



Ohio Adult Tobacco Report

2006 Adult Tobacco Survey

May, 2007

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Summary of Findings

This report presents findings from the 2006 Ohio Adult Tobacco Survey (ATS) addressing five specific topics:

Patterns of Tobacco Use

- According to the 2006 Ohio Adult Tobacco Survey, 22.3% of Ohio adults currently smoke cigarettes. The vast majority of these individuals (84%) smoke every day, smoking a little less than a pack a day on average.
- Other tobacco product use includes cigars (8.0%), smokeless tobacco (3.6%), and pipe tobacco (1.6%).

Smoking Cessation

- Nearly 60% of smokers made at least one quit attempt in the past year. Of these, 18% were successful. Among the unsuccessful, half said they intended to try again in the next 30 days.
- Younger adults were more likely to make a quit attempt, but older adults were more likely to succeed in quitting.

Clean Indoor Air Policies

- A strong majority of Ohioans support smoking restrictions in workplaces, and an even larger majority believe that tobacco should not be permitted by anyone on school property.

Secondhand Smoke Exposure

- In 2006, prior to the passing of Issue 5, 20% of non-smoking Ohioans worked for companies that permit smoking in work areas.

Youth Exposure to Tobacco

- Nearly 60% of smokers with children in the home smoke within the home.
- Over 90% of adults believe that stores should not place tobacco products or ads at eye level of children.

Ohio Adult Tobacco Survey (ATS)

In 2006, the Ohio Tobacco Prevention Foundation (OTPF) and the Ohio Department of Health (ODH) jointly supported the administration of the Ohio Adult Tobacco Survey. The survey collects detailed data regarding tobacco use and cessation, tobacco-related knowledge, exposure to second-hand smoke, and opinions regarding smoke-free environments.

As with most states, Ohio uses both the ATS and the Behavioral Risk Factor Surveillance Survey (BRFSS) to provide valuable information regarding tobacco use and related issues. Both are conducted by states across the country and are coordinated by the Centers for Disease Control and Prevention (CDC) to ensure standardization among states. The BRFSS is conducted by all states (providing national estimates) and has been conducted annually in Ohio since 1984. Thus, the state of Ohio uses the BRFSS as the official source for all health behavior prevalence data. However, the breadth of tobacco questions in the BRFSS is limited and Ohio must rely on surveys such as the Ohio ATS for a more comprehensive picture of tobacco use in Ohio. This report provides a summary of these rich data and together with the BRFSS, provides valuable information regarding tobacco use, cessation and related issues among adult Ohio residents.

2006 Ohio ATS Methodology

The telephone based survey was conducted by ORC Macro, a nationally recognized survey research firm which conducts both ATS and BRFSS surveys for numerous states.

The Ohio ATS was implemented from May through October, 2006. Data were collected using computer assisted telephone interviews of adults 18 years of age and older who were Ohio residents and were English speakers. The interviews were completed by trained public health research interviewers at ORC Macro. The average completion time for these interviews was 17.5 minutes and the response rate for these completed interviews was 21.1%.

A total of 5,954 completed interviews represented the sample for the 2006 ATS. The data were then weighted so that the sample responses represented the 8.4 million adults in Ohio. For more information regarding the sampling procedures, please contact the Ohio Tobacco Research and Evaluation Center (OTREC) at the address on the last page.

Description of the Sample

The following is a breakdown of the weighted sample for Ohio:

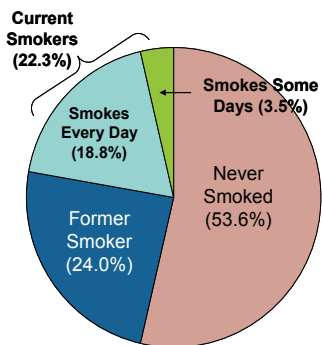
- **Gender**
 - Women 52%
 - Men 48%
- **Race-Ethnicity**
 - White 88%
 - African-American 7%
 - Hispanic 2%
 - Other 3%
- **Age**
 - 18-24 years old 13%
 - 25-34 years old 17%
 - 35-44 years old 19%
 - 45-54 years old 19%
 - 55-64 years old 14%
 - 65 years old and older 18%
- **Education**
 - Less than high school 7%
 - High school graduate 36%
 - Some college 23%
 - College graduate or more 34%
- **Household Income**
 - < \$15K 7%
 - \$15-24K 15%
 - \$25-49K 31%
 - \$50-74K 20%
 - \$75K+ 27%
- **Children (under 18) living in home?**
 - Yes 34%
 - No 66%
- **Employment**
 - Working 63%
 - Unemployed 5%
 - Unable to Work 4%
 - Student/Homemaker/Retired 28%
- **Have health coverage?**
 - Yes 88%
 - No 12%



Cigarette and Other Tobacco Product Use

Cigarette Use

In 2006, over half (54%) of all Ohio adults were considered “never smokers” based on the standard definition of an adult smoker as one who has smoked 100 cigarettes or more in their lifetime. In addition, nearly a quarter of adults (24%) reported that they have smoked in the past, but do not currently smoke (former smokers).

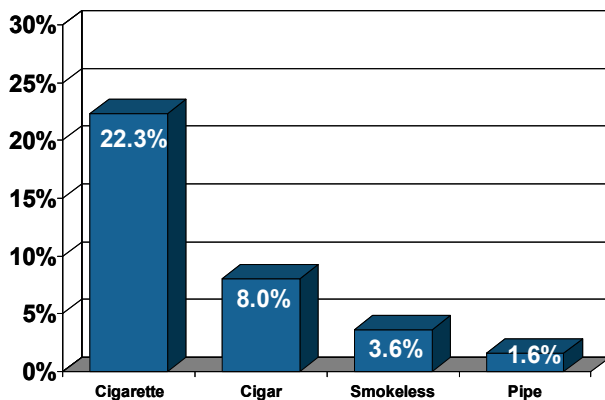


The remaining 22% of adults are current smokers, with nearly one-

fifth (19%) of adults smoking cigarettes every day and another 4% who report more sporadic smoking patterns.

Other Tobacco Products

While cigarettes are the most commonly consumed tobacco product by Ohioans, a number of other tobacco products are used on a regular basis¹.



¹ Defined as “everyday” or “some days” use.

