NE, Salem, OR 97301, or visit http://www.oregon.gov/DAS/OPB/GOVresults.shtml#Annual_Performance_Reports.

Agency Mission

Assisting people to become independent, healthy and safe.

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ABOUT THIS REPORT

Purpose of Report

The purpose of this report is to summarize the agency's performance for the reporting period, how performance data are used and to analyze agency performance for key performance measure #20 legislatively approved for the 2005-07 biennium. The intended audience includes agency managers, legislators, fiscal and budget analysts and interested citizens.

1. PART I: EXECUTIVE SUMMARY defines the scope of work addressed by this report and summarizes agency progress, challenges and resources used.
2. PART II: USING PERFORMANCE DATA identifies who was included in the agency's performance measure development process and how the agency is managing for results, training staff and communicating performance data.
3. PART III: KEY MEASURE ANALYSIS analyzes agency progress in achieving Tobacco Use KPM #20 target and any corrective action that will be taken. This section, the bulk of the report, shows performance data in table and chart form.

KPM = Key Performance Measure

The acronym "KPM" is used throughout to indicate **Key Performance Measures. Key performance measures are those highest-level, most outcome-oriented performance measures that are used to report externally to the legislature and interested citizens. Key performance measures communicate in quantitative terms how well the agency is achieving its mission and goals. Agencies may have additional, more detailed measures for internal management.**

Consistency of Measures and Methods

Unless noted otherwise, performance measures and their method of measurement are consistent for all time periods reported.

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2005-07 KPM#	2005-07 Key Performance Measures (KPMs)	Page #
1	PEOPLE WITH DISABILITIES IN COMMUNITY SETTINGS – The percentage of individuals with developmental disabilities who live in community settings of five or fewer.	8
2	SENIORS AND PEOPLE WITH DISABILITIES LIVING OUTSIDE OF INSTITUTIONS – The percentage of Oregon’s eligible seniors and people with disabilities who are living outside of institutions: a) seniors, b) people with disabilities (developmental)	10
3	OVRS CLOSED - EMPLOYED – The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed.	12
4	SPD EMPLOYMENT – The percentage of Seniors and People with Disabilities (SPD) consumers with a goal of employment who are employed	14
5	TANF (WELFARE) EMPLOYMENT – The percentage of Temporary Assistance to Needy Families (TANF) adults placed for whom employment is a goal.	17
6	TANF (WELFARE) RE-ENTRY – The percentage of Temporary Assistance to Needy Families (TANF) cases who do not return, or are off of cash assistance 18 months after exit due to employment.	19
7	TEEN PREGNANCY – The number of female Oregonians ages 15 – 17, per 1,000 who are pregnant.	21
8	ENHANCED CHILD CARE – The percentage of childcare providers who are providing enhanced quality of care.	23
9	AVERAGE EARNINGS FOR SPD CLIENTS – Average monthly earnings for persons with developmental disabilities who receive Seniors and People with Disabilities (SPD) services.	25
10	FOOD STAMP UTILIZATION – The ratio of Oregonians receiving food stamp assistance to the number of Oregonians living in poverty.	27
11	DOMESTIC VIOLENCE – The percentage of women subjected to domestic violence in the past year.	29
12	TEEN SUICIDE – The rate of suicides among adolescents per 100,000.	31
13	TIMELY ADOPTION – The median number of months from date of latest removal from home to finalized adoption.	33
14	CHILD RE-ABUSE – The percentage of abused/neglected children who were re-abused within 6 months of prior victimization.	35
15	RE-ABUSE OF SENIORS AND PEOPLE WITH DISABILITIES – The percentage of seniors and adults with disabilities who are re-abused within 12 months of first substantiated abuse: a) seniors (developmental), b) adults with disabilities, c) developmental disabilities (added for 2006/07).	37
16	INTENDED PREGNANCIES – The percentage of births where mothers report that the pregnancy was intended.	41
17	EARLY PRENATAL CARE FOR LOW INCOME WOMEN – The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.	43
18	COMPLETION OF ALCOHOL AND DRUG TREATMENT – The percentage of engaged clients who complete alcohol and other drug (AOD) abuse treatment and are not abusing AOD.	45

