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The Oklahoma Profile: A review of Oklahoma's tobacco prevention and control program

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The Oklahoma

PROFILE

A review of Oklahoma's
tobacco prevention and
control program
June 2002

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Executive Summary

Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 10-12 state tobacco control programs. The project aims are to: 1) develop a comprehensive picture of a state's tobacco control program to be used as a resource for tobacco control agencies and policymakers; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. The Oklahoma Profile presents both quantitative and qualitative results collected over a two-month period, beginning June 2002. Results presented reflect fiscal year 2002 unless otherwise noted.

Summary

Oklahoma's tobacco control program has made progress despite the challenges of inadequate program funding, an unsupportive political climate, and the pro-tobacco norm of its citizens. They have benefited from strong tobacco control leadership, a supportive network of tobacco control partners, and advances in secondhand smoke policy. These characteristics along with the strong commitment of the tobacco control community will continue to improve and expand Oklahoma's tobacco control efforts.

Financial Climate

In fiscal year 02, Oklahoma dedicated approximately \$3.8 million (\$1.10 per capita) to tobacco control, meeting 17% of CDC's lower funding estimate. Community programs received nearly half of the funding, while enforcement and chronic disease programs received no funding from the tobacco control program. The establishment of the Tobacco Settlement Endowment Trust Fund (Trust) and securing funding from other sources, such as the CDC and the American Legacy Foundation, were viewed as financial successes. Significant challenges to the program were the lack of funding for the tobacco control program and the delay in the disbursement of the Trust money.

Political Climate

Oklahoma's political climate in 2002 was challenging for tobacco control advocates because of its pro-tobacco and pro-business stance. Partners felt Governor Keating had not been supportive of tobacco control until the final year of his term. The Legislature was considered unsupportive of tobacco control and heavily influenced by the tobacco industry. Although the general lack of political support and influence of the tobacco industry were major barriers to the program, several tobacco control champions were identified including Representative Ray Vaughn, Senator Ben Robinson, and Commissioner of Health Dr. Leslie Beitsch. Political events that impacted Oklahoma's tobacco control program were the Master Settlement Agreement (MSA) and the recent Board of Health's Secondhand Smoke Rules.

Organizational Capacity

Partners viewed their staff's tobacco control experience, their agencies' internal communication network and organizational structure as facilitating to their tobacco control efforts.

Generally, partners felt Oklahoma's network of tobacco control partners was effective due to recent strengthening and successes, as well as dedicated partner agencies. However, they recognized that it could be stronger. Increasing funding and the effectiveness of grassroots efforts were suggested as ways to improve the network.

Best Practices

The majority of partners were familiar with the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP). Community programs and counter-marketing were considered high priorities for Oklahoma, while chronic disease and enforcement programs were of lower importance. Oklahoma's unique arrangement of the BP into the Four Cornerstones was helpful in providing a simple message for the public and Legislature. Identified strengths of the CDC's BP guidelines were its emphasis on a comprehensive approach, the establishment of a national standard and framework, and that it is evidence-based. Identified weaknesses of the BP were the lack of guidance for implementation and funding prioritization, and that it consists of too many categories for quick comprehension. Improvements suggested were to include implementation strategies, provide specific examples along with their budgets, and adopt the Four Cornerstones approach.

Program Goals

For this evaluation, youth prevention and reducing exposure to secondhand smoke were identified as the top two program goals for FY 02. Partners agreed that the goals were appropriate due to their synergism and ability to impact a large number of people. Although attempts to repeal preemption had been unsuccessful, the Board of Health's Secondhand Smoke Rules

was viewed as a successful alternative approach. However, an injunction was filed against the Rules, delaying their implementation. Students Working Against Tobacco (SWAT) was viewed as a successful youth prevention activity. Partners felt that increased money and staffing could assist in achieving the two priority goals.

Disparate Populations

At the time of the evaluation, Oklahoma was in the process of data analysis to identify their primary disparate populations. However, TUPS preliminarily identified three populations that had pronounced tobacco-related disparities for this evaluation: Native Americans, youth, and low socioeconomic populations. Overall, partners agreed that these populations were a priority for the state. However, there were some suggestions for additional groups to be addressed, including Hispanics/Latinos, African Americans, Asians, and the elderly. The state had implemented a small number of strategies to address the disparate populations. Generally, partners felt that the BP were not useful for addressing disparities.

Program Strengths & Challenges

Partners identified the following strengths and challenges of Oklahoma's tobacco control program:

- The dedication of tobacco control professionals and advocates was identified as a major strength of the program.
- The cooperation and coordination of the tobacco control network was viewed as a strength, but many partners believed that the network could be stronger.
- The lack of adequate funding was a huge impediment to the tobacco control program.
- A lack of awareness about the importance of tobacco control and lack of support from the public was a barrier.
- Major political barriers were the influence of the tobacco industry and the lack of legislative support for tobacco control.



Introduction

Methods

Information about Oklahoma's tobacco control program was obtained in two ways: 1) a survey completed by the Oklahoma State Department of Health Tobacco Use Prevention Service (TUPS) that provided background information about the program, and 2) key informant interviews conducted with 13 tobacco control partners. TUPS was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Partners participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. Interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews in June and July of 2002:

- Oklahoma State Department of Health, Tobacco Use Prevention Service
- American Cancer Society – Heartland Division
- American Lung Association of Oklahoma
- The Latino Agency
- The Northeast Tobacco Free Oklahoma Coalition
- Oklahoma Alliance on Health or Tobacco
- Oklahoma Institute for Child Advocacy
- Oklahoma State Medical Association
- PreventionWorkz
- The Southwest Tobacco Free Oklahoma Coalition
- Tobacco Settlement Endowment Trust
- Tulsa City-County Health Department
- University of Oklahoma Health Sciences Center

Results presented in this Profile are based on an extensive content analysis of qualitative data as well as statistical analysis of quantitative data. The results represent the major themes or ideas from many partners and do not reflect the thoughts of any one individual or agency.

Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

Rationale for Specific Components

Area 1: Facilitating Conditions

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on the tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by the state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of the tobacco control partners is also an important characteristic to evaluate. While states can have adequate funding and political support, if the partners' capacity is not adequate, then the success of the program could be impaired.

Area 2: Planning

Tobacco control professionals have a variety of resources available to them. Partners may find it helpful to learn what resources their colleagues are utilizing. The *CDC Best Practices for Comprehensive Tobacco Control Programs* (BP) is evaluated extensively due to its prominent role as *the* planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

Area 3: Activities

Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state's top two priority programmatic or policy goals for the current fiscal year (*e.g.* passing secondhand smoke

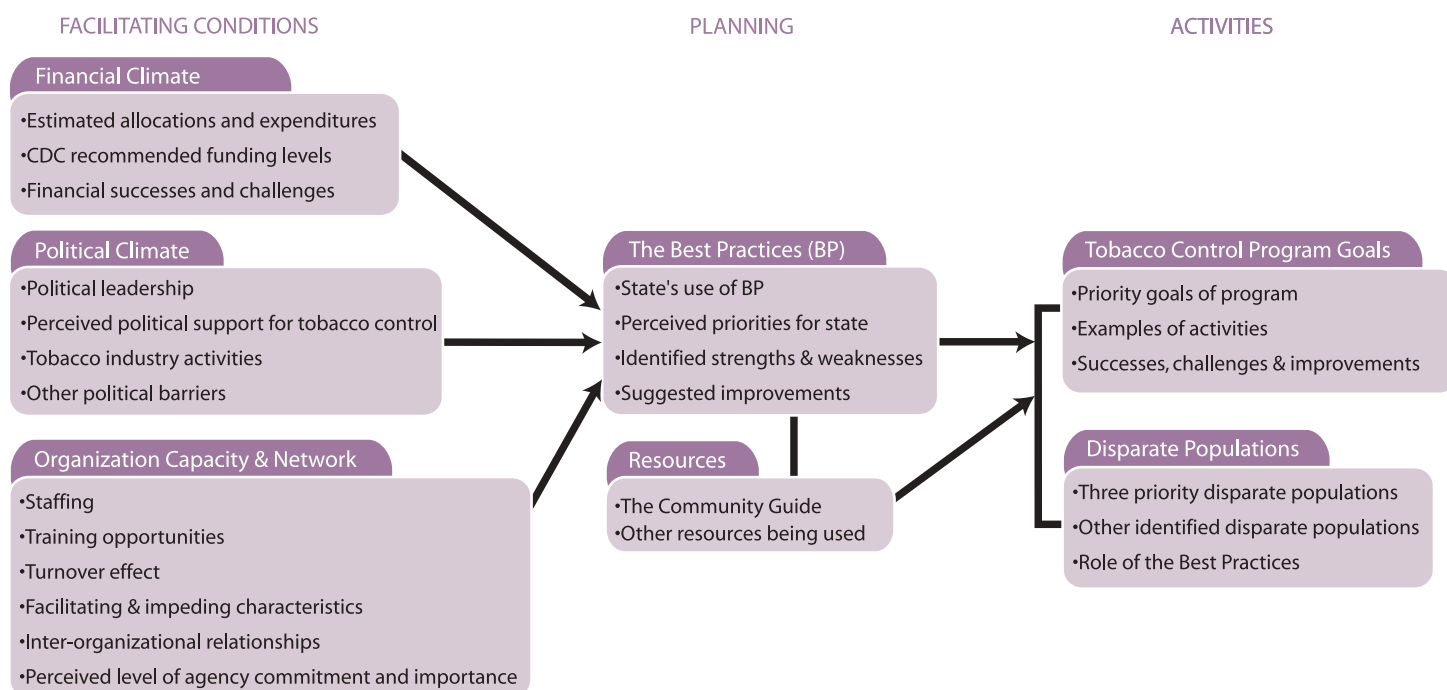
legislation, implementing cessation programs) and the emphasis on disparate populations (*e.g.* identification and addressing disparate populations).