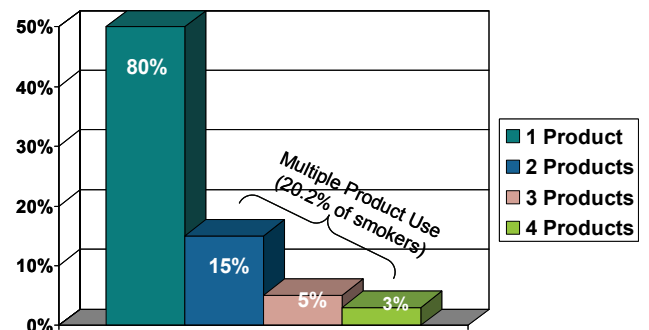
As shown in the figure above, **22.3%** of adults smoke cigarettes every day or some days, followed by cigars (8.0%), smokeless tobacco (3.6%), and pipe tobacco (1.6%). When all tobacco products are considered, **28.4%** or 2.4 million Ohio adults are current tobacco users.

2.4 million Ohio adults currently use at least one tobacco product

Multiple Product Use

Almost 80% of current tobacco users use only one product (see figure below). Among the 20% of tobacco users who use multiple tobacco products, most use one additional product.

Total Number of Tobacco Products Used



Patterns of multiple tobacco product use are provided in the table below. A majority of individuals who currently smoke cigarettes tend not to use any other product, although nearly 20% do consume cigars and a small number use smokeless tobacco (5%) or smoke pipes (3%).

This pattern is a bit different for current users of other tobacco products. As shown, almost half of all pipe smokers and over half of cigar users *also* smoke cigarettes. Approximately one-third of smokeless tobacco users also smoke cigarettes (33%).

Pipe smokers reported a high rate of concurrent cigar use (62%), while over a third of smokeless tobacco users reported cigar use.

Smokeless tobacco was used by both current pipe smokers (23%) and cigar users (17%).

What Other Tobacco Products Do Each of These Use?				
What % also use these other tobacco products?	Individual Currently Uses....			
	Cigarette	Pipe	Cigars	Smokeless Tobacco
Cigarette	---	45%	51%	33%
Pipe	3%	---	13%	10%
Cigars	19%	62%	---	37%
Smokeless Tobacco	5%	23%	17%	---

Trends in Cigarette Smoking

TRENDS: In order to place the ATS prevalence data in the context of time, we turn to another data source, the Ohio Behavioral Risk Factor Surveillance System (BRFSS). As stated in the introduction, the BRFSS has been conducted annually in Ohio since 1984 and, as a result, serves as the official source for all health behavior prevalence data, including all subgroup analyses (i.e., prevalence rates for males and females or different age groups). For this reason, this report does not provide subgroup analyses on prevalence rates.

The graph below shows the percentage of adults who are currently cigarette smokers, beginning in 1990 through 2006 from BRFSS. Two trend lines are provided: the top line documents the trends observed in Ohio (red line), the bottom line documents the trends observed nationally, based on median rates across all 50 states, D.C. and territories (CDC, 2007). The rate from the 2006 ATS is depicted with the blue triangle.

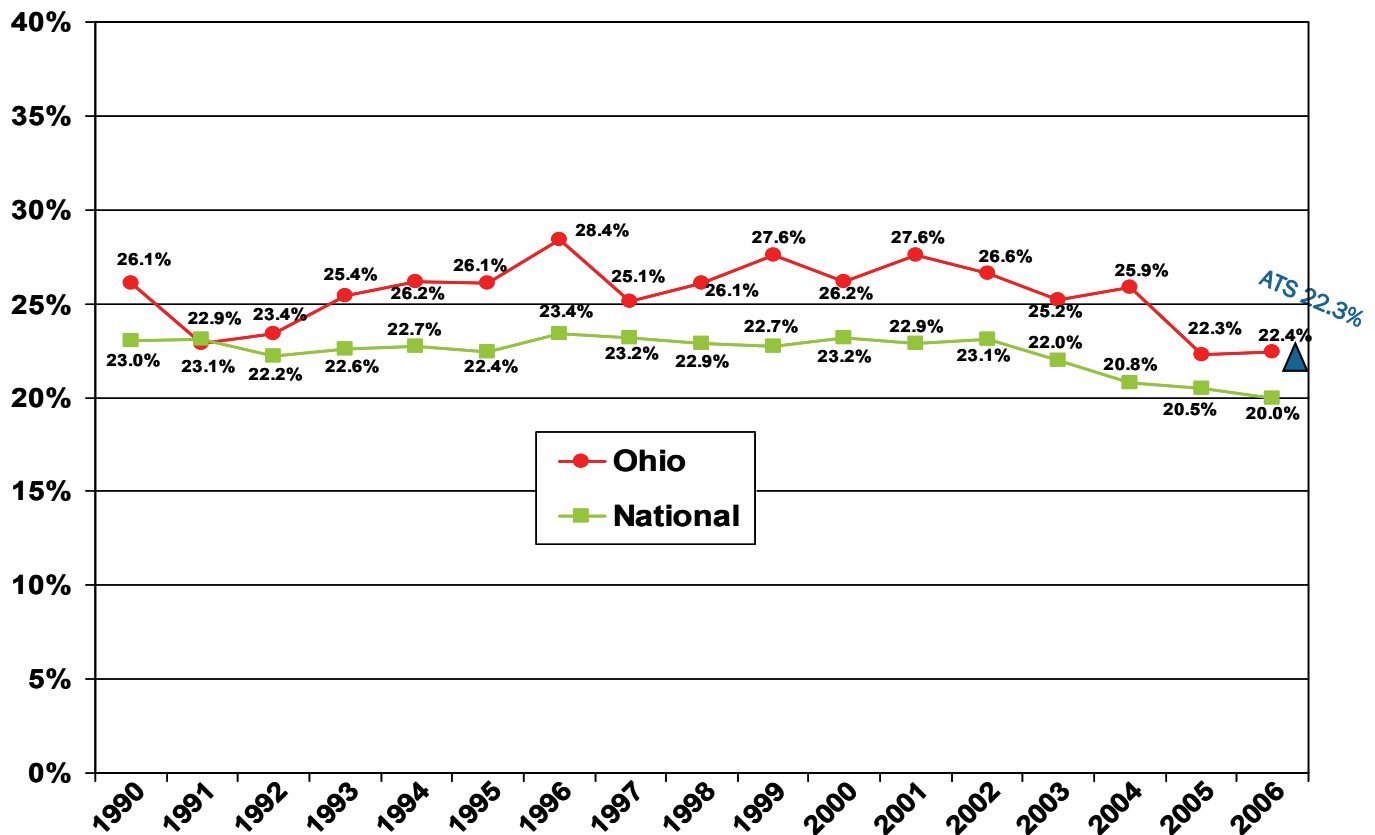
The rates of cigarette smoking in Ohio have remained relatively steady over the past 16 years, fluctuating between 22.4% and 28.4% since 1990.

