Oregon Tobacco Prevention & Education Program
Local Health Department Grants

2011-2012 Request for Applications

Issue Date: January 26, 2011

Applications Due: 4 p.m., March 4, 2011

Grant Period: July 1, 2011-June 30, 2012

Issuing Office: Oregon Health Authority
                         Public Health Division
                         Health Promotion and Chronic Disease Prevention
                         Tobacco Prevention & Education Program
                         800 NE Oregon Street, Suite 730
                         Portland, OR 97232
                         971-673-0984
                         971-673-0994 fax

www.healthoregon.org/tobacco

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audiotape, oral presentation, and electronic format. To request an alternate format call 971-673-0984 or TTY 503-731-4031.

Table of Contents

Attachments

   Attachment 1   Application Cover Sheet

   Attachment 2   Local Tobacco Control Advisory Group form

   Attachment 3   Local Program Plan form

   Attachment 4   Line Item Budget and Narrative Worksheet

Appendices

Section I. Introduction

A. Purpose
The Oregon Tobacco Prevention and Education Program (TPEP) in the Health Promotion and Chronic Disease Prevention Section (HPCDP) of the Oregon Health Authority, Public Health Division (OPHD), seeks applications from Local Health Departments (LHDs) to implement community tobacco prevention and education programs that are grounded in best practices for tobacco control and seek to make sustainable environmental change.

Oregon TPEP was launched in 1997, following the passage by Oregon voters of Measure 44, which raised tobacco excise taxes by 30 cents and dedicated a portion (10%) to establish a statewide tobacco prevention and education program. Oregon TPEP – a comprehensive program in alignment with the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs, 2007* (http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices) – collaborates with LHDs, Tribes, public and private entities, and community organizations to ensure effective program delivery to all state residents.

Community-based tobacco prevention and education programs are essential to fulfilling HPCDP's vision for "all people in Oregon to live, work, play and learn in communities that support health and an optimal quality of life," as described in the report, *Healthy Places, Healthy People: A Framework for Oregon* (the "Framework Report", http://www.oregon.gov/DHS/ph/hpcdp/docs/hpcdpreportv4.pdf).

The purpose of this TPEP grant program is to support Local Health Departments in establishing and sustaining the ideal conditions for tobacco prevention, as outlined in the Framework Report, within the parameters of the evidence-based best practices promulgated by the CDC.

B. Eligibility and Available Funding
Local Health Departments (LHDs) are the eligible entities to apply for County Tobacco Prevention and Education Program Grants. Under this RFA, TPEP will grant up to a total of $3,000,150 for the July 2011 – June 2012 period.

LHDs may form consortia in order to gain efficiencies in providing tobacco prevention and education support within a region. LHDs are encouraged to examine potential partnerships with neighboring LHDs in applying for this grant.

TPEP will accept only one application per LHD or consortium. Whether an application is from a single LHD or a consortium will not affect consideration.

In October 2007, the Conference of Local Health Officials (CLHO) agreed to a funding formula for LHDs that combines a base-funding amount with a per capita amount. See Appendix D for details on approved funding allocations for LHDs.

Section II. Description of Program Services and Scope of Work

The Description of Program Services and the Scope of Work references Program Element 13, as formally agreed to by HPCDP and CLHO. Grantees will be engaged in activities under Program Element 13 of Financial Assistance Agreements (Appendix E).

A. Facilitation of Community Partnerships
As stated in Program Element 13 (Appendix E), grantees are expected to accomplish movement toward tobacco-free communities through a coalition or other group dedicated to the pursuit of agreed upon tobacco control objectives. Community partners should include non-governmental entities as well as community leaders. To meet this requirement, grantees are expected to develop tobacco control objectives in partnership with a tobacco control advisory group and to work toward those objectives in coordination with key partners and stakeholders, with a focus on developing champions for the program among a variety of community leaders.

Local Tobacco Control Advisory Group
Effective tobacco prevention programs engage a variety of relevant, influential community organizations and leaders as advisors and partners in planning and conducting program activities.

While developing the application, applicants are expected to consult with community advisors, including local leaders, partners, and stakeholders, to develop the strategic direction and priorities for the Local Program Plan within the context of best practices. Advisors' involvement in the Local Program Plan may be limited to the application development stage, but it may also be ongoing, as many advisors will also serve as key partners and stakeholders for specific objectives.

Use the Local Tobacco Control Advisory Group form (Attachment 2) to describe the consultation activities undertaken to develop the Local Program Plan, and submit this form with the application.

Advisors should be community leaders who represent diverse sectors of the community, such as:

- Elected officials (county commissioners, city councilors, state legislators)
- Government agency administrators
- Nongovernmental organization leaders, including health voluntaries and community nonprofits
- Housing providers
- Business leaders
- Community College administrators
- Head Start/Child Care administrators
- Hospital and Health System directors
- Addictions and Mental Health Services directors
- School administrators
- Law enforcement officials
- Tribal leaders
- Clergy and faith-based community leaders
- Committed, experienced tobacco prevention advocates
- Leaders from communities experiencing tobacco-related disparities

Development of Local Champions
Grantees are expected to engage and mobilize community leaders to become champions for tobacco prevention. This involves ongoing communication and education with community leaders, including elected officials, regarding effective strategies for reducing the burden of tobacco-related disease through policy, systems, and environmental change. In addition, grantees are expected to coordinate with statewide partners on activities to develop champions to sustain local and statewide infrastructure for tobacco prevention.

Describe activities to develop community leaders' role and capacity as champions for the overall program as outlined in the Education and Outreach (Development of Local Champions) section of BPO #1. Describe Education and Outreach activities to develop champions for particular objectives throughout the Local Program Plan (Attachment 3).

Education and outreach activities include providing neutral, fact-based information regarding a public health problem and potential policy solutions, as well as providing information to government agencies about the potential ramifications of the policy decisions on the community.

Within the parameters of LHD guidelines, examples of education and outreach activities to develop local champions include:

- Deliver presentations to county commissioners to provide local and state data and reports regarding the burden of tobacco use and tobacco-related chronic disease
- Schedule regular updates with your Oregon State Legislators to provide local and state data and reports regarding the burden of tobacco-related chronic disease
- Invite local, state and national chronic disease prevention subject matter experts to present information to community groups including elected officials
- Discuss policy options with local elected officials
- Conduct political feasibility assessments
- Invite elected officials as speakers or panelists at community forums or town halls
- Invite policy makers who have undertaken chronic disease reform measures in neighboring communities and counties to conduct one-on-one meetings or forums with community groups including local officials
- Facilitate conversations with local policy makers regarding support for state-level chronic disease reform measures such as tobacco prevention and education funding, obesity prevention funding, and chronic disease prevention legislation

Key Partners and Stakeholders
Grantees are expected to coordinate and collaborate with a variety of relevant and influential partners and stakeholders to accomplish each of the objectives proposed in the Local Program Plan.

"Partners" are individuals and organizations that will be actively involved in planning and conducting activities together with the program staff. "Stakeholders" are members of the affected community, organization, decision-making body, or other interested parties. Stakeholders are often the intended recipients, audience, or participants in outreach, education, assessment, media advocacy, and policy promotion activities. Examples of partners and stakeholders include community leaders, policy-makers, and advocates; health-related coalitions; members or constituents of the affected organization, institution, or sector; and external and internal colleagues, including other grantees and contractors.

Coordination and collaboration with partners and stakeholders may take place in a variety of ways, including one-on-one consultation, coalitions, committees, workgroups, task forces, advisory boards, networks, etc. Include Coordination and

Collaboration activities for each Best Practice Objective in the Local Program Plan (Attachment 3).

B. Local Program Plan

Local Program Plans must demonstrate that progress will be made toward establishing the tobacco-related community conditions in the settings outlined in the Framework Report through population-based interventions that establish policy, systems, and environmental change within the following six TPEP goal areas:

- Create tobacco-free environments
- Prevent tobacco initiation among youth and young adults
- Promote quitting among adults and youth
- Identify and eliminate disparities in tobacco use
- Enforce tobacco-related local and state laws
- Reduce the burden of tobacco-related chronic diseases

To accomplish this, TPEP has developed guidance for fourteen Best Practice Objectives (Appendix A). At a minimum, each application must include workplans for five Best Practice Objectives (BPOs) in the Local Program Plan, including the four Required BPOs indicated below.

