

DELIVERING RESULTS: SAVING LIVES AND SAVING DOLLARS

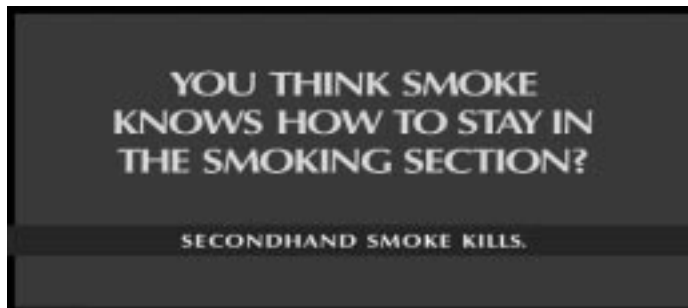
# Tobacco Prevention and Education in Oregon



YOUTH



QUITTING



CLEAN AIR

**PROGRAM REPORT 2000**

Department of Human Services

Oregon Health Division

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# Oregon's Tobacco Prevention and Education Program: Saving Lives and Saving Dollars

- **In November 1996, Oregonians passed ballot measure 44 voicing their concern about the destructive nature of tobacco use and providing a solution.**
- **In 1997, and again in 1999, the Oregon Legislature approved the Oregon Tobacco Prevention and Education Program.**

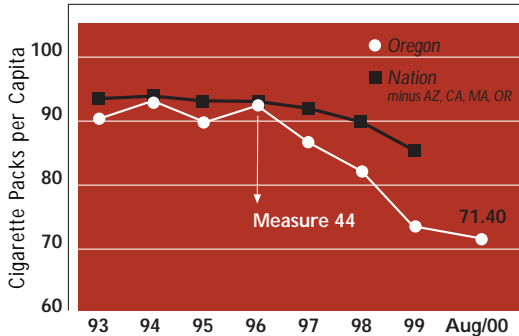
**Since ballot measure 44 passed:**

- **There are 75,000 fewer adult smokers**
- **22,000 fewer adolescent smokers**
- **One billion fewer cigarettes sold per year**



# Oregonians Demanding Action Against Tobacco: Ballot Measure 44

## DECLINING CONSUMPTION



National data excludes Arizona, California, Massachusetts, and Oregon, states which have had statewide tobacco control programs since at least 1997.

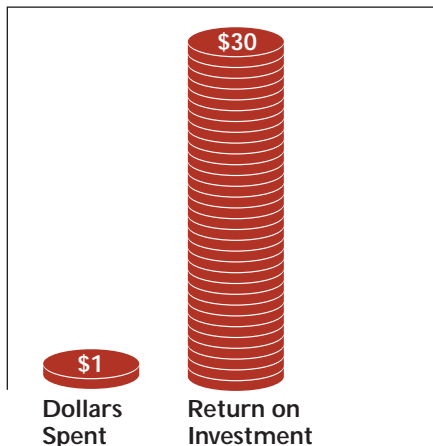
## DELIVERING RESULTS

- 41% fewer 8th grade smokers
- 21% fewer 11th grade smokers
- 75,000 fewer adult smokers
- 1,300 fewer women smoking during pregnancy
- One billion fewer cigarettes sold per year

And, for each year that we maintain the current program success:

- Over 1,200 lives saved in Oregon's future
- \$300 million saved in Oregon's future.

## RETURN ON INVESTMENT



In November 1996, Oregonians passed ballot measure 44. The initiative not only increased the tax on tobacco products, it also dedicated a portion of the increase in revenue to tobacco prevention and education. In a decisive manner, despite the best efforts of the tobacco industry and millions of its dollars, voters both voiced their concern about the destructive nature of tobacco use and provided a solution.

By earmarking a portion of the funds to preventing tobacco use, Oregonians in 1997 began the Tobacco Prevention and Education Program (TPEP). Now, Oregon's program is paying huge dividends, and has become a national model.