There has been a 5.2% drop in cigarette use in the past 5 years, from 27.6% in 2001 to 22.4% in 2006

National Comparison

With the exception of one year (1991), Ohio has consistently been above the national median, sometimes by as much as 5% higher. However, the gap has been closing in recent years, with rates more closely aligned with national estimates.

Lastly, it is important to note that the **estimates from the 2006 ATS and the 2006 BRFSS are nearly identical (22.3 vs. 22.4%)**, providing support for using both surveys as sources of tobacco-related data in Ohio.



Percentage of Adults who are Current Cigarette Smokers by Year: Ohio and National (median).

Sources: Ohio BRFSS 1990-2006, US BRFSS 1990-2006, Ohio ATS 2006.



Smoking Cessation

Cessation Among Ever Smokers

One useful way in which to study smoking cessation is to group individuals by their readiness to quit – referred to as their “stage of change”¹. This can be easily assessed through examination of a current smoker’s attempt at quitting smoking in the previous 12 months as well as the intention to quit smoking in the next 6 months and next 30 days.

Tobacco Stages of Change

Precontemplation: Has no intentions to quit smoking in the next 6 months.

Contemplation: Has intentions to quit smoking within the next 6 months (but not immediately) OR has intentions to quit in the next 30 days, but has not made a quit attempt in the past year.

Preparation: Has intentions to quit smoking within the next 30 days and has made at least one 24-hour quit attempt in the past 12 months.

Action: In the process of quitting (has quit within the past 6 months).

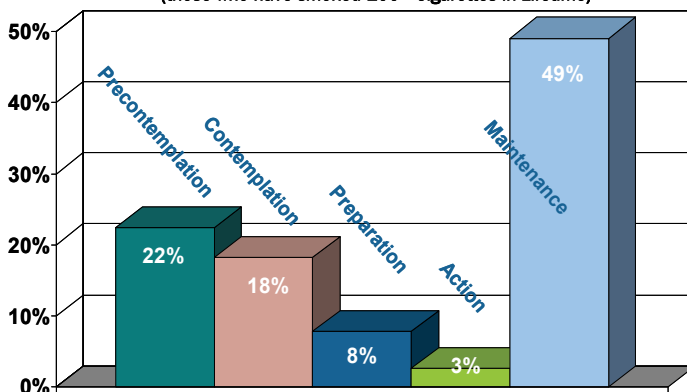
Maintenance: Has been smoke-free for 6 months or more.

¹Prochaska J & DiClemente C (1983). Stages and Processes of Self-Change of smoking: Toward an Integrative Model of Change. *J Consult Clin Psychology* 51: 390-395.

As shown in the figure below, nearly half (49%) of all Ohio adults who ever smoked are now in Maintenance, quitting at least six months ago. Among those in this stage, nearly 90% of them quit over a year ago and 60% have not smoked in ten years.

About 3% of adults were in the Action stage at the time of the survey, meaning that they had quit within the past six months. The remaining individuals are current smokers. About a quarter have no intentions of quitting in the next six months (Precontemplation); about 18% intend to quit within the next six months, but not immediately (Contemplation); and, about 8% report that they intend to quit within the next 30 days (Preparation).

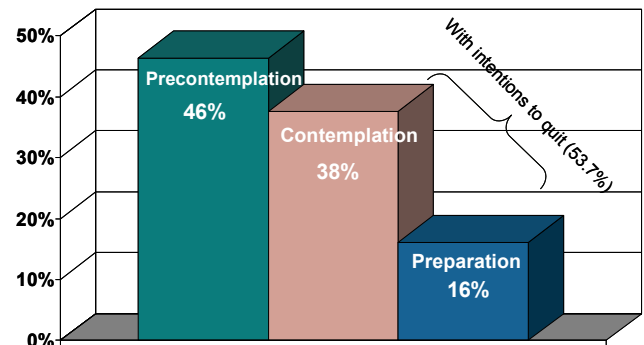
Current Stage of Ever Cigarette Users
(those who have smoked 100+ Cigarettes in Lifetime)



Among Current Cigarette Smokers

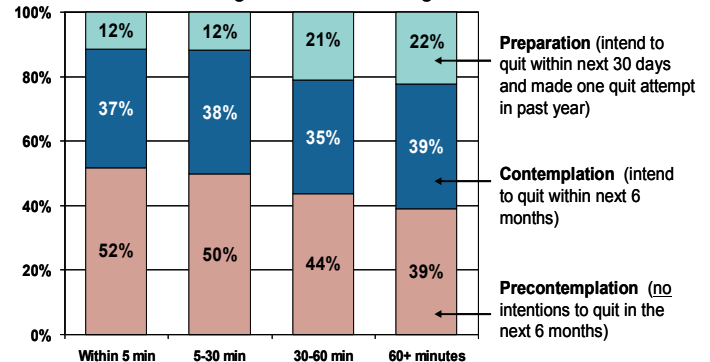
When only current cigarette smokers are examined, we find that over half report a desire/intention to quit smoking within the next six months (Contemplation and Preparation stages). However, in contrast, nearly half of all smokers have no immediate plans to quit.

Current Stage of Change Among Current Cigarette Smokers



Research has suggested that successful cessation is associated with the strength of the individual’s addiction to nicotine. A common indicator of nicotine addiction is the time of the day of the first cigarette, with addiction levels the highest for those who smoke soon after they awaken. The figure below presents the different stages of change across four levels of addiction based on timing of first cigarette (within the first 5 minutes of waking, 5-30 minutes after, 30-60 minutes after and an hour or more after waking).

