Surveillance data to support tobacco prevention and education

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Objectives

1 Understand the **value** of data systems and how they are used to support our effectiveness

2 Understand the **limitations and opportunities** for improving our data

3 How the **Surveillance and Evaluation Team (SET)** helps with data-related needs

Surveillance Basics

Public health surveillance

"The ongoing, systematic collection, analysis, interpretation, and dissemination of data about health-related event **for use in public health action** to reduce morbidity and mortality and to improve health."

- Centers for Disease Control and Prevention (CDC)

How is it used?

How is it used?

Identify problems

Gauge magnitude and scale

Inform decisions

Planning and prioritizing

Evaluate programs and interventions

Monitor changes

Where does surveillance data come from?

What makes a good system?

System
- Easy to use
- Able to adapt to changing needs
- Have buy-in from stakeholders
- Reliable / stable

Data (output)
- Able to detect the health event
- Complete and valid
- Representative of the population
- Timely

HPCDP Surveillance System Data Workflow

1 Collect data

During the collection and administration stage, planning and data management processes are used to build and maintain core and extended data sources.

– Decide on funding
– Maintain relationships
– Prioritize
– Develop timelines
– Content expertise
– Plan and monitor
– Communicate
– Store datasets

– Maintain data use agreements
– Explore new data sources
– Train staff

Survey data

– Adult behavior surveys
– Youth behavior surveys
– County level data
– Employee health survey
– Retail assessments
– Panel surveys
– Synar and Enforcement

Full count data

– Oregon State Cancer Registry
– Hospital Discharge Data
– Vital statistics
– All Payers All Claims
– Tobacco Quit Line
– Self-management
– Tobacco Retailers

Other data

– Focus groups
– Evaluation results
– Policy database
– Geographic data (maps)
– Locally collected data

Reports & calculators

– Federal Trade Commission
– Tax revenue
– Industry reports
– Per capita consumption
– Cost calculators
– SAMHSA reports
– Panel surveys

2 Process data

During the processing stage, data are reviewed and processed to the highest quality possible. Technical infrastructure, including people and tools, must be maintained to ensure a high-quality process.

– Clean
– Standardize
– De-identify
– Document processes
– Check and verify
– Geocode
– Conduct data linkages
– Syntax creation

– Fulfill data requests
– Maintain software
– Train staff
– Maintain infrastructure

3 Analyze data

During the analysis stage, data are analyzed and verified based on best practices and established policies. Documentation is maintained on methods of analysis and limitations of the data.

– Determine methods
– Collect input from partners
– Abstract data
– Document processes
– Adhere to reliability guidelines
– Adhere to small numbers policy
– Maintain confidentiality
– Syntax creation

– Check and verify
– Case definitions
– Report limitations
– Conduct analysis
– Train staff

4 Prepare to report

During the report preparation stage, information is summarized and key messages are identified for specific audiences. Agency protocols and standards are followed to produce quality products.

– Review data
– Internal collaboration
– Engage partners
– Identify audiences
– Messaging and framing
– Data visualization
– Production process
– Reporting standards

– Publications process
– Reports approval process
– Web technical skills
– Literature review

Continuous quality improvement at all stages

Methods and procedures for collecting, processing, analyzing, and reporting data are continually assessed to find ways to improve efficiency, quality, and utilization of data reports and products.

5 Report

During this final stage, information is provided to various audiences using a variety of channels and products. The data and information products are tailored for specific audiences.

Audiences

– OHA internal staff
– Local grantees and tribes
– General public
– Funders
– External partners
– State & local policy makers
– Media
– Health systems
– Business leaders
– Public health peers
– Researchers

Products

– Presentations and webinars
– Reports and fact sheets
– Bill analysis and testimony
– Strategic plans
– Technical assistance
– Media briefs
– Talking points
– Counter-marketing ads
– Social media content
– Readiness assessments
– Online data tables

We can help with:

Providing current data

Data analysis

Support for local data collection and evaluation

Our goal is to help you get the best data and information available for your needs

