HOUSE COMMITTEE ON HUMAN RESOURCES

March 09, 1999 Hearing Room E

1:00 PM Tapes 35 - 36

MEMBERS PRESENT: Rep. Jeff Kruse, Chair

Rep. Kitty Piercy, Vice-Chair Rep. Betsy Close Rep. Tim Knopp Rep. Jerry Krummel Rep. Mike Lehman Rep. Bill Morrisette Rep. Jackie Taylor Rep. Jackie Winters

MEMBER EXCUSED:

STAFF PRESENT: Janet L. Carlson, Administrator

Diane M. Lewis, Administrative Support

MEASURE/ISSUES HEARD: Overview of Tobacco Prevention and Education Program

These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation marks reports a speaker's exact words. For complete contents, please refer to the tapes.

| TAPE/# | Speaker | Comments | | |
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| TAPE 35, A | | | | |
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| 003 | Chair Kruse | Opens the meeting at 1:10 P.M. and opens an informational meeting on the Tobacco Prevention and Education Program, Oregon Health Division. |
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| INFORM/ | ATIONAL MEETING | |
| 010 | Elinor Hall | Administrator, Oregon Health Division (OHD), submits and presents slide presentation on Oregonís tobacco use, statistics, generated revenue, and education for prevention (EXHIBIT A) and submits written report on the tobacco prevention and education program (EXHIBIT B). Begins by discussing Measure 44 (1997) which stated that ten percent of the tobacco tax shall be credited to the tobacco use reduction account. Refers to EXHIBIT A , page 3, and discusses historical facts regarding Oregonís tobacco use. States that smoking is a key factor in heart disease and a leading cause for low birth weight among newborns. |
| 050 | Hall | Explains that Oregon is one of the first states to provide a section on death certificates that asks doctors to stipulate if tobacco use was underlying in the cause of death. Refers to EXHIBIT A , page 4, and discusses the economic comparisons of tobacco use in Oregon. |
| 064 | Rep. Lehman | Asks if the figures listed on pages 2 and 3 are "per year." |
| 070 | Hall | Responds affirmatively. |
| 072 | Rep. Krummel | Refers to EXHIBIT A , page 3, and asks if the bars on the graph represent one cost item and must be added together to come up with a <u>total</u> "Economic Burder of Tobacco Use to Oregonians." |
| 081 | Hall | Responds affirmatively. States that a cost that is of great interest to the legislature is the public medical expenditures cost, which includes the Oregon Health Plan (OHP), Medicaid, Medicare, and the Veteranís Administration. Explains that within OHP, smokers are represented by a higher percentage than in the general population. Approximately 42% of OHP adult members are tobacco users compared to 24% of adult tobacco users in the general population. |
| 092 | Rep. Winters | Asks where OHD collects tobacco data. |
| 094 | Hall | Responds that OHD works with the Department of Revenue which collects tobacco taxes. States that OHD keeps track of taxes that have been collected on packs of cigarettes and other tobacco products. |
| 099 | Rep. Winters | Asks how OHD came up with the number representing smokers in Oregon. |
| 100 | Hall` | Explains that OHD conducted a baseline telephone survey asking participants about their tobacco consumption or the lack thereof as well as their attitudes regarding tobacco use and secondhand smoke concerns. Speaks to the Adult Behavioral Risk Survey which is a year- round telephone survey. |