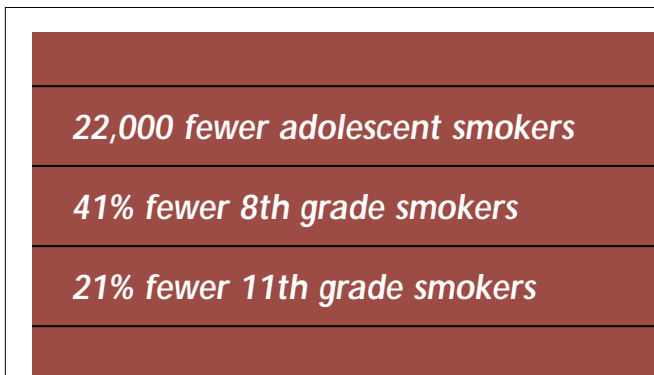
## DELIVERING RESULTS

As U.S. Surgeon General Dr. David Satcher says, "We now know what works. We just need to do it." Since the passage of measure 44, Oregon has done it. The Tobacco Prevention and Education Program has brought dramatic change over the past three years. Compared to 1996, fewer cigarettes are sold, fewer adults are smoking, fewer young people are smoking, and lives and dollars are being saved.

## INVESTING WISELY

Oregon's investment in tobacco prevention is about \$8.5 million per year. Considering \$300 million is saved for each year the program is maintained, Oregon is receiving an economic return on its investment of over \$30 for each dollar spent. Add to that the reduced suffering from tobacco-related disease and death.

## DECLINING YOUTH TOBACCO USE



*Oregon's decline in youth tobacco use is about double the national decline.*

## Oregon's Model Approach is Working

Hailed as a national model by the US Centers for Disease Control and Prevention and now being replicated by other states, Oregon's successful program attacks the problem of tobacco use with a comprehensive approach, from three specific fronts:

### 1. Reducing Youth Tobacco Use:

Schools, coalitions, tribes, and multicultural groups all use strategies proven to reduce youth tobacco use. An effective media campaign underpins these strategies.

**2. Helping People Quit:** Most users want to quit. The program offers cost-effective cessation support services (the Oregon Quit Line), promotes cessation through media campaigns, and collaborates with healthcare partners to enhance the availability and use of existing cessation services.

**3. Protection From Secondhand Smoke:** The program supports community-level efforts to encourage workplaces and homes to go smokefree, and to identify

and implement local policy measures that both protect people from secondhand smoke and help smokers succeed in quitting.

## DOING WHAT WORKS

The program comprehensively approaches the above three objectives through proven program components, funded during 1999-2001 at \$17.73 million. Those funds are used as follows:

**Local Coalitions (36%):** Local coalitions in every county engage community members and organizations in the effort to reduce tobacco use.

**School-based Programming (11%):** School-based programs in over 300 schools reach one-third of Oregon's students.

**Multicultural / Tribal Programming (6%):** Six multicultural organizations and all nine federally recognized tribes attack the problem with strategies that are designed for their communities.

**Oregon Quit Line (14%):** A national model for cost-effective cessation services, available statewide.

**Public Awareness & Education (16%):** A media campaign that has reached 96 percent of Oregonians with powerful messages.

**Training & Materials (2%):** Building capacity through statewide training and educational materials.

**Innovative / Demonstration Programs (5%):** Investigate and undertake new potential strategies to reduce tobacco use.

**Evaluation (5%):** An independently verified program to monitor results and help design programs that work.

**Program Coordination (5%):** Coordinating all the efforts to assure that they work together for maximum benefit.

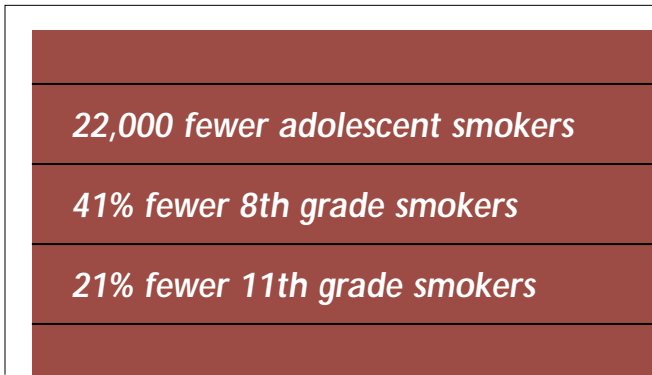
## CONTINUING EFFORT

We've made tremendous strides. Although there are 75,000 fewer smokers, there still remain almost 500,000 Oregonians who smoke, of whom three out of four want to quit. Tobacco use remains the leading cause of preventable death. Secondhand smoke exposure is still a reality for a third of Oregon's workers. Youth are still able to purchase tobacco from retailers. And as consumption declines, tobacco tax funding for the program will likewise decline, meaning that this hard-won progress could be at risk.

# Oregonians Don't Want Their Children to Use Tobacco

Odds are good that if a person hasn't started smoking before age 18, he or she probably won't ever start.