Additional Information

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

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The Best Practices Project Conceptual Framework



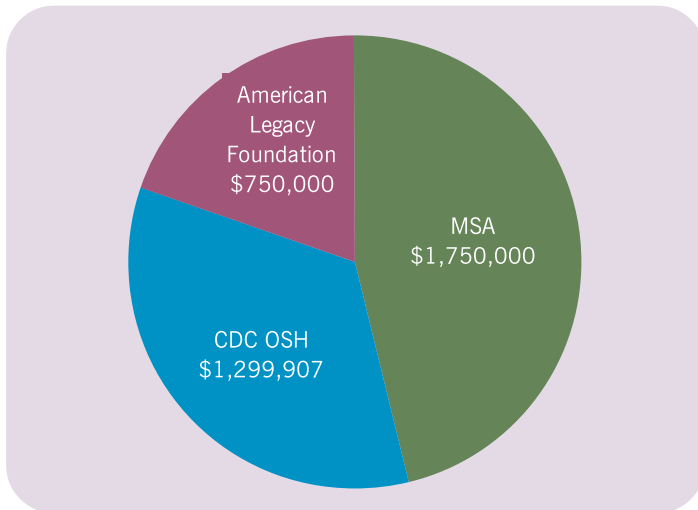


Financial Climate

Section Highlights

- ▶ Oklahoma dedicated approximately \$3.8 million to tobacco control in FY 02, meeting 17% of CDC's minimum recommendation for an effective program in Oklahoma.
- ▶ Community programs received the most funding, while enforcement and chronic disease programs received no funding from the tobacco control program.
- ▶ Two financial successes were the establishment of the Trust Fund and securing funding from other sources.
- ▶ The lack of tobacco control funding and the delay in distributing the Trust money were challenges for the program.

Tobacco control funding sources, FY 2002



CDC funding recommendations & TUPS estimated expenditures, FY 2002

Best Practices Category	CDC Lower Recommendation	Estimated Expenditures	Status (+/-) ^a
Cessation Programs	\$3,639,000	\$113,997	-
Counter-Marketing	\$3,318,000	\$531,987	-
Community Programs	\$3,172,000	\$1,785,956	-
School Programs	\$3,109,000	\$645,984	-
Chronic Disease Programs	\$2,835,000	\$0	-
Surveillance and Evaluation	\$1,898,000	\$189,995	-
Enforcement	\$1,578,000	\$0	-
Statewide Programs	\$1,327,000	\$227,994	-
Administration & Management	\$949,000	\$303,993	-
Total	\$21,825,000	\$3,799,907	-

^a(-) = below CDC recommendation
(+) = meets CDC recommendation

FY 2002 Funding

In FY 02, Oklahoma dedicated a total of approximately \$3.8 million (\$1.10 per-capita) to tobacco control, meeting 17% of CDC's minimum recommendation for an effective program in Oklahoma. Approximately, 47% (\$1.75 million) of the total funding was allocated from the Master Settlement payments, a decrease of approximately \$83,000 from FY 01. The rest of Oklahoma's tobacco control funding came from the CDC (\$1.3 million) and the American Legacy Foundation (\$750,000).

According to TUPS' estimated FY 02 expenditures, community programs received the most funding at 47%. Enforcement and chronic disease programs received no funding from the program. When comparing these estimated expenditures to the CDC recommendations, all categories were below the recommended levels.

Much of the funding allocated for community programs was being dedicated to the Tulsa County demonstration project called Mobilizing Against Tobacco Companies Hype (MATCH). Due to limited state funding for tobacco control, the project’s purpose was to demonstrate the efficacy of a comprehensive program in one county. Oklahoma plans to implement the comprehensive program statewide once more funds become available.

Successes & Challenges

The following influences on the financial climate of tobacco control were identified:

Successes

Establishment of the Trust Fund

The establishment of the Tobacco Settlement Endowment Trust Fund (Trust) was seen by many as a significant event. In November of 2000, voters approved a constitutional amendment requiring the placement of a portion of the MSA payment into the Trust. Beginning July 1, 2001, 50% of the annual settlement funds were placed into the Trust, increasing by 5% a year through 2007, at which time it will remain at 75%. The interest generated from this fund can be spent on tobacco prevention and cessation programs, research on cancer and other tobacco-related diseases, healthcare programs with an emphasis on children and the elderly, and a variety of other health related programs.

I actually think the Settlement Trust Fund could be a major factor in tobacco control...Certainly in seven to ten years, there’s going to be a significant amount of interest being generated by that fund.

Other Funding Streams

Securing funding from other sources, such as the CDC and the American Legacy Foundation, was also identified as a positive influence on tobacco control efforts. These funds helped build infrastructure, maintain focus, and provide a consistent funding source for programs.

They [CDC] funded our infrastructure. That’s been incredibly important. Without that, we wouldn’t be here.

So far this state has been fairly successful in receiving American Legacy Foundation dollars and that’s a big help in tobacco control.

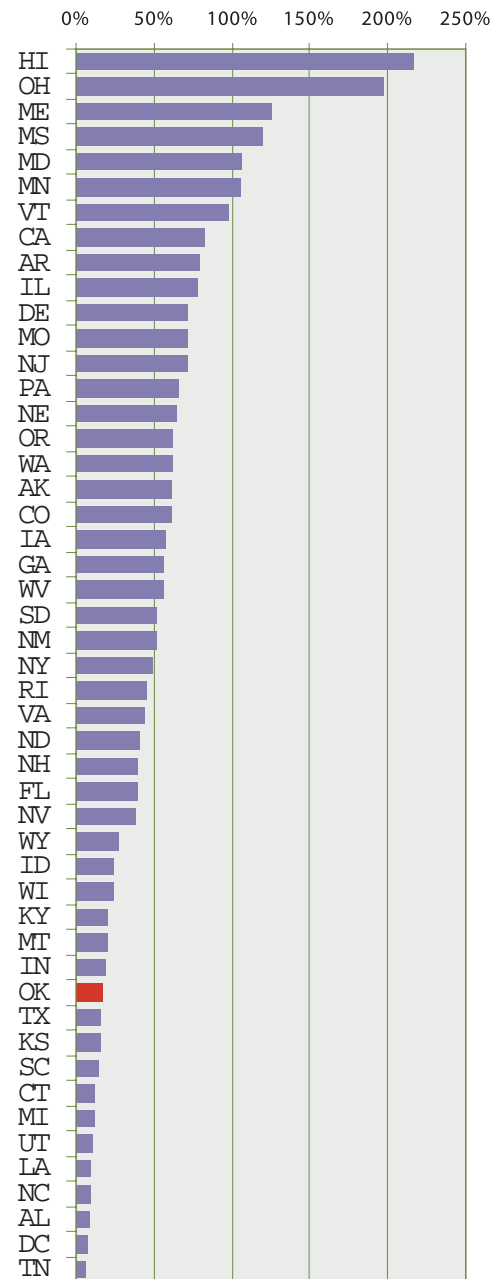
Challenges

Tobacco Control Funding

Lack of adequate funding was one of the biggest challenges facing tobacco control partners. Several partners felt that Oklahoma was unable to have a comprehensive tobacco control program due to limited funding.

Where does Oklahoma rank?

The percentage of CDC lower estimate funding allocated for tobacco control in FY 2002



*AZ and MA data were not available.