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2005-07 KPM#	2005-07 Key Performance Measures (KPMs)	Page #
19	8 TH GRADER RISK FOR ALCOHOL AND DRUG USE – Percentage of 8 th graders at high risk for alcohol and other drug use.	46
20	TOBACCO USE – Tobacco use among: a) adults, b) youth, c) pregnant women.	48
21	CIGARETTE PACKS SOLD – Number of cigarette packs sold per capita.	51
22	CHILD IMMUNIZATIONS – The percentage of 24 – 35 month old children served by local health departments who are adequately immunized.	53
23	INFLUENZA VACCINATIONS FOR SENIORS – The percentage of adults aged 65 and over who receive an influenza vaccine.	55
24	HIV/AIDS RATE – The annual rate of newly acquired HIV/AIDS infections per 100,000 persons.	57
25	ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS– The proportion of Oregon Health Plan (OHP) clients who receive routine health care services annually: a) adults, b) children	59
26	RACIAL/ETHNIC VARIATION OF ROUTINE HEALTH CARE PROVIDED TO OHP CLIENTS – The proportion of Oregon Health Plan (OHP) clients who receive routine health care services annually: a) African Americans, b) Native Americans, c) Asian/Pacific Islanders, d) Hispanic, e) White.	61
27	SAFETY NET CLINIC USE – The number of uninsured Oregonians served by safety net clinics.	65
28	MENTAL HEALTH CLIENT LEVEL OF FUNCTIONING – The percentage of mental health clients who maintain or improve level of functioning following treatment.	68
29	CUSTOMER SERVICE - Percentage of customers rating their satisfaction with DHS’ customer service as “good” or “excellent”: overall, timeliness, accuracy, helpfulness, expertise, availability of information.	69

I. EXECUTIVE SUMMARY

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Contact: Cathy Iles, Administrative Services Division	Phone: 503-945-5855
Alternate: Pam McVay, Finance and Policy Analysis	Phone: 503-945-5930

1. SCOPE OF REPORT

This report covers a broad array of programs throughout the Department of Human Services (DHS), such as employment, child well-being, independence of seniors, substance abuse risk and prevention, public health and many more that support the mission and goals of the agency. Of course there is no way to capture all the work of DHS with these measures, as there are more than 200 programs within the agency.

The purpose of this annual performance report is to communicate the results of the work we do. While the primary audience of this report is the Oregon Legislature and other key stakeholders, it is also a communication tool for staff, other governmental agencies and the public.

2. THE OREGON CONTEXT

DHS helps achieve Oregon’s goals: Quality jobs for all Oregonians; Safe, caring and engaged communities; and Healthy, sustainable surroundings.

The 29 DHS Key Performance Measures support nearly 20 Oregon Benchmarks: #14 – Workers at 150% or more of poverty; #39 – Teen pregnancy; #40 – Prenatal care; #42 – Immunizations; #43 – HIV diagnosis; #44 – Adult non-smokers; #45 – Preventable death; #46 – Perceived health status; #48 – Available child care; #49 – Teen substance abuse; #50 – Child abuse or neglect; #51 – Elder abuse; #52 – Alcohol/Tobacco during pregnancy; #53 – Poverty; #57 – Hunger; #58 – Independent seniors; #59 – Working disabled; #60 – Disabled living in poverty.

More information about Oregon Benchmarks and state partners can be accessed at http://www.oregon.gov/DAS/OPB/2005report/obm_list.shtml.

