

Tobacco Prevention and Education Program

Advancing a Modern Public Health System and Promoting Equity

Program Report 2019-2021



Oregon
Health
Authority

Oregon's Tobacco Prevention and Education Program (TPEP) demonstrates over 20 years of success in advancing evidence-based strategies that improve health. TPEP models how modern public health systems can ensure community readiness to respond to emerging health threats while continuing to promote health equity.

Tobacco use in Oregon

The Oregon Tobacco Prevention and Education Program (TPEP) supports comprehensive tobacco prevention and cessation efforts statewide. In 1996, Oregon voters passed Measure 44, which increased the price of tobacco and dedicated funding to establish a comprehensive tobacco prevention and education program.

TPEP fosters smoke-free workplaces and outdoor spaces, transforms how health systems address tobacco use, and supports local efforts to reduce tobacco use.

These community-oriented solutions have contributed to a 32% decline in the percentage of Oregon adults who smoke.⁽¹⁾ These solutions have also contributed to a 60% decline in per capita cigarette sales since the program's inception.⁽²⁾

Despite these successes, tobacco use remains the number-one cause of preventable death and disease in Oregon. Tobacco use kills nearly 8,000 people each year;⁽³⁾ it costs Oregonians \$2.5 billion a year in medical expenses, lost productivity, and early death;⁽⁴⁾ and it is a major contributor to chronic diseases such as asthma, heart disease, stroke, multiple cancers and diabetes.⁽⁵⁾

Unfortunately, good health is not yet equally accessible to all people. Tobacco marketing practices and systemic discrimination contribute to these health inequities. Oregonians with low income; American Indians and Alaska Natives; African Americans; and people who identify as lesbian, gay, bisexual or transgender still use tobacco at a higher rate than Oregonians overall.⁽¹⁾

TPEP uses emerging and long-standing evidence-based efforts to meet these public health challenges.

Responding to emerging health risks

During the 2019-2021 biennium, Oregon responded to two unprecedented health crises: e-cigarette and vaping-associated lung illness (EVALI) in Fall 2019 and COVID-19 in 2020.

Shortly after the alert about EVALI, TPEP coordinated with multiple Oregon Health Authority (OHA) partners and mobilized a response. The response included educational and mass media materials and recommendations on policy interventions. The response also included access to eight weeks of free nicotine replacement therapy for Oregon Tobacco Quit Line callers.

As the COVID-19 pandemic reached Oregon, local and state TPEP infrastructure provided the leadership, flexibility and support to quickly respond to emerging needs. Oregon public health systems mobilized their workforce, messaging and partnerships to address COVID-19 and tobacco use simultaneously. People who have a history of smoking or are living with a tobacco-related chronic disease are more likely to develop a serious complication if they contract the virus.⁽⁶⁾

In Winter 2020, Smokefree Oregon, a TPEP communication program, unveiled a new ad campaign that emphasized the effect of tobacco marketing on children and teens. The campaign shows how Oregon communities continue to come together to prevent tobacco use.



How TPEP works

TPEP works closely with local public health authorities, tribes and regional health equity coalitions to prevent and reduce tobacco-related deaths in every Oregon community. More than 60% of Oregon's TPEP funding is allocated directly to communities.

TPEP's strategic goals are to decrease tobacco-related disparities, promote smoke-free environments, help tobacco users access treatment, protect youth from exposure to tobacco marketing and reduce access to tobacco products.

TPEP utilizes evidence-based interventions in each of the following areas to achieve its goals: 1) **State and community interventions:** Creating environments

where every Oregonian has the opportunity to live a tobacco-free life, and youth are less likely to start using tobacco. 2) **Mass-reach health communications:** Developing media campaigns and education that support tobacco prevention initiatives and help people quit. 3) **Supports to help people quit:** Ensuring counseling and FDA-approved medication are available through quit lines and health care systems. 4) **Data and evaluation:** Continuous monitoring of tobacco use trends and program effects to identify population needs and inform future areas of focus. 5) **Infrastructure, administration and management:** Ensuring leadership, accountability and oversight for all program strategy and expenditures.