Cigarette excise tax rates
(as of 01/03)

State	Excise Tax
MA	\$1.510
NJ	\$1.500
NY	\$1.500
WA	\$1.425
RI	\$1.320
OR	\$1.280
MI	\$1.250
HI	\$1.200
AZ	\$1.180
CN	\$1.110
AK	\$1.000
DC	\$1.000
ME	\$1.000
MD	\$1.000
PA	\$1.000
IL	\$0.980
VT	\$0.930
CA	\$0.870
KS	\$0.790
WI	\$0.770
UT	\$0.695
NE	\$0.640
IN	\$0.555
OH	\$0.550
NH	\$0.520
MN	\$0.480
ND	\$0.440
TX	\$0.410
IA	\$0.360
LA	\$0.360
NV	\$0.350
AR	\$0.340
FL	\$0.339
SD	\$0.330
ID	\$0.280
DE	\$0.240
OK	\$0.230
NM	\$0.210
CO	\$0.200
TN	\$0.200
MS	\$0.180
MT	\$0.180
MO	\$0.170
WV	\$0.170
AL	\$0.165
GA	\$0.120
WY	\$0.120
SC	\$0.070
NC	\$0.050
KY	\$0.030
VA	\$0.025

I mean, you can have all the commitment in the world, but you can't implement school programs and all these other things without any money.

Partners felt that cessation programs, especially statewide efforts, were weak due to the lack of funding. Additionally, partners believed counter-marketing and enforcement programs needed more funding.

We can't do counter-marketing because we don't have enough money.

...we don't have enough compliance officers, we don't have enough money going into the ABLE [Alcoholic Beverage Law Enforcement] commission to do enough checks.

In FY 02, Oklahoma experienced a budget shortfall of nearly \$200 million leading to state program cuts. However, partners felt that the budget crisis had little effect on the tobacco control program.

Partners mentioned that increasing the cigarette excise tax was being considered for the next legislative session to generate revenue.

Disbursement of Trust Funding

At the time of the interviews the Trust had not distributed any funding. Reasons for the delay included: 1) an executive director and other staff were still being hired; 2) no RFP process had been established yet; and 3) minimal funding was available for distribution the first year.

A few partners mentioned that since the Trust was established, the allocation of other funding to tobacco control was not a priority for the legislature. However, it will take approximately 10 years for the Trust to generate enough interest to meet CDC's lower estimate.

...if all the proceeds that must legislatively go into the Trust are put into the Trust, then it will take ten years before there's enough money for one year of comprehensive programs.

Suggested Approaches

1. Disseminate evaluation results from MATCH to political leadership and the general public to increase awareness and support for funding a comprehensive statewide tobacco control program.
2. Draft a long-term strategic plan with staged implementation of program components based on expected funding from the Trust Fund, starting with components that have the greatest chance of early impact.
3. Utilize the state budget crisis as rationale for increasing the cigarette excise tax. Advocate for a portion of the tax to be dedicated to tobacco control.
4. Explore short-term funding sources to supplement the Trust until enough Trust interest is available for an effective program.



Political Climate

Section Highlights

- ▶ Oklahoma was considered to be a pro-tobacco and pro-business state.
- ▶ Partners felt Governor Keating had not been supportive of tobacco control until the last six months of his term.
- ▶ The State Legislature was viewed as unsupportive of tobacco control and heavily influenced by the tobacco industry.
- ▶ Several tobacco control champions were identified, including Rep. Ray Vaughn, Sen. Ben Robinson, and Commissioner of Health Dr. Beitsch.
- ▶ The lack of political support and the influence of the tobacco industry were identified as major political barriers.
- ▶ The two major political events that influenced the political landscape were the MSA agreement and the Secondhand Smoke Rules sponsored by the Board of Health.

Oklahoma's political composition,
2002 legislative session

Governor Frank Keating	Republican
Attorney General Drew Edmonson	Democrat
<i>Senate</i>	
President Pro Tempore Stratton Taylor	Democrat
Party Breakdown	30 Democrats 18 Republicans
<i>House of Representatives</i>	
Speaker Larry Adair	Democrat
Party Breakdown	52 Democrats 48 Republicans

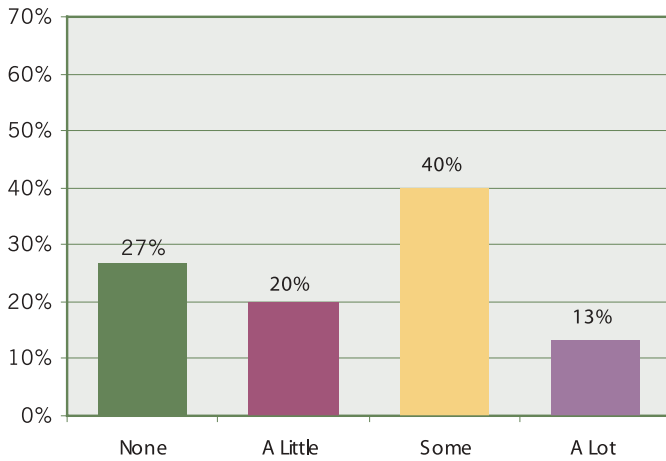
Political Climate

In the 2002 legislative session, the political leadership consisted of a Republican governor and a Democratic majority in the state Legislature. Partners characterized Oklahoma as pro-tobacco, rural, and pro-business and economics.

Our leadership talks more about economic development than they do the wellness of the people within the state.

Some partners felt that although there is an unfavorable view about tobacco control, there had been a small shift in support of it.

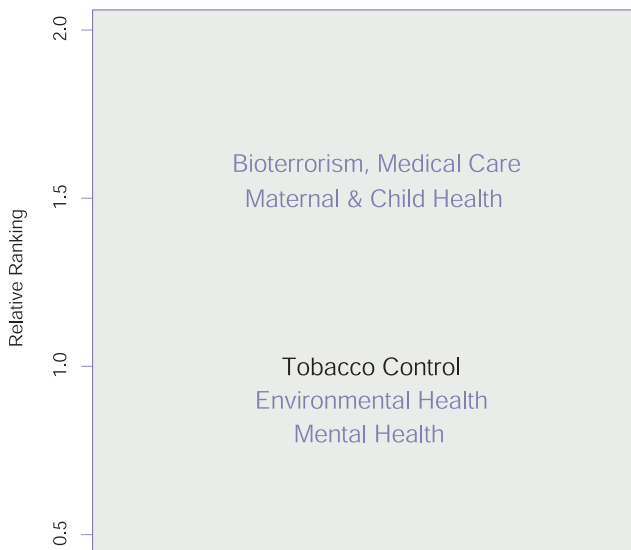
How much support for tobacco control do you receive from Governor Keating?



Perceptions of Governor Keating's prioritization of public health



Perceptions of Governor Keating's prioritization of tobacco control



We've seen in the last 24 months a shift in it, not enough of a shift but a shift. If it were half time in an OU-Texas football game – Texas being Tobacco - I'd say it's Texas 14, Oklahoma 3.

An example of this shift towards tobacco control was the introduction of the Secondhand Smoke Rules by the Board of Health, which would restrict smoking in public places, particularly restaurants. At the time of the interviews, the Governor had signed the Rules allowing the restrictions to become effective on July 1, 2002. However, these Rules were subject to a state district court temporary injunction sought by the Oklahoma Restaurant Association, delaying their implementation. In August 2002, the DOH filed an appeal with the state Supreme Court to overturn the injunction.

Political Support for Tobacco Control & Public Health

More than half of the partners felt that Governor Keating had not been supportive of tobacco control until the last year of his term.

He's a lame duck Governor. He's only in office for a few more months. And suddenly he came out on our side. He's hasn't shown any support whatsoever until this year.

Some partners felt that the increased support was due to the Governor's limited time in office allowing him to take some risks. Others attributed it to the work by the tobacco control advocates to educate the Governor about tobacco control.

Partners perceived that public health was a lower priority for the Governor than a number of issues (i.e., education, crime). They felt that the Governor prioritized bioterrorism, medical care, and maternal and child health above tobacco control.

Partners viewed the Legislature as more important to tobacco control than the Governor, given his final term in office. Many partners identified the Legislature as a significant barrier to their tobacco control efforts. The large majority (82%) felt that the Legislature showed very little, if any, support for tobacco control.

They cited that many tobacco control bills had died in committee after assignment to unfavorable committees by the leaders of the House and Senate. Additionally, partners felt that the Legislature was heavily influenced by the tobacco industry (see Political Barriers section below). A few partners were looking forward to the change in legislators due to term limits in the near future.

Within the next two to four years, we're going to have a big turnover in legislators. So that may be a positive thing where we can get some new thinking and some new blood in there.

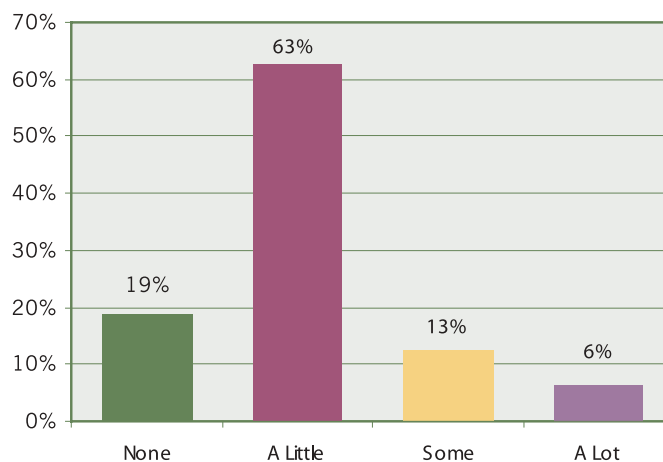
Tobacco Control Champions

Although partners generally viewed the Legislature as unsupportive of tobacco control, two legislators were frequently identified as strong tobacco control advocates: Representative Ray Vaughn (R) and Senator Ben Robinson (D). Partners also mentioned Senator Angela Monson (D) and Representative Jari Askins (D) as being supporters of tobacco control.

