

2012 OHIP Work Group Quarterly Report
2nd Quarter (Oct - Dec); SFY Ending June 30, 2013



Work Group Name: Tobacco Use Prevention Workgroup

Work Group Goal: Prevent initiation of tobacco use by youth and young adults

Result Objective	Target Completion Date	Actual Completion Date	Accountability (Lead Person(s) Responsible)	Measure	Progress
<p>1) By November 2014, enact key public policy measures including repeal preemptive clauses in state tobacco control laws*, prohibiting use of driver's license scans for marketing of tobacco products, and increasing taxes on tobacco products (indexed to at least the national average). <u>By September 2009, anticipate consequences and opportunities of new FDA regulation of tobacco products as related to state-level legislative initiatives. (Plan to add as a different objective – to be discussed at next meeting)</u></p> <p>*youth access to tobacco act</p> <p>a) Engage and involve state policy leaders in discussion on prohibiting use of driver's license scanning for marketing of tobacco products by January 2010.</p> <p>b) Engage and involve state policy leaders in discussion on repeal preemptive clauses in state tobacco control laws by January 2011.</p> <p>c) Engage and involve state policy leaders in discussion on increasing taxes on tobacco products by January 2013.</p> <p>d) Engage and involve tribal leadership in a manner that recognizes the sovereign status of Tribal Nations.</p> <p>e) Assure legislative champions.</p> <p>f) Address objections of legislative opponents (white sheets, strategic communications, etc.).</p> <p>g) Educate the public</p>	<p>Target for all: Nov. 2014</p>		<p>Lead:</p> <p>a)OSDH b)Turning Point c)Amer. Lung Association d) Native American Tobacco Education Network e) f) g)</p>	<p>Measures:</p> <ul style="list-style-type: none"> • Preemption repealed • Drivers license scans prohibited • Tobacco taxes increased 	<p>The Muscogee-Creek Nation was the last tribe without a tax compact with the state. The tribal council has approved a compact, so now all of the major tribal nations are covered under a compact. This may pave the way for additional state excise taxes on tobacco products in the future.</p> <p>The workgroup plans to update this section's dates and objectives to reflect current needs and efforts of state.</p>