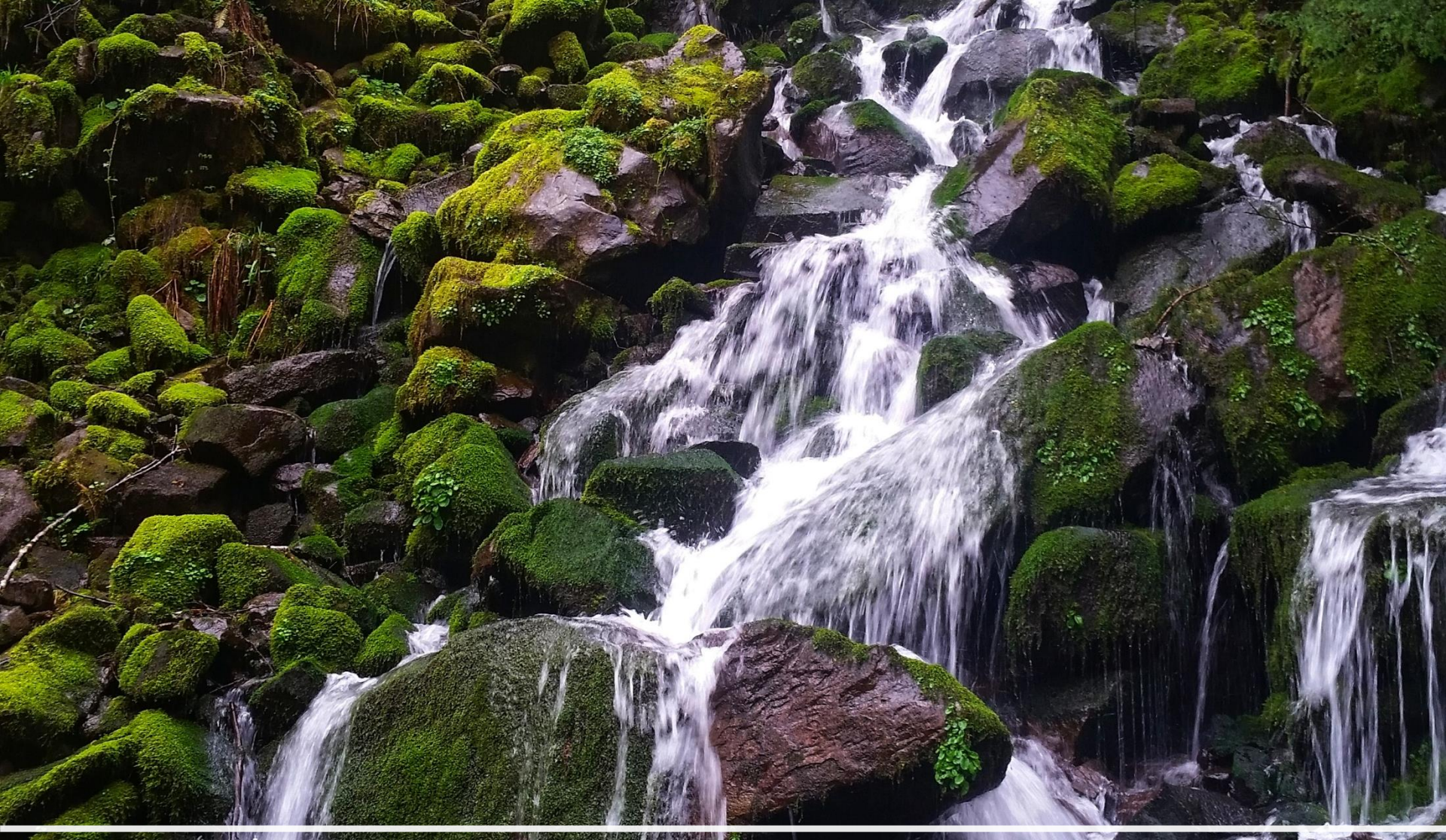Tobacco

Sources of tobacco data

Survey data

- Behavioral Risk Factor Surveillance System (BRFSS)
- Oregon Healthy Teens
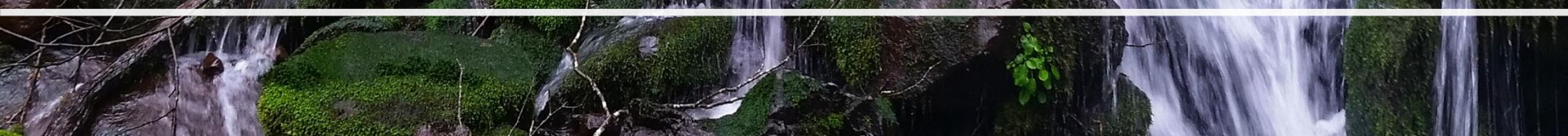- Oregon Panel Survey