The Commissioner of Health, Dr. Leslie Beitsch, was identified as a tobacco control champion due to his courage in making tobacco control such a high priority.

He [Dr. Beitsch] had enough moxy to get out there and just start pushing this issue...he was the one that promoted an increase on the dollar excise tax...that just about started a firestorm...he really had the courage to do it and stick with it even though it's been hard.

How much support for tobacco control do you receive from the Legislature?



Organizations that were frequently mentioned as strong tobacco control advocates included:

- State Medical Association
- The State Department of Health
- American Lung Association
- American Cancer Society
- American Heart Association
- The Office of the State Attorney General

Political Barriers

In addition to the lack of political support from the Legislature, the tobacco industry (TI) was also identified as a significant barrier in Oklahoma. Partners felt that it had been effective in inhibiting the tobacco control program.

They have been very successful in keeping us from getting our bills heard. We have had to re-double our efforts. And that is what's so frustrating because we see it as a public health issue and they see it as a commerce issue.

We are being controlled by the tobacco companies. The tobacco lobbyists are extremely strong. They have infiltrated our commerce. They have infiltrated our Restaurant Association and it's just sad.

Partners felt that the TI influence on the legislators was extensive. The Legislature was described as being in the hip pocket of the industry. For example, during the 2000 election year, the industry made direct campaign contributions totaling approximately \$25,000 to the candidates, including \$2,500 to the Governor and \$750 to the Speaker of the House.

Oh, my gosh! The tobacco industry money is just dripping off the ceiling at the Capitol.

I think they're [tobacco industry] extremely effective...and the problem is they don't have to work very hard at it because they know the legislators very well. They speak their language.

In 2001-02, there were seven registered tobacco lobbyists, representing six different tobacco companies. Partners felt that the tobacco lobbyists were extremely strong in the state. Many of the lobbyists were former legislators.

The lobbyists are obviously part of the political leadership and although they're not elected, I would say that they are political leaders in our state.

Partners also identified several special interest groups as being pro-tobacco: the retailers, petroleum marketers, and one of the most influential groups, the Restaurant Association.

Other political barriers identified were:

- Preemption regarding youth access, clean indoor air, and marketing
- Lack of effective communication with elected officials in order to educate them about tobacco control
- The pro-tobacco social norm of the general public (*e.g.* tobacco use is a personal choice)

Significant Political Events

Two events had a significant impact on Oklahoma’s political landscape in the past few years.

1. The MSA brought public attention to tobacco control and pushed the movement forward. Additionally, the public overwhelmingly passed a constitutional amendment establishing the Trust Fund to which MSA money is allocated.
2. Partners felt that the Secondhand Smoke Rules would have a significant impact on future tobacco control efforts. Partners shared their thoughts about the Rules:

Positive

- The Rules are an effective effort for clean indoor air.
- The Rules have the potential to change pro-tobacco social norms.
- It is the Board of Health’s responsibility to protect the public’s health.

Negative

- The Rules may be too complex and weak to carry enough weight.
- Some legislators believed that DOH had overstepped its boundaries regarding the Rules.
- Partners were uncertain how the Legislature would react to the Rules in the next legislative session.
- Potential backlash from the Legislature may affect other policy efforts.

Suggested Approaches

1. Cultivate a close relationship with new Governor Brad Henry to help elevate tobacco control’s priority on his agenda.
2. Develop a plan to educate the newly elected officials about tobacco control.
3. Mobilize local partners to advocate to their legislators for additional funding.
4. Work with current tobacco control champions in the Legislature to garner more legislative support.
5. Use media campaigns to help influence the public’s perception about tobacco and increase support for the program.

Policy Watch: SCLD Ratings

Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI’s State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

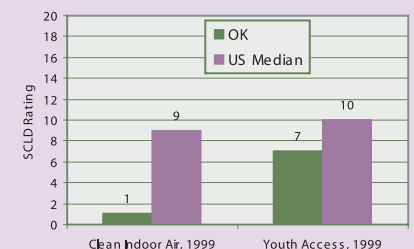
For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressing enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

Oklahoma has suffered reductions in both clean indoor air and youth access scores due to existing preemption. Its clean indoor air score is well below the national median, indicating a definite need for the repeal of preemption and an increase in the number of policies in this area.

Oklahoma’s ratings

Clean Indoor Air: **1**

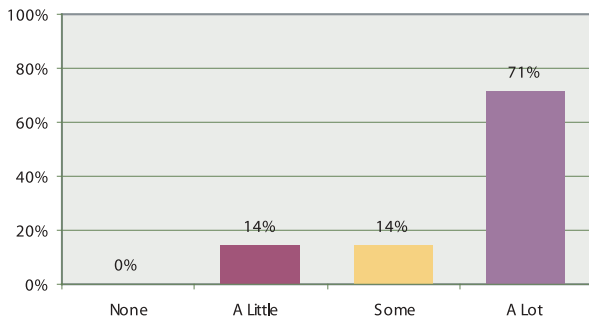
Youth Access: **7**





Organizational Capacity

How much support for tobacco control do you receive from your agency leadership?



How does each of the following characteristics affect your agency's tobacco control program?

Organizational Characteristic	Helps	Hurts	Both	Neither
Physical resources	88%	0%	12%	0%
Internal communication network	77%	6%	18%	0%
Training opportunities	77%	12%	12%	0%
Organizational structure of agency	71%	12%	18%	0%
Job stability	53%	6%	18%	24%
Internal decision-making process	53%	12%	24%	12%
Size of agency	53%	12%	29%	6%
Reporting requirements	41%	6%	18%	35%
Number of tobacco control staff	6%	44%	44%	6%

Section Highlights

- ▶ Most partners felt the network was somewhat effective due to recent strengthening, but recognized that it could be stronger.
- ▶ The current transition in leadership and focus of the statewide coalition, the Alliance, were viewed as positive changes for the future of the coalition.
- ▶ TUPS, the Alliance, and the Oklahoma State Medical Association were ranked high for both importance to the program and commitment to tobacco control.
- ▶ Partners believed that ways to increase the effectiveness of the network were to increase funding and increase grassroots effectiveness.

Organizational Capacity

Partners shared similar organizational characteristics that influenced their own tobacco control efforts. They felt that supportive agency leadership and the strong dedication and commitment to tobacco control throughout Oklahoma facilitated their efforts. However, lack of funding and personnel, and an insufficient infrastructure within their agencies were often identified as major barriers.

The majority of partners believed that the availability of physical resources, the internal communication network, training opportunities, and the organizational structure of their own agencies helped their efforts.

Almost half (45%) of partners believed that their staffing levels were inadequate. However, all believed that their staff's tobacco control experience was adequate.

The majority of partners reported that the trainings their tobacco staff attended in the past year were at least somewhat adequate. The most common trainings attended were national trainings, state or regional trainings, and coalition trainings.

Turnover and Position Vacancies

Although a few agencies had experienced staff turnover, they felt that it was not problematic. In fact, many partners felt their job stability was high. Reasons for staff turnover that did occur were low pay and availability of other job opportunities

Some partners felt TUPS had been somewhat affected by staff turnover, resulting in slower progress.

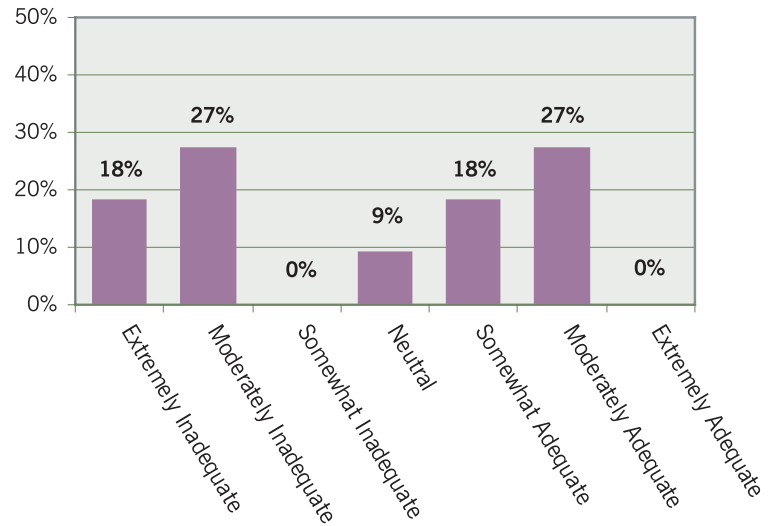
I think it's been a little bit of a problem. I think recently there's been some staff turnover and that has slowed things up a bit...It takes awhile for that person to get up and running and trained.