Required BPOs:
- BPO 1: Building Capacity for Chronic Disease Prevention, Early Detection, and Self-Management
- BPO 2: Tobacco-Free Worksites
- BPO 3: Implement the Indoor Clean Air Act
- BPO 4: Smokefree Multi-unit Housing

Recommended BPO:
- BPO 5: Tobacco-Free Community Colleges

Optional BPOs:
- BPO 6: Tobacco-Free Post Secondary Education and Training Institutions
- BPO 7: Tobacco-Free Head Start/ Child Care Programs
- BPO 8: Tobacco-Free Schools
- BPO 9: Tobacco-Free Outdoor Venues
- BPO 10: Tobacco Retailer Licensure
- BPO 11: Ban Free Tobacco Sampling, Coupon Redemption, and other price discounts

- BPO 12: No Tobacco Products for Sale at Pharmacies
- BPO 13: Tobacco Counter-Marketing
- BPO 14: Tobacco Free Hospitals/Health Systems

Because the four Required and one Recommended BPOs have been identified as strategic priorities by the Oregon tobacco control community, HPCDP and HPCDP partners and contractors have planned resources for technical assistance on policy development, community mobilization, and media campaigns for these BPOs. Counties may include additional optional BPOs in the Local Program Plan, as guided by local priorities and input from the Tobacco Control Advisory Group, with the understanding that there will be fewer dedicated technical assistance resources for these BPOs.

C. Policy, Systems, and Environmental Change
TPEP Grantees are expected to develop SMART (Specific, Measurable, Attainable, Relevant, and Time-framed) Objectives and activities for the Local Program Plan that will advance communities toward achieving the policy, systems, and environmental changes specified in the Framework Report that fall within the six TPEP goal areas.

As described in the Framework Report, the following public health strategies are recommended for establishing policies and environmental change that support healthy lifestyles: 1) assessment, data collection, and monitoring, 2) community mobilization, 3) education, outreach, and empowerment, 4) developing policies and plans, and 5) implementing and communicating policies, laws, and regulations. In alignment with these strategies, the Local Program Plan must include a range of activities that fall under the categories of:

- Coordination and Collaboration
- Assessment
- Education and Outreach (Development of Local Champions)
- Media Advocacy
- Policy Development, Promotion, and Implementation
- Promote the Oregon Tobacco Quit Line

These activities are further defined in Appendix A.

D. Other Requirements
Other requirements include participating in reporting and data collection; Oregon Indoor Clean Air Act compliance activities; staffing and staff development; and reducing the burden of tobacco-related chronic diseases.

Reporting
Reports from grantees help HPCDP monitor grant compliance, continue to improve the program, secure funding, and track successes around the state. Grantees must complete and submit quarterly reports and six-month narrative reports demonstrating progress on their Local Program Plan. Guidance for these reports will be sent to grantees at least one month prior to the reporting due date. Report due dates are as follows:

- October 21, 2011: Quarterly report
- January 20, 2012: Quarterly report and six-month narrative
- April 20, 2012: Quarterly report
- July 20, 2012: Quarterly report and year-end narrative

Other Data Collection Activities
As specified in Program Element 13 (Appendix E), grantees will be expected to provide quantifiable outcomes of activities and data accumulated from community-based assessments upon request of HPCDP.

Evaluation
During this fiscal year, HPCDP will continue a participatory evaluation of county programs and the state programs that support them. HPCDP worked with the CLHO Chronic Disease Committee to identify evaluation priorities and develop a plan to address them. An evaluation workgroup will meet regularly throughout the fiscal year to develop and review evaluation tools and methods. All LHD grantees may choose to participate in the evaluation workgroup or in other evaluation activities. Updates about the evaluation and opportunities to participate will be provided through regular communication channels.

All evaluation and reporting tools developed through the participatory evaluation process will be vetted by CLHO prior to being put into use. Grantees will be expected to use these tools for evaluation and reporting once finalized by HPCDP.

Oregon Indoor Clean Air Act Compliance Activities
All Local Public Health Authorities (LPHAs) are expected to continue to participate in the Delegation Agreement for the enforcement of the Oregon Indoor Clean Air Act. The Delegation Agreement is a component of the standard LPHA Financial Assistance Agreement and need not be submitted with this application. However, a copy of the Delegation Agreement can be found in Appendix F of this Request for Applications.

Through the Delegation Agreement, counties are responsible for certain aspects of Indoor Clean Air Act enforcement (OAR 333-015-0025 and 333-015-0090). Counties are responsible for responding to complaints of violation and for assisting businesses in achieving compliance. Non-compliant businesses are to be referred to OPHD for further administrative action.

Lack of participation in the Delegation Agreement makes the Grantee out of compliance with both the standard LPHA Financial Assistance Award and with Program Element 13 (Appendix E).

Required Staffing
Staffing is a budget priority for Program Element 13. To assure adequate staffing and accountability for completion of the Local Program Plan, the majority of grant funds are expected to be invested in qualified program staff. Staff time paid by grant funds must be dedicated only to approved activities in the Local Program Plan.

The LHD is expected to designate a Program Coordinator who will serve as the main point of contact between the local program and HPCDP, and who will have sufficient FTE to support regular, consistent communication and coordination with HPCDP. In most cases, the Program Coordinator will be responsible for conducting and assuring completion of all activities in the Local Program Plan. For counties with multiple program staff, the Program Coordinator also assures that other program staff members conduct the activities in the Local Program Plan. Recommended staffing competencies for Program Coordinators can be found in Appendix G.

Staff Development
HPCDP strives to support grantees with meaningful learning opportunities and technical assistance focused on achievement of the conditions in the Healthy Places, Healthy People Framework. To this end, HPCDP convenes the Grantee Capacity Advisory Group (CAG) to offer guidance, advice and input into HPCDP's learning opportunities. HPCDP and the CAG have conducted a regional support network satisfaction survey in August 2010, the results of which inform the staff development opportunities required by this RFA. Full reports of these surveys are available by request by emailing kati.moseley@state.or.us. HPCDP will continue to convene the CAG in 2011-2012. Participation is voluntary, but encouraged, with limited terms of service. The results of this survey and inventory, and subsequent discussions of these results with the CAG and HPCDP staff, inform the staff development opportunities required by this RFA.

Participation is required at certain HPCDP-sponsored trainings, meetings and conference calls. Trainings addressing healthy communities will be a priority.

There will be a total of 16 required eLearning modules, webinars, calls and in-person meetings during the 2011-2012 grant year. These detail out as follows: one (1) eLearning module, four (4) training webinars, four (4) technical assistance calls and six (6) Regional Support Network events (i.e., 4 calls, 1 in-person training, 1 regional swing).

- eLearning refers to self-guided, structured learning hosted through the Oregon Health Authority's Learning Center. All grantees are required to pass the Educate, Advocate, Lobby and Electioneer: Our role in public policy change processes eLearning course with a score of 90% or higher.
- Training webinars last one hour and occur quarterly. HPCDP staff and the CAG plan training webinars; these webinars focus on grantee's sharing their field experience.
- Technical assistance calls last one hour and occur quarterly. HPCDP staff plan technical assistance calls; these calls focus on sharing information on state initiatives and work with grantees. Technical assistance calls occur by grantee type (County TPEP, Healthy Communities Implementation and Tribal TPEP).
- Regional Support Network (RSN) conference calls last approximately one hour each and typically occur every other month. The RSN members are responsible for scheduling, planning and facilitating these calls. RSN calls include all regional grantees and contractors and a HPCDP representative, who will reserve a conference call number for RSN calls upon request. HPCDP staff participate as appropriate on these calls, answering questions directed to state staff, clarifying requirements for grants and connecting the RSN to other HPCDP staff as needed. These calls serve as a venue for sharing strategies and resources and to identify regional training needs.
- One (1) regional training. RSNs must work with and agree on topic and date for these trainings with the workforce capacity coordinator (currently Kati Moseley). The RSN chooses the location for these trainings.
- One (1) regional swing. HPCDP staff plan regional swings with input from the CAG and RSNs. Swings are an opportunity for additional training, strategic planning assistance, facilitated networking, topic specific meetings, etc.
- Grantee and Contractors Meeting in July 2011. Grantees are required to attend the entire meeting. There will be no registration fee for grantees and HPCDP will cover hotel and meals during the meeting; however, grantees should include other per diem meals and mileage to Portland for this meeting in the budget submitted with this application.

Telephone or Webinar

Type	No.	Content	Timing
eLearning Course	1	Education, Advocacy, Lobbying and Electioneering	January 2012
Training Webinar	4	Grantee Presentations	Quarterly
Technical Assistance Call	4	Statewide Updates	Quarterly
RSN: 4 calls; 1 in-person; 1 regional swing	6	Networking and collaboration	Every other month
Grantee & Contractors Meeting	1	Networking, planning, evaluation, policy change	July 2011
Total Events	16		

Section III. Application Instructions

A. Application Deadline and Delivery

One electronic copy of the application must be received via email no later than 4 p.m., March 4, 2011. The application must be submitted in Microsoft Word and/or Microsoft Excel. Label each document with the County or LHA name, the type of grant (i.e., TPEP), and the name of the form or BPO (e.g., LHD_ Name.TPEP.Budget.xls; County_Name.TPEP.BPO4_Housing.doc).