Individual’s Stage of Change Based on the
Time of First Cigarette in the Morning

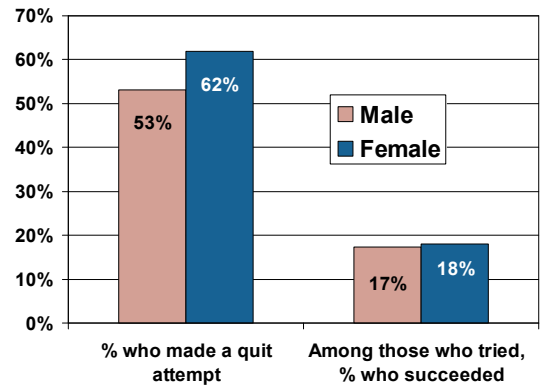
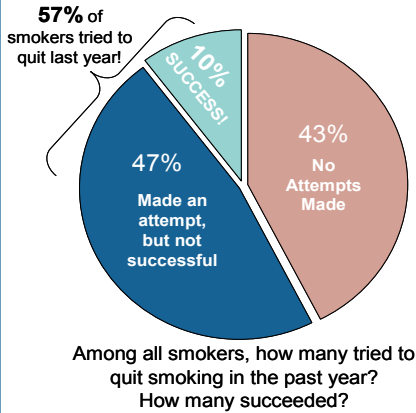


As shown above, the more addicted the smoker, the more likely that he or she has no intentions of quitting smoking. In contrast, those who are less addicted (30-60 minutes to 60 minutes or more) are more likely to have intentions to quit in the next 30 days than those who have their first puff within the first 30 minutes of the day.

Smoking Cessation: Who's not ready, who tried and who succeeded?

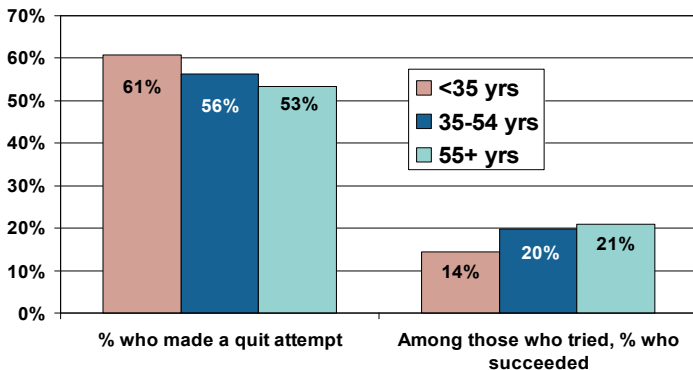
Who Tried?

Attempts to quit smoking were examined among current smokers and former smokers who quit within the past year. Of all smokers, **57% of smokers last year made at least one quit attempt – 10% of smokers were successful; 47% were not.** While over half tried, 43% of all smokers made no attempt to quit in the past year.

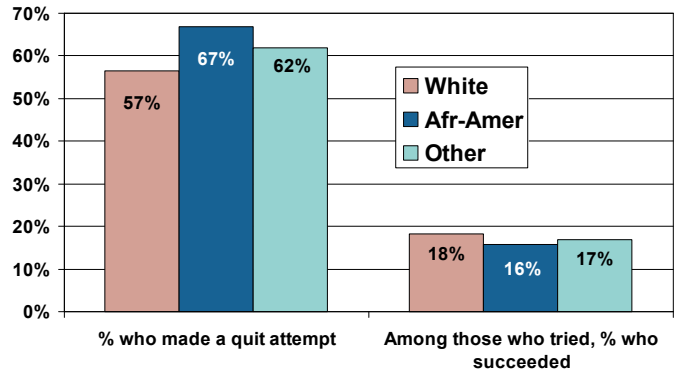


GENDER (above): Females were more likely to make a quit attempt than males (62% vs. 53%) while success rates were essentially the same between females and males (18% vs. 17%).

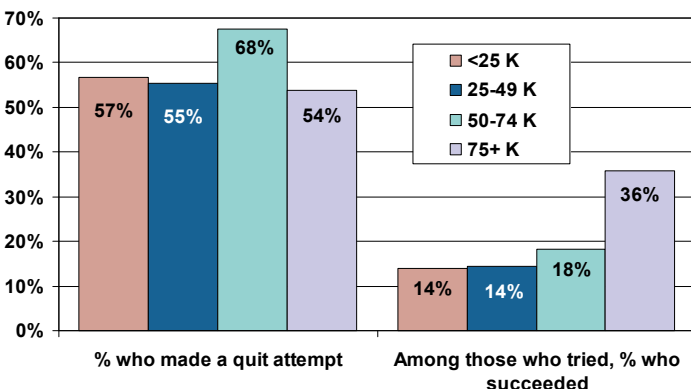
AGE (below): Adults under the age of 35 were most likely to have made a quit attempt (61%) compared to older adults. However, adults 35-54 and 55 and older were more likely to be successful in their quit attempt compared to adults under 35.



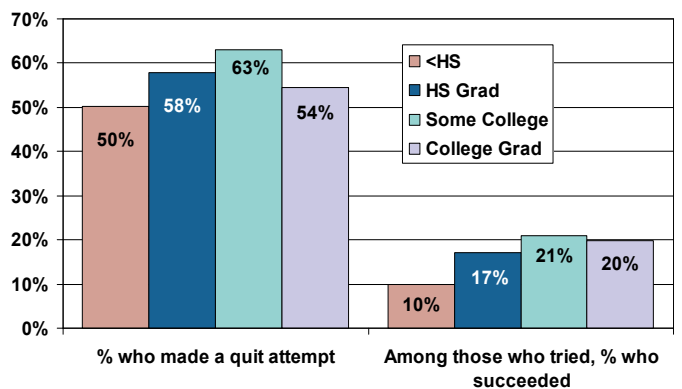
RACE (below): African-American adults were the most likely (67%) to have made a quit attempt in the past year, when compared to White (57%) and adults of Other racial/ethnic backgrounds (62%). However, they appeared less likely to succeed when they tried.



INCOME (below): Individuals at the highest income levels were among the least likely to make a quit attempt (54%), but had the highest success rate (36%) if they made an attempt.



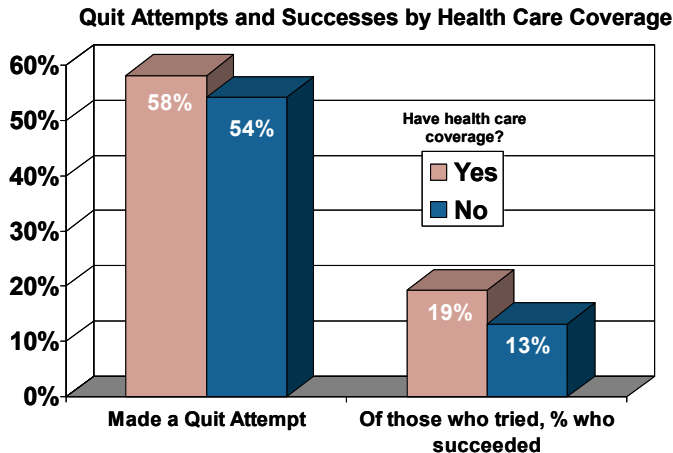
EDUCATION (below): Adults with some college education were the most likely (63%) to have made a quit attempt in the past year. Individuals with the lowest levels of education were the least likely to make a quit attempt (50%) and the least likely to succeed (10%).