3. PERFORMANCE SUMMARY

KPM Progress Summary	Key Performance Measures (KPMs) with Page References	# of KPMs
KPMs MAKING PROGRESS at or trending toward target achievement	1 – People with disabilities in community settings (page 8), 2 – Seniors and people with disabilities living outside of institutions (page 10), 3 - OVRs closed - employed (page 12), 4 – SPD employment (page 14), 6 – TANF re-entry (page 19), 7 – Teen pregnancy (page 21), 8 – Enhanced child care (page 23), 10 – Food stamp utilization (page 27), 11 – Domestic violence (page 29), 12 – Teen suicide (page 31), 13 – Timely adoption (page 33), 14 – Child re-abuse (page 35), 15 – Re-abuse of seniors and people with disabilities* (page 37), 16 – Intended pregnancies (page 41), 20 – Tobacco use (page 48), 21 – Cigarette packs sold (page 51), 22 – Child immunizations (page 53), 24 – HIV/AIDS rate (page 57), 25 – Routine health care provided to OHP clients (page 59), 26 – Racial/ethnic variation of routine health care provided to OHP clients (page 61), 28 – Mental health client level of functioning (page 68), 29 – Customer service (page 69)	22
KPMs NOT MAKING PROGRESS not at or trending toward target achievement	17 – Early prenatal care for low income women (page 43)	1
KPMs - PROGRESS UNCLEAR	5 – TANF employment (page 17), 9 – Average earnings for SPD clients (page 25), 18 –	6

I. EXECUTIVE SUMMARY

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target not yet set	Completion of alcohol and drug treatment (page 45), 19 – 8 th grader risk for alcohol and drug use (page 46), 23 – Influenza vaccinations for seniors (page 55), 27 – Safety net clinic use (page 65)	
Total Number of Key Performance Measures (KPMs)		29

* KPM15 – Re-abuse of seniors and people with disabilities – reports three different populations: a) seniors, b) adults with disabilities, c) developmental disabilities. We are making progress with populations a and b, but not c.

4. CHALLENGES

Poor economic conditions and unemployment appear to have an influence on many of our measures. Cuts in funding and limited resources (such as staff and providers) have an impact on whether or not we can achieve our desired results. While some funding was restored during the 2007 legislative session, it will take some time to show the impact on our outcomes.

Other challenges include the fact that the work of DHS is complex and requires coordinated efforts to see an impact in the results. It’s not uncommon for clients to have multiple barriers to face. They may have drug or alcohol abuse issues, involvement with law enforcement, be victims of domestic violence, or be unemployed. Many of our outcomes are about human behavior changes, such as teen pregnancy and alcohol and drug abuse, which makes it challenging to achieve the desired results.

It continues to be a challenge to connect the daily work of the agency to intermediate and high level outcomes. However, doing so will enable us to prioritize and clarify the results of what we do (effectiveness) and the importance of efficient processes, thereby creating a culture throughout DHS by which all managers and staff rigorously use performance measures and other metrics for decision-making, managing the daily work and driving improvements throughout the agency. More effective communication with the public and stakeholders of the value of DHS services is desired as we attempt to educate others about our role as good stewards of public resources.

AGENCY NAME Oregon Department of Human Services

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I. EXECUTIVE SUMMARY

5. RESOURCES USED AND EFFICIENCY

2005-07 Total Fund Budget and Staffing by Cluster

This section provides overall budget and staffing resource information for DHS and the major program areas. More detailed program budget and expenditure information is available online at <http://www.oregon.gov/DHS/aboutdhs/budget/index.shtml>

	% FTE	FTE	% Funds	Total Funds
CAF – Children, Adults and Families Division	43.9%	3,974.50	23.1%	\$2,268.3
Health Services (includes Division of Medical Assistance Programs, Addictions and Mental Health Division and Public Health Division)	23.9%	2,163.80	47.6%	\$4,671.7
SPD – Seniors and People with Disabilities Division	21.4%	1,939.58	25.3%	\$2,480.7
DWSS – Department-Wide Support Services (includes Director’s Office, Administrative Services Division, Finance and Policy Analysis, Financial Services)	10.9%	983.63	3.9%	\$385.3
Capital Improvement				\$1.1
TOTAL	100%	9,061.51	100%	\$9,807.1

Currently, DHS has no efficiency measures as part of the Key Performance Measure set. Per LFO recommendation, DHS will start reporting its current food stamp accuracy measure for the 2009-11 biennium.