Email applications to: luci.longoria@state.or.us

B. Application Requirements

Applications must address all the application requirements included in this RFA. An application that is missing any of the items listed below will be considered incomplete. Use of the specific templates in Attachments 1, 2, and 3 of this RFA is not required as long as any of the documents submitted in alternate format address all of the content specified in the Attachments. Include the following application materials:

1. Application Cover Sheet (Attachment 1)
2. Local Tobacco Control Advisory Group form (Attachment 2)
3. Local Program Plan form (Attachment 3)
4. Line Item Budget and Narrative Worksheet (Attachment 4)

1. Application Cover Sheet

Complete all sections of the Application Cover Sheet (Attachment 1). Applicants must disclose any and all direct and indirect organizational or business relationships between the applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco or tobacco-related products.

2. Local Tobacco Control Advisory Group

Complete the Local Tobacco Control Advisory Group Form (Attachment 2).

3. Local Program Plan

The Local Program Plan (Attachment 3) must include workplans for each of the required Best Practice Objectives and any additional optional Best Practice Objectives (BPOs). Each workplan must include a SMART Objective and a series of Activities to achieve the SMART Objective. Each workplan must also answer the "critical question" as stated in the Local Program Plan form: "Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO."

SMART Objectives are Specific, Measurable, Attainable, Relevant, and Time-framed, and should be achievable within the 12-month grant period. Instructions on developing SMART Objectives, as well as sample SMART Objectives for specific BPOs, are found in Appendix A.

At a minimum, each Local Program Plan must include workplans for each of the four required BPOs and one additional BPO. LHDs may elect to include workplans for any number of additional, optional BPOs.

For each selected BPO, submit a detailed workplan containing quarterly Activities to be undertaken to achieve the SMART Objective. Specific, measurable activities must be included for each of the following categories:

- Coordination and Collaboration
- Assessment
- Education and Outreach (Development of Local Champions)
- Media Advocacy
- Policy Development, Promotion, and Implementation
- Promoting the Oregon Tobacco Quit Line

While Promoting the Oregon Tobacco Quit Line is an activity that must be included in the Local Program Plan, grant funds are not to be used for providing cessation delivery services, such as cessation classes or medications.

Appendix A includes instructions and definitions for developing the Local Program Plan, as well as guidance sheets for each BPO. The BPO guidance sheets include essential information for developing and implementing workplans for each BPO, including sample SMART Objectives; requirements and recommendations for activities; information about technical assistance contractors; suggestions for partners and stakeholders; ideas for assessment and media advocacy; and links to model policies, toolkits, and other resources.

Applying as a Consortium
If you are applying as a consortium of local health departments, you should submit an integrated Local Program Plan rather than separate plans for each county in your consortium. Within your Local Program Plan, you must indicate whether or not a particular objective is consortium-wide or will be primarily undertaken by one member of the consortium. If the latter is the case, you must indicate which consortium member is undertaking the objective and describe Coordination & Collaboration activities among the consortium members.

4. Line Item Budget and Narrative
Submit the proposed 12-month budget for the fiscal period July 1, 2011 – June 30, 2012, using the required *Line Item Budget and Narrative Worksheet* (Attachment 4). The worksheet should include each of the following Budget Categories, as relevant.

The budget worksheet uses formulas to perform automatic calculations (e.g., calculating total salary based on FTE).

HPCDP Recommended Policies on Healthy Meetings
When using TPEP funds for meetings and events, it is highly encouraged to follow the HPCDP Recommended Nutrition Policy and Guideline (see Appendix H) and Policy on Healthy Meetings, Conferences and Events (see Appendix I).

(A) Salary
List each position funded by the grant on a separate line. For each position, include the job title, annual salary, FTE as a percentage, and the number of months requested for each staff person. The total salary will automatically calculate.

Include a narrative for each position briefly describing their primary responsibilities on the grant.

Funds may not be used to support staff time providing tobacco cessation client services, such as classes, coaching, or counseling.

(B) Fringe Benefits
List the base-rate, if applicable, and fringe rate for each position on a separate line. The total salary will auto-fill and should match the total salary listed in Budget Category A. The total fringe will automatically calculate.

(C) Equipment
Provide a total amount for equipment, as well as a narrative listing planned purchases and brief rationale. Office furniture, equipment and computer/software upgrades are allowable, provided they are reasonable expenditures, relative to the Local Program Plan, for items that have not been purchased in the previous two years.

(D) Supplies
Provide a total amount for supplies. Supplies may include office supplies or meeting supplies. Smokefree Workplace Law and Tobacco Quit Line materials listed in the Oregon Tobacco Education Clearinghouse (oregon.gov/DHS/ph/tobacco/otec/index.shtml) are available free of charge for LHDs to disseminate to businesses and other organizations in their communities. Expenditures for additional educational materials should be limited and must be for materials approved by TPEP. If expenditures are allocated to non-Clearinghouse educational materials, the narrative must include a justification that describes how such materials are related and essential to specific activities listed in the Local Program Plan. Funds may not be used for clinical cessation services, treatment, or medications.

(E) Travel
In state: Provide a narrative statement describing proposed in-state travel. Include local mileage as well as per diem, lodging and transportation to attend required and requested meetings. Federal per diem rates limit the amount of reimbursement for in-state travel: www.gsa.gov/perdiem.

Out of state: Travel to attend out of state events or conferences is permitted if content is applicable to the Local Program Plan. Provide a narrative statement that includes the name of the event or conference, and how the proposed travel relates to the Local Program Plan. Include amounts for per diem, lodging, transportation,

registration fees, and any other expenses. Federal per diem rates limit the amount of reimbursement for out of state travel: www.gsa.gov/perdiem.

(F) Other
List expenses for items not listed above, such as telephone, rent, copying, printing, postage, and mailing that are directly related to grant activities.

Expenses, such as equipment, supplies, indirect rate or cost allocation, may not be included in the "Other" category if they are included elsewhere in the budget.

(G) Contracts
Pre-approval from HPCDP must be obtained for any subcontracts.

On a separate line, list each subcontracted program activity and the name of the subcontractor (if known) along with the amount of the contract.

All activities related to the subcontractor must be clearly specified in the Local Program Plan, and must include: (1) scope of work, including tasks and deliverables; (2) time period of the contract; (3) person in your agency who will supervise or manage the contract; (4) name of the contractor, if known; and (5) what method will be used to select the contractor, such as bids, RFPs, sole-source, etc.

(H) Total Direct Costs
The total direct cost will auto-fill on the worksheet. Confirm that the amount is correct.

(I)   Cost Allocation or Indirect Rate
Indicate the cost allocation or indirect rate. The worksheet will auto-fill the total direct costs and multiply the cost allocation rate against the total direct costs to calculate the total cost allocation amount and total budget request amount.

OHA reserves the right to request additional detail on cost allocation plans.

Section IV. Application Review Process

A review committee appointed by TPEP that includes external reviewers and TPEP staff will evaluate the applications. Each application will receive one of the following recommendations from reviewers:
- Accept application as submitted.
- Accept application with required and recommended modifications.

- Reject application and require resubmission.

For those applications that require modifications, TPEP will contact the Local Health Department for Program Plan and/or budget negotiations.

Section V: Solicitation Schedule and Procedures

A. Application Timeline

RFA Opens	January 26, 2011
Question Submission Deadline	4:00 p.m., February 4
Questions & Answers posted to website	February 16
Amendments to the RFA posted to website (if any)	March 1
RFA Closes - Applications Due	4:00 p.m., March 4
Budgets must be approved to be included in the financial assistance agreement for FY2012	April 5
Estimated Start/End Date for fiscal year	July 1, 2011 – June 30, 2012

B. Questions
This RFA is not competitive. Therefore, applicants are encouraged to contact HPCDP staff for technical assistance at 971-673-0984 or by submitting questions in writing to Luci Longoria, Community Programs Lead, luci.longoria@state.or.us. Questions submitted in writing by 4:00 p.m., February 4, 2011, will be posted in Q&A format to the TPEP website, www.healthoregon.org/tobacco on February 16, 2011.

C. Reservation of OHA Rights
OPHD reserves all rights regarding this RFA, including, without limitation, the right to:

1. Amend or cancel this RFA without liability if it is in the best interest of the public to do so;

2. Reject any and all applications received by reason of this request upon finding that it is in the best interest of the public to do so;
3. Waive any minor irregularity, informality, or non-conformance with the provisions or procedures of this RFA, and to seek clarification from the applicant, if required;

4. Reject any application that fails to substantially comply with all prescribed solicitation procedures and requirements;

5. Negotiate a final grant within the scope of work described in this RFA and to negotiate separately in any manner necessary to serve the best interest of the public;

6. Amend any grants or replace any grants that are a result of this RFA; such amendments or new grants may be for additional periods of time, changes in payment rates for services or to add or delete any terms and conditions of such grants which are within the scope of this RFA;

7. To extend any grants that are a result of this RFA or to enter into new grants within the scope of this RFA without an additional solicitation process. Local Program Plans and budgets will continue to be subject to OHA approval during any subsequent periods.