<p>2. By September 2010, fully implement evidence-based health communications mass media campaigns targeting youth as primary or secondary audiences according to Best Practices for Comprehensive Tobacco Control Programs</p> <p>a) Audience research to define the thematic characteristics and execution of messages and to develop campaigns that are influential, have high impact, and engage specific audiences</p> <p>b) Market research to not only identify the knowledge, attitudes, and behaviors of target audiences but also the behavioral theory that best motivates specific audiences to change</p> <p>c) Reach 75% to 85% of identified target audience(s) each quarter of the year, with an average of 1,200 targeted rating points (TRPs) per quarter during the introduction of a campaign and 800 TRPs per quarter thereafter.</p> <p>d) Counter-marketing surveillance to understand pro-tobacco messaging, media analysis, and marketing tactics</p> <p>e) Grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins to support and reinforce the statewide campaign and to counter pro-tobacco influences</p> <p>f) Technologies such as viral marketing, social networks,</p> <p>g) <i>SWAT Campaigns</i></p>	<p>September 2010</p>		<p>Lead: TSET</p>	<p>Measures:</p> <ul style="list-style-type: none"> • Mass media campaign implemented 	<p>CDC began a <i>Tips from Former Smokers</i> campaign in March that ran through the end of June with real people with compelling stories encouraging people to quit or never start smoking. The campaign proved to be successful so the CDC is doing a second phase of ads that will begin in the first quarter of 2013.</p>
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<p>3. By December 2011, increase compliance with laws and ordinances to prevent illegal sales of tobacco to youth to 90%.</p> <p><i>Baseline: 82% in December 2008.</i></p> <ul style="list-style-type: none"> a) Empower and mobilize communities to effectively prevent illegal sales of tobacco products. b) Implement consistent, year-round enforcement activities including new state-level enforcement program to be made available by the U.S. Food and Drug Administration. c) By December 2010, develop the infrastructure necessary for local law enforcement to notify ABLE of tobacco sale violations and flag licenses eligible for suspension. d) Target high risk outlets for increased monitoring. e) Increase the visibility of tobacco compliance laws through the use of strategic news making efforts related to enforcement activities. f) Notify all violating licensees and the local city, law enforcement, and chamber leadership (ongoing). g) Ensure all retailers have access to accurate, prevention-focused tobacco retailer information by January 2010. 	<p>December 2011</p>		<p>Lead:</p> <ul style="list-style-type: none"> a) ODMHSAS, TSET, OSDH b) ABLE Comm. c) ABLE Comm. d) ABLE Comm. e) ODMHSAS, OSDH, ABLE Comm f) ABLE Comm. g) OSDH 	<p>Measures:</p> <ul style="list-style-type: none"> • Compliance rate 	<p>The ODMHSAS via contract with the ABLE Commission has completed the 2012 Synar study and is slated to submit the annual report to SAMHSA for approval prior to December 31st. The Retailer Violation Rate will be officially announced after the State received approval from SAMHSA. At this time, the rate to be submitted does remain under 10% of violations. The 2012 Synar report will be available for review on the ODMHSAS website. The ODMHSAS and local-level Regional Prevention Coordinators will coordinate media announcements of the Synar results. The ODMHSAS is currently developing a plan to complete the Synar coverage study in 2013. The coverage study is required every 3-5 years and is intended to assess the completeness of the sampling frame utilized by the State for the annual Synar study. A team will be assembled to drive assigned routes throughout the state to confirm the accuracy of tobacco retail locations.</p> <p>ODAPCA is working to make nicotine dependence treatment equal to that of other substances.</p> <p><i>(continued on next page)</i></p>
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<p>3. By December 2011, increase compliance with laws and ordinances to prevent illegal sales of tobacco to youth to 90%.</p> <p><i>(Continued)</i></p>	<p>December 2011</p>		<p>Lead:</p>	<p>Measures:</p> <ul style="list-style-type: none"> • 	<p>The ODMHSAS is currently meeting with providers and mobile units (that treat homeless and those without providers) to build a system with these groups to provide tobacco cessation. They have also met with drug courts and DUI schools as well.</p>
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Specific activities towards objectives completed this quarter:

Other items to share:

Co-Chairs: Tracey Strader, Tobacco Settlement Endowment Trust
 Jennifer Mullens, Oklahoma State Department of Health

Team Members: Ann Roberts, INTEGRIS Health Center
 Bob Miner, *staff*, Oklahoma State Department of Health
 Bob Wright, American Lung Association
 Connie Befort, Tobacco Settlement Endowment Trust
 Corey Love, *staff*, Tulsa Health Department
 D’Elbie Walker, Oklahoma State Department of Health
 Doug Matheny, Volunteer
 James Allen, Oklahoma Department of Mental Health and Substance Abuse
 Jennifer Mullens, Oklahoma State Department of Health
 Jessica Hawkins, Oklahoma Department of Mental Health and Substance Abuse
 Joy Leuthard, Oklahoma Hospital Association
 Joyce Morris, *staff*, Oklahoma State Department of Health
 Julie Bisbee, Tobacco Settlement Endowment Trust
 Julie Cox-Kain, Oklahoma State Department of Health
 Keith Kleszenski, Central Oklahoma Turning Point
 Keith Reed, Oklahoma State Department of Health
 Laura Beebe, Oklahoma Tobacco Research Center
 Lynette McLain, Oklahoma Osteopathic Association
 Melissa Johnson, Oklahoma State Medical Association
 Michelle Terronez, *staff*, Oklahoma City-County Health Department
 Neil Hann, Oklahoma State Department of Health
 Pat Marshall, American Cancer Society
 Randle Lee, Oklahoma Alzheimer’s Association
 Sjonna Paulson, Tobacco Settlement Endowment Trust
 Steve Buck, Oklahoma Department of Mental Health and Substance Abuse
 Steve Rogers, Oklahoma State University
 Yvon Fils-Aime, Oklahoma Department of Mental Health and Substance Abuse