- Pack sales data

Other data

- Vital statistics
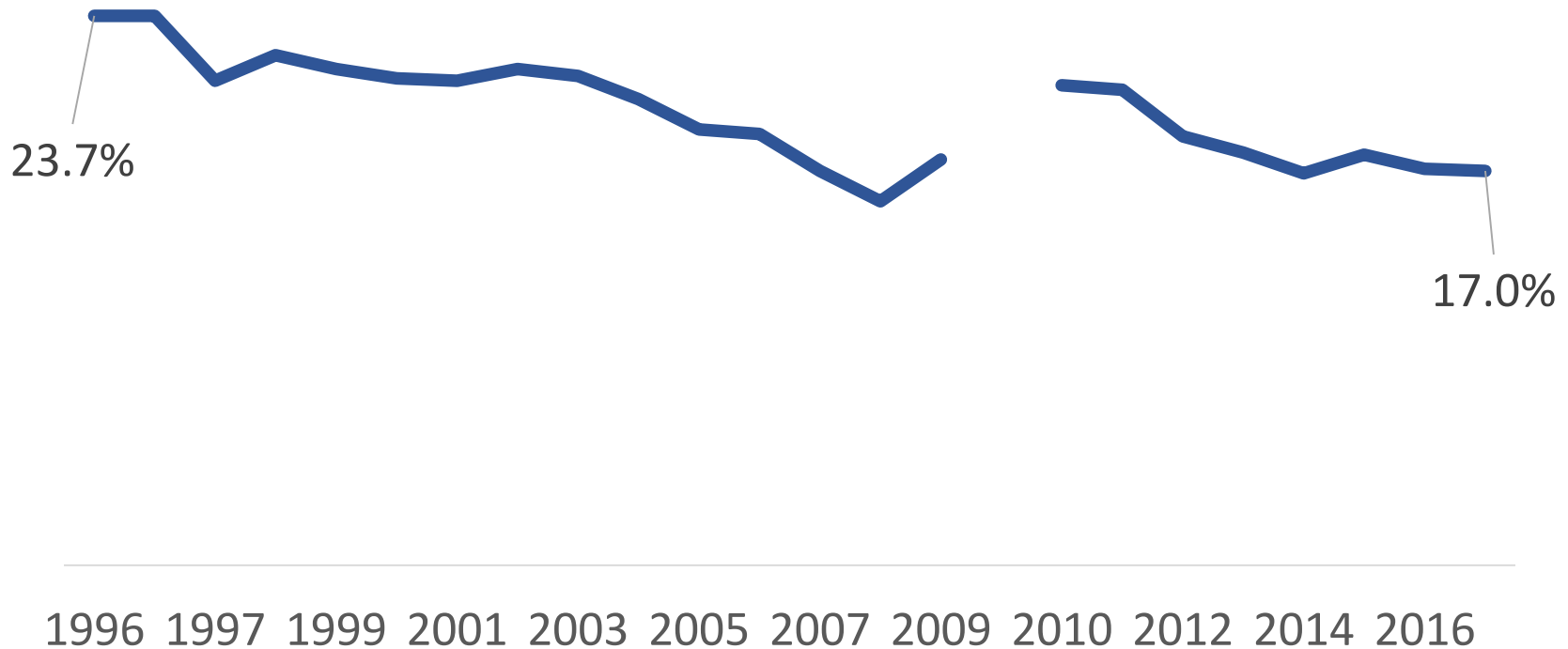- Retail Assessment
- Young adult focus groups
- Evaluations
- Synar
- Enforcement