DHS has been engaged in continuous improvement within the financial areas of the agency: Finance and Policy Analysis, Financial Services and Office of Payment Accuracy and Recovery. A component of continuous improvement is conducting Rapid Process Improvements: 3-5 day work sessions which focus on a specific process to find more efficient and effective ways to do the work that eliminates waste and adds value to the customer. Metrics are collected prior to and after the RPI to quantify the improvements. While these specific metrics aren’t likely to be used as agency key performance measures, they will be used internally for management. We may develop a key performance measure to capture the results of these improvement events at a department level. This would likely be for the 2009-11 biennium.

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The following questions indicate how performance measures and data are used for management and accountability purposes.	
<p>1 INCLUSIVITY Describe the involvement of the following groups in the development of the agency's performance measures.</p>	<ul style="list-style-type: none"> • Staff: Feedback is sought on validity of Key Performance Measures and refinement of the measures. • Elected Officials: Provide input to agency Key Performance Measures, targets and strategies. • Stakeholders: Customer feedback will help guide strategies for service delivery. Efforts are currently underway to achieve more inclusion of stakeholder groups. Key partners are being included in conversations about the agency's key performance measures and the impact they have on the desired results. • Citizens: Community forums related to budget development and priorities as a way to validate or identify priorities, expectations and performance areas. <p>Beginning in the fall of 2007, DHS will be undertaking a review of our entire Key Performance Measure set. This will be an inclusive process with staff and stakeholders involved.</p>
<p>2 MANAGING FOR RESULTS How are performance measures used for management of the agency? What changes have been made in the past year?</p>	<p>Performance measures are being used by each office within the Administrative Services Division (ASD). Managers share the results of their measures with the Chief Administrative Officer and his Deputy. These measures continue to be refined over time to ensure they are useful and actionable.</p> <p>The continuous improvement focus within the finance area of DHS includes the identification, collection, tracking and use of metrics. This is still a relatively new practice that continues to be reinforced and evolve.</p> <p>Within Children, Adults and Families Division (CAF), a monthly dashboard report is used by management for understanding the results of the work being done, identifying areas for improvement and decision-making.</p>
<p>3 STAFF TRAINING What training has staff had in the past year on the practical value and use of performance measures?</p>	<p>The DHS Administrative Services Division (ASD) has been in the process of developing strategic plans for each office, which includes a comprehensive set of performance measures. Managers and staff have been involved in the development, tracking and use of performance measures.</p> <p>The continuous improvement efforts within the finance area of DHS have included work around metrics. Specifically, metrics being collected, tracked and analyzed related to events such as a Rapid Process Improvement (RPI). These metrics are used to show improvements in cycle time, cost savings, customer service, etc.</p> <p>The Children, Adults and Families Division has been refining a monthly "dashboard" report which is used for managing the work in Child Welfare and Self Sufficiency.</p>

AGENCY NAME Oregon Department of Human Services

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II. USING PERFORMANCE DATA

4 COMMUNICATING RESULTS

How does the agency communicate performance results to each of the following audiences and for what purpose?

- Staff: Results are posted online and used for information sharing.
- Elected Officials: Results are posted online and included in the agency request document for purposes of sharing performance results, showing accountability, and informing the budget development process.
- Stakeholders: Results are posted online and used for information sharing
- Citizens: Results are posted online and used for information sharing.