Native Quit Line

Tribes and urban Native American communities in Oregon express deep concern about the commercial tobacco industry's harmful practices. These practices include stealing cultural imagery and misrepresenting sacred traditions to sell commercial tobacco products.

Oregon's nine federally recognized tribes and Native-led organizations strengthen community resilience by focusing on traditional tobacco practices. They also use messaging to prevent commercial tobacco use and fight tobacco industry tactics. One example of this is the Native Quit Line developed and launched in 2020.

This service offers culturally specific help for American Indian and Alaska Native peoples to quit commercial tobacco. It is advertised through tribal-specific marketing materials. Oregon's Tribes, Native-led Organizations and the Oregon Health Authority collaborated to create the Native Quit Line.

PRAYER

"Cigarettes are harmful and not made for ceremonial or spiritual purposes."

Traditional tobacco smoke carries our thoughts, prayers and wishes asking for protection and good health."

— Sam Graywolf, Mohawk Nation

If you need help to quit commercial tobacco call the Native Quit Line at 1-800-QUIT-NOW

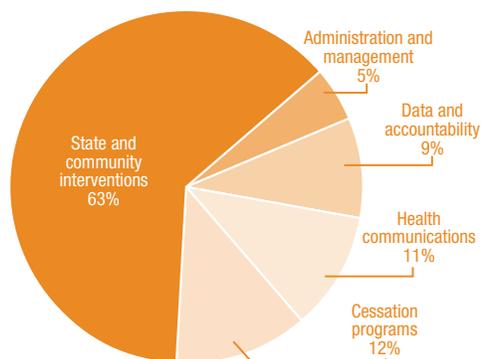
To get involved with creating a commercial tobacco-free community, call the NARA Indian Health Clinic at 503-230-9875.

In Partnership With NIAIHB
NativeQuitLine.com

TPEP budget | 2019–2021

TPEP allocates funding based on CDC Best Practices for Comprehensive Tobacco Control Programs to decrease harms associated with tobacco use and maintain a comprehensive, sustainable, effective program to support Oregon communities and stakeholders in advancing tobacco prevention efforts in the state. Each TPEP program component is crucial to ensuring the effectiveness of tobacco prevention and cessation throughout Oregon.

TPEP budget - \$15.8 million biennial budget



Community programs

TPEP provides funding to Oregon's local public health authorities and all nine federally recognized tribes. TPEP also provides funding to cross-sector coalitions throughout Oregon called Regional Health Equity Coalitions focused on policy systems and environmental change for health equity. In addition, TPEP provides funds for organizations that provide technical assistance to all locally funded partners.

Public awareness and education

TPEP uses best practices and local evaluation to create effective statewide campaigns that promote quit-smoking services and tobacco prevention activities.

The TPEP communication infrastructure provides a foundation for local communities to work with media and other partners to amplify stories about the effect of tobacco in their specific community. Campaigns use television, radio, digital and social media ads and to reach wide and diverse audiences throughout Oregon.

Quit services and health systems

The Oregon Tobacco Quit Line provides help at no cost to people in Oregon who want to quit tobacco. All Oregonians qualify for a basic level of phone and online services. TPEP works with local partners to continuously improve services and support specific populations such as people with behavioral health conditions, who have higher rates of tobacco use but an equal desire to quit. TPEP also works with Oregon health care partners, including coordinated care organizations, to increase access to quit services through pharmacies, electronic health records, coordination with local and tribal public health authorities, and supporting provider training and resources. Increasing access to quit services throughout public programs and health systems is a critical for addressing tobacco-related disparities.

Data and accountability

TPEP's surveillance and evaluation activities ensure programs are timely, well-informed and effective. Management and administrative functions ensure public funds that support tobacco prevention programs and interventions are well-managed and effective.

1. Oregon Health Authority. Behavioral Risk Factor Surveillance System. 2018. Unpublished Data
2. Orzechowski, W, and RC Walker. "The Tax Burden on Tobacco. Historical Compilation." Fairfax and Richmond, Virginia, n.d. Accessed Jan. 9, 2020.
3. Oregon Health Authority. "Oregon Vital Statistics Annual Reports" (2018). Unpublished Data.
4. Oregon Health Authority. "Calculations Based on Updated Oregon Population Estimates and from the Department of Health and Human Services (US) Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)." Unpublished data, n.d.
5. Tobacco Use [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2019 [cited 2020 Dec 10]. Available from: <https://www.cdc.gov/vitalsigns/tobaccouse/smoking/index.html>
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TPEP program highlights, 2019–2021

People throughout Oregon are working together to:

- Better understand the effect of tobacco on their communities
- Advance policies to prevent tobacco use among youth, and
- Support their community member’s journey to quit tobacco addiction.