A specific problem mentioned was the loss of TUPS' youth empowerment program coordinator.

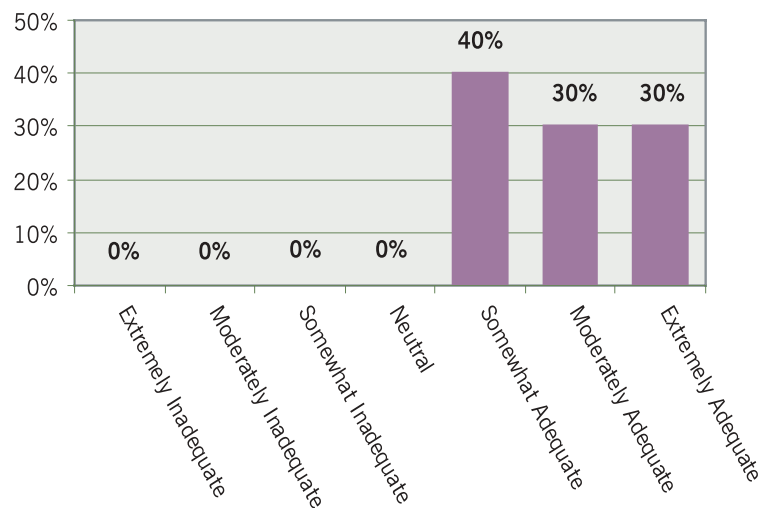
The first staff that we lost was our youth empowerment program coordinator, and what I'm hearing is there is a sense of loss with our contractors not having someone...our contractors have suffered for that, but programmatically it certainly slows you down.

...they don't have a SWAT person at the helm that leads all of the state SWAT, so that has been a problem.

How adequate is your tobacco control staffing level?



How adequate is your staff's tobacco control experience?

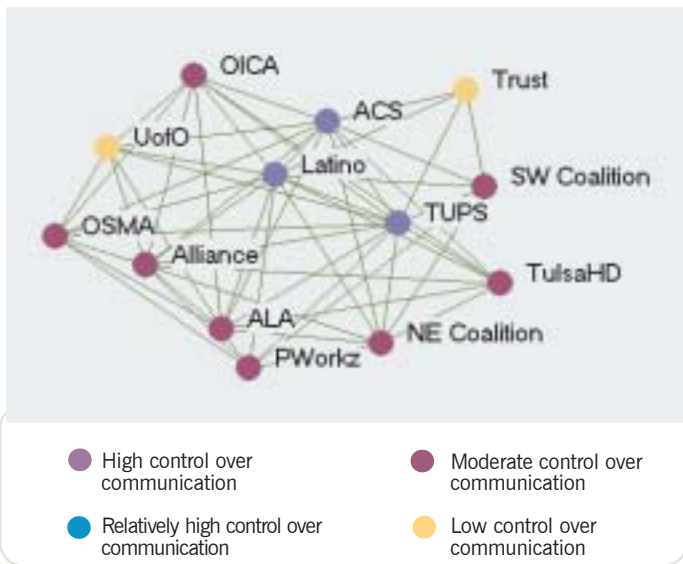


Organizational Capacity

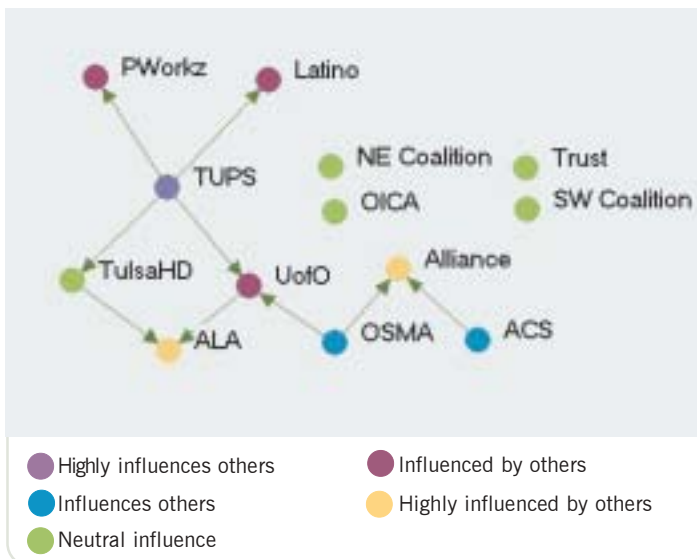
Partners of Oklahoma's tobacco control network

Agency	Abbreviation	Agency Type
Oklahoma State Department of Health Tobacco Use Prevention Service	• TUPS	• Lead agency
American Cancer Society - Heartland Division	• ACS	• Voluntary
American Lung Association of Oklahoma	• ALA	• Voluntary
Oklahoma Alliance on Health or Tobacco	• Alliance	• Statewide Coalition
Northeast Tobacco Free Oklahoma Coalition	• NE Coalition	• Regional Coalition
Southwest Tobacco Free Oklahoma Coalition	• SW Coalition	• Regional Coalition
Oklahoma State Medical Association	• OSMA	• State Medical Assoc.
Tulsa City-County Health Department	• Tulsa HD	• Contractor
PreventionWorkz	• PWorkz	• Contractor
University of Oklahoma Health Sciences Center	• U of O	• Contractor
Latino Agency	• Latino	• Contractor
Oklahoma Institute for Child Advocacy	• OICA	• Advocacy Group
Tobacco Settlement Endowment Trust	• Trust	• Trust

Monthly contact among network partners



Money flow among network partners



Tobacco Control Network

Thirteen tobacco control partners were identified to participate in the interviews. The list of partners included a variety of agency types. One unique feature of Oklahoma's tobacco control network was the inclusion of the state mandated Tobacco Settlement Endowment Trust (Trust).

Contact Frequency

In the graph to the left, a line connects two partners that have contact (*i.e.* meetings, phone calls, or emails) with each other at *least* once a month. Oklahoma had a relatively dense communication structure, where the majority of partners had frequent contact with each other. TUPS, ACS, and the Latino Agency (a statewide ethnic network) had the most control over communication flow, followed by a large number of agencies with moderate control over communication. Only the U of O and the Trust had very low control over information flow, reflecting U of O's narrow focus in the program and the infancy of the Trust.

Money Flow

In the graph to the right, an arrow between two partners indicates direction of money flow. For example, TUPS sends money to TulsaHD. Overall, money mostly flowed from TUPS to its contractors. Therefore, TUPS had the largest financial influence over the network. OSMA and ACS also had some financial influence since they sent money to the Alliance. The regional coalitions along with OICA and the Trust were not sending or receiving money within the network of partners at the time of interviews. We expect the Trust will disburse money to partners once it has completed its organizing phase, resulting in a much higher financial influence.

Perceived Effectiveness of the Network

Many partners felt that Oklahoma's tobacco control network was relatively effective due to its increased strength over the past few years, having dedicated and supportive partner agencies, and having seen recent successes, such as the Board of Health's Secondhand Smoke Rules.

We would not have achieved what we have this year without the network and the coordination that we have done with all of the agencies...that whole synergistic approach that has given us the successes that we've had. It could never have been done by one or another; it could only be done by the total.

I think that we're all mutually supportive and more importantly, we all like each other so we work well together. I think that we've seen over the last two legislative sessions increasing effectiveness of our interactions and mutually supportive lobbying efforts.

Many partners recognized that the network could be stronger, with increased collaboration and communication.

We still have a lot of disagreement or miscommunication that occur or because things are moving so fast we don't communicate as efficiently or early as we could. We have not engaged in a strategic planning process with all of our partners...

Coalitions

Oklahoma's statewide coalition, the Oklahoma Alliance on Health or Tobacco (Alliance), was going through a transition phase at the time of the interviews. It had recently gained new leadership, changed focus, and was in the process of restructuring. While a few partners thought the Alliance had been ineffective and was fragmented, most were more positive about its achievements and potential. Although the coalition had previously been led by a few core partners, they had realized the benefit of new members and had successfully expanded its membership. Partners also felt the Alliance had successfully mobilized grassroots efforts during the past year. Although they felt the coalition had lost its focus in the past, its recent emphasis on advocacy and policy issues and new leadership were viewed as positive changes for the future.

The main tobacco coalition has been in transition. There's been some changes in terms of leadership within the Alliance, and so I think that has affected the effectiveness to some extent. However, the changes in the long run are probably going to be positive ...Perhaps over the last three or four years they lost focus a little bit and really this year refocused on advocacy and policy issues...I think we got further with legislation this year than any year I can remember...I think it's a result of the Alliance's refocus...