Factors Associated with Quit Attempts and Successes

The Importance of Health Care Coverage

The role of health care coverage has been suggested as an important factor in helping smokers to quit by providing access to health care professionals who can provide one-on-one counseling and, if needed, pharmacological treatments (e.g., patch, gum, medications). As shown in the figure below, health care coverage appears to have less of an impact on whether a smoker makes a quit attempt than if he or she succeeds. Those with a health care plan were slightly more likely to make an attempt (58% vs. 54%); and more successful when they did (19% vs. 13%).



A possible explanation for the above results is that smokers with health care coverage are more likely to have access to nicotine replacement therapy (NRT), and the ATS data supports this. Among smokers who made a quit attempt last year, 31% of those with health care coverage used NRT to assist them in their quit attempt as compared to 23% of those without coverage (data not shown).

However, further exploration of the data reveal that the use of NRT was not necessarily linked to higher success rates. Among smokers who made a quit attempt in the past year, those who used NRT were somewhat less successful (15%) than those who did not use NRT (19%)(data not shown).

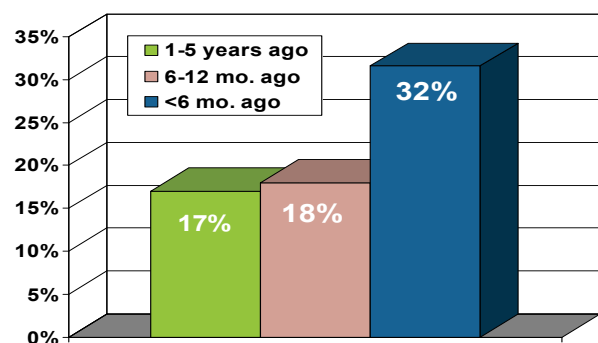
Other Cessation Aids

There are many options available to smokers to assist them in their effort to quit, including pharmacological treatments (nicotine patch, gum or other medications), smoking cessation classes, telephone quit lines, support from the health care professionals and self-help materials. The table below provides an overview of methods used by current smokers who made at least one quit attempt in the past 12 months.

Cessation Services Used by Current Smokers Who Made At Least One Quit Attempt in the Past 12 Months			
Used the nicotine patch, nicotine gum, or any other medication to help you quit?	30%		
Used other assistance such as classes or counseling?	4%		
Among those who used a class or counseling, what did they use?			
A stop smoking clinic or class?	Telephone quit line?	One-on-one counseling from a doctor or nurse?	Self help material, books or videos?
42%	31%	19%	31%

Historical Perspective on NRT

The availability of nicotine replacement therapies has grown significantly in the past few years and a recent increase in NRT use by Ohio smokers is documented in the figure below.



As seen above, 32% of those who successfully quit within the past 6 months used NRT to help them quit, as compared to 18% of those who quit 6-12 months ago and 17% of those who quit a year or more ago.

Support for Cessation Services

Support from Health Care Professionals

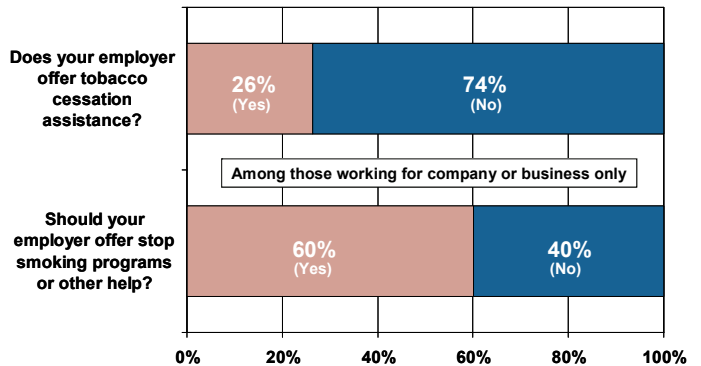
Respondents were asked whether they had seen a doctor, nurse or other health care worker (HCW) for care in the past year. Nearly two thirds (64%) of smokers and 80% of non-smokers reported doing so. Among current smokers who saw a health care professional, 70% reported that they were advised to stop smoking. The following table provides a listing of the types of cessation services the health care professionals then offered to their smoking patients.

% of Smokers ¹ who Reported that HCW Suggested Any of the Following Smoking Cessation Options	
• Prescribe or recommend a patch, nicotine gum, nasal spray, an inhaler, or pills (e.g., Zyban)?	30%
• Suggest that you set a specific date to stop smoking?	23%
• Suggest that you use a smoking cessation class, program, quit line, or counseling?	18%
• Provide you with booklets, videos, or other materials to help you quit smoking on your own?	22%

¹ who saw a doctor, nurse, or health care professional in the past year.

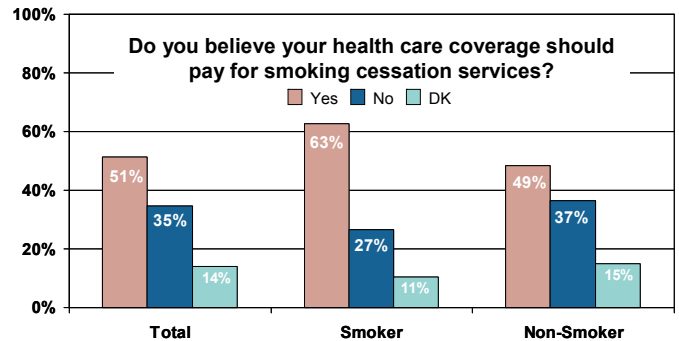
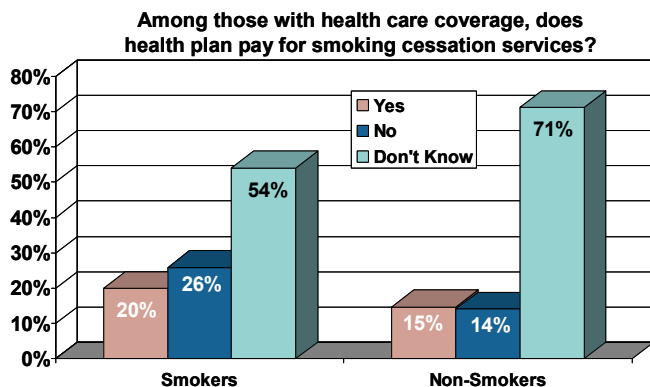
Support through Employment

Respondents who worked for a company or business were asked about whether their employers offer any type of tobacco cessation assistance. As shown in the figure below, nearly three-quarters (74%) said no. Not surprisingly, when asked whether they felt the employer should offer stop smoking programs, the opposite was found with 60% of respondents supporting this belief.