Arinze McGee, 11, asked commissioners to restrict sale of flavored products to correct racial health disparities and help kids stay healthy

Multnomah County public hearings

In late 2019 and early 2020, Multnomah County held public hearings to gather community input on restricting the sale of flavored tobacco products, including electronic or vape products. Arinze McGee, 11, said, “It’s disturbing how often I observe peers ‘Juuling’ and smoking.” He and many others asked the board to help keep youth healthy. He emphasized that flavored products, especially menthol, are heavily marketed to Black youth like him.

Regional Health Equity Coalition work

SO-Health-E is a Regional Health Equity Coalition (RHEC) grantee that works in Southern Oregon. SO-Health-E advocates for health equity. From August to December 2019, SO-Health-E used survey tools in creative community settings to gain in-depth information on community priorities and understandings of health issues, including tobacco. Through this initiative, SO-Health-E found that a majority of both English and Spanish-speaking respondents are concerned about tobacco use. Many respondents highlighted the need to increase accessible and culturally appropriate information



SO-Health-E staff used survey tools in creative community settings like this Dia de Los Muertos event in 2019 to gain in-depth information on community priorities.

about this issue. Feedback from respondents overwhelmingly emphasized that both Jackson and Josephine County communities are concerned about youth using tobacco and vaping products.

Malheur County progress

Malheur County Health Department works with diverse community sectors to ensure residents have access to healthy, smoke-free environments. In this biennium, TPEP staff supported efforts to expand smoke-free spaces on city-owned properties in Ontario. TPEP also worked with local health and hospital systems to create tobacco-free properties to support healthy environments for community members who access their services.

Health systems highlights: Pharmacists supporting cessation

In 2020, the Oregon Board of Pharmacy enhanced support for Oregonians trying to quit tobacco by allowing pharmacists to prescribe quit-smoking medications. TPEP partnered with the Oregon State University College of Pharmacy to support this initiative. TPEP provided training and technical assistance for pharmacists and promoted the new benefit.

Clatsop County progress



The Clatsop County TRL Team worked together to educate their community about ways to protect youth health.

After years of community education and engagement, Clatsop County passed one of the strongest tobacco sales policies in Oregon. Clatsop County Public Health, a local TPEP grantee who received additional competitive funding as part of the Strategies for Policy and enviRonmental Change (SPArC) program in 2018. They served as the champion for this effort.

Clatsop County uses tobacco retail licensure (TRL) as a policy tool to decrease youth addiction by:

- Improving enforcement of illegal tobacco sales to minors, and
- Countering tactics such as price discounting or flavoring addictive products.

The emergence of e-cigarette, or vaping, product use-associated lung injury (EVALI) in 2019 further heightened national awareness of the importance of tools like TRL.

To support this local initiative, Clatsop County staff fostered relationships with both familiar and novel partners to ensure that the problem of youth addiction stayed visible to policymakers. A large segment of the Clatsop community, along with state and national partners contributed to this effort by advocating for

the adoption of a strong TRL to protect the health of local youth.

Even after convening this broad partnership, the process of policy adoption was uncertain. However, Mike McNickle, director of Clatsop County Department of Public Health, presented to the Clatsop County Board of Commissioners the value of evidence supported TRL policy package. Ultimately, decision-makers broadly supported TRL because of strong evidence showing how this policy protects youth health and well-being.

Thanks to staff dedication and strong partnerships, TRL became the law in Clatsop County on Jan. 8, 2020. The law also prohibits price discounts and coupon redemption for tobacco products. Later in the year, staff provided similar support to five additional cities in the county to adopt the same ordinance. Clatsop County Department of Public Health has since worked to implement the new law by:

- Supporting education for local retailers, and
- Setting up systems that further prevent tobacco addiction for youth in their community.