| 115 | Rep. Winters | Asks for the sampling frame used by OHD for their year-round telephone survey. |
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| 122 | David Fleming | State Epidemiologist and Manager of Office for Chronic Disease Prevention, OHD, explains that the Adult Behavioral Risk Survey is a national survey developed by the Center for Disease Control and is conducted by all 50 states. It is a random digit dial survey. States that the sampling frame is approximately 6,000 Oregonians per year. |
| 130 | Chair Kruse | Asks about the margin of error. |
| 132 | Fleming | Responds that the margin of error is less than 1%. |
| 133 | Hall | Continues presentation by referring to EXHIBIT A , page 5, and discusses changes in the last two years regarding tobacco use in Oregon. |
| 151 | Rep. Lehman | Asks about projected figures indicating that 600 less deaths will occur as a result of the Tobacco Prevention and Education Program. |
| 156 | Fleming | Explains that the amount of tobacco consumption in Oregon has dropped by ten percent. The state predicts that the number of deaths directly related to tobacco use will also drop by ten percent. States that the 600 lives saved from smoking-related deaths are not deaths that would have occurred next year, but future deaths, ten to fifteen years from now. |
| 170 | Rep. Lehman | Asks if benefits of the program will not be seen for another 3-4 years. |
| 172 | Fleming | Responds affirmatively and reiterates that it may be as far down the road as ten to fifteen years when life saving statistics will more accurately be determined. |
| 178 | Rep. Krummel | Asks how much of the \$150 million is being reinvested into education and prevention. |
| 193 | Fleming | Explains that the \$150 million is a projected amount of money that will be saved because of the projected number of people who will no longer use tobacco. States that for each year that Oregon can maintain the reduction in tobacco use, another projected \$150 million will be saved in Oregonís future. |
| 215 | Rep. Piercy | Asks how OHD arrives at health care costs regarding illnesses related to tobacco use; i.e., emphysema, lung disease, heart disease. |
| 223 | Fleming | Explains that the \$1.5 billion figure, EXHIBIT A , page 3, was calculated by using standard national methodology. |
| 220 | Rep. Close | Asks if OHP recipients are targeted for tobacco use cessation. |

| 243 | Fleming | Responds affirmatively. Explains that advertisements for the statewide toll-free Quitters Hotline, which is available to all Oregonians, are publicized in Office of Medical Assistance Programs (OMAP) routine mailings. The advertisements encouraged Medicaid recipients to call for cessation help. States that one month after the statewide hotline went into effect, it was determined that fifty-six percent of the callers were from OHP. Discusses tobacco cessation programs that have been targeted to OHP members. |
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| 276 | Hall | Continues by explaining how the reduction of tobacco use in Oregon came about. Refers to EXHIBIT A , pages 7-8, and discusses who OHD is working to educate and the eight elements of the Tobacco Prevention and Education Program. |
| 315 | Hall | Refers to EXHIBIT A , page 9, and discusses the distribution of tobacco tax funds. |
| 325 | Rep. Winters | Asks if there are guidelines for schools which are provided with tobacco funds. |
| 331 | Hall | Explains that county coalitions and schools are provided information on research-proven practices. Currently there exist certain OHD requirements for tobacco education and prevention programs and there are optional elements, such as policies around smoke-free school activities, that OHD wants implemented in all programs. There is a combination of state guidance and local policies. |
| 365 | Hall | Continues by referring to EXHIBIT A , page 12, and discusses the effectiveness of the program. |
| 390 | Chair Kruse | Asks if tribal programs are structured differently from programs implemented in the general population. |
| 400 | Fleming | Responds that tribal action regarding tobacco policies on tribal land must be addressed by the tribes. States that counties cannot amend tribal policies. Discusses the importance of recognizing the long- standing cultural use of tobacco in sacred Native American ceremonies and religious rites. States that education and prevention for Native Americans must focus on uses of tobacco other than uses considered sacred. |
| 415 | Chair Kruse | Asks if there have been governmental issues in the collaboration between state and tribal governments. |
| 418 | Fleming | Responds that OHD has established a cooperative collaborative partnership with Oregon tribes. States that there have been no significant problems. |
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| 010 | Hall | Explains that tribes in Oregon are not pursuing a source of revenue that includes the selling of non-taxed tobacco products. Continues her presentation by referring to EXHIBIT A , page 13, and discussing the five multi-cultural |