## DECLINING YOUTH TOBACCO USE



*Oregon's decline in youth tobacco use is about double the national decline.*

About 50,000 young Oregonians (6th–12th grade) smoke. About 20,400 youth chew tobacco. Parents want communities that protect kids from tobacco. Eight of ten Oregonians don't want children or adults using tobacco on school grounds or at any school events. Nine of ten say communities should keep stores from selling tobacco to youth.

## DELIVERING RESULTS

### 1. YOUTH SMOKING HAS DECLINED

Since 1996, youth smoking rates have dropped dramatically. In 2000, only 13 percent of eighth grade students smoked cigarettes compared to 22 percent in 1996. Similarly, in 2000 22 percent of 11th graders smoked compared to 28 percent in 1996.

### 2. YOUNG MALES ARE CHEWING TOBACCO LESS:

In 2000, 16 percent of 11th grade males used chewing tobacco, a 27 percent decrease since 1997. Use of chewing tobacco varies widely across the state. Boys in Eastern and Central Oregon use chewing tobacco at a rate that is double that of boys in the Willamette Valley and Portland Metropolitan Area.

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## PENDLETON RESTRICTS YOUTH ACCESS TO TOBACCO

The Umatilla County Coalition Against Tobacco (UCCAT) knew that self-service tobacco in retail locations posed a threat to the community's youth. Toni Walters, who owns Dave's Chevron and Food Mart in Pendleton, said that she "has had 8, 12, and 16-year-old youth caught stealing tobacco products."

UCCAT worked with the local retailers and with the Pendleton City Council to require all retailers to place tobacco products behind the counter or under lock and key so kids no longer have access.

## Doing What Works

### 1. STATEWIDE COMMUNITY INVOLVEMENT AND ENGAGEMENT

35 local coalitions, nine tribes and six multicultural organizations are actively tackling this problem in almost every community in Oregon. They have:

Educated youth about the dangers of tobacco use (for example, Grants Pass youth worked with their parents and classmates to produce a radio program that taught about tobacco hazards, and tribal youth educated members about the difference between commercial tobacco and tobacco used traditionally by tribal elders).

Worked to reduce advertising and promotion of tobacco products (e.g., kids in Multnomah County helped convince retailers to move tobacco advertising away from the candy area frequented by kids).

Assisted their communities to identify or enact policy measures that are known to reduce youth tobacco use (e.g., Wheeler enacted a city ordinance prohibiting self-service displays of tobacco products).

### 2. FUNDED PROGRAMS IN OVER 300 SCHOOLS

Over 300 schools (serving roughly one third of Oregon's students) received Measure 44 funding to conduct effective school-based programs. The programs include youth education, parent involvement, staff training, and anti-tobacco activities.

Seventy percent of funded schools either have or are developing policies prohibiting tobacco by students, staff, and visitors—not only indoors but anywhere on campus or at school events.

### 3. COUNTERACTING TOBACCO ADVERTISING

Ninety six percent of Oregon youth aged 12-17 saw three or more anti-tobacco messages during the period from July 1, 1999 through June 30, 2000. These messages were specifically focus tested to be effective with Oregon youth. They show young people that they don't have to use tobacco to have friends, be attractive, and be in control. Instead, tobacco is an addictive product that will take away control of their lives.

### 4. INNOVATIVE APPROACHES

A new computer-based youth cessation service has been developed to help youth quit chewing tobacco. Every school in Oregon will receive this new service.

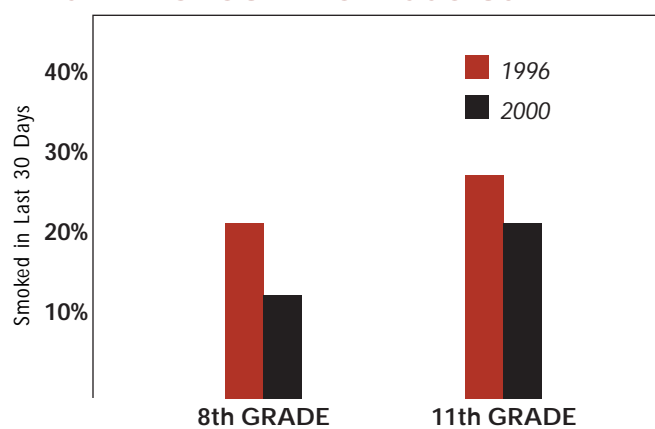
**"TAKE RESPONSIBILITY! TOBACCO NOT ALLOWED AT OUR SCHOOL!"**

"We don't want tobacco used at our school or at any of our school events," says Anjelica Villasenor, leader for the Molalla school group Unidos.