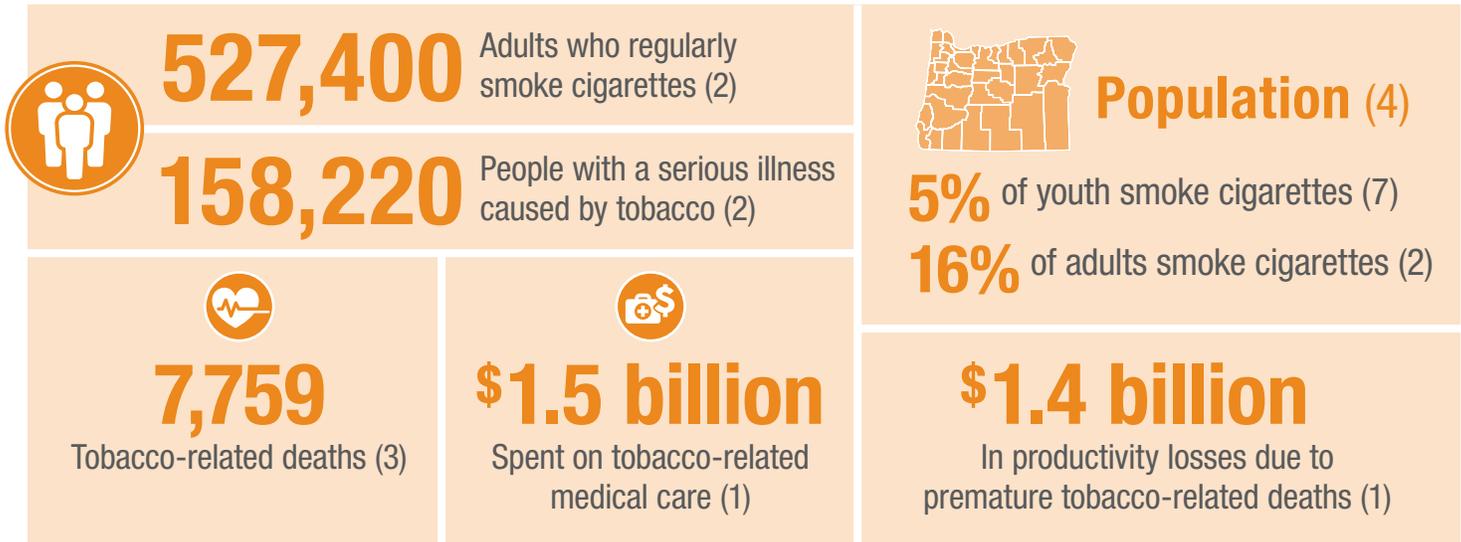
“Developing and passing a comprehensive policy like Clatsop County’s TRL ordinance can be a long hard road However, partners from national organizations, OHA, HPCDP, and our wonderful local partners made it all possible and worthwhile. I’m proud of our city and county leaders who made young peoples’ health a priority and put Clatsop County on the map.”

Julia Hesse, Health Promotion Specialist, Clatsop County
Department of Public Health

Oregon Tobacco Facts in Brief

Tobacco use affects all Oregonians. It is the leading cause of preventable disease and death in Oregon and across the country. Every year, tobacco use kills nearly 8,000 Oregonians (1). Tobacco use costs an estimated \$2.9 billion in medical expenses, lost productivity and early death (2). Nationally, tobacco kills more people than alcohol, car accidents, illegal drugs, AIDS, murders and suicides — combined (3).