Agency rating of importance to the program & commitment to tobacco control

Importance to the program ^a		Commitment to tobacco control ^b	
Agency	Avg. rating ^c	Agency	Avg. rating ^c
Department of Health	9.2	Alliance on Health or Tobacco	9.7
Tobacco Settlement Trust	9.0	Department of Health	9.6
Alliance on Health or Tobacco	8.8	State Medical Association	9.1
State Medical Association	8.8	Latino Agency	9.1
Institute for Child Advocacy	8.7	American Lung Association	9.0
American Lung Association	8.7	PreventionWorkz	9.0
PreventionWorkz	8.6	Institute for Child Advocacy	8.9
American Cancer Society	8.5	American Cancer Society	8.9
SW Tobacco Free Coalition	8.4	Tulsa City-County Health Dept.	8.9
Tulsa City-County Health Dept.	8.3	University of Oklahoma	8.9
NE Tobacco Free Coalition	8.2	Tobacco Settlement Trust	8.8
Latino Agency	8.2	SW Tobacco Free Coalition	8.7
University of Oklahoma	7.7	NE Tobacco Free Coalition	8.4

^a How would you rate the importance of each agency for an effective tobacco control program in OK?
^b How would you rate the level of commitment to tobacco control for each of the following agencies in your state?
^c 10 = high; 1 = low

Most partners (82.4%) reported that local grassroots coalitions were at least somewhat effective. The ACS grassroots network, in particular, was viewed as effective. Partners recognized the importance of coalition work, but felt that local grassroots efforts could be improved as a way to increase the effectiveness of the entire tobacco control network.

I think if we could develop a very effective grassroots effort that would be a tremendous help...I think that a grassroots network focused on tobacco control would be very useful.

Agency Importance and Commitment

Partners were asked to rate each agency’s level of commitment to tobacco control and level of importance for an effective state tobacco control program. There was little variation in the ratings, showing moderately high commitment and importance for all partner agencies. TUPS, the Alliance, and OSMA ranked among the highest for both commitment and importance. The Trust was ranked high for importance, but relatively low for commitment. This perception of low commitment of the Trust may be due to the fact that it had not disbursed funds yet at the time of the evaluation. The Trust was still in the process of hiring staff, and minimal funding was available for distribution the first year.

Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network. These included:

- Increase funding
- Increase the effectiveness of the grassroots effort
- Complete the reorganization of the Alliance
- Strive for strong and balanced leadership

- Increase effectiveness with policymakers
- Take stronger stands on tobacco issues

Suggested Approaches

1. Continue to strengthen the collaboration among state agencies initiated by Dr. Beitsch.
2. Engage in more long-term strategic planning at both the state and local levels.
3. Complete the Alliance transition and continue to focus on strategic legislative issues, such as maintaining and increasing funding and defending the Board of Health Secondhand Smoke Rules.
 - Diversify the membership to include more non-traditional partners
 - Develop an advocacy plan with defined roles for the tobacco control lobbyists
 - Identify and promote priorities of the Alliance



The Best Practices

Best Practices category definitions

Community programs – local educational and policy activities, often carried out by community coalitions

Chronic disease programs – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

School programs – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

Enforcement – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

Statewide programs – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

Counter-marketing programs – activities that counter pro-tobacco influences and increase pro-health messages

Cessation programs – activities that help individuals quit using tobacco

Surveillance & evaluation – the monitoring of tobacco-related outcomes and the success of tobacco control activities

Administration & management – the coordination of the program, including its relationship with partners and fiscal oversight

Section Highlights

- ▶ Most partners were familiar with the Best Practices guidelines.
- ▶ Community programs and counter-marketing were considered high priorities for Oklahoma. Chronic disease and enforcement programs were ranked as low priorities.
- ▶ Oklahoma's unique arrangement of the BP into the Four Cornerstones helped provide a simple message for the public and Legislature.
- ▶ Strengths of the BP were that it focuses on a comprehensive approach, provides a national standard and framework to start with, and is evidence-based.
- ▶ Some of the weaknesses of the BP identified were that it lacks guidance for implementation and funding prioritization, and consists of too many categories for quick comprehension.
- ▶ Improvements suggested were to include implementation strategies, provide specific examples along with their budgets, and adopt the Four Cornerstones approach.

The Best Practices

Oklahoma tobacco control advocates used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) as guiding principles to develop and fund a comprehensive program, educate the public and legislature, and promote evidence-based approaches to partner agencies. Unique to Oklahoma was the repackaging of the BP into the Four Cornerstones, which was included in legislation that mandated the implementation of a comprehensive program. This approach highlights *community, counter-marketing,*

classroom and *cessation* initiatives as the Four Cornerstones. *Statewide* and *chronic disease programs* are captured in the *community* initiatives, while *surveillance & evaluation* and *administration & management* are necessary for all components.

Many partners felt the Four Cornerstones approach was helpful because it provided a simple message for the public and Legislature.

When you are going down a list of nine if any one of them is tough to explain, to comprehend, then you're never going to get through your list so eyes kind of glaze over. So even if you can describe each one in one sentence, you don't usually have time for nine sentences. So the four kind of captures it.

To me I think it was a sound bite. It was a way to spin it in the media that made it much easier to understand than 'we've got these nine components of the Best Practices'...it was just to put it in a marketing spin so that we could make it easy for people to embrace and understand.

The majority of partners were very familiar with the BP. Partners felt *community* and *counter-marketing* programs should be high priorities for Oklahoma, while *chronic disease programs* and *enforcement* were lower priorities. Many partners did emphasize the importance of implementing all nine BP categories in order to have a comprehensive program. Most partners felt that all nine BP categories were being implemented, yet some to a lesser degree because they were lower priorities at the time.

High BP Priorities

Partners identified *community programs* as a high priority for the following reasons:

Best Practices ranking & TUPS estimated budget allocations, FY 2002

BP Category	Mean Rank ^a	Budget %
Community Programs	2.0	47
Counter-Marketing	3.0	14
Surveillance & Evaluation	4.4	5
Statewide Programs	4.4	6
School Programs	4.6	17
Cessation Programs	5.0	3
Enforcement	5.3	0
Chronic Disease Programs	7.2	0
Administration & Management	Not included ^b	8

^aRanking: 1= highest priority; 8 = lowest priority
^bNot included because not mutually exclusive with the other categories

- Activity must occur at the local level

I think most tobacco control activity has to start at the local level.

I know that without doing work in the community in the different areas, we can't do a whole lot.

- Best way to create change

It is the best way to affect policy change. This is the most effective way that we can have change in the right direction to accomplish our goals.

- Importance of coalition work

As we develop our regional coalitions, our community coalitions, that really is going to be the strength in trying to get comprehensive programs established in various areas.

I think without coalitions, without the grassroots, that nothing else really happens.

- Need for community input and guidance

The death of it would be if it was seen as something just coming out of Oklahoma City that was driving everything. It really has to have seeds planted statewide for it to take hold.

Counter-Marketing programs were also ranked relatively high because of its use in complimenting the state's clean indoor air efforts and its effectiveness in increasing awareness for both the public and legislators.

...counter-marketing is the most effective because you make people aware. And even if the most underserved part of the population doesn't get it, then hopefully there are enough people that are going to bring the awareness to legislators and policymakers to make a difference.

Low BP Priorities

Chronic disease programs were ranked as a low priority for the following reasons:

- A belief in prevention

If we only focus on chronic disease programs, then we've somewhat failed in our mission of tobacco control. Hopefully, we're going to prevent people from getting COPD or lung cancer or heart disease from smoking.

- Expensive

It's also very expensive to do those types of programs, whereas, you can invest your dollars in primary prevention and get a bigger bang for the buck.

- Current programs do not focus on tobacco-related illness

Within the State Health Department, chronic disease is an important area, but right now our chronic disease is more focused on diabetes, breast and cervical cancer, and those kinds of things. We're not really focused at all on lung cancer or COPD.

- Encompassed by other categories (e.g. cessation, community programs)

I think partly because it is encompassed in cessation. The main thrust for chronic disease efforts would be cessation efforts or at least identifying their tobacco users and implementing the clinical practice guidelines.

Enforcement was also ranked relatively low due to the sentiment that the state was not doing well in this area (non-compliance rates were high), as well as the feeling that current policies punish youth rather than retailers.

Partners also discussed other issues regarding chronic disease programs, counter-marketing and cessation programs. Some partners were not familiar with what is involved in chronic disease programs. Even though counter-marketing was ranked relatively high in priority, some respondents felt that the media campaign had been weak and needed more funding. Partners also thought cessation programs were weak since there were no statewide programs.

Cessation programs are probably where we're the weakest. There are relatively few cessation programs, certainly no statewide cessation programs, and relatively few in the communities.

For FY 2002, the DOH allocated nearly half (47%) of their tobacco control budget to community programs, followed by 17% to school programs and 14% to counter-marketing (see table on page 18). The final rankings were somewhat consistent with estimated budget allocations. The funding levels may have influenced the partners' category rankings. An exception was the mid ranking of school programs even though it was given the second highest funding allocation, reflecting the legislative mandate that required \$500,000 be spent on the School Nurses Program.

