

**Department:** Health Department      **Program Contact:** Charlene McGee

**Program Offer Type:** Existing      **Program Offer Stage:** Adopted

**Related Programs:**
**Program Characteristics:**
**Executive Summary**

Tobacco use is the single most preventable cause of disease, disability, and death in Multnomah County and across the nation. Although cigarette smoking has declined in Multnomah County, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status. The Tobacco Control and Prevention Program uses a variety of policy, systems, and environmental change strategies to prevent and reduce tobacco and nicotine use and exposure, and associated chronic disease, with particular attention to reducing tobacco-related racial and ethnic disparities.

**Program Description**

Tobacco Control and Prevention Program works to prevent and reduce tobacco and nicotine use and exposure in Multnomah County, with particular attention to reducing tobacco-related racial and ethnic disparities. Short-term goals include preventing new and continued use of tobacco products specifically targeted to youth, American Indians/Alaska Natives, African Americans, and LGBTQ communities. The program does this through policy interventions such as restricting the sale of flavored tobacco and nicotine products, including menthol. Program components include: strategies to reduce youth access to, and use of, tobacco and nicotine products; counter-marketing; support and resources for smokers who want to quit; engagement of diverse communities to reduce tobacco-related disparities; surveillance and evaluation; promotion of smoke-free environments; and policy/regulation, including tobacco retail licensing. Tobacco retail licensing includes several activities, including annual compliance inspections, minimum legal sales age inspections, enforcement inspections, surveillance and monitoring, trainings, outreach, and consultation to increase retailer compliance with all laws related to the sale of tobacco and nicotine products.

Utilizing national, state, and county-level data on use and health impacts of tobacco products, programmatic activities are tailored to address racial disparities by creating prevention strategies to reach specific priority populations, ongoing evaluation of tobacco retail regulation, and employing language services to ensure access to all materials and services. Specific priority populations are engaged through partnerships (funded and unfunded) with community-based organizations serving those populations. Annually, tobacco retailers give feedback on the regulatory processes that impact their businesses, and the licensing system is evaluated for any disproportionate enforcement burden. Originally, the licensing system was developed with a diverse rules advisory committee as well as findings from the health equity impact assessment.

**Performance Measures**

Measure Type	Primary Measure	FY22 Actual	FY23 Budgeted	FY23 Estimate	FY24 Offer
Output	Number of tobacco retail licenses issued	899	800	785	800
Outcome	Number of policies established to reduce tobacco use and exposure	0	2	1	1
Output	Number of retailer inspections	347	1,000	1,000	1,500
Output	Number of community partnerships	26	45	45	55

**Performance Measures Descriptions**

- 1) Number of tobacco retail licenses issued under the County ordinance.
- 2) Number of policies is a measure of concrete changes resulting from program's work and partnerships.
- 3) Retailers inspected on-site and virtually (includes annual compliance inspection, minimum legal sales age inspections, suspension inspections, education, and outreach as needed).
- 4) Number of partnerships measures program reach among communities, especially those experiencing disparities.

## Legal / Contractual Obligation

Tobacco Prevention and Education Grant, funded by the Oregon Public Health Division, OHA must comply with required work plans and assurances.

Multnomah County Code § 21.561, § 21.563

ICAA OARS plus MSA, SYNAR, RICO, FDA, and Family Smoking Prevention and Tobacco Act.

## Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2023	2023	2024	2024
Personnel	\$550,415	\$388,871	\$602,878	\$941,569
Contractual Services	\$15,000	\$28,000	\$15,750	\$314,888
Materials & Supplies	\$25,806	\$2,019	\$24,706	\$47,317
Internal Services	\$91,772	\$106,179	\$95,254	\$187,595
<b>Total GF/non-GF</b>	<b>\$682,993</b>	<b>\$525,069</b>	<b>\$738,588</b>	<b>\$1,491,369</b>
<b>Program Total:</b>	<b>\$1,208,062</b>		<b>\$2,229,957</b>	
<b>Program FTE</b>	4.05	2.80	4.05	3.30

Program Revenues				
Fees, Permits & Charges	\$647,560	\$0	\$738,588	\$0
Intergovernmental	\$0	\$525,069	\$0	\$1,491,369
<b>Total Revenue</b>	<b>\$647,560</b>	<b>\$525,069</b>	<b>\$738,588</b>	<b>\$1,491,369</b>

## Explanation of Revenues

This program generates \$131,537 in indirect revenues.

Direct State \$ 463,369 - Tobacco Prevention

Direct State \$ 1,000,000 - Tobacco Prevention - BM 108

Other \$ 28,000 - Tobacco Prevention & Cessation

\$ 738,588 - Tobacco Retail Licenses

## Significant Program Changes

**Last Year this program was:** FY 2023: 40006 Tobacco Prevention and Control

Continued COVID-19 Impacts: Tobacco Retail License holders conduct in-person business by office appointment; trainings offered virtually; continuation of virtual inspections with some in-person inspections of retail establishments. Legal sales age inspections resumed in May 2022 and resulted in more inspections during FY23 but still not to the pre-pandemic level. In FY24, inspections expected to increase with return of in-person services and start of outreach for new policy banning the sale of flavored tobacco and nicotine products in Multnomah County as of 1/1/24. Significant increase in community partnerships due to funding offered by OHA effective 1/1/21. OHA funded direct investments in communities disproportionately impacted by tobacco use, to support culturally-specific programs, initiatives, communications, policies, systems and environmental change strategies. Funding will also result in new limited duration staffing.