OREGON TOBACCO'S IMPACT IN ONE YEAR

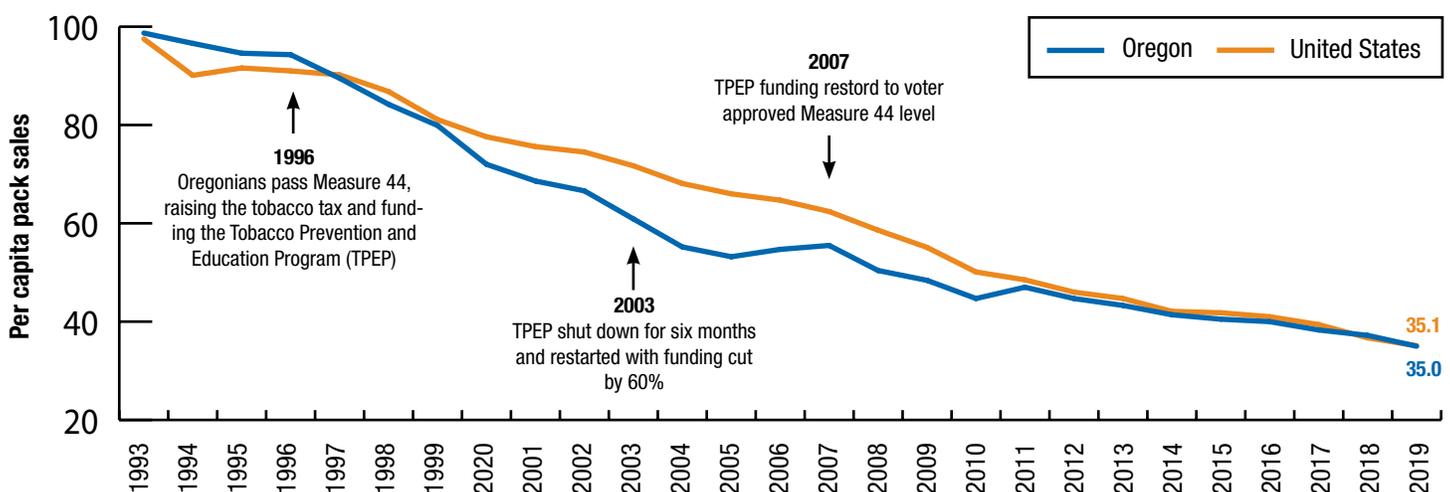


Oregon's Tobacco Prevention and Education Program (TPEP) uses a sustained, comprehensive approach to support tobacco prevention and cessation in every community.

Since 1996, cigarette consumption in Oregon — as measured by per capita cigarette sales —

declined by more than 60% (5). This reflects TPEP's comprehensive evidence-based approach which has contributed to improved tobacco-related health outcomes in Oregon. When TPEP program funding was nearly eliminated in 2003, the state lost ground. Consumption of tobacco ticked slightly up (5).

Figure 1. Per capita cigarette pack sales, Oregon and the United States, 1993–2019



Source: Orzechowski W and Walker RC. The tax burden on tobacco. Historical compilation Volume 52, 2017. Fairfax and Richmond, Virginia.

Large disparities persist among those who use tobacco and who experience the most tobacco-related illness. Groups with high rates of smoking include Oregonians with low income (31%); less than a high school degree (29%); Oregon Health Plan members (34%); Native Americans and Alaska Natives (30%); and African Americans (25%) (6). These communities are disproportionately affected by tobacco marketing. Combined with historical and systemic discrimination, these contribute to continued health disparities.

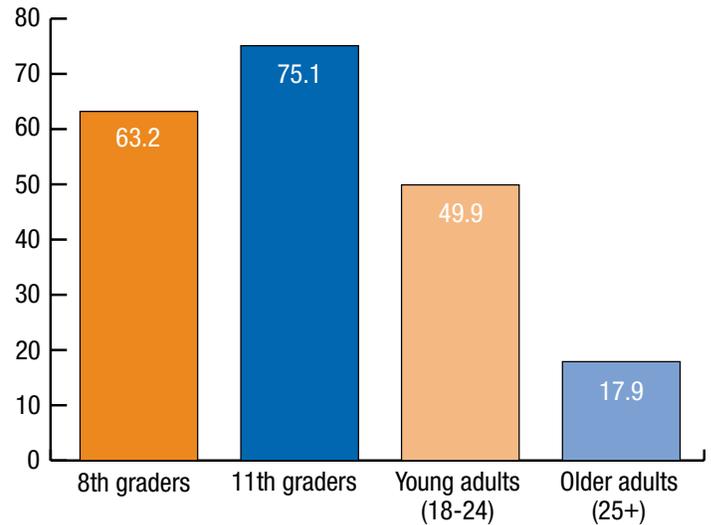
New, less-regulated products such as inhalant delivery systems, also known as e-cigarettes, are a public health challenge. Non-cigarette tobacco products such as e-cigarettes are:

- Inexpensive
- Available in flavors, and
- Come in packaging that appeals to young people.