D. RFA Amendments

Any interpretation, correction or change to this RFA will be made by written amendment on or before March 1, 2011. Notification of any changes to the RFA will be posted to the TPEP listserve with a link to the RFA on the website. Interpretations, corrections or changes to this RFA made in any other manner will not be binding, and applicants shall not rely upon such interpretations, corrections or changes.

E. Award Notice

Applicants who have been selected to receive a grant award will be notified in April 2011. TPEP may negotiate a modification of the selected applications and award funds only after such modification has been agreed upon by TPEP. All funds awarded under this RFA will be included in the Intergovernmental Financial Assistance Agreements between OHA and LHDs.

Appendix A

Developing the Local Program Plan: Definitions, Instructions, and Best Practice Objective Guidance Sheets

Local Health Department
Tobacco Prevention and Education Programs
2011-2012

**Tobacco Prevention and Education Program
Health Promotion and Chronic Disease Prevention Section
Public Health Division
Oregon Health Authority**

Table of Contents

Local Program Plan Definitions

What is the Local Program Plan?
The Local Program Plan includes a description of efforts to mobilize the community to support and implement policy, systems, and environmental changes to accomplish each of the specific Best Practice Objectives. The Local Program Plan includes a series of workplans to achieve each Best Practice Objective. The workplans include SMART Objectives and Activities.

What are Best Practice Objectives?
Best Practice Objectives (BPOs) are areas of work that relate to each of the HPCDP goal areas for Tobacco, Physical Activity, Nutrition, and Self-Management, as relevant to the program element. BPOs were developed based on the Oregon Statewide Tobacco Control Plan, CDC Best Practices for Comprehensive Tobacco Control Programs, the Guide to Community Preventive Services, and the policy, system, and environmental changes prioritized in the HPCDP report, "Healthy Places, Healthy People: A Framework for Oregon."

This Appendix includes Guidance Sheets for each BPO with helpful tips and resources for developing the SMART Objective and workplan activities for each BPO.

What are SMART Objectives?
SMART Objectives are statements of the <u>local</u> policy, systems, or environmental change that will be achieved by the end of the grant period in order to accomplish movement toward achieving the Best Practice Objective. While the term "Best Practice Objective" refers to an overall area of work, SMART Objectives should be specific to local community needs, resources, and goals.

SMART Objectives are:
- *Specific:* Describe exactly who will do what.
- *Measurable:* Describe a change that can be measured or counted.
- *Achievable:* The objective should be doable. It should be realistic given the time, staffing, resources, and community will.
- *Relevant:* The SMART objective is clearly linked to the BPO.
- *Time-framed:* There is a timeline or "due date" (e.g., the end of the fiscal year).

The SMART Objective should be achievable within the timeframe of the grant cycle

even if the overall Best Practice Objective is expected to take longer to accomplish.

What are Activities?
Activities are the specific, measurable actions that will be conducted to mobilize the community to accomplish the workplan. There should be a range of activities in each quarter. Activities fall under the following categories: Coordination & Collaboration; Assessment; Education & Outreach (Development of Local Champions); Media Advocacy; and Policy Development, Promotion, and Implementation. Activities should also be conducted to promote the Oregon Tobacco Quit Line. These Activity categories are defined below.

Coordination and Collaboration
Coordination and collaboration includes recruiting, developing relationships with, and maintaining a group of influential and relevant partners, stakeholders, and champions to advocate for change. Grantees are expected to coordinate and collaborate with community partners and stakeholders throughout the workplan, including internal and external colleagues, HPCDP contractors, community leaders, advocates, and members of the affected organizations. Partners include individuals and organizations that will be actively involved, or recruited for involvement, in planning and conducting activities, while stakeholders are members of the affected community, organization, decision-making body, or other interested parties. Examples of Coordination and Collaboration activities to describe are how program coordinators will consult with each other to plan and conduct activities; education and outreach targeted toward the same Champions; combined assessment activities; shared media advocacy campaigns; or joint policy promotion efforts.

Assessment
Assessment is the process of investigating and discovering the current status or condition of the community as it relates to each of the objectives. Assessment includes multiple activities to assess the community's status relative to the policy objective, including health indicators, health disparities, policies in place, support for policy change among stakeholders, community need, community will, or effective messages and strategies.

Education and Outreach (Development of Local Champions)
Outreach and Education involves engaging in specific efforts to build support for policy, systems, and environmental changes among decision-makers and those who influence them, such as organizational leaders, government officials, and community leaders. Grantees are expected to engage in a variety of strategic educational activities

to build community support and political will for policy change among potential champions. Potential champions may include a variety of relevant policy makers and community leaders, community members, and community advocates. Champions should be sought among community leaders, but also among sectors of the community that are most affected by the problem and that have a stake in the solution. Examples of activities include meetings, advocacy efforts, presentations, outreach, small group education, letter writing, and conducting public forums.

Media Advocacy

Media advocacy is the strategic use of mass media to support community organizing to advance a public policy initiative. The goal of media advocacy is to change the social environment in which policy-makers and individuals make decisions, rather than to provide instructive health information to motivate people to make individual decisions (social marketing). Earned media refers to news coverage, letters to the editor, article submissions and other forms of media that are "free" (in contrast to paid advertising).

Policy Development, Promotion, and Implementation

Changing policy requires: 1) using informed decisions to shape the priorities for policy (e.g., data), 2) assuring relevant and influential people are involved throughout the process, 3) assuring advocates and decision makers are well informed about the given policy, 4) working with decision makers to pass policy, and 5) working with decision makers and stakeholders to develop a plan to communicate and implement the policy. Each stage in this process requires open dialogue, and strong relationships with advocates.

Promote the Oregon Tobacco Quit Line

Local TPEPs are expected to promote the Oregon Tobacco Quit Line as an activity in every workplan. Promoting cessation and the Oregon Tobacco Quit Line is most effective when coupled with other tobacco control efforts, including policy development and implementation, as well as efforts to develop and sustain chronic disease self-management program infrastructure. The goal is to increase awareness of available Quit Line services among tobacco users, policy makers, business owners, employees, and the general public and encourage people to quit tobacco. Any messaging should include, at minimum, the Quit Line phone number(s) and website.

Local Program Plan Instructions

LHD TPEP (PE 13) grantees are required to develop workplans for a <u>minimum</u> of 5 BPOs, including BPOs 1-4 and one elective BPO. Grantees may also develop workplans for any number of additional BPOs from the list of optional BPOs. Workplans should be developed in consultation with local community leaders, partners, stakeholders, or other advisors, as discussed in Section II(A) of this RFA.

Review each BPO Guidance Sheet to prepare your application. The Guidance Sheets include information about any requirements, suggestions for developing activities for the plan, and information about technical assistance contractors, model policies, media campaigns, and other resources.

Required BPOs:
- BPO 1: Building Capacity for Chronic Disease Prevention, Early Detection, and Self-Management
- BPO 2: Tobacco-Free Worksites
- BPO 3: Implement the Indoor Clean Air Act
- BPO 4: Smokefree Multi-unit Housing

Recommended BPO:
- BPO 5: Tobacco-Free Community Colleges

Optional BPOs:
- BPO 6: Tobacco-Free Post Secondary Education and Training Institutions
- BPO 7: Tobacco-Free Head Start/ Child Care Programs
- BPO 8: Tobacco-Free Schools
- BPO 9: Tobacco-Free Outdoor Venues
- BPO 10: Tobacco Retailer Licensure
- BPO 11: Ban Free Tobacco Sampling, Coupon Redemption, and other price discounts
- BPO 12: No Tobacco Products for Sale at Pharmacies
- BPO 13: Tobacco Counter-Marketing
- BPO 14: Tobacco Free Hospitals/Health Systems

A sample workplan form is provided as part of these instructions (see Attachment 3); however, no particular form is required. Regardless of format, each workplan must include the following elements:

1. **Grantee:** Identify the Local Health Department

2. **Best Practice Objective (BPO):** Include the name and number of the BPO.

3. **SMART Objective:** Based on community needs, conditions, and goals, and building upon current work if applicable, develop a SMART Objective statement for the workplan describing the overall policy, environmental or systems change to be achieved during the workplan year. The BPO Guidance Sheets include examples of SMART Objectives. Tailor the SMART Objective for the local community.

4. **Critical Question** Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.

   "Identifying and Eliminating Tobacco-Related Disparities" is a CDC goal area for evidence-based tobacco prevention. Structurally, the required BPOs for community programs in this RFA drive local partners to prioritize policy efforts toward environments and systems most likely to reach populations with fewer resources and less education. Local communities may choose to focus policy objectives further, in order to assure the most vulnerable populations, as identified through community assessment, are prioritized for policy advocacy. For example, the LHD may choose for their policy objective to target a multiunit low-income housing facility over another housing facility that may not cater to low-income populations. Or, the LHD may choose for their policy objective to target a school district with larger percentage of students on free-or-reduced lunch, for expanded school tobacco policy efforts. Therefore, the response to the Critical Question is where LHDs should describe how local data and knowledge of community disparities drove the choice of the policy objective presented.