| | | education projects. |
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| 027 | Rep. Winters | States that in the African American community it is considered "not cool" to smoke, and this attitude has lowered the use of tobacco among this population. Asks if groups are specifically targeted based on cultural and ethnic lifestyles. |
| 030 | Hall | Responds affirmatively. Explains that tobacco companies have invested large amounts of money to target ethnic populations. Reports that although the African American community has a lower rate of tobacco use than the general population, African American pregnant women have a higher rate of tobacco use compared to the general population of pregnant women. States that the OHD education and prevention program asks local institutions to reach community members using familiar languages and images. States that OHD supports ethnic activities and uses cultural role models for prevention, education, and cessation incentives. |
| 043 | Rep. Piercy | Comments that women in sports and national women's organizations have been targeted by both the pharmaceutical and tobacco industries. |
| 051 | Chair Kruse | Hopes that tobacco education will reinforce the understanding that industries use whatever tactics they can to encourage the sale of their products. States that it is up to the individual to use understanding and good common sense when deciding whether or not to make use of a product. |
| 070 | Hall | Continues by referring to EXHIBIT A , page 13, and discusses the innovative and demonstration projects; i.e., using the Women, Infants, and Children (WIC) nutrition and feeding program to get information to community members. |
| 086 | Rep. Winters | Asks for the number of schools that will participate in the Portland Operaís educational drama "The night Harry stopped smoking." |
| 088 | Fleming | States that there are approximately 40 schools that will see the Operaís performance. |
| 094 | Hall | Continues by referring to EXHIBIT A , page 14, and discusses advertising depicting the dangers of tobacco use. Explains that OHD has used advertisements from other states in order to save funds. Discusses focus groups used to select advertising. |
| 150 | Hall | Discusses the toll-free Quitters hotline, EXHIBIT A , page 14. States that the hotline is provided in English and Spanish. Explains that people wanting to quit smoking can obtain supportive counseling over the phone. Discusses components of the hotline. States that hotline staff are impressed about the number of people who are seriously ready to quit. States that the hotline received one-third more calls than anticipated. |
| 193 | Rep. Taylor | Asks if the hotline offers other services beyond phone counseling and referrals. |

| 200 | Fleming | Explains that the hotline first tries to identify if the individual has a medical provider that is able to provide them long-term counseling and pharmaceutical assistance. States that the hotline offers some limited comprehensive assistance; however it is not as comprehensive a program as one would receive with private coverage. |
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| 211 | Rep. Winters | Asks about the average time it takes to quit using tobacco. |
| 212 | Fleming | Responds that smoking is characterized by quitting and then relapsing. Explains that an individual will go through an average of two to three attempts before quitting a tobacco habit. States that it is a misunderstanding that one can quit "on their own." |
| 233 | Rep. Winters | Asks if nicotine is harder to quit than other drugs. |
| 235 | Fleming | Responds affirmatively. Reports that nicotine has been shown to be one of the most addictive substances in existence. |
| 240 | Hall | Discusses involvement of OHP in tobacco education and prevention. OHP offers cessation support for all OHP members. |
| 285 | Hall | Continues presentation by referring to EXHIBIT A , page 16, and discusses the decreases of tobacco sales. |
| 300 | Chair Kruse | Asks why Arizona, California, and Massachusetts were pulled out of the graph on page 16, EXHIBIT A . |
| 303 | Hall | Explains that these states have programs similar to Oregon that are financed with tobacco tax dollars. |
| 322 | Rep. Krummel | Asks what the vertical access line represents on the graph on page 16, EXHIBIT A . |
| 325 | Fleming | Responds that the line represents per capita, packs per year. Explains that in 1996, for the 3 million Oregonians who smoked, each smoker purchased an average of 92 packs of cigarettes in that year. States that this rate has dropped in 1998 to 83 packs. |
| 335 | Rep. Krummel | Refers to EXHIBIT A , page 16, and asks if the national average would come down if Oregon, Arizona, California, and Massachusetts were added back into the graph. |
| 340 | Fleming | Replies that he does not have enough data to provide the committee with a comprehensive answer about what would happen to the national average if noted states were added back into the graph. Suspects that the national average would drop a small amount. |