BP Strengths & Weaknesses

A number of strengths of the BP were identified:

- Emphasizes a comprehensive approach
- Provides a national standard for tobacco control
- Provides a prefabricated framework to build upon
- Is evidence-based
- Quantifies the necessary funding levels

Partners also identified many weaknesses of the BP:

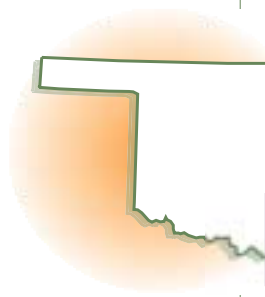
- Lacks implementation strategies
- Consists of too many components for easy comprehension
- Lacks prioritization of funding
- Lacks description of what does *not* work

Partners felt that the BP should be continually updated and improved. Specific recommendations were:

- Include implementation strategies
- Include specific examples along with their budgets
- Offer suggestions for alternatives in areas where best practices either don't exist or are unrealistic
- Explain how to prioritize with less funding and staff resources
- Adopt the Four Cornerstones approach

Suggested Approaches

1. Refer to other tobacco control resources to supplement the Best Practices. For example,
 - *The Guide to Community Preventive Services for Tobacco Use Prevention and Control* (www.thecommunityguide.org)
 - *The 2000 Surgeon General's Report on Reducing Tobacco Use* (www.cdc.gov/tobacco/sgr_tobacco_use.htm)
 - *The 2000 Public Health Services Clinical Cessation Guidelines* (www.surgeongeneral.gov/tobacco/smokesum.htm)
 - Resources from national tobacco control organizations (see the Resources section on page 32).
2. Take into account the strengths, weaknesses, and areas of potential improvement to *the Best Practices* guidelines identified in this Profile when developing your own tobacco control resources.
3. Expand collaboration with other programs and agencies for the implementation and coordination of chronic disease programs with a focus on tobacco control.
4. Continue to educate the public, new legislators, and new partners about the Four Cornerstones approach.



Tobacco Control Program Goals

Section Highlights

- ▶ Reducing exposure to secondhand smoke and youth prevention were seen as appropriate priority goals due to their synergism and ability to impact a large number of people.
- ▶ While repealing preemption in the legislature had been unsuccessful, the Board of Health's Secondhand Smoke Rules was seen as a successful approach.
- ▶ SWAT, the statewide youth movement, was viewed as a successful youth prevention activity.
- ▶ Partners felt that increased money and staffing could assist in achieving their goals.

Top Two Goals

For this evaluation, the TUPS was asked to identify the top two priority policy or programmatic goals for FY 02. The two goals identified were:

- To prevent tobacco use among youth; and
- To reduce public exposure to secondhand smoke.

These goals are two of the four program goals outlined by the CDC (*i.e.*, preventing initiation, promoting cessation, eliminating exposure to secondhand smoke, and eliminating disparities). These two goals, along with the goal of cessation, were disseminated through an established partnership and public education strategies, as well as documented in the 2002 strategic plan, *The Oklahoma State Plan for Tobacco Use Prevention & Cessation*. The goals were chosen because of their immediate and long-term impacts on public health, as well as the efficacy of the prevention message to reduce youth tobacco use. In accordance with the top two goals, local coalitions in Oklahoma cited youth prevention and the promotion of clean indoor air ordinances as some of their top objectives for the year.

Partners overwhelmingly agreed that reducing exposure to secondhand smoke and prevention of tobacco use among youth were appropriate priorities. They considered these goals suitable due to

their synergism and ability to impact a large number of people and create change.

If we get the clean indoor air policies adopted then fewer people are smoking everywhere. Then they're seeing that it's less acceptable and it has a huge impact on youth initiation.

I think in terms of the number of people they're likely to impact and also the potential for impact and change, I think that they're very appropriate priorities.

A few partners felt that youth prevention may be the most important of the two because 1) Oklahoma has some of the highest youth tobacco use rates in the nation, and 2) the focus of public health is prevention.

A Sampling of Oklahoma's Activities

Reduce public exposure to secondhand smoke

- Board of Health's Secondhand Smoke Rules
- Advocacy efforts (e.g. encouraging grassroots to contact legislators)
- Public education forums to promote voluntary policy change in communities
- Efforts to change tobacco-free school policies to 24 hours, 7 days a week for the entire campus

Prevent tobacco use among youth

- SWAT, along with its Reality marketing campaign
- School programs mandated by the Legislature through the Department of Education
- Community-based programs (e.g. hosting national tobacco days)
- Statewide teen summit

Successes, Challenges & Improvements

Reducing second-hand smoke

Partners felt that achieving this goal would be difficult due to preemption and weak state laws. Efforts to repeal preemption of secondhand smoke laws in the Legislature had been unsuccessful. Some speculated that this was due to the tobacco industry promoting that it would be too confusing if each municipality had their own legislation. Others noted that since the preemption battle had been ongoing for years, tobacco control advocates finally concluded that the change would not take place through legislation. The Board of Health's Secondhand Smoke Rules approach was used instead.

The Rules were viewed as a successful approach to reducing second-hand smoke. Partners believed that public awareness and an effective grassroots effort helped get the rules signed. However, an injunction filed by the Restaurant Association delayed these efforts. Furthermore, partners noted that the Rules could end up as a legislative battle.

It's going to be a real legislative fight once it comes out of the courts and comes back to the Legislature. The Legislature seems to think that they've [Board of Health] overstepped their boundaries legally.

Preventing tobacco use among youth

Most partners viewed Students Working Against Tobacco (SWAT) as a successful youth prevention activity because it is youth driven and teaches kids about tobacco industry manipulation. The program was relatively new at the time of the evaluation and some felt it needed more resources.


Just the fact that it's [SWAT] youth focused, youth driven, youth led. It still needs help because they're trying to build up infrastructure... we have a lot of kids signed up that want to be active. They're ready to go and we don't have the support for them to get busy right now...but for what SWAT has been able to do, it's been pretty successful and has major potential. We're just still in those informative years.

Finally, partners felt that increased funding and staff would help their agencies meet the priority goals.

We can't ever do everything we want because we don't have enough funding and staff.

Suggested Approaches

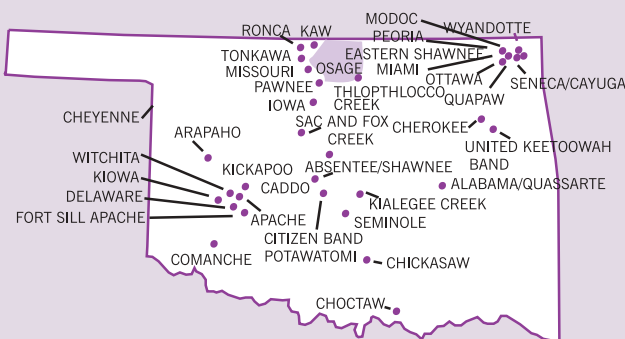
1. Continue to garner public support for the Secondhand Smoke Rules. Educate new legislators about the benefits of the Rules.
2. Work to increase SWAT's infrastructure and maintain youth involvement.
3. Increase coordination at the local level to prevent overlap of activities and foster better communication.



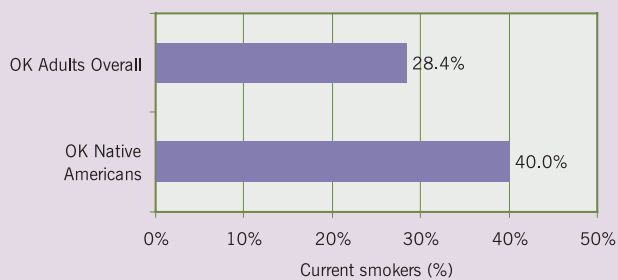
Disparate Populations

Oklahoma's Native American population

- OK has the 3rd highest Native American population in the U.S.
- Approximately, 273,230 Native Americans, accounting for 8% of OK's population



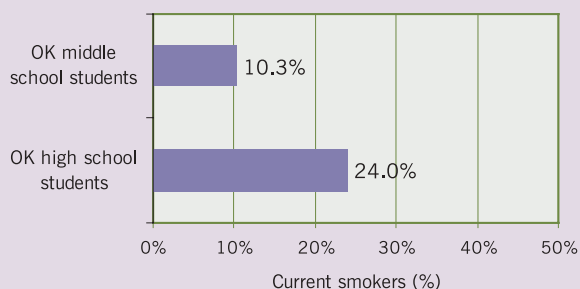
Cigarette Use, 2001



Oklahoma's youth population

- Approximately, 892,360 youth, accounting for 26% of OK's population

Cigarette Use, 2002



Section Highlights

- ▶ TUPS preliminarily identified Native Americans, youth, and low socioeconomic populations as experiencing significant tobacco-related disparities.
- ▶ TUPS had begun comprehensive data analysis to formally identify the primary disparate populations for Oklahoma.
- ▶ Partners agreed that the three populations were a priority for Oklahoma.
- ▶ Hispanics/Latinos, African Americans, Asians, and the elderly were suggested additions.
- ▶ Oklahoma had implemented a small number of strategies to address disparate populations at the time of the evaluation.