Survey data

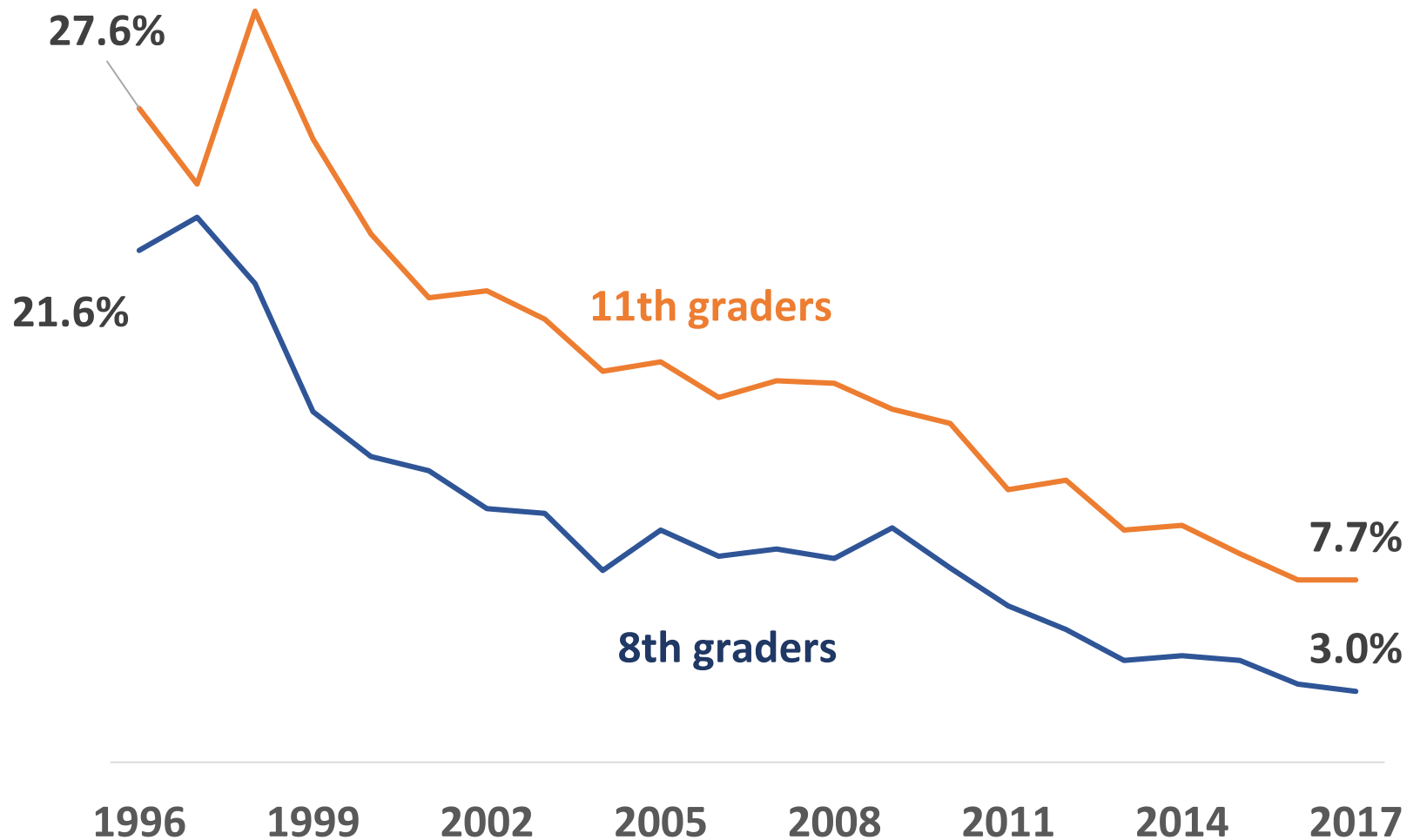# Current cigarette use among Oregon adults - 2017