| 350 | Hall | States that in California the rate of adult smokers has dropped to fifteen percent. Explains that national economists have discovered that a ten percent increase in the cost of cigarettes leads to a four percent drop in the number of cigarettes purchased. States that Oregon saw a fifteen percent increase in cigarette costs and an eleven percent drop in purchases. Explains that without a comprehensive program focused on awareness, education, and prevention the percentage of cigarette purchases bounces back up. Notes that Oregon has not seen a return to higher cigarette purchases. |
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| 383 | Rep. Krummel | Asks if the program anticipated a loss in funding as the number of tobacco purchases decreased and asks how the program intends to match itself to the drop in tobacco users. |
| 399 | Hall | Replies that if the program is successful it will put itself out of business. Explains that small investments made in the prevention and education program is, economically, a very good investment. States that it would be a mistake to cut the tobacco program when it is becoming most effective. Maintains that the program could use more resources to expand its outreach. States that the tobacco program spent \$8.5 million in one year (\$17 million biennium total) and saved Oregon \$150 million in costs relating to tobacco use. Believes that this is an excellent return on the original investment. |
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| 020 | Rep. Winters | Asks if dollars contributed to the OHP will be reduced as the number of tobacco users decreases. |
| 022 | Hall | Responds that medical care costs are experiencing inflation. Refers to EXHIBIT A , page 17, and discusses birth costs to OHP and the decline of infants exposed to smoke. |
| 042 | Chair Kruse | Asks about the long-term costs of people living longer because they quit smoking compared to costs of smokers who die at younger ages than the average population. |
| 054 | Fleming | Responds that medical-care costs related to smoking are more expensive than average health care costs. States that long-term health care expenditures are lower for non-smokers. |
| 070 | Chair Kruse | States that as ëbaby boomers" grow older and live longer the state needs to be planning for increased costs. |
| 076 | Fleming | Concurs. |
| 080 | Hall | Replies that research shows that good health habits in middle years translate to less medical care needs in later years. |
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| | | "more to be done." Discusses the effects of secondhand smoke. |
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| 125 | Hall | Provides the committee with statistics regarding youth and tobacco use, EXHIBIT A , page 21. |
| 160 | Chair Kruse | Asks if there has been a correlation between the increase of youth smoking and the national focus of youth and tobacco use. |
| 159 | Fleming | Responds affirmatively. States that one of the unfortunate consequences of targeting youth in the education of tobacco has been a reversal in intended outcomes. Points out that giving the message that smoking is an adult behavior provides an incentive for kids to "try it out." |
| 185 | Hall | Discusses messages the tobacco program is giving youth that warn against becoming consumers of the tobacco industry such as "Donít be manipulated by an industry that is trying to hook you!" |
| 197 | Rep. Winters | Asks how much advertising is done by role models, like athletes, to educate youth about the dangers of tobacco. |
| 214 | Hall | Responds that youth are very susceptible to advertising and role models that children relate to are crucial in prevention strategies. States that advertisements chosen by the tobacco program target youth, young adults and older citizens. |
| 215 | Rep. Piercy | Comments that she has seen an upswing in television and movie characters who smoke. |
| 225 | Hall | Concurs. Explains that in the past the tobacco companies would pay "placement" fees for having their brand of tobacco used in a film. States that part of the Minnesota tobacco settlement was that the film industry would no longer pay for "placement" anywhere in the United States. |
| 245 | Rep. Knopp | Asks for the percentages of children who smoke that have adults who smoke in the home. |
| 256 | Fleming | Responds that smoking in the home is the largest risk factor for children and creates the largest percent of youth that smoke. States that youth are 3-5 times more likely to smoke if an adult in their home is a smoker. |
| 265 | Hall | Discusses elements relating to chewing tobacco and the focus of preventing youth from using chewing tobacco. |
| 280 | Hall | Refers to EXHIBIT A , page 22, and discusses the need to continue program elements. |
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| 320 | Dr. Russell Whaley MPH, Ph.D. | Health Educator, Manager of the Douglas County Health Promotion Program, Vice-Chair of the Douglas County Tobacco Prevention Coalition, submits and presents written testimony regarding tobacco use in Douglas County (EXHIBIT C) and statistical information from the Douglas County Coalition (EXHIBIT D). |
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| 330 | Whaley | Refers to EXHIBIT C , page 1, and states that there were 28 tobacco- related deaths in Douglas County during January 1999. |
| 378 | Whaley | Refers to EXHIBIT C , page 1, and discusses tobacco use among Douglas County youth. |
| TAPE 36, I | B | <u>"</u> |