Youth e-cigarette use has increased dramatically in recent years. Flavors appear to be a key factor in youth initiation of tobacco. More than 60% of

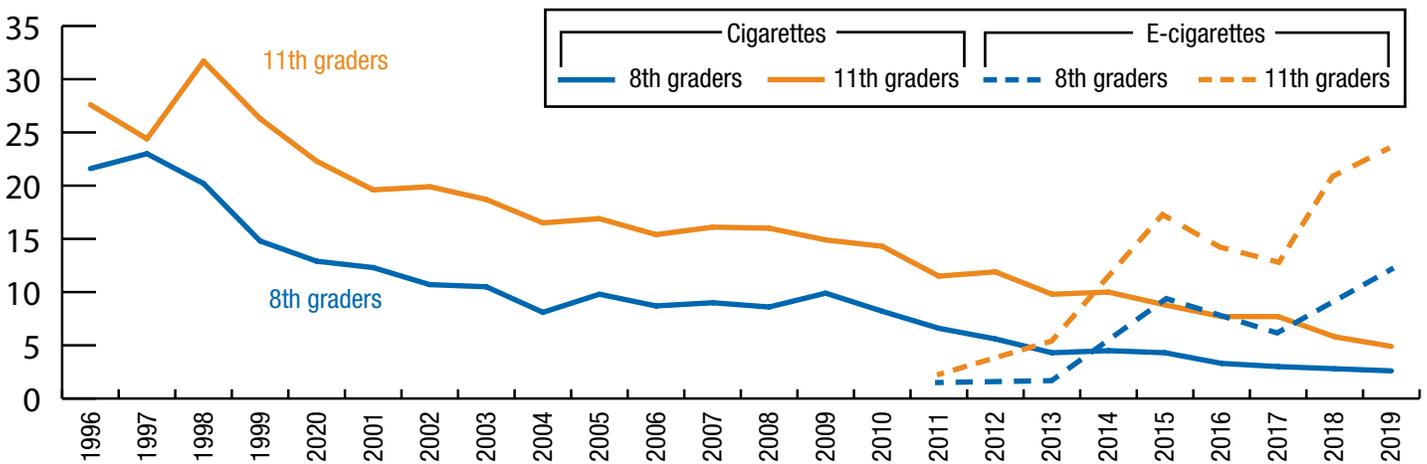
Oregon youth who use tobacco choose flavored tobacco compared to 17.9% of adults (Figure 2). E-cigarettes are now the most common tobacco product used by Oregon youth (Figure 3) (7).

Figure 2. Flavored tobacco or vaping product use among current tobacco users by selected age groups, Oregon, 2018-2019



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS).

Figure 3. Youth cigarette and e-cigarette use in Oregon, 1996-2019



Source: Oregon Healthy Teens Survey.

1. Campaign for Tobacco-Free Kids. The toll of tobacco in Oregon. [cited 2020 July 31.] Available at: <https://www.tobaccofreekids.org/problem/toll-us/oregon>.
2. Oregon Health Authority. Estimates calculated using 2018 Oregon Vital Statistics Annual Reports and Centers for Disease Control and Prevention smoking-related illness estimation. Unpublished data.
3. Oregon Health Authority Public Health Division. Oregon vital statistics, 2018. Unpublished data.
4. County population data. Portland State University. Oregon population estimates, 2019. Available at: <https://www.pdx.edu/population-research/population-estimate-reports>.
5. Oregon Health Authority. Estimates based on Oregon Behavioral Risk Factor Surveillance System (BRFSS) and historical tobacco tax burden report. Unpublished data.
6. Oregon Health Authority. Oregon Behavioral Risk Factor Surveillance System (BRFSS).
7. Oregon Health Authority. Oregon Healthy Teens Survey (OHT).
8. National Academy of Sciences. Public health consequences of e-cigarettes. A consensus study report of the National Academies of Sciences, Engineering, and Medicine. Washington, D.C. National Academy of Sciences, Board on Population Health and Public Health Practice, Health and Medicine Division, January 2018.