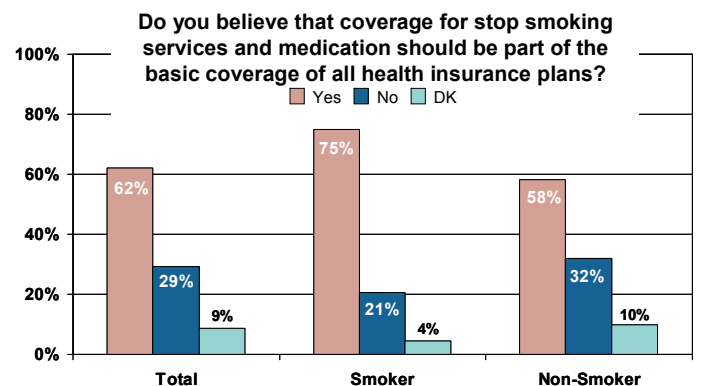


Support through Health Care Coverage

For those who would like assistance with quitting, health insurance plans sometimes provide help. The Ohio ATS asked respondents with health care coverage whether their plan covered smoking cessation services. The figure below shows that, expectedly, smokers are more knowledgeable about what their plans offer than non-smokers. According to smokers, about 20% have coverage, 26% do not, and the rest are not sure. However, non-smokers are even less knowledgeable, with over 70% unsure of their coverage.



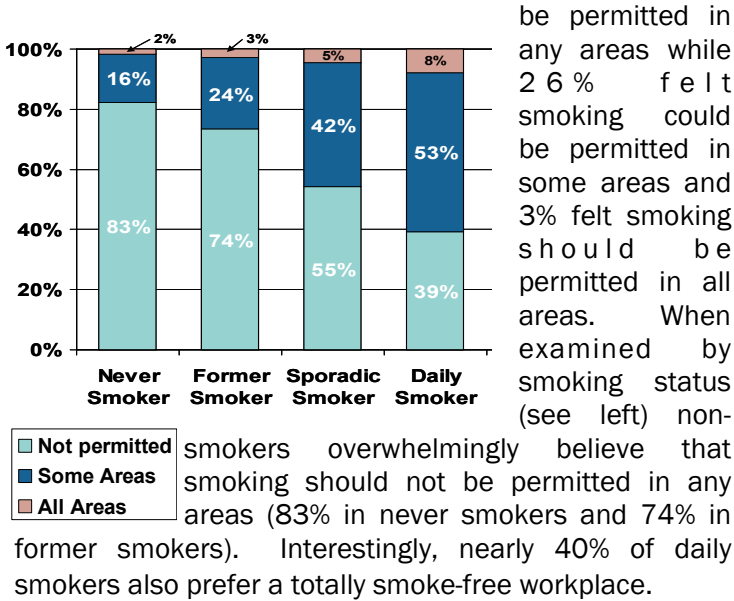
However, smokers are more sure about what their plans ought to cover. As shown in the figures above and below, the majority of people believe these services should be covered, especially when asked about health care coverage in general rather than their specific plan.



Clean Indoor Air Policies

Clean indoor air policies were widely discussed throughout Ohio in 2006 as two different versions of a statewide smoking ban (Issue 4 and 5) were placed on the November ballot. The 2006 ATS (conducted May – October) included a number of questions regarding public opinion on clean indoor air policies.

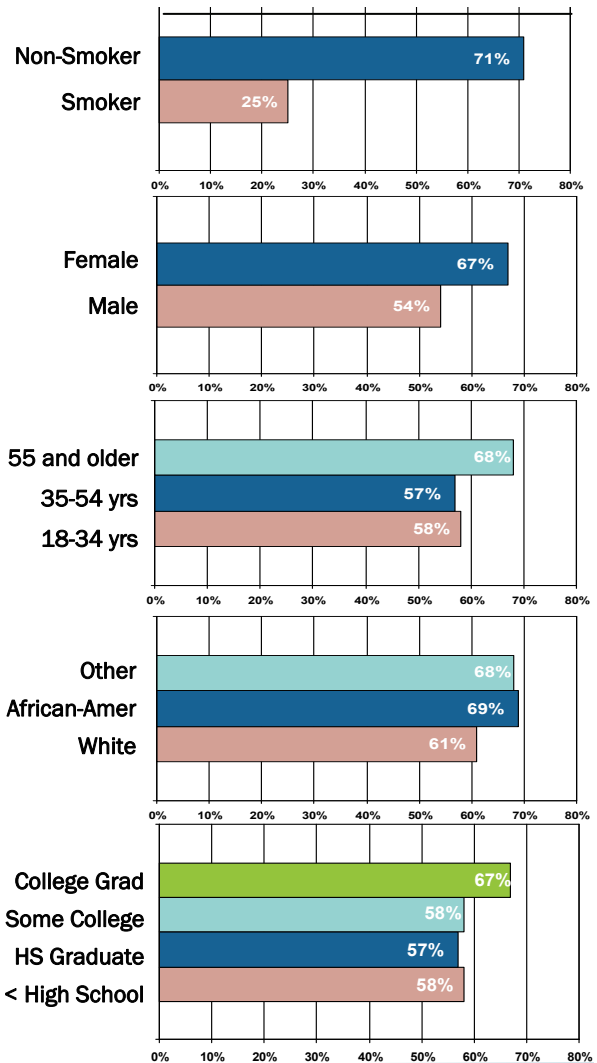
First, adults were asked, “In indoor work areas, do you think smoking should be allowed in all areas, some areas or not at all?” Overall, 71% felt that smoking should not be permitted in any areas while 26% felt smoking could be permitted in some areas and 3% felt smoking should be permitted in all areas.