5. **Activities:** For each quarter, describe the specific, measurable activities that will be conducted to accomplish the SMART Objective.

   Most workplans will be expected to include a variety of activities in the following categories each quarter:
   - Coordination & Collaboration
   - Assessment
   - Education & Outreach (Development of Local Champions)
   - Media Advocacy
   - Policy Development, Promotion, and Implementation
   - Promote the Oregon Tobacco Quit Line

Coordination and Collaboration activities to consider for the workplan include:
- How partners will be involved to reach the objective, and their specific roles
- Who the stakeholders are (members of affected communities) and how they will be engaged and mobilized
- Whom will be coordinated with to promote, develop, and communicate policy changes
- How leaders and representatives of key organizations will be recruited
- Steps that will be taken to coordinate and collaborate with members of the community, such as face-to-face meetings, teleconferences, email, or lunch meetings.
- The types of activities that will be coordinated; for example, data collection, policy campaign development, etc.
- How much will be done in terms of the number of meetings and/or frequency

Local Health Departments with both TPEP (PE 13) and Healthy Communities Implementation (PE 15) grants are expected to demonstrate coordination and collaboration between the two programs on BPO 1 and BPO 2, as well as any other BPOs in which TPEP and Healthy Communities programs are addressing the same setting or sector, such as housing, schools, community colleges, Head Start/child care, or outdoor venues.

Assessment activities to consider for the workplan include:
- Whom will be worked with, the resources that will be used to complete the assessment, and what research will be undertaken
- Steps that will be taken to learn from the work of others to determine content of necessary policies, systems and practices and enforcement strategies
- Any past assessments that have been conducted relevant to this objective, and how findings from past assessments will be used to make progress
- Steps that will be taken to assess policies, systems, and practices that currently exist for this setting, including disparities in who receives the benefit of any existing policies
- Assessing community, stakeholder, and/or decision-maker support for policy change
- Collecting any additional information needed to make progress on the objective, including how stakeholders will be engaged to help identify and collect this information, and how this information will be used to guide the work
- Tracking or measuring progress
- Evaluating the impact of the policies on the community

- Whether and when a Special DATA Request Form (Appendix B) will be submitted to acquire technical assistance from the HPCDP Data & Evaluation Team

Education & Outreach (Development of Local Champions) activities to consider for the workplan include:
- Activities to reach out to key decision-makers, community leaders, community members, and community advocates to build support for the objective
- The specific education and outreach efforts that will be conducted to build support for policy change, including the types of groups that will be educated, and how much will be done in terms of frequency or events
- Trainings and technical assistance that will be provided regarding policy development and implementation to community members with influence, or to a target population necessary to advocate for change
- Activities to engage people in a conversation about what they and others can do to advocate for change during teachable moments, such as presentations

Media Advocacy activities to consider in the workplan include:
- Coordinating with the HPDCP media contractor
- How the media plan fits into the larger community organizing and policy advocacy plan
- Coordinating with any existing local or statewide media campaigns
- Using local media to raise awareness about the project, influence key decision makers, and build community support for the objective
- Writing newsletter articles, conducting radio interviews, getting news coverage, or otherwise publicizing the efforts

Policy Development, Promotion, and Implementation activities to consider in the workplan include:
- Who will be engaged on policy activities, including decision makers and stakeholders
- Finding model policies or policy guidance documents
- Developing, advocating for, and promoting a policy (or procedure or resolution), and/or working with decision makers to develop and pass a policy.
- Activities to demonstrate support for the policy, such as strategic planning meetings with collaborators, gathering endorsements or petitions, letter-writing campaigns, etc.

- Planning for policy implementation, including communication and enforcement
- Developing an enforcement plan to ensure enforcement of public health laws and ordinances

Promote the Oregon Tobacco Quit Line activities to consider for the workplan include:
- Including cessation messages in all communication and media around smokefree laws/policies incorporating Quit Line information and cessation messaging into existing communication channels (e.g., presentations, newsletters/mailings, earned media).
- Placing cessation messaging, "click-to-call" and online registration banners and buttons on websites.
- Working with hospitals/health systems to build referral systems to cessation resources
- Making Quit Line promotional materials (brochures, web tools, etc) available to partners

6. Quarterly Reporting
The workplan form includes a column for quarterly reporting on activities. This column should be left blank in the application.

Further description of additional reporting requirements can be found in the "Other Requirements" section of the RFA.

BPO 1:
BUILDING CAPACITY FOR CHRONIC DISEASE PREVENTION, EARLY DETECTION, AND SELF-MANAGEMENT

Required

Objective Overview

Local TPEP Programs will identify and participate in opportunities related to chronic disease prevention, early detection and self-management in the local community through utilization of chronic disease surveillance data, partnership building and the promotion of self-management programs. These include Living Well with Chronic Conditions and its Spanish language/cultural version, Tomando Control de Su Salud, the Arthritis Foundation Exercise Program, Walk With Ease and the Oregon Tobacco Quit Line.

For counties receiving Healthy Communities Implementation funding, ensure that shared programmatic, policy and partnership efforts for the prevention, early detection and self-management of chronic diseases are noted in the Key Partners and Stakeholders section of the work plan templates.

Background

Chronic disease prevention consists of policy, environmental and systems change, including the availability of infrastructure and promotion for early detection and self-management programs. Chronic disease prevention strategies promote the healthy choice as the convenient choice, while self-management programs provide skills and tools for those already experiencing the burden of chronic disease.

The "Healthy Places, Healthy People: A Framework for Oregon" report identifies the conditions (i.e. policies, environments, and systems) needed so all people in Oregon live, work, play and learn in communities that support health and optimal quality of life. The Framework identifies the following community conditions for chronic disease prevention, early detection and self-management: optimal availability of chronic disease self-management programs, healthy food choices, and physical activity opportunities; minimal exposure to secondhand smoke, tobacco products, unhealthy foods, and advertising and promotions of tobacco and unhealthy foods; school, worksite, and health systems policies, environments, and systems that support and promote chronic disease early detection and self-management.

Tobacco use is a significant risk factor for many chronic diseases, including cancers, cardiovascular disease, arthritis and asthma; tobacco use exacerbates other chronic diseases such as diabetes.

This BPO provides an opportunity for TPEP programs to build capacity to address chronic diseases by drawing upon previous examination of local data on disease burden and risk factors. This work is done by continually fostering or creating relationships with organizations and coalitions that are addressing diverse chronic diseases and their risk factors; and by continuing to engage with and develop partners in conversations around policies, systems, and environmental changes necessary to create a healthy community.

Local programs have the opportunity to identify populations experiencing the greatest chronic disease burden, and partner with existing local chronic disease prevention, early detection and self-management efforts that seek to address these health equity issues in their communities. This BPO also provides an opportunity for TPEP programs that received Healthy Communities Building Capacity funding to sustain some of the groundwork laid during the Building Capacity phase.

Living Well with Chronic Conditions (Living Well), its Spanish language/culturally appropriate version, *Tomando Control de Su Salud (Tomando),* the Arthritis Foundation Exercise Program (AFEP) and Walk With Ease have demonstrated improvements in health status for people who are living with chronic conditions. The Oregon Tobacco Quit Line provides personalized counseling that is proven effective in helping people quit tobacco. Current social marketing campaigns are underway to promote screening for colorectal cancer and to promote exercise for people with arthritis. More information about these programs is provided under Resources.

While TPEP funds are not for direct medical services, it is important for local health departments to sustain, or where absent, develop relationships with community partners and organizations to assess the availability of and assure access to early detection or self-management programs.

Sample SMART objectives
- From July 2011 to June 2012, _____County will promote self-management programs including Living Well, AFEP or Walk With Ease, and the Quit Line through networks/partnerships/referrals at least (# of times).
- By (insert date), _____County TPEP Coordinator will have participated in (#) local collaborative efforts and coordinate work on Healthy Communities best practice objectives involving chronic disease prevention, early detection, and self-management.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.

Guidance for Activities:

Coordination & Collaboration
Identify and participate in current community efforts that are moving forward on chronic disease prevention, early detection and/or self-management work. LHDs receiving Healthy Communities Implementation funding have the ability to further their work in prevention, early detection and self-management policies and activities by leveraging resources and integrating efforts into ongoing Healthy Communities efforts. This BPO is an opportunity to learn about local activities and to start or continue building relationships for current and/or future policy work.

Potential partners include OSU Extension, health systems, faith-based organizations, Area Agencies on Aging, city/county planning departments, school wellness committees, local chapters of American Cancer Society or other local chapters of disease specific organizations. Primary care clinics, including Community Health Centers, also have an interest in improving their patients' health through prevention, early detection and self-management. Several clinics are developing referral systems to self-management resources through the Patient Self Management Collaborative (PSMC), a project of the Oregon Primary Care Association. Please see TPEP Connection for more information about possible partnerships.