"The public needed a visual reminder of our school's tobacco free campus policy. Our group, Unidos ("United") and the OSSOM Club (Oregon Student Safety on the Move) came together for this cause. We wanted to reinforce our school's policy. We designed English and Spanish signs to be placed in the gym, at the main entrance, and on the athletic fields (baseball, football, and soccer)" says Villasenor.

"We showed that students from different backgrounds can unite to reduce the use of tobacco."

### DECLINING YOUTH TOBACCO USE

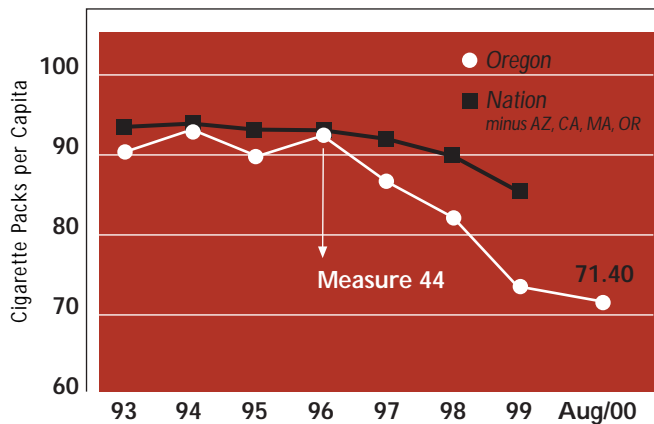


Since 1996 we have seen a sharp decline in youth smoking in Oregon. This finding is consistent with national trends in youth smoking, although there has been a steeper decline in Oregon than there has been in the rest of the nation.

# Oregon Smokers Want to Quit

Almost 500,000 Oregonians smoke. Three-fourths of these people want to quit, and about a third try to quit every year. Yet it is difficult to overcome nicotine addiction. Communities help people quit by providing smokefree environments, education, information and easy access to support services.

## DECLINING CONSUMPTION



## DELIVERING RESULTS

Oregon's investment in tobacco prevention is paying off. Since 1996:

- 75,000 fewer Oregon adult smokers.
- 1 billion fewer cigarettes sold every year.
- 1,300 fewer women smoked while pregnant.

- 15,000 calls into the statewide Oregon Quit Line.
- Over 25% of smokers are now planning to quit in the next 30 days, a 14 percent increase.
- An estimated 1,200 lives and \$300 million saved annually in Oregon's future for every year we maintain the program's success.

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## ADULT TOBACCO USE DECLINE

*Decline of 14% in adult smokers (23% in 1996, 20% in 2000)*

*75,000 fewer adults are smoking*

*Oregon's decline in adult tobacco use is about triple the national decline.*



## Doing What Works

### 1. HELP WITH QUITTING

**The Oregon Quit Line:** Toll-Free Statewide Telephone-Based Assistance. We have established and proven the effectiveness of the Oregon Quit Line (OQL). Over 15,000 people have called for help. One-third of tobacco users who call the OQL quit for 30 days or more during the next six-month period. OQL (1-877-270-STOP) provides the tobacco user with personalized, individually-tailored advice and help. A caller with no medical insurance is enrolled in a comprehensive 12 month phone-based support program that includes nicotine replacement therapy.

**Partnering With The Health Care System.** Nicotine addiction is most effectively treated as part of routine medical care, through the clinic visit. A cessation program that combines behavioral and pharmacologic help is the “gold standard” for cost-effective medical interventions. Because of this, the program works with private and public medical care providers to develop cessation program purchasing guidelines for insurers. Now more than 50 percent of smokers are told by their physician to quit, and about one-third used nicotine replacement therapy when they tried to quit. Because of this, their chances of success were far greater.

### 2. EFFECTIVE MEDIA MESSAGES

With our media campaign Oregonians hear that nicotine is addictive, that tobacco and secondhand smoke kills both the user and those around them, that there is help to quit, and how to get help. Messages from the statewide media campaign were seen three or more times by 96 percent of Oregonians.

### 3. CREATING SMOKEFREE ENVIRONMENTS

We've made tremendous strides. Although there are 75,000 fewer smokers, there still remain almost 500,000 Oregonians who smoke. Tobacco use remains the leading cause of preventable death. Secondhand smoke exposure is still a reality for many Oregonians.

Smokefree workplaces are associated with higher rates of quitting smoking. Because of this, local tobacco-free coalitions worked actively with employers to encourage them to become smokefree, and with policymakers to identify and enact community standards. This way, when people are ready to quit, they have a supportive workplace environment for quitting and staying quit.