III. KEY MEASURE ANALYSIS

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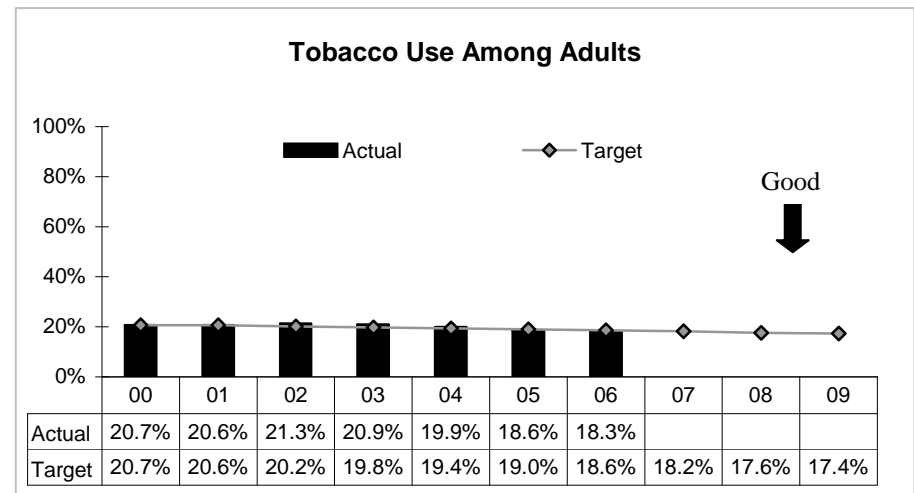
KPM #20	TOBACCO USE Tobacco use among: a) adults, b) youth, c) pregnant women	Measure since: 2002
Goal	People are healthy.	
Oregon Context	Adult non-smokers, Preventable death, Teen substance abuse, Alcohol / tobacco use during pregnancy	
Data source	Public Health Division, Office of Disease Prevention & Epidemiology, Center for Health Statistics (BRFSS, OR Healthy Teens Survey, Birth Certificates)	
Owner	Public Health Division, Tobacco Prevention and Education Program, Stacey Schubert, 971-673-1099.	

1. OUR STRATEGY

The goals of the Tobacco Prevention and Education Program (TPEP) include reducing tobacco use by youth, adults and pregnant women. These goals are accomplished through county and tribal-based programs, the Oregon Tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education program, program evaluation and statewide coordination and leadership. No single component of the TPEP is solely responsible for reducing tobacco use – it takes a comprehensive approach to effectively decrease tobacco use.

2. ABOUT THE TARGETS

Tobacco use is the leading preventable cause of death in Oregon and the nation. Cigarette smoking is the most common form of tobacco use. Quitting tobacco at any age has significant health benefits. Studies show that 90 percent of adult smokers started smoking before they were 18 years old. Preventing youth from starting to smoke will lead to lower smoking rates among adults in the years ahead. A woman’s use of tobacco during pregnancy is associated with serious, at times fatal health problems for the child, ranging from low birth weight and premature births, to stillbirth and Sudden Infant Death Syndrome (SIDS). Successful efforts by TPEP to decrease the prevalence of tobacco use among youth, adults and pregnant women will lead to reduced morbidity and mortality - contributing substantially toward the DHS goal “People are healthy” in both the short-term and long-term.



3. HOW WE ARE DOING

In 2006, the prevalence of smoking in Oregon was 18.3% for the general adult population, 8.7% among 8th grade adolescents, and 12.3% among pregnant women. For the general population of adults and for 8th graders, these measures were slightly better than targeted levels, while for pregnant women, this figure was slightly worse than the target. Although all measures are lower than their 2000 values, there does not appear to be a trend of declining smoking prevalence among 8th graders and among pregnant women.

AGENCY NAME Oregon Department of Human Services

III. KEY MEASURE ANALYSIS

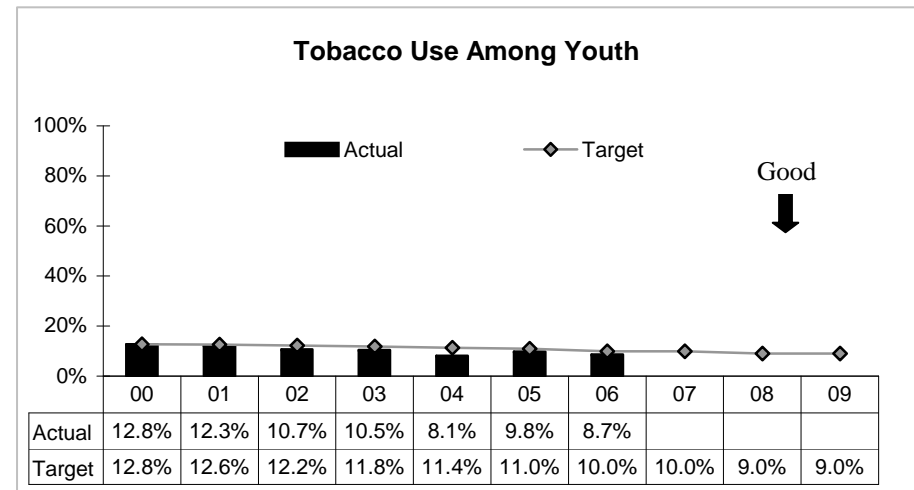
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4. HOW WE COMPARE

For adult smoking prevalence, the Healthy People 2010 target for this performance measure is 12%. By dedicating substantial resources to tobacco prevention, Oregon may meet this target by 2010.