Identify community stakeholders, champions, and organizations that are currently working in the areas of chronic disease prevention, early detection and self-management and define a plan to work with these individuals and groups to further the community conditions described in the "Healthy Place, Healthy People Framework Report". In LHDs with Healthy Communities funding, include cross-collaboration with Healthy Communities work and the TPEP workplan, ensuring that TPEP and Healthy Communities objectives align to advance efforts in both programs.

Promote local leader trainings for Living Well with Chronic Conditions/Tomando and Arthritis Foundation Exercise Programs by sharing information with local networks/organizations in the county. Support local implementation of the colorectal cancer social marketing campaign by assisting with the identification of champions and media spokespeople.

Review the "Healthy Places, Healthy People Framework Report" and describe how you will collaborate with community partners and stakeholders to identify conditions named in the Framework which currently exist in the community. Explain how your plan will address such conditions that are of community interest to work towards, as well as conditions that have not yet been identified as community priorities.

Identify and apply for additional funding to further local progress and collaboration with other organizations on policy, environmental, and/or systems changes to further support chronic disease prevention, early detection and/or self-management.

Assessment
Assess availability of AFEP and Living Well with Chronic Conditions/Tomando programs in the county. (See resources below for websites with this information).

Assess coverage for colorectal, breast and cervical cancer screening in benefits packages when reviewing for tobacco cessation coverage. Assess the current levels of screening for recommended, population-based screenings: colorectal, breast and cervical cancer. These can be found in Keeping Oregonians Healthy.

After determining the availability of self-management programs and coverage of cancer screenings, describe further assessment needs anticipated for your county. List any gaps in available data and develop a plan for obtaining data to assess community resources related to chronic disease prevention, early detection and self-management.

Education and Outreach (Development of Local Champions)
Educate community leaders and networks about the burden of tobacco-related diseases and how it links to tobacco policy work locally. Describe the link between prevention, early detection, and self-management, such that each approach is necessary in order to both prevent the onset and further complications of chronic disease in our communities. These opportunities are a means for developing new champions for tobacco and chronic disease work at the state and locally.

Educate community leaders/networks and interested organizations about Living Well/Tomando Control, Arthritis Foundation Exercise Program and/or Walk With Ease Program, the Oregon Tobacco Quit Line, and the colorectal cancer social marketing campaign. Include opportunities for them to become involved in supporting these early detection and self-management efforts through their existing outreach channels.

List specific actions in the workplan to show what actions the Local Health Department (LHD) will take to further develop community leaders' role and capacity as champions for the overall program and the LHD infrastructure that supports it. Identify all of the following:

1. Specific community leaders, including elected officials, administrative bodies and those representing populations experiencing health disparities, to which direct educational encounters will be provided
2. Purpose and intended outcomes of educational encounters (specifically related to support for the overall program and program sustainability)
3. The means by which such education or outreach shall take place (one-to-one meetings, presentations, community forums, etc.), and the program period quarter(s) during which the education will take place.

Media Advocacy
Describe at least one specific earned media activity. Include chronic disease prevention, early detection and self-management messages in earned media work related to other objectives as appropriate and applicable. For example, when working with a local health system on a tobacco-free campus policy, highlight the link between tobacco free policies and how they assist people in managing their chronic diseases (e.g. asthma).

A statewide colorectal cancer media campaign will be launched during 2011-2012. TPEP Coordinators should be aware of the campaign and the link between tobacco use and colorectal cancer should they receive calls from the media during the campaign.

A targeted media campaign will be launched during 2011-2012 in areas where an Arthritis Foundation Exercise training has occurred, resulting in an increase of new classes in which the public can participate. County TPEP Coordinators should be aware of the campaign in order to better promote the availability of self-management resources in their community.

Similarly, there may be other media opportunities related to non-tobacco chronic disease risk factors, as well as early detection and self-management messages that can be utilized to integrate tobacco prevention and education messages.

For media-related technical assistance, contact your liaison, who will connect you with HPCDP media contractor, the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Policy Development, Promotion, and Implementation

Lend support to partner and stakeholder efforts that advance best and promising practices (as identified in the Healthy Places, Healthy People Framework) related to policy, environmental, and system changes for chronic disease prevention, early detection and self-management at the state and locally. Support may include working with the Public Health Administrator (or designee) to provide testimony regarding proposed policies or for proposed program funding solicitation. Work with Public Health Administrator or designee to apply for additional funding opportunities to build local capacity for best practice chronic disease prevention, early detection and self-management.

Promote the Oregon Tobacco Quit Line

Describe specific activities to promote the Quit Line to partners and stakeholders in the chronic disease prevention sector. Use consistent messaging that highlights the benefits of quitting tobacco in order to prevent and manage chronic diseases.

Resources

Living Well/Tomando county fact sheets have been developed and can be found at the OHA Living Well website at
http://www.oregon.gov/DHS/ph/livingwell/pubs.shtml

The Arthritis Foundation tracks their Exercise programs and posts current class lists at http://www.arthritis.org/chapters/pacific-northwest/or-branch.php

Information about the Walk With Ease program is available through the Arthritis Foundation at
http://www.arthritis.org/walk-with-ease.php

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.
At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml
County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

Colorectal cancer social marketing campaign is under development. Information about the campaign is vetted through the Colorectal Health Task Force and can be found here:
http://oregon.gov/DHS/ph/cancer/committees.shtml#Colorectal_Health_Task_Force
and here: www.healthoregon.org/cancer.

Keeping Oregonians Healthy http://www.oregon.gov/DHS/ph/hpcdp/index.shtml

Information about specific chronic diseases and risk factors (including surveillance data) can be found at the following sites:

- Keeping Oregonians Healthy http://www.oregon.gov/DHS/ph/hpcdp
- Oregon Arthritis Program www.healthoregon.org/arthritis
- Oregon Asthma Program www.healthoregon.org/asthma
- Oregon Comprehensive Cancer Control Program www.healthoregon.org/cancer
- Oregon Diabetes Program www.healthoregon.org/diabetes
- Oregon Heart Disease and Stroke Program www.healthoregon.org/hdsp
- Oregon Physical Activity and Nutrition Program www.healthoregon.org/pan

The OSCaR annual report has cancer incidence and mortality by county located on the final page of each section. http://www.oregon.gov/DHS/ph/oscar/

BPO 2:
TOBACCO-FREE WORKSITES

Required

Objective Overview

Policies, systems, and environments that support tobacco-free environments and cessation are best practices to prevent and manage chronic disease. The goal of this objective is to implement policies, systems, and environmental changes that support these best practices in the workplace. This objective provides a healthy environment to members of the public who access government services, as well as to employees, and promotes a social norm that tobacco use is not acceptable.

Background

Employers are uniquely positioned to support policies, systems, and environments that help employees make healthy choices. Because of the amount of time people spend at work, worksites are an ideal setting for promoting lifestyle change. Individual behavior change is supported by health-promoting environment and social norms in the workplace.

Private insurance plans are required to provide tobacco cessation services, under Senate Bill 734. Local government can play a leading role by ensuring that tobacco cessation services are included as covered benefits, that these services are evidence-based and comprehensive, and minimizing or eliminating barriers to accessing these benefits for employees and clients.

Government (public sector) worksites are a priority. LHDs can set a powerful community example and lead the way in creating tobacco-free outdoor environments that address all forms of smoking and smokeless tobacco use on county property, including parking lots, and by providing full cessation benefits.

At the State , the Governor's Worksite Wellness Initiative is focused on healthy worksites, providing opportunities to partner with State Agencies that have facilities in your community. The Tobacco Control Integration Project is focused on working with state agency worksites, in particular, Department of Human Services locations.

This BPO supports health equity by supporting a healthy environment for clients seeking government services, and who may be at greater risk for tobacco use and secondhand smoke exposure. Promotion of the Tobacco Quit Line in government facilities will also benefit clients.

One of the Condition Statements from the "Healthy Places, Healthy People: A Framework for Oregon" report that applies to worksite settings is: "Worksites policies support tobacco-free workplaces and outdoor spaces, tobacco cessation, healthy food and beverage choices, and physical activity opportunities; they also minimize access to unhealthy options." An example of best or promising practices to achieve this condition is "Worksites adopt tobacco-free campus policies. These policies are well understood and enforced."

Another Condition Statement from the Framework that applies to worksite settings is "All worksite wellness programs and policies promote breastfeeding, early detection, risk reduction and self-management of chronic diseases." Examples of best or promising practices to achieve this condition are "Worksite wellness campaigns promote tobacco cessation," and "Health care benefits are regularly promoted and include coverage for tobacco cessation."