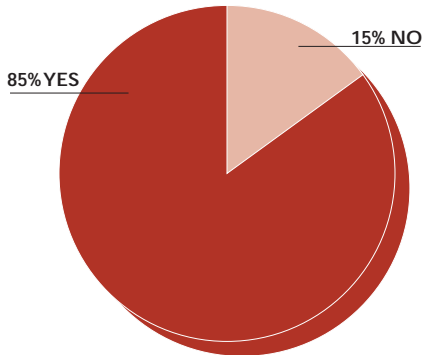
Neva Johnson has not smoked a cigarette since she called the Oregon Quit Line.

She had been smoking for 28 years, since she was 14. The years of smoking left her out of breath, to the point that she couldn't walk like she wanted.

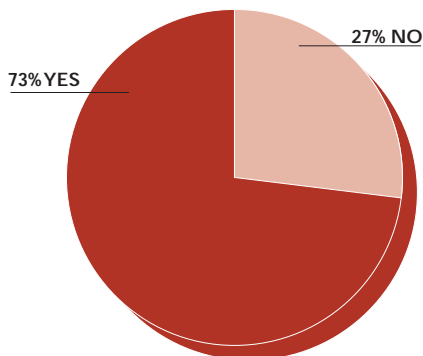
After seeing a Quit Line television ad, she picked up the phone, called, and reached a cessation specialist who talked with her for an hour. He answered all her questions and made it sound easy, giving her steps to follow and the confidence to do it.

# Oregonians Want Protection From Secondhand Smoke

## FAVOR PROTECTION FROM SECONDHAND SMOKE



## FAVOR SMOKEFREE WORKPLACES



Eighty five percent of Oregonians say that people should be protected from secondhand smoke, and 73 percent say that smoking should be banned in the workplace. Why is that? Because they know that secondhand smoke is a serious health and economic issue:

- Secondhand smoke increases health care costs, raises rates of child and adult illness, and kills over 800 Oregonians each year.
- Secondhand smoke contains 50 cancer-causing chemicals, increases heart disease, stroke, and Sudden Infant Death Syndrome. In smokers' homes, secondhand smoke causes half of breathing-related illnesses among small children.
- Teens are among the most likely to work in environments where smoking is allowed.

## DELIVERING RESULTS

After just three years, Oregon can take credit for these major steps forward:

- Twenty seven percent of Oregonians now live within a local jurisdiction that has adopted requirements for smokefree workplaces. Other jurisdictions appear poised to follow this lead.
- 76 percent of Oregonians do not allow smoking anywhere in their homes.
- Oregon's licensed childcare facilities are now entirely smokefree.

## Doing What Works

### EFFECTIVE MEDIA MESSAGES

Oregon's effective media education campaign program includes messages about secondhand smoke that motivate smokers to quit for the health of their loved ones, and that encourage all Oregonians to protect themselves against secondhand smoke.

### COMMUNITY EDUCATION

All 35 local coalitions, nine tribes and six multicultural organizations throughout Oregon have worked in their communities to educate residents about the dangers of secondhand smoke.

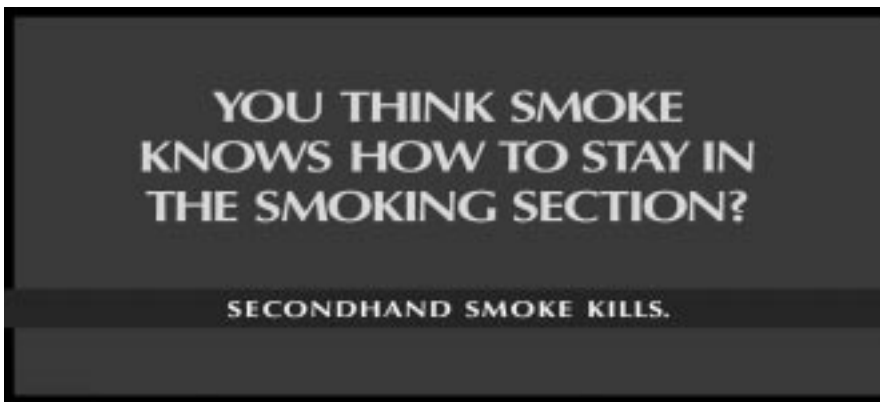
### CREATING SMOKEFREE ENVIRONMENTS

These same organizations encouraged businesses to go smokefree, and promoted smokefree homes, cars and schools.