| 012 | Whaley | Refers to EXHIBIT C , page 2, and discusses the public health approach in Douglas County. Lists recent activities that have been implemented in the county supporting cessation and prevention of tobacco use. Discusses resources links that have been created in the county. |
| | | Refers to EXHIBIT D , and provides the committee with specific program information including statistics and funding resources in Douglas County. |
| 047 | Rep. Winters | Asks for the number of individuals who have quit smoking since the genesis of the Douglas County program. |
| 050 | Whaley | Explains that initial funding did not support "individual cessation activities." Funding was allocated to provide the county with an education and prevention program. States that there is no data related directly to the number of individuals who have quit using tobacco since the implementation of the Douglas County tobacco program. |
| 063 | Rep. Taylor | Comments that she would like to know how many youth are suspended from school and placed in alternative learning institutions because of tobacco use. States that tobacco use is the biggest offense in her district. |
| 070 | Whaley | Responds that Douglas County has followed through with "minor in possession" cases. Discusses the Tobacco Awareness Program (TAP) and Tobacco Education Group (TEG) in the public schools and states that these programs are targeted for youth with tobacco habits and youth that have been caught with tobacco. |
| 082 | Rep. Taylor | States that it must surely cost less to prevent a child from smoking than once that child forms a tobacco habit. |
| 087 | Whaley | Concurs. |
| 094 | Rep. Winters | Asks about deaths in Douglas County that were attributed to smoking. |
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| 096 | Whaley | Explains that the state death certificate has a section, to be filled out by the attending physician, stating that a death was related to tobacco use. |
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| 107 | Fleming | Two ways of assessing if tobacco use was a contributing factor in death: 99% of tobacco related deaths are cancer, respiratory-lung disease, and heart disease. Physicians state on the state death certificate if tobacco use was involved. Black box computer program which collects national data on the contribution of tobacco use in deaths. Oregon is within a fraction of one percent of national data statistics. |
| 128 | Stephanie Young- Peterson | Health Educator, Lane County Public Health Department, Coordinator for County Tobacco Prevention Program, submits and presents written information regarding tobacco education and prevention in Lane County (EXHIBIT E). Discusses the vision of the Lane County Coalition: Youth choosing not to use tobacco. Retailers placing tobacco behind counters or in locked cabinets. Health care providers promoting cessation. County and city governments protecting employees from the dangers of smoke. |
| 152 | Young-Peterson | Continues by referring to EXHIBIT E , page 2, and discussing tobacco statistics in Lane County. Refers to EXHIBIT E , page 3, and discusses community resources supporting cessation. |
| 183 | Young-Peterson | States that in 1997, sixty-one percent of retailers were willing to sell tobacco products to minors, and in 1999, twenty percent of retailers sold tobacco to minors. |
| 195 | Young-Peterson | Discusses the half-day conference regarding Oregon cessation guidelines that took place in Eugene. States that ninety physicians took part in the conference. |
| 209 | Young-Peterson | Discusses how school districts are benefiting from funds provided by Ballot Measure 44; i.e., implementing programs that not only focus on prevention, but also focus on youth with tobacco habits. |
| 240 | Ted Faro | Student Assistance Program Coordinator, Principal of Banks Junior High School, submits and presents written testimony regarding school-based tobacco prevention in Banks, Oregon (EXHIBIT F). Focuses on the comprehensive curriculum for tobacco prevention and education. States that OHD funds have supported the Banks tobacco program that would have otherwise failed because of inadequate funds. |
| 305 | Chair Kruse | Comments on the drop in smokeless tobacco use, EXHIBIT F , page 2, and asks if smokeless tobacco was also the focus of the Banks program. |
| 309 | Faro | States that the 1998 program curriculum focused on smokeless tobacco and 1999 it is focusing on secondhand smoke. |

| 320 | Rep. Taylor | Asks for a definition of the YRBS. |
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| 323 | Faro | Explains that YRBS stands for Youth Risk Behavior Survey. |
| 331 | Rep. Krummel | Asks if tobacco grant funds are used to pay for educators. |
| 344 | Faro | Responds negatively. States that no funds are used for personnel. The only "extra duty" stipend is going to the drama teacher for extra work with students involved in a creative drama that focuses on tobacco prevention and cessation. |
| 365 | Chair Kruse | Thanks the presenters and closes the meeting at 2:55 P.M. |

Submitted By, Reviewed By,

Diane M. Lewis, Janet L. Carlson,

Administrative Support Administrator

EXHIBIT SUMMARY

- A ñ Tobacco education and prevention slide materials, Elinor Hall, 23 pp.
- B ñ Tobacco prevention and education report, Elinor Hall, 65 pp.
- C ñ Written testimony regarding Douglas County tobacco programs, Russell Whaley, Ph.D., 3 pp.
- D ñ Information regarding Douglas County Coalition, Russell Whaley, Ph.D., 4 pp.
- E ñ Information regarding Lane County Coalition, Stephanie Young-Peterson, 5 pp.
- F ñ Information regarding Banks tobacco program, Ted Faro, 2 pp.