Sample SMART Objectives:
- By <u>(insert date)</u>, <u>(insert # of or name of organization)</u> will have adopted a 100% tobacco-free policy for all properties.
- By <u>(insert date)</u>, <u>(insert # of or name of organization)</u> will have implemented tobacco-free campus/property policies.
- By <u>(insert date)</u>, <u>(insert # of or name of organization)</u> will have a policy to include comprehensive tobacco cessation coverage as a covered benefit.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:

Coordination and Collaboration
Describe activities to engage key partners and stakeholders throughout the activities in the workplan. High level administrative support and a team of staff make this objective successful. Gain administrator support, then work with or form a worksite wellness committee to achieve this objective. Coordinate with the LHD Healthy Communities program to identify and engage existing and new partnerships and local champions. Work with Human Resources, existing worksite wellness committees, and other groups linked to health and wellness issues, such as safety committees. Determine which unions represent the workforce and collaborate with them as well.

Coordinate with State efforts. Dawn Robbins (dawn.e.robbins@state.or.us) and Inge Aldersebaes (inge.g.aldersebaes@state.or.us) are leading the Healthy Worksites Initiative at HPCDP. They can help make connections with activity going on in your community, among both public and private sector employers, and can provide technical assistance and training. They are coordinating Action Forums among employers around the state, which could lead to strong partnerships to support this work. The Tobacco Control Integration Project (TCIP), led by Cathryn Cushing (cathryn.c.cushing), is working with State Dept. of Human Services (DHS) offices across the state and may be a valuable partner or resource.

Assessment:
Describe how the status of current tobacco policies at the worksite will be assessed, as well as activities to assess administrators' and employees' support for policy change.

Determine if written tobacco policies exist at local government worksites in the county. Collect and review the policies that already exist. In partnership with wellness committees, use the tobacco-related portions of the Healthy Worksites Assessment (http://www.healthoregon.org/worksites/toolkit) to identify gaps and work toward adopting policies that support the condition statements above. Another assessment tool is the worksites portion of the CHANGE tool provided by the CDC (http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm). Identify gaps and work toward adopting policies that support the condition statements above. If a worksite does not have an existing wellness committee, the assessment should be completed with someone in upper management (e.g., division director, manager, etc) and another person that is involved with wellness programming or activities at the agency.

Conducting a survey of employees and visitors has been a successful tactic in counties who have tackled both the issues of cessation benefits and of tobacco free campuses. A model survey is available on TPEP Connection in the Survey Development Toolkit:
http://www.oregon.gov/DHS/ph/tobacco/tpep/datasupport.shtml.

Review the tobacco cessation services included in employees' benefit package for comprehensiveness, evidence-base, and accessibility. Work with Human Resources or health plan administration to determine accessibility of existing cessation benefits and identify barriers or challenges (e.g., determine if a member must be enrolled in a group counseling program to access medications). Determine whether employees know about the existing cessation benefit and know how to access it.

Grantees are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education and Outreach (Development of Local Champions)
Describe outreach and education activities to build support for policy change among government leaders and employee groups. List specific actions in the workplan to show what actions the Local Health Department (LHD) will take to further develop community leaders' role and capacity as champions for the overall program.

Using personal stories of employees, along with the business case for providing a tobacco-free environment combined with cessation resources, is a good strategy for communicating with decision makers. Facilitate the development of an internal communication strategy to solicit input, provide notice, and announce the policy changes. The Make It Your Business toolkit at http://www.miyb.org/ provides guidance about crafting messages and choosing appropriate communication tools.

Media Advocacy
Include at least one earned media activity in the plan. Identify the audience, key messages, and specific strategy, such as Letter to the Editor, news release, or broadcast coverage for an event.

Build support for policy change among employees and decision makers through media coverage. Positive coverage by the media could be an added incentive to decision makers for adopting these policies. Media coverage of a successful policy implementation process also encourages other businesses to consider these policies. Work with the county public affairs office and the State Communications Lead and Media Contractor to encourage and/or publicize the adoption of any policies. For media-related technical assistance, contact your liaison, who will connect you with the HPCDP media contractor, the Metropolitan Group, to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Use media to promote the experience of employees who have been positively affected by worksite tobacco policies. Share the stories of administrators who have experienced positive changes in their worksites after policies have been implemented. Use internal communication systems, such as organizations newsletters or emails, as appropriate to build support for policy change. Work with partners and champions to

provide local stories.

Policy Development, Promotion, and Implementation
Identify and prioritize policy changes and related activities to support policy change needed to support tobacco-free worksites, and the coverage of tobacco cessation services in employees' benefits packages. Offer support to other local government agencies or private sector businesses to advance policy, systems, and environmental changes that support tobacco prevention policies at work.

Promote the Oregon Tobacco Quit Line
Describe how the communications strategy will promote cessation resources, including employee benefits and the Oregon Tobacco Quit Line (1-800-QUIT NOW), unless another telephone coaching service is part of the benefits package. Identify opportunities to include cessation messages in regular employee communications, such as benefits updates, quarterly newsletters, etc. Identify online venues to promote the Quit Line, including placing the "click to call" and "online registration" buttons on employee benefits and county websites. Messages should highlight accessibility of available services.

Resources
Oregon Tobacco Quit Line www.oregonquitline.org

County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

TPEP Connection
- Tobacco-Free Worksites policy resources, including links to Tobacco-Free DHS, CDC resources, the Make It Your Business toolkit, and more:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/tobaccofreepolicyresourcesworksites.shtml
- Survey Development Resource Guide:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf
- Health Systems resources:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/tfpolicyresources.shtml
- Cessation resources
  http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

<div style="background:black; color:white; text-align:center;">

BPO 3:

IMPLEMENT THE INDOOR CLEAN AIR ACT

</div>

Required

Objective Overview

DHS/OHA has delegated specific responsibilities for enforcement of the Oregon Indoor Clean Air Act (ICAA) to Local Public Health Authorities (LPHAs) through an Inter-Governmental Agreement (IGA). LPHAs educate the public, answer questions, and respond to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA, and OHA procedures including the Workplace Exposure Monitoring System (WEMS), an online complaint tracking system.

LHDs can choose to take local action to strengthen and expand the protections offered by the ICAA. This could include prohibiting smoking in smoke shops, cigar bars, and all hotel/motel rooms, and/or expanding outdoor protections to a greater number of feet, to all publicly-owned properties, or to all outdoor workplaces, such as patios and construction sites.

Background

Working with local businesses and community entities to assist them in understanding and complying with the ICAA will protect workers and the public from secondhand smoke.

In the "Healthy Places, Healthy People: A Framework for Oregon" report, one of the Community Conditions described is, "Every community has access to tobacco-free and smokefree environments, access to tobacco cessation resources and minimal exposure to tobacco products and advertising." One of the best practices to reach this Condition is, "Public and private policies establish workplaces and public places as tobacco-free."

Ensuring that all workers and all members of the public are equally protected from secondhand smoke is a means to reduce tobacco-related health disparities and promote health equity.

Sample SMART Objectives:

- By (insert date), _____ LPHA will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA.

- By (insert date), _____ LPHA will have adopted an ordinance eliminating smoking in smoke shops and cigar bars.
- By (insert date), _____ LPHA will have adopted an ordinance eliminating smoking in outdoor workplaces.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.
(See page A-7 for additional guidance.)

Guidance for Activities:

Coordination and Collaboration
If multiple staff share responsibilities for implementing the Indoor Clean Air Act, indicate staff roles and responsibilities for carrying out various enforcement activities to support coordination. Describe any coordination and collaboration activities with other government agencies, the business sector, and community members to communicate about the ICAA. Describe any activities that will be conducted to mobilize key partners and stakeholders to help promote expansion of the ICAA to cover exempt workplaces or additional outdoor workplaces.

Assessment
Describe assessment activities to support and track implementation of the law, including participation in TPEP evaluation activities. For LHDs that choose to implement stronger protections from secondhand smoke through local ordinances, describe specific assessment activities that will be undertaken. Assessment activities may include surveys to measure public opinion, key informant interviews to assess community support and political will, or studies to measure exposure to secondhand smoke in exempt workplaces, public places, and outdoor areas.

LHDs are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education and Outreach (Development of Local Champions)
LHDs are expected to maintain communication with TPEP regarding any staff changes, difficulties with WEMS, and/or questions about enforcement procedures so

that the State and LPHAs can fulfill shared enforcement responsibilities and coordination. TPEP provides required forms and letters for all enforcement activity through the WEMS system and through TPEP Connection at http://www.oregon.gov/DHS/ph/tobacco/tpep/Indoor_Clean_Air_Act_enforcement.shtml.
Businesses and individuals order signs, posters and pamphlets via http://www.oregon.gov/DHS/ph/tobacco/otec/index.shtml. TPEP will forward orders to LHD TPEP Coordinators, who fulfill orders. Materials can be downloaded and printed locally or ordered in bulk through your state liaison.

Many community agencies (such as Environmental Health, OLCC, the fire department, the police department, the Chamber of Commerce, etc.) receive questions about the law. Consider working with agencies and ask that they refer inquiries to the program and post a link on their website to the Smokefree Workplace Law website: http://www.oregon.gov/DHS/ph/smokefree/index.shtml.