Several of these community groups have also actively worked with local city and county policymakers to identify and enact measures to reduce secondhand smoke in the workplace. The following jurisdictions now have local policies requiring workplaces to be smokefree: **Corvallis, Benton County, Central Point, Baker City, Multnomah County, Eugene and Philomath.**

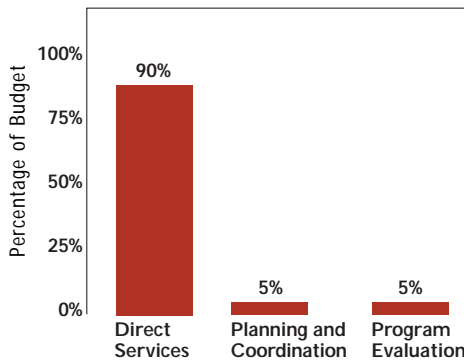
### CENTRAL POINT VOTERS SPEAK

"Most of the Central Point City Councilors had personal stories about losses caused by tobacco, and so wanted to prevent these losses for the next generation," observes Kaaren Borsting, chair for Tobacco-Free Jackson County. "A true community leader decided to do something about tobacco," recalls Brady Webb of the coalition. "City Councilor Bill Stultz created a passion for a solution to the problem." Stultz had just returned from a Southern Oregon Summit on Tobacco Policy, where he had heard discussions about tobacco use and about solutions. Stultz discussed with Mayor Bill Walton his concern about youth and tobacco, and potential solutions. Both he and the Mayor then discussed the issue with other councilors. After a heated public hearing, the council adopted an ordinance protecting workers (especially teens) in Central Point from the hazards of secondhand smoke, and creating a community norm against smoking. The public subsequently voted to support the ordinance by a ratio of almost 2 to 1.



# Investing Wisely in Oregon's Future

## HOW THE TOBACCO PREVENTION AND EDUCATION PROGRAM BUDGET WAS USED



## PROGRAM COMPONENTS

90% Direct Services:

- Local Coalitions*
- School-based Programming*
- Multicultural/Tribal Programming*
- Innovative/Demonstration Public Awareness & Education*
- Training & Materials*
- Oregon Quit Line*

5% Evaluation

5% Program Coordination

Oregon's investment in tobacco prevention pales in comparison to the \$70 million spent on promotion of tobacco each year in Oregon.

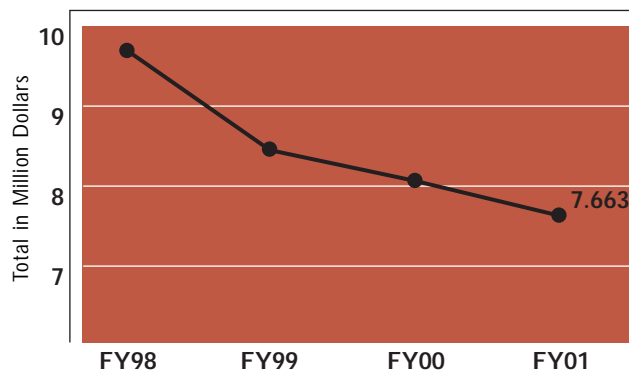
Key principles used in funding components of the program:

- First, the program design recognizes that only a balanced, comprehensive program that attacks the problem of tobacco from multiple approaches will be successful.
- Second, the program uses proven methods and effective materials.
- Third, the evaluation component of the program continuously monitors program results and helps guide its design. This evaluation is reviewed by a panel of experts from Oregon and across the country; the panel certifies that the methods and results of the evaluation are sound.

## FUTURE FUNDING OUTLOOK

Measure 44 tobacco tax collections will naturally decline with reduced consumption of tobacco. Measure 44 tobacco tax collections from FY97 projected through FY01 are shown below. Measure 44 funding for the program will be insufficient to maintain current services.

## MEASURE 44 REVENUE FOR TOBACCO PREVENTION & EDUCATION



# There's More to be Done

Oregon's Tobacco Prevention and Education Program has made great leaps to reduce tobacco use, deaths, and tobacco-related costs. We should acknowledge, however, that there are still challenges ahead.

## 1. MORE WORK TO DO

Although we have reduced sales by one billion cigarettes annually, reduced adult smoking by 75,000 Oregonians and brought sharp declines in youth smoking, tobacco use still remains the leading cause of preventable death in the state. One-third of youth who continue to smoke will eventually die of tobacco-related illness.