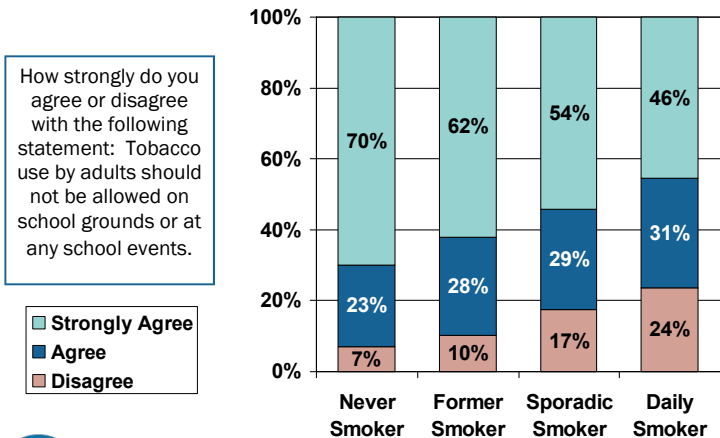
Smokefree Indoor Workplace Laws

Ohio adults were also asked: “Some cities and towns are considering laws that would make all indoor workplaces, including restaurants and bars, smoke-free; that is eliminating all tobacco smoke from indoor workplaces. Would you support such a law in your community (yes/no)?”

A majority of respondents were supportive, with **58.1%** stating they would support the law. As it turns out, the ATS results were prophetic—support by voters for Issue 5 in November, 2006 was 58.5%. The graphs below show the support for tobacco-free workplaces by smoking status, gender, age, race/ethnicity, and education. As expected, non-smokers were more supportive of clean indoor air policies than smokers. While differences were smaller, women, older adults, African-Americans and more educated adults tended to be more supportive than their counterparts.



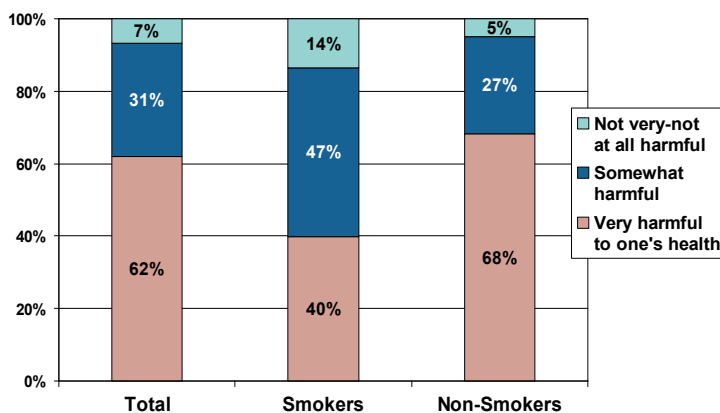
Tobacco-Free Schools: Adults were also asked about tobacco use by adults on schools grounds or at school events. Nearly 90% of adults either strongly agreed (63%) or agreed (26%) that tobacco should be banned from school property. As shown in the figure below, smokers are only marginally against this idea. Even 77% of daily smokers supported tobacco-free school policies.



Secondhand Smoke Exposure

Opinions About Secondhand Smoke Exposure

The ATS included a number of questions regarding adults' opinions on the dangers of secondhand smoke (SHS) exposure. The first question asked, "do you think that breathing smoke from other people's cigarettes is very harmful, somewhat harmful, not very harmful or not at all harmful". As shown in the graph below, over 90% of respondents said that SHS was either very harmful (62%) or somewhat harmful (31%). The vast majority of smokers agreed that SHS was harmful; however, they were much more likely to believe it was only somewhat harmful when compared to non-smokers.



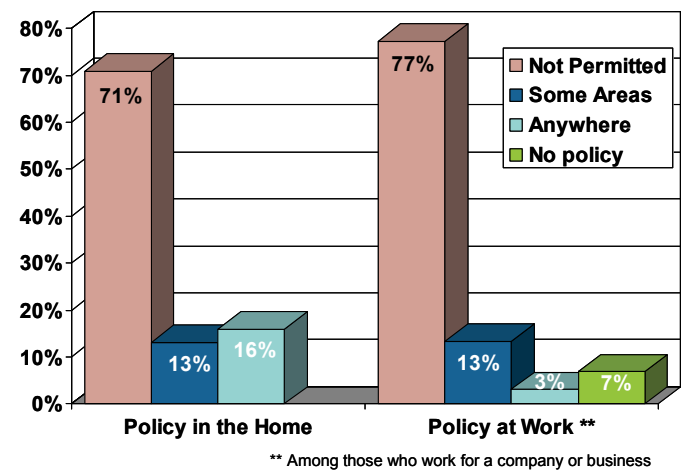
Exposure to Secondhand Smoke

Respondents were asked about their exposure to secondhand smoke, at home, at work, and while driving in the car. The vast majority of non-smokers are able to restrict their exposure to secondhand smoke; however, **6% are exposed to daily smoking in their home and 17% of non-smokers have been in a car with a smoker during the past 7 days.** And, in 2006 and prior to the passage of Issue 5, 20% of non-smokers still worked for a company that permits smoking in work areas.

Prior to Issue 5, 20% of non-smoking Ohioans still worked for a company that permits smoking in work areas.

Rules About Smoking: Home and Work

While work places have maintained policies regarding smoking for a number of years, it has become increasingly acceptable for households to establish similar restrictions.



At Work: As shown in the figure above, nearly 77% of working respondents report that their employer has a no-smoking policy and nearly a quarter of employees are still working in environments that expose them to risks of secondhand smoke. However, among smokers who work for a company with a no smoking policy, 23% reported that the company's policy influenced them to make a quit attempt in the past, with **78% of them making a quit attempt** in the past 12 months (data not shown).

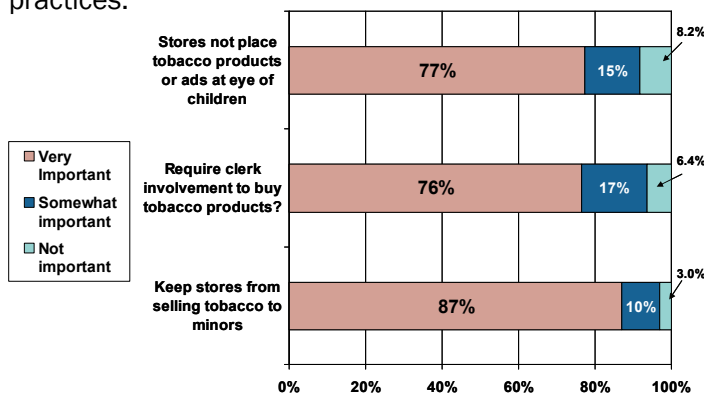
30% of current smokers do not permit smoking in their home.