## Smoking rates have **decreased** among adults since 1996

23.7%

17.0%

1996   1997   1999   2001   2003   2005   2007   2009   2010   2012   2014   2016

Source: Oregon Behavioral Risk Factor Surveillance System

Current cigarette use among Oregon youth - 2017

Smoking rates have **decreased** among youth since 1996

27.6%

21.6%

11th graders

7.7%

8th graders

3.0%

1996   1999   2002   2005   2008   2011   2014   2017

Source: Oregon Healthy Teens

Tobacco product use among youth and adults

Roughly half of all youth who currently use conventional tobacco products **started with IDS**

- ■ Cigarettes
- ■ IDS

8th graders: 3.0 / 6.3
11th graders: 7.7 / 12.9
Adults: 17.0 / 4.9
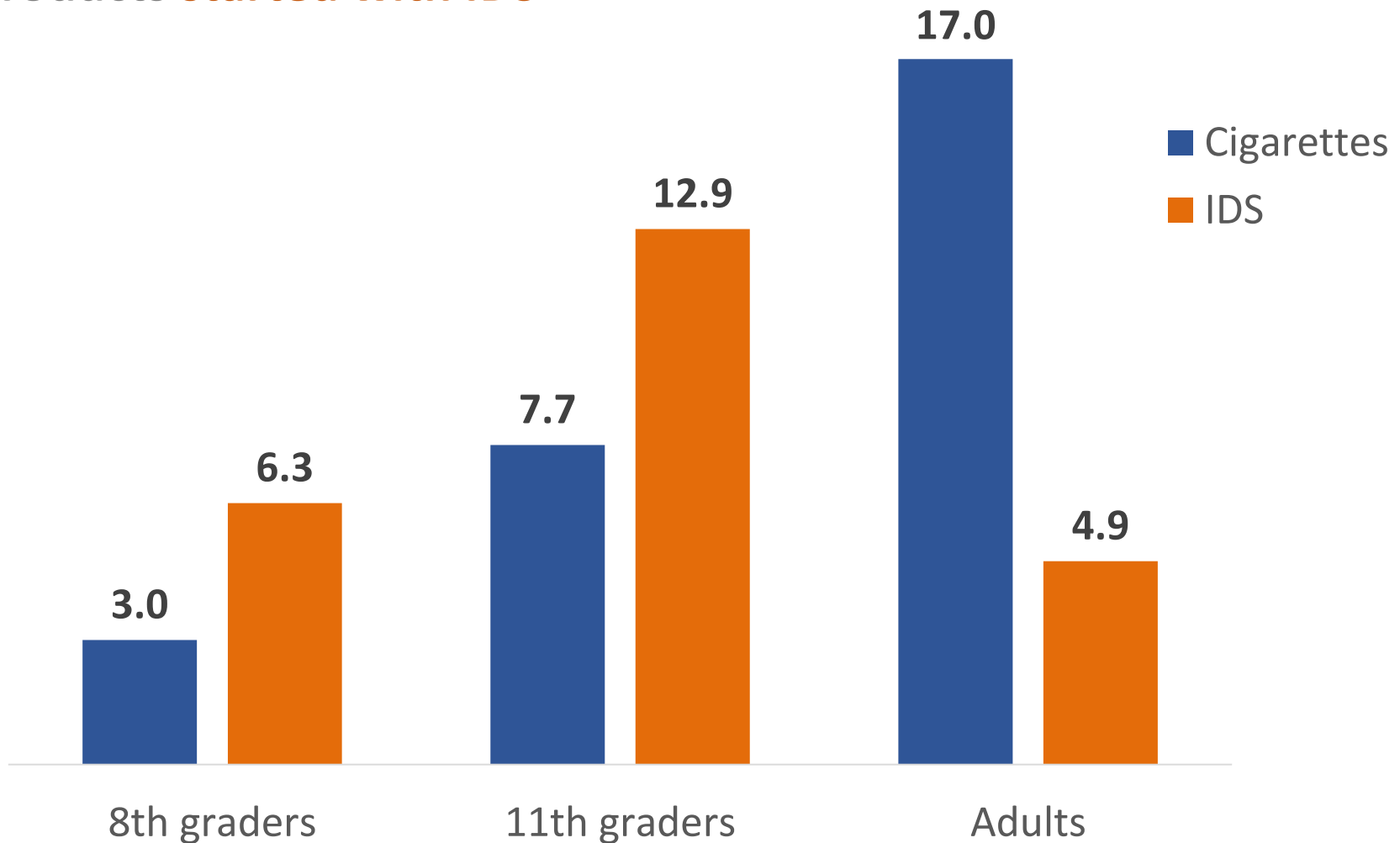
Flavored tobacco product use among youth and adults

