

2012 OHIP Work Group Quarterly Report

January – March 2012

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). By September 2009, anticipate consequences and opportunities of new FDA regulation of tobacco products as related to state-level legislative initiatives.</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</p>	<p>Measures:</p> <ul style="list-style-type: none"> • Preemption repealed • Drivers license scans prohibited • Tobacco taxes increased 	<p>HB 2267, authored by Rep. Doug Cox and Sen. Frank Simpson, was passed through the House Public Health Committee with a vote of 8-5, and then later passed the House Floor with a vote of 57-30. There are two amendments that were added and passed while the bill was on the House Floor. These amendments included: 1) An exemption for private dining and social clubs, and 2) Allowing communities to make laws more and/or less stringent than the state law rather than just more stringent as the original bill stated. The bill has been assigned to the Senate Health and Human Services Committee.</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> <ul style="list-style-type: none"> 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 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 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. d) Counter-marketing surveillance to understand pro-tobacco messaging, media analysis, and marketing tactics 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 f) Technologies such as viral marketing, social networks, 	<p>September 2010</p>		<p>Lead: TSET</p>	<p>Measures:</p> <ul style="list-style-type: none"> • Mass media campaign implemented 	<p>Adults and young adults have been the primary focus of the current mass media campaigns taking place. With the release of the recent Surgeon General’s Report, it is clear that the work with young adults is critical. The report also makes it clear that media focusing on adults and young adults also impacts youth smoking. Oklahoma’s own evaluation results indicate that this is the case in our state.</p> <p>A TSET-funded social marketing campaign targeting young adults in clubs/bars, where the tobacco industry has had an aggressive presence for many years, has resulted in four clubs adopting 24/7 smokefree policies.</p> <p>CDC will be releasing a new media campaign in March that will focus on cessation.</p> <p>The FDA is working on a contract with the Legacy Foundation to begin a youth focus media campaign in the future.</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 ABLE Commission's FDA project is commencing this quarter. ODMHSAS and ABLE are currently working together to coordinate Synar inspections as allowed. ODMHSAS will release retailer/community leader notification letters for past-year Synar violators in April 2012.</p> <p>The FFY 2012 Synar compliance report has been completed and was submitted to SAMHSA. Oklahoma is reporting a retailer violation rate of 6.8% which is the lowest rate seen in Oklahoma.</p>
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Specific activities towards objectives completed this quarter:

Other items to share:

Chair: Tracey Strader, Tobacco Settlement Endowment Trust

Team Members: Bob Miner, *staff*, Oklahoma State Department of Health
Carolyn Durbin, Oklahoma City-County Health Department
Connie Befort, American Lung Association
Corey Love, *staff*, Tulsa Health Department
Cynthia Tainpeah, Muscogee Creek Nation Tribe

D'Elbie Walker, Oklahoma State Department of Health
Doug Matheny, Volunteer
Grace Kelley, *OHIP staff*, 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
Laura Beebe, Oklahoma Tobacco Research Center
Laurette Taylor, Cimarron Alliance
Lynette McClain, Oklahoma Osteopathic Association
Marilyn Davidson, American Heart Association
Melissa Johnson, Oklahoma State Medical Association
Michelle Terronez, *staff*, Oklahoma City-County Health Department
Mona Spivey, Oklahoma Osteopathic Association
Neil Hann, Oklahoma State Department of Health
Pat Marshall, American Cancer Society
Amity Ritze, Oklahoma Insurance Department
Steve Buck, Oklahoma Department of Mental Health and Substance Abuse
Steve Rogers, Oklahoma State University