Describe any proactive education that will be provided to businesses, to community leaders, to partner agencies, or within the organization about the law, how to make complaints, or how to strengthen the law. For example, LHDs may choose to place a link to the online complaint form on their agency websites.

List specific actions in the workplan to show what actions the LHD will take to further develop community leaders' role and capacity as champions for the overall program.

Media Advocacy
For media-related technical assistance, contact your liaison, who will connect you with the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C). Describe at least one earned media activity that will be conducted to publicize the law through local news outlets, educate the public, or otherwise demonstrate the benefits and success of the law.

For LHDs that choose to implement stronger protections from secondhand smoke through local ordinances, describe earned media activities that will be conducted to build community support. Describe activities to coordinate with the state media contractor, Metropolitan Group.

Policy Development, Promotion, and Implementation
Describe ongoing activities that will be conducted to respond to complaints and enforce the ICAA according to the Oregon Administrative Rules, IGA, and OHA procedures. Most citation settlements allow for unannounced site visits to assure that

the business is complying with the ICAA. If businesses in your county have entered a settlement that allows for this, make at least one unannounced site visit to each business during the year. The state is responsible for notifying counties of settlements and terms.

Describe activities to review and revise internal procedures for enforcing the ICAA. All WEMS users are required to obtain training from their OHA liaison and to register for a username and password using the form found on TPEP Connection at http://www.oregon.gov/DHS/ph/tobacco/tpep/Indoor_Clean_Air_Act_enforcement.shtml

The ICAA currently exempts smoke shops, cigar bars, and 25% of hotel/motel rooms, but local jurisdictions have the authority to prohibit smoking in these environments through local ordinances. If the LHD decides to pursue such ordinances, describe activities that will be undertaken to prepare for, advocate for, and implement stronger local policies.

Promote the Oregon Tobacco Quit Line
Provide Quit Line materials during compliance activities. Include messages promoting the benefits of cessation and the Oregon Tobacco Quit Line in any media-related activities publicizing the law, educating the public, etc. Highlight how the law continues to provide a good opportunity for tobacco users to quit. Include information about the Quit Line in any educational opportunities planned for the community or partner agencies.

Resources
TPEP
- Updates about hookah and other emerging smoking trends
  http://www.oregon.gov/DHS/ph/tobacco/index.shtml
- 2010 Indoor Clean Air Act Compliance Study report
  http://www.oregon.gov/DHS/ph/tobacco/docs/2010-icaa-compliance.pdf

TPEP Connection
- Indoor Clean Air Act Enforcement Toolkit
  http://www.oregon.gov/DHS/ph/tobacco/tpep/Indoor_Clean_Air_Act_enforcement.shtml
- Indoor Clean Air Act media and communications resources
  http://www.oregon.gov/DHS/ph/tobacco/tpep/mediasupport.shtml

- Survey Development Resource Guide:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

Education materials order form
http://www.oregon.gov/DHS/ph/tobacco/otec/index.shtml

Public Health Law and Policy
- How to Protect your Community from Secondhand Smoke
  http://www.phlpnet.org/tobacco-control/products/how-protect-your-community-secondhand-smoke
- Model Secondhand Smoke Ordinances http://www.phlpnet.org/tobacco-control/products/comprehensive-secondhand-smoke-model-ordinance-california-communities

Public Health Law Center http://publichealthlawcenter.org/

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/
At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml
County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

Place Matters conference materials
http://www.cvent.com/EVENTS/Info/Custom.aspx?cid=21&e=c9c1c921-78ca-456e-8b79-6d9c86f943e0
- Breathe Easy: Assessing Businesses Exempt from Oregon's Clean Indoor Air Act
  https://custom.cvent.com/AEEBDDE84DC34E64ACDB290E0F05406F/files/c4f42c2b88c1453794e3f94fc5fa50b6.pdf

BPO 4:
SMOKEFREE MULTI-UNIT HOUSING

Required

Objective Overview

Work to promote adoption of no-smoking rules in multi-unit housing facilities.

Background

Smokefree multi-unit housing continues to be a strategic priority for the Oregon tobacco control community because multi-unit housing facilities are among the few indoor places where Oregonians continue to be regularly exposed to secondhand smoke. Furthermore, many multi-unit housing residents are from vulnerable populations, including people with low incomes, families with young children, young adults, the elderly, people with disabilities, and racial and ethnic minorities. All of these population groups bear a disproportionate burden of tobacco use and tobacco-related chronic diseases. Therefore, working on this Best Practice Objective is critical to reducing tobacco-related disparities and to create health equity.

In the "Healthy Places, Healthy People: A Framework for Oregon" report, one of the Community Conditions described is: "Every community has access to tobacco-free and smokefree environments, access to tobacco cessation resources and minimal exposure to tobacco products and advertising." One of the best practices to reach this condition is "Public and private policies require smokefree multi-unit housing."

A growing body of literature is accumulating demonstrating that no-smoking rules in multi-unit housing are effective at reducing secondhand smoke exposure and helping people quit. See www.smokefreehousinginfo.com for facts and figures supporting this work.

Oregon's Landlord-Tenant law requires landlords to disclose the smoking policies for their properties as part of the rental agreement. The disclosure must identify whether smoking is prohibited on the premises, allowed on the entire premises or allowed in limited areas on the premises. This must be identified in writing.

Sample SMART Objectives:
- By (insert date), the proportion of smokefree multi-unit properties in _____ County will have increased 25% from baseline.
- By (insert date), (insert #), multi-unit housing properties in _____ County will have adopted no-smoking rules.

- By (insert date), the housing authority in _____ County will have adopted no-smoking rules for all properties.
- By (insert date), (insert #) subsidized (i.e., Section 8 voucher) multi-unit housing facilities in _____ County will have adopted no-smoking rules for their properties.
- By (insert date), (insert # or "all") migrant housing in _____ County will have adopted no-smoking rules.
- By (insert date), (insert #), condominium associations in _____ County will have adopted no-smoking bylaws.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:
Note: Diane Laughter of Health Insight, LLC is the TPEP contractor for technical assistance on smokefree housing. You may consult with her in identifying activities throughout your work plan, as well as throughout the grant year for additional guidance. She has many resources and ideas that can help you move smokefree housing forward in your community. Contact her at: 503-291-9134 or diane.laughter@comcast.net.

Coordination & Collaboration
Describe activities to engage members of the local housing sector as partners and advisors. Include both existing and new partners as appropriate. Examples of relevant partners include landlord trade associations, private property managers and owners, local public housing authorities, non-profit affordable housing agencies and community development corporations, condo associations, migrant housing providers, tenant advocates, fire departments, and government bureaus that plan, fund, and provide housing.

Assessment:
Grantees are required to participate in two statewide evaluation mechanisms that serve to measure policy adoption and community norm change. On a quarterly basis, grantees are expected to collect and report the following information to Diane at Health In Sight, LLC: 1) Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies (xls) (due with Quarterly Reports), and 2) Rental Ad Tracking Tool (xls) (done during the last two weeks of the Quarter and due the last day of the Quarter). Both forms are on TPEP Connection at

http://www.oregon.gov/DHS/ph/tobacco/tpep/sfhousingresources.shtml#Tracking_Tools .

If not already determined, identify the multi-unit housing properties in your county. With community partners, identify which properties you plan on working with for this grant year. Assess landlords' of these properties to determine their readiness to adopt policies and to survey tenants regarding their support for no-smoking rules. This can be a useful way to engage members of the housing sectors as partners and build support for policy change. Diane Laughter has a number of assessment tools to share, and can help strategize about how to move forward.

LHDs are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education & Outreach (Development of Local Champions)
Identify the decision-makers in the housing sector and develop relationships with them in order to build support for no-smoking rules. Describe specific outreach and education activities that will be conducted to build relationships, develop partnership activities, and make the case for no-smoking rules.

List specific actions in the workplan to show what actions the LHD will take to further develop community leaders' role and capacity as champions for the overall program.

Include a variety of outreach activities in the plan, such as casual, one-to-one meetings, presentations to boards, educational visits to landlords, events at housing trade shows, etc. Many educational resources and discussion guides are available on TPEP Connection under *Smokefree Housing Resources,* on Health In Sight LLC's website and on American Lung Association in Oregon's website (See links in Resources, below). Existing resources include educational information for affordable housing providers, fact sheets about the Lease Disclosure law, the HUD memo supporting no-smoking policies, the Landlord's Guide to No-Smoking Policies, PowerPoint presentations, fact sheets, and much more.

Collaborate with housing partners and other county and tribal TPEP coordinators to conduct training for property managers about implementing no-smoking policies. Materials (lesson plan, PowerPoint presentation, enforcement toolkit) are available

on TPEP Connection for you to use or modify.

Working directly with landlords to adopt no-smoking rules is crucial, but it is also important to explore other ways to create, promote, and reinforce social norms that encourage landlords to adopt policies. Take advantage of opportunities to communicate with landlords about things that are happening in Oregon or nationally on this issue.

Other strategies for changing systems and environments