More than half of Oregon youth and young adults who use tobacco use **flavored tobacco.**

8th graders	11th graders	Young adults (18-24)	Adults (25+)	Total adults*
57.0%	64.5%	64.4%	20.9%	26.0%
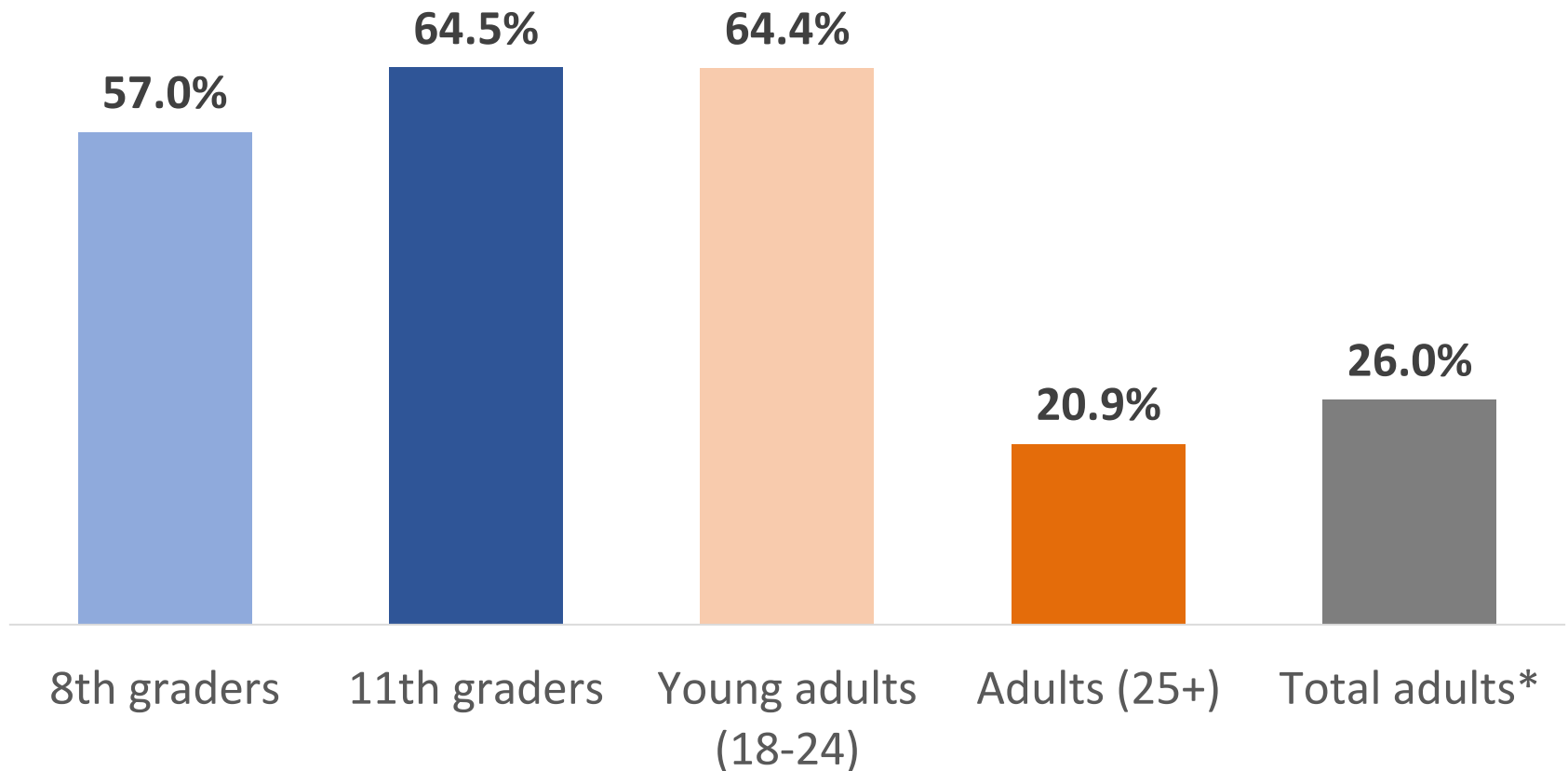
Panel survey data
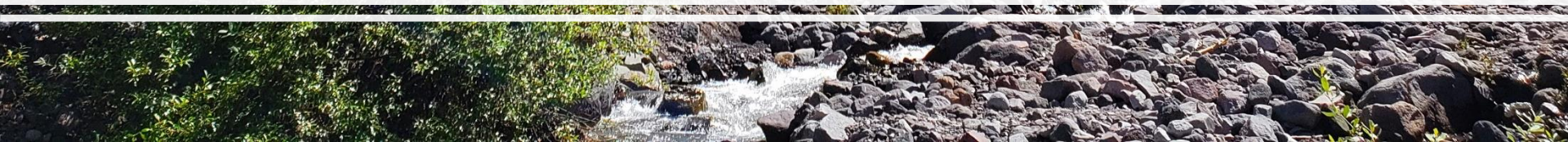
Nearly **9 out of 10** Oregon adults support the ICAA