Twenty seven percent of Oregonians now live where they are protected by local policy against secondhand smoke at work. This also helps smokers quit and provides a supportive environment to help prevent youth smoking.



## 2. WHAT MUST HAPPEN

As tax revenues from Measure 44 decline, new sources of funding for tobacco prevention must be found. Based on other states' experiences, unless Oregon finds a way to maintain this program, tobacco use will begin to rise again.

Further, greater impact would be achieved with an even larger investment. Oregon's current program is funded at only 40 percent of the level recommended by the Centers for Disease Control and Prevention.



OREGON STATE UNIVERSITY

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October 17, 2000

Martin P. Wasserman, M.D., J.D.  
Administrator, Oregon Health Division  
800 N.E. Oregon Street  
Portland, OR 97232

Dear Dr. Wasserman:

*Clara Pratt, PhD  
Committee Chair  
Family Policy Program  
Oregon State University*

*Tom Becker, MD, PhD  
Department of Public Health  
Oregon Health Sciences  
University*

*Ed Lichtenstein, PhD  
Oregon Research Institute*

*Terry Pechacek, PhD  
Office on Smoking  
and Health  
Centers for Disease Control*

*Dorothy Rice  
Institute for Health  
and Aging  
University of California*

*Lawrence Wallack, PhD  
School of Community Health  
Portland State University*

The Oregon Health Division formed the Technical Evaluation Advisory Committee to oversee the evaluation of the Tobacco Prevention and Education Program. Members of the Advisory Committee are nationally recognized experts in public health, program evaluation and research, and tobacco control and prevention. As Chair of this Committee, I am pleased to certify the findings presented in the year 2000 report on program implementation and accomplishments.

Since the Tobacco Prevention and Education Program began, the Technical Evaluation Advisory Committee has worked closely with the OHD staff in all aspects of the program evaluation. The committee has met with OHD evaluation staff in several day-long meetings. Between meetings, we have communicated as frequently as needed. Together, the Committee and the OHD staff defined the critical data elements, data collection methods, and analytic strategies that have guided the evaluation. The Committee has also consulted in the interpretation of results and review of major program reports.

As documented in this and earlier reports, the Tobacco Prevention and Education Program has been effectively implemented statewide. Most importantly, the program has produced important outcomes, including declines in cigarette consumption and adoption of school and other community policies that restrict the opportunities for tobacco use and exposure to second-hand smoke. OHD and its partners throughout Oregon can be proud of this initiative.

The Committee looks forward to our continuing work with the OHD to protect and improve the health of all Oregonians. If we can provide further support, please let me know.

Sincerely yours,

A handwritten signature in black ink that reads "Clara Pratt".

Clara Pratt, PhD Chair  
Endow Chair in Family Policy  
Oregon State University

# Data Sources

## I. Information regarding cigarette consumption comes from:

**Oregon Department of Revenue Cigarette Tax Receipts.** Data on the number of cigarettes smoked by Oregonians are estimated by tobacco tax revenue collected by the Oregon Department of Revenue. The Department of Revenue's Monthly Receipt Statements include data on cigarettes tax collections. Packs of cigarettes sold are calculated by taking the cigarette tax total divided by tax rate per pack. Packs per capita is calculated by dividing the total number of cigarettes packs sold by the population estimate for Oregon.

Data on cigarette consumption for the nation comes from Centers for Disease Control and Prevention's (CDC) Office of Smoking and Health.

## II. Information regarding adult tobacco use, including prevalence of tobacco use, smokers interest in quitting, attitudes toward tobacco, questions regarding exposure to environmental tobacco smoke and attitudes about exposure to ETS, information about smokers perceptions of health care, providers assistance in helping people quit smoking, and related topics, comes the following surveys:

### **Behavioral Risk Factor Surveillance System (BRFSS)**

The Behavioral Risk Factor Surveillance System is an ongoing random-digit dialed telephone survey of adults concerning health-related behaviors. The BRFSS was developed by the CDC and is conducted in all states in the U.S. Each year, between 3,000 and 7,000 adult Oregonians are interviewed. The data are weighted to represent all adults aged 18 years and older. A core set of questions, which includes the question on smoking prevalence, is asked annually and other topics are surveyed on a rotating basis of two years. Each state may add questions to the CDC survey, and Oregon asks an additional 40 questions on attitudes and behaviors regarding tobacco.