Priority Disparate Populations

At the time of this evaluation, TUPS was in the planning phase for addressing tobacco-related disparities. They had not formally identified the primary disparate populations relating to tobacco use, but data analysis had begun. TUPS preliminarily identified the following populations for this evaluation:

- Native Americans
- Youth
- Low socioeconomic (SES) populations

Partners' Comments

Partners agreed that the populations listed above should receive priority attention. While partners felt that youth and low SES populations were important populations, more comments were made regarding Native Americans.

- Partners felt that Native Americans would be formally identified as having tobacco-related disparities after data analysis was completed due to their high prevalence rates.

The Native American population has a very high prevalence of use and because of the traditional use of tobacco it's been especially difficult to reduce the rate for them.

- The economic dependence on tobacco was a challenge to tobacco control efforts in the Native American tribes. In addition, partners also identified a need for more education regarding the difference between traditional tobacco use and abuse among tribal members.

Tobacco is just a real issue with Native American people. They use it in their ceremonies. So it's hard to distinguish to them that that could be harmful when they've seen it all their lives.

- Working with approximately 40 sovereign nations within the state can be challenging due to their unique needs and organization.

There are at least 40 sovereign nations within the state boundaries. When the State attempts to do something, there has to be recognition of these nations, their desires, their land mass...so we have all kinds of unusual dynamics working.

Additional Populations

Many partners believed that the Hispanic/Latino population should also be addressed. Many reasons were given, including the rapid growth of the Hispanic community, its lack of awareness about the dangers of tobacco among Hispanics, and targeting by the tobacco industry.

...in the Hispanic community we don't see tobacco as something that is going to kill us. We don't have enough awareness of what the tobacco industry is doing to us...the least of their problems is tobacco...they see it as relaxing, not something to worry about.

Other populations of interest among partners were African Americans, Asians, and the elderly.

Identified Strategies

One strategy funded by TUPS was the four statewide ethnic networks focused on tobacco control. The networks represent Native American, Hispanic, Asian, and African American populations. During the interviews, additional activities being implemented to address disparities were identified:

- *Native Americans* - establishment of two population-specific groups, the Native American Tobacco Control Coalition and the Native American Ethnic Network

- *Youth* - the SWAT program and the funding of school nurse program for school-based prevention and cessation efforts
- *Low SES* populations - Most partners felt that there was a lack of strategies addressing this population.

Disparate Populations & Best Practices

While partners felt that the BP was useful in designing the tobacco control program, it was not useful in addressing tobacco-related disparities.

I don't think enough has been done in terms of Best Practices for specific groups. Most of the Best Practices stuff is fairly global.

I'm not sure that it addresses those populations as well as it does some of the other focus areas.

They would like to see the following improvements made to the guidelines:

- Develop a cultural awareness component on how to effectively deal with disparate populations.
- Identify effective and ineffective programs.
- Develop population-specific supplements.
- Utilize the wisdom of the population.

Suggested Approaches

1. Continue to identify tobacco-related population disparities.
2. Systematically involve specific populations in efforts to identify and eliminate tobacco-related disparities.
3. Explore the use of policy approaches to address disparities (e.g. disparities in occupational secondhand smoke exposure to certain groups).
4. Train local health departments on the identification and elimination of disparities. Provide training and education to tobacco control partners about approaches for identifying disparities and developing culturally appropriate programs for populations.
5. Incorporate activities to address identified populations in the state program strategic plan.
6. Develop specific activities/programs for low SES populations.
7. Seek guidance from other states with large Native American populations regarding culturally appropriate and effective strategies.



Program Strengths & Challenges

At the end of the interviews, the partners were asked to identify the biggest strength and barrier of Oklahoma's tobacco control program for FY 02.

- The dedication of tobacco control professionals and advocates was overwhelmingly identified as a major strength of the program.

It's community advocates. It's the people who have been in it for the long haul. But it's also the new people that have come into it and are dedicated to it...That's our strength. That's going to be where our difference comes from.

In particular, recognition was given to the staff at TUPS, Commissioner of Health Dr. Beitsch, and the Alliance.

[The biggest strength is] the people working in the office [at the DOH] and the Commissioner of Health...when he came the tide sort of turned. I think he came to the state with a passion for tobacco control and that just energized the folks in the Tobacco Use Prevention Office even more. I mean they're all good, and I think he just added that fuel to the fire...

We now have a very cohesive Alliance...it's extremely broad-based and very committed.

- The cooperation and coordination of the tobacco control network was viewed as a strength, but many partners believed that the network should be stronger.

The biggest strength of the tobacco control program is the cooperation and the coordination of the network that we've developed in the last year...

[The biggest weakness is] probably the network not being stronger.

- The lack of adequate funding was a huge impediment to the tobacco control program.

We've got the network in place. We've got people that are very willing to work very hard to make it happen. We're only able to do little bits because we don't have enough money to really do a full out assault like the tobacco companies do.

- The influence of the tobacco industry through lobbying activities and campaign contributions was seen as a major barrier for Oklahoma, as well as the lack of legislative support for tobacco control.

Oklahoma has been very, very tough in promoting tobacco control and has had very little success in the ability to either promote successful legislation up until the last year. Not all the legislators, but many legislators are in the pocket of the tobacco lobbyists, and that's very well known.

- A lack of awareness and support from the public in Oklahoma was a barrier.

Convincing the public that tobacco control is important [has been a barrier]. I don't know that they necessarily need convincing, but getting people focused on taking action for tobacco control...I don't think we've figured out how to do that effectively yet.

Current events likely to have a strong influence on the future of tobacco control in Oklahoma were:

- The Board of Health's Secondhand Smoke Rules

The rules will set up clean indoor air environment, which will lead more users into cessation...it will become a social norm... so then we come to realize that tobacco use is not an acceptable practice.

- The November 2002 mid-term elections

Because of the term limits, we're going to get rid of some of those legislators who have been around forever, have been real resistant. Hopefully, we'll get some new more forward-thinking legislators in...and that is probably going to have the single biggest impact of anything in the state.

- MSA money dedicated to the Trust Fund

I actually think the Settlement Trust Fund could be a major factor in tobacco control. That's not our only charge, but it's what we're focusing on right now, and I think that in the next seven to ten years there's going to be a significant amount of interest being generated by that fund.



Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

National tobacco control organizations

American Cancer Society	www.cancer.org
American Heart Association	www.americanheart.org
American Legacy Foundation	www.americanlegacy.org
American Lung Association	www.lungusa.org
Americans' for Nonsmokers' Rights	www.no-smoke.org
Campaign for Tobacco-Free Kids	www.tobaccofreekids.org
The Centers for Disease Control & Prevention	www.cdc.gov/tobacco/
The National Cancer Institute	www.tobaccocontrol.cancer.gov
The Robert Wood Johnson Foundation	www.rwjf.org

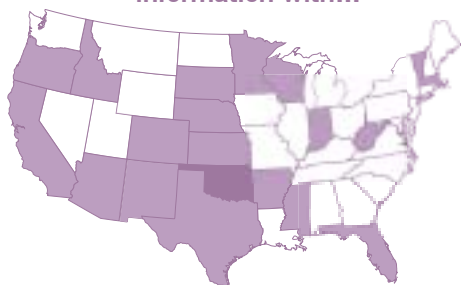
Other suggested resources

- Tobacco Technical Assistance Consortium (TTAC) www.ttac.org
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction www.cdc.gov/tobacco/edumat.htm
- The CDC National Tobacco Control Program State Exchange www.cdc.gov/tobacco/ntcp_exchange/index.htm
- The CDC Media Campaign Resource Center www.cdc.gov/tobacco/mcerc/index.htm
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control www.thecommunityguide.org
- Cancer Control PLANET <http://cancercontrolplanet.cancer.gov/index.html>
- Oklahoma Tobacco Use Prevention Service www.health.state.ok.us/program/tobac
- Oklahoma Tobacco Settlement Endowment Trust www.tobaccosettlement.state.ok.us

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

CDC STATE Database	www2.cdc.gov/nccdphp/osh/state/
CDC Tobacco Control State Highlights	www.cdc.gov/tobacco/StateHighlights.htm
CDC Best Practices	www.cdc.gov/tobacco/bestprac.htm
Campaign for Tobacco Free Kids	www.tobaccofreekids.org
First Report of the 2002 Oklahoma YTS	www.health.state.ok.us
NCI State Cancer Legislative Database	www.sclcd-nci.net
Nat'l Institute on Money in State Politics	www.followthemoney.org
OK Indian Nations Information Handbook	www.state.ok.us/~oiac/hbpages.pdf
OK State Ethics Commission	www.state.ok.us/~ethics
US Census Bureau	www.census.gov

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