78% Believe **ALL businesses** should be smoke- and vape-free

Source: Online Panel Survey, 2018

Believe secondhand exposure is harmful

90% **Smoke**

63% **Vape**

55% **Marijuana smoke or vape**

Source: Online Panel Survey, 2018

Believe people should **be protected** from secondhand smoke exposure

90% Smoke

78% Vape

78% Marijuana smoke or vape

Source: Online Panel Survey, 2018

Nearly **3 out of 5** Oregon adults support increasing the cigarette tax

72% **Support a new e-cigarette tax**

Source: Online Panel Survey, 2018

38% of current e-cigarette users currently use JUUL

9%   Of JUUL users do not identify as e-cigarette users

Source: Online Panel Survey, 2018

Smoking status among e-cigarette users

63%
Current smokers
(Dual users)

29%
Former smokers

8%
Never smokers

Tobacco and alcohol retail assessment data

Tobacco products are **widely available** in retail settings

98% **Cigarettes**

90% **Little cigars**

68% **IDS or e-cigarettes/vape**

91% **Other tobacco products**

Source: Tobacco and Alcohol Retail Assessment, 2018

Tobacco products are promoted in retail settings across Oregon

63% **Price discounts**

47% **Outside advertising**

92% **Sold flavored product**

53% **Cigarillos for less than $1**

Source: Tobacco and Alcohol Retail Assessment, 2018

Where can I find the most current data?

Search for **"Oregon chronic disease data"** to find the HPCDP online data hub

Tobacco use and related topics among adults, Oregon 2017

	Unadjusted (%)	Age-adjusted (%)	Number of adults
General tobacco			
Current tobacco use[1]	24.5	26.4	800,900
Cigarettes			
Current smoker	16.2	17.0	529,600
Started smoking regularly before age 18 (current and former cigarette smokers)	47.7	49.2	668,900
Other tobacco products			
Current electronic cigarette use	4.5	4.9	147,100
Current large cigars	1.6	1.7	52,300
Current small cigars	2.1	2.3	68,700
Current hookah smoking	1.3	1.4	42,500
Smokeless tobacco use	3.7	4.0	121,000
Quitting among current cigarette smokers			
Wants to quit	59.5	59.6	315,100
Attempted to quit during previous year			

Thank you!

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