At Home: Smoking policies in the home are nearly as stringent as those in work places. As shown above, over 70% of adults report that smoking is not permitted in their home, with another 13% reporting that smoking is restricted to specific areas of the home. Interestingly, 30% of current smokers do not permit smoking in their home (data not shown).

Youth Access and Exposure to Tobacco

Youth Access Issues

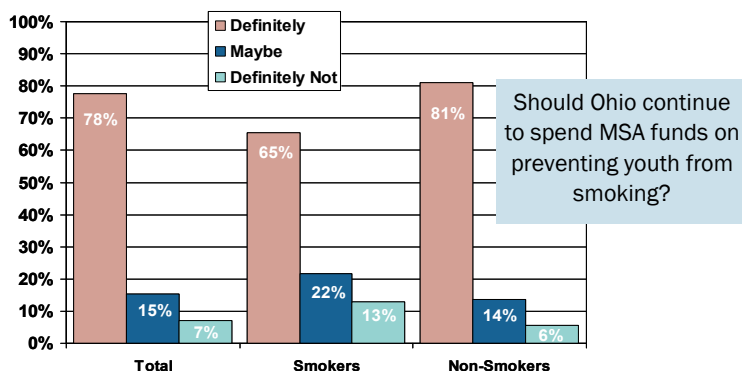
Most community-wide tobacco prevention and control programs work to limit youth access to tobacco products. This ranges from removing unmonitored cigarette machines to working with storeowners to change their product displays to conducting compliance checks on vendors selling to minors. Having public support for these efforts is crucial to their success. The Ohio ATS asked adults the importance of each of these practices.



The graph above shows that the vast majority of adults strongly support these practices with over 90% stating that the practices were either somewhat important to very important.

Tobacco MSA Funds for Prevention

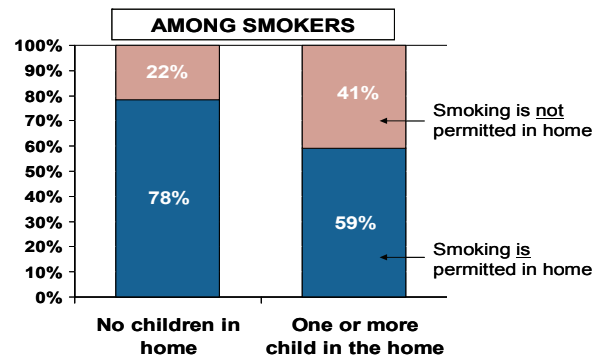
Ohio currently spends a portion of the funds it receives from the Master Settlement Agreement (MSA) between Ohio and 45 other states and the tobacco product manufacturers on youth tobacco prevention. Adults were asked whether the Ohio MSA dollars should continue to be used for youth prevention. The graph below shows that the vast majority (78-93%) support this practice, including 87% of current smokers.



Youth Exposure to Tobacco at Home

The exposure of youth to tobacco and secondhand smoke occurs primarily in the home, particularly for younger children. Smokers can greatly reduce the secondhand smoke exposure to their children by not smoking in the home or car.

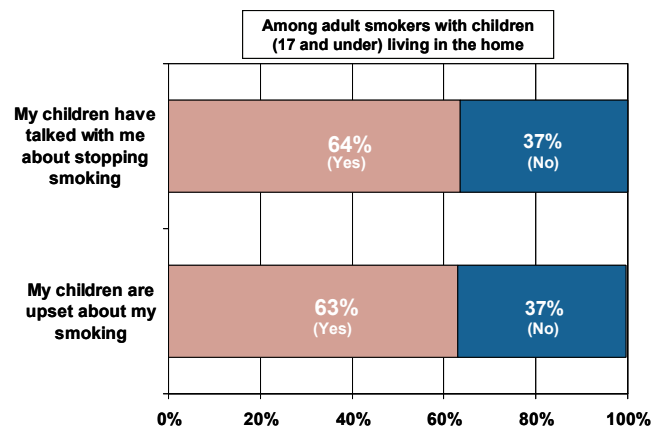
According to the 2006 Ohio ATS, 45% of current adult smokers have at least one child (<18 yrs) living at home. The graph below shows the percentage of smokers with and without children in the home and whether smoking is permitted in their home.



Although smokers with children in the home are twice as likely to restrict smoking in their home compared to those without children in the home (41% vs. 22%), 59% of smokers with children still smoke in the home.

Children's Perceptions of Adult Smoking

Smokers with children in the home were asked about what their children think of their smoking. As shown in the graph below, nearly two-thirds of smokers with children report that their children have talked with them about stopping smoking (64%) and that their children are upset about their smoking (63%).



Description of Variables Used in this Report

Cigarette Smoking Status

- Never Smokers – Have smoked < 100 cigarettes in lifetime
- Ever Smokers— Have smoked at least 100 cigarettes in lifetime
- Former Smokers— Have smoked at least 100 cigarettes in lifetime but not currently smoking
- Current Smokers— Have smoked at least 100 cigarettes in lifetime and currently smoke every day or some days

Stages of Change:

- Pre-contemplation— Has no intentions to quit smoking in the next 6 months
- Contemplation— Has intentions to quit smoking within the next 6 months (but not immediately)
- Preparation— Has intentions to quit smoking within the next 30 days
- Action— In the process of quitting (has quit within the past 6 months)
- Maintenance— Has been smoke-free for 6 months

Quit Attempt:

- No Attempt—Current smoker who has not stopped smoking for one day or longer in the previous 12 months because they were trying to quit
- Unsuccessful Attempt—Current smoker who has stopped smoking for one day or longer in the previous 12 months because they were trying to quit
- Successful Attempt—Former smoker who successfully quit smoking within the past 12 months

Demographics

- Age— 6 categories: 18-24; 25-34; 35-44; 45-54; 55-64; 65 and older. Age is condensed into three categories for some analyses: 18-34; 35-54; 55 and older.
- Gender—Male and Female
- Race/Ethnicity— 4 categories: White; African-American; Hispanic; and Other
- Education— 4 categories: less than High School; High School Graduate or GED; Some College, including Associate degrees; College Graduate or above
- Income— 5 categories: <\$15,000; \$15,000-\$24,000; \$25,000-\$49,000; \$50,000-\$74,000; \$75,000 and higher
- Work Status— 4 categories: Working (includes full- or part-time and self-employed); Unemployed; Disabled; Students, Housewives, or Retired

Health Care Coverage: all respondents were asked if they currently have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare.

BRFSS Reference:

Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services. (See website: <http://apps.nccd.cdc.gov/brfss/>). Accessed May 8, 2007.

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