### **SmokeLess States Survey**

The Oregon Public Opinion Survey on Tobacco Policy was undertaken in 1994, 1996 and 1998 by the Tobacco-Free Coalition of Oregon (TOFCO) and funded by the Robert Wood Johnson Foundation. Participants in each survey included approximately 650 Oregonians aged 18 or older randomly selected from the telephone directory. Respondents were surveyed about their opinions on increasing tobacco taxes, secondhand smoke, practices of the tobacco industry, restricting children's access to tobacco, and tobacco advertising.

## III. Information regarding youth tobacco use, including prevalence of youth tobacco use by school grade and youth access to tobacco, comes from the following surveys:

### **Youth Risk Behavior Survey (YRBS)**

The YRBS was developed by the Centers for Disease Control and Prevention and has been administered in a sample of Oregon schools every other year since 1991. The sample size has varied between 1,600 and 32,000 and the final data are weighted to more accurately represent the Oregon high school population. The questionnaire assesses behavioral risks in Oregon high school students (grades nine through 12) in the areas of vehicle safety, weapon carrying and violence, tobacco use, alcohol use, other drug use, sexual activity and pregnancy, HIV knowledge and attitudes, eating behaviors, nutrition, exercise, and access to health care including use of school-based health centers. A sample of middle school students (grades six through eight) was added in 1997.

### **Oregon Public School Drug Use Survey**

This anonymous survey has been administered bi-annually since 1986 by the Oregon Office of Alcohol and Drug Abuse Programs (OADAP) through the Oregon public school system. It is patterned after the ongoing national surveys of the National Institute on Drug Abuse and has included eighth and eleventh graders since 1986; a sixth grade sample was added in 1994. Schools are randomly sampled using a stratified sample design. The questionnaire assesses community characteristics, tobacco use, drug use, alcohol use, drug/alcohol use in student's peer and family network, refusal skills, susceptibility to future use, and attitudes toward school and family.

## IV. Information regarding the number of women who smoke during their pregnancy comes from:

**Birth Certificate Statistical File.** Data from the Birth Certificate Statistical File are coded from birth certificates collected by the State Registrar and represent all births occurring in Oregon and all births occurring out-of-state to Oregon residents. This database includes parental identifying and demographic information, conditions of the newborn, congenital anomalies, medical factors of pregnancy, method of delivery, complications of labor and delivery, smoking, drinking, or illicit drug use during pregnancy, antenatal and intrapartum procedures, and payor source. The birth data analyzed for this report consist of births to Oregon residents.

## V. Information about the morbidity, mortality and economic costs related to tobacco use comes from:

**Death Certificate Statistical File.** The Death Certificate Statistical File includes all deaths occurring in Oregon and deaths occurring out-of-state to Oregon residents. Data are obtained from death certificates that are collected by the State Registrar. The data are used to examine trends in mortality and causes of death. Variables in this database include cause of death, decedent's identifying information, date and place of death, occupation of the decedent, whether the death was related to tobacco use, education of decedent, marital status of decedent, and county, place, and date of injury (if applicable). The mortality data analyzed for this report consist of deaths of Oregon residents.

### **Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC III)**

SAMMEC III is a computer software program developed by the Centers for Disease Control and Prevention to calculate several measures of the impact of cigarette smoking for the entire U.S. and for each state. Using state-specific data on smoking prevalence (from the BRFSS), overall mortality rates, and population data, SAMMEC generates the number of deaths and death rates due to smoking, years of life lost due to premature death from cigarette smoking, and lost productivity (earnings) due to illness and premature death from smoking-related diseases.

## VI. Information regarding County, School and Tribal progress toward program implementation comes from Periodic Progress Reports submitted by the staff of the county coalitions, schools and tribes to the Oregon Health Division. Information regarding Quit Line utilization is also derived from periodic reports from the Quit Line staff to OHD.

## VII. Information regarding Oregonians exposure to messages from the Tobacco Prevention and Education program's media campaign comes from the Reach and Frequency Analysis done in 1999 by Asher/Gal and Partners.

A more detailed description of these data sources can be found in *Oregon Tobacco Facts*, available at: <http://www.ohd.hr.state.or.us/tobacco/facts00> or by calling the Tobacco Prevention and Education Program at 503 731-4273 or (TTY) 503 731-4031.

You are 2  
months old.  
Your lungs  
are this tiny.  
You spend day  
after day around  
secondhand ciga-  
rette smoke. You  
breathe it in. You  
cough. You hack.  
You wheeze. Your  
lungs clog up with  
sticky fluid and  
thick mucous.  
You get bron-  
chitis. Or

pneumonia.  
If you have asth-  
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ly get worse. All  
together, up to  
300,000 babies  
end up getting  
sick every year.  
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