Healthy People 2010 has a target of 16% for the smoking rate among high school students. The Department’s performance measure is for 8th graders, but the 11th grade-smoking rate is currently 15.4% in Oregon. If this success continues, Oregon’s 11th grade smoking rates should meet the 16% target for 2010.

The performance measure of tobacco use during pregnancy has generally met or exceeded targeted levels in prior years, but is worse than target for 2006. Oregon’s prevalence of smoking during pregnancy has historically been higher than the national rate, although national data for 2006 are not currently available.



5. FACTORS AFFECTING RESULTS

The Centers for Disease Control and Prevention Office of Smoking and Health has developed an evidence-based funding model for countering the health and economic destruction of tobacco use. The recommended model funds programs to prevent initiation of tobacco use among young people, to promote quitting among adults and young people, and to eliminate nonsmokers’ exposure to secondhand smoke. For Oregon, the minimum recommended funding for tobacco prevention is \$6.51 per capita, which is more than \$24 million annually. This recommendation represents just a fraction of the cost of tobacco use, with more than \$2 billion lost to medical care and lost productivity annually in Oregon. Despite the recommendation, Oregon currently receives \$2 per capita for tobacco prevention from all funding sources. For most of the 2001-2003 biennium, the TPEP received approximately \$2.87 per capita per year. However, in April 2003, the Legislature stopped funding TPEP for the remainder of the biennium. Although TPEP funding has recently increased back to those approved by the voters in 1996, Oregon today spends only one-third of the CDC recommended minimum on tobacco prevention. After funding decreased in 2003, smoking among pregnant women and adolescents stopped decreasing, and per capita consumption of cigarettes increased – for the first time since the program was first implemented.

6. WHAT NEEDS TO BE DONE

Studies in Oregon and in other states have shown that decreases in funding for tobacco prevention lead to decreased success in reducing tobacco use. To reverse troubling tobacco use trends, funding for a comprehensive tobacco control program would need to be increased substantially. Prior successes in Oregon and a substantial evidence-base from elsewhere tell us that a comprehensive program is the most effective means to counter these trends.

7. ABOUT THE DATA

Reporting cycle – calendar year. The smoking prevalence among adult Oregonians estimate comes from the Oregon Behavioral Risk Factor Surveillance System, a telephone-administered survey of adults that examines health related behaviors. Advantages associated with this data source include its widespread use across the nation, permitting national and cross-state comparisons. Disadvantages associated with BRFSS include its reliance upon

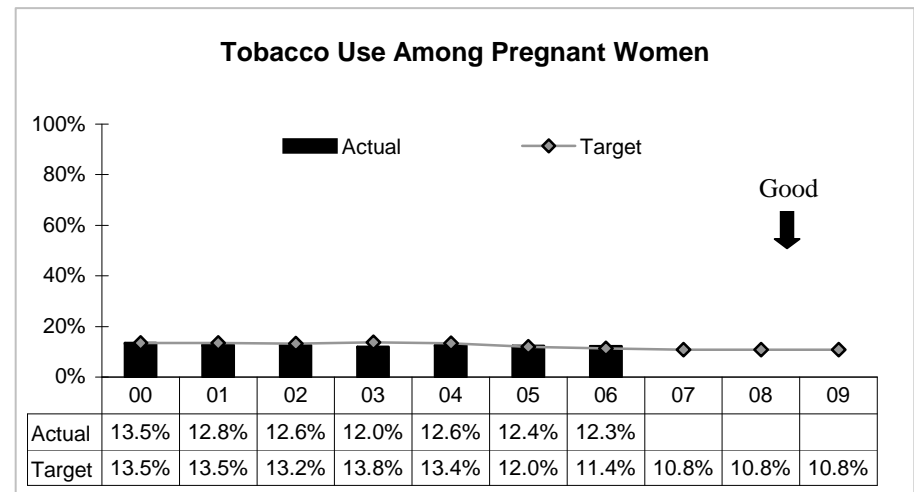
III. KEY MEASURE ANALYSIS

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telephone landlines, which are increasingly less common among younger age groups, people with low income, and certain racial and ethnic populations. Additional years of data are available via our website by downloading the latest version of Oregon’s annual data report, Tobacco Facts.

Smoking prevalence among 8th graders in Oregon is on an annual reporting cycle, computed once per calendar year. This estimate comes from the Oregon Healthy Teens survey, a pencil and paper survey administered to students at school. Additional years of data are available via our website by downloading the latest version of Oregon’s annual data report, Tobacco Facts.

Smoking prevalence among pregnant women is on an annual reporting cycle, computed once per calendar year. These data come from the birth certificates issued to all newborns in Oregon, which include parental demographic information, conditions of the newborn, and medical factors during the pregnancy (including mothers’ smoking status). Advantages of these data are that they represent a census of information (that is, all births) and are not prone to sampling error, as are surveys. Additional years of data are available via our website by downloading the latest version of Oregon’s annual data report, Tobacco Facts.



III. KEY MEASURE ANALYSIS

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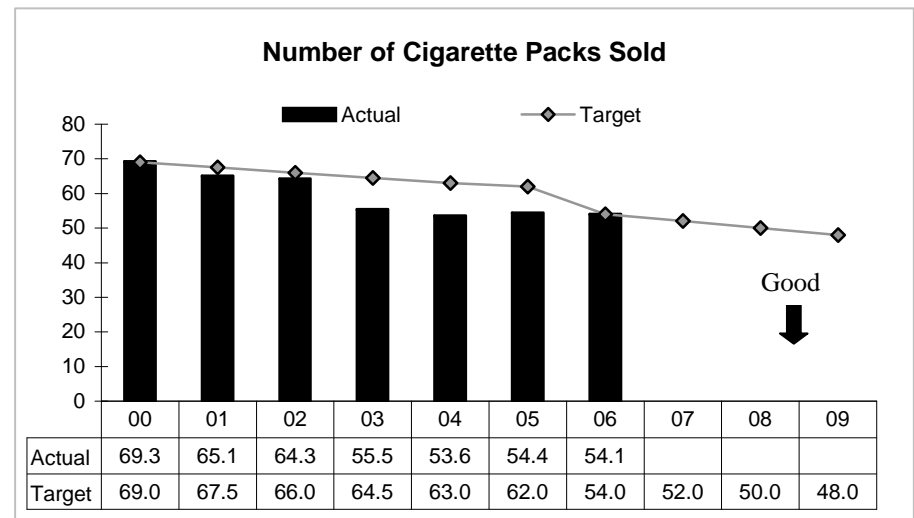
KPM #21	CIGARETTE PACKS SOLD Number of cigarette packs sold per capita.	Measure since: 2002
Goal	People are healthy.	
Oregon Context	Adult non-smokers, Preventable death, Teen substance abuse, Alcohol / tobacco use during pregnancy	
Data source	Oregon Department of Revenue (Cigarette Tax Receipts); Portland State University, Population Research Center (Population Estimates)	
Owner	Public Health Division, Tobacco Prevention and Education Program, Stacey Schubert, 971-673-1099.	

1. OUR STRATEGY

One of the main goals of the Tobacco Prevention and Education Program (TPEP) is to reduce tobacco use by adults. This goal is accomplished through county and tribal-based programs, the Oregon Tobacco Quit Line, multicultural outreach and education, a statewide public awareness and education program, program evaluation and statewide coordination and leadership. No single component of the TPEP is solely responsible for reducing per capita cigarette consumption – it takes a comprehensive approach to effectively decrease tobacco use.

2. ABOUT THE TARGETS

Tobacco use is the leading preventable cause of death in Oregon and the nation. Cigarette smoking is the most common form of tobacco use. Quitting tobacco or reducing the amount smoked has significant health benefits. Reductions in the number of cigarette packs sold per capita results from two distinct phenomena: an increase in former smokers, and a decrease in the quantity of cigarettes smoked among continuing smokers. It is clear that reducing the per capita packs of cigarettes sold will lead to substantial improvement in people’s health, both in the short-term and long-term.



3. HOW WE ARE DOING

In 2006, the number of cigarette packs sold in Oregon was 54.1 packs per capita. Although this measure is only slightly higher than the desired target for 2006, this measure has leveled off since 2003. These data points are of concern because they represent a deviation from the previous, desirable trend.

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4. HOW WE COMPARE

In 1997, prior to the TPEP's inception, Oregon had greater per capita sales of cigarette packs than the rest of the country (92.1 – Oregon, 87.2 – U.S.). In 2005, conversely, U.S. per capita sales of cigarette packs was 61.6. The current difference between Oregon and the U.S. represents a much steeper decline in per capita cigarette sales in Oregon, on average, than in the rest of the country. Nonetheless, Oregon's per capita pack sales in 2005 were nearly double those of Washington (35.8) and California (33.1), our neighboring states that have dedicated significant resources to tobacco prevention activities.

5. FACTORS AFFECTING RESULTS

The Centers for Disease Control and Prevention Office of Smoking and Health has developed an evidence-based funding model for countering the health and economic destruction of tobacco use. The recommended model funds programs to prevent initiation of tobacco use among young people, to promote quitting among adults and young people, and to eliminate nonsmokers' exposure to secondhand smoke. For Oregon, the minimum recommended funding for tobacco prevention is \$6.51 per capita, which is more than \$24 million annually. This recommendation represents just a fraction of the cost of tobacco use, with more than \$2 billion lost to medical care and lost productivity annually in Oregon. Despite the recommendation, Oregon currently receives \$2 per capita for tobacco prevention from all funding sources. For most of the 2001-2003 biennium, the TPEP received approximately \$2.87 per capita per year. However, in April 2003, the Legislature stopped funding TPEP for the remainder of the biennium. Although TPEP funding has recently increased back to those approved by the voters in 1996, Oregon today spends only one-third of the CDC recommended minimum on tobacco prevention. After funding decreased in 2003, smoking among pregnant women and adolescents stopped decreasing, and per capita consumption of cigarettes increased – for the first time since the program was first implemented.

6. WHAT NEEDS TO BE DONE

Studies in Oregon and in other states have shown that decreases in funding for tobacco prevention lead to decreased success in reducing tobacco use. To reverse troubling tobacco use trends, funding for a comprehensive tobacco control program would need to be increased substantially. Prior successes in Oregon and a substantial evidence-base from elsewhere tell us that a comprehensive program is the most effective means to counter these trends.

7. ABOUT THE DATA

Reporting cycle – calendar year. Average per capita consumption is estimated annually by calendar year based on tobacco tax revenue collected by the Oregon Department of Revenue (DOR). The DOR's Monthly Receipt Statements include data on tax collections derived from sales of cigarettes. The number of packs of cigarettes sold is calculated by dividing the cigarette tax receipts by the tax rate per pack. The number of packs per capita is calculated by dividing the total number of cigarettes sold within the calendar year by the total population estimate for Oregon.

Advantages associated with these data are that they allow comparisons with national and other state estimates of consumption, which similarly rely on tax revenue data and population estimates. In addition, this estimator does not depend upon accurate self-reporting of smoking behavior. A disadvantage associated with this estimator is that the per capita consumption is based on the entire state population, including non-smokers, so it does not depict actual smokers' consumption levels. Another disadvantage is that packs of cigarettes purchased by Oregon consumers without taxes being collected (i.e., over the Internet, through mail order, in other states, or illegally in Oregon without tax) are not counted in this estimate. TPEP estimates that untaxed cigarettes represent a small fraction of the cigarettes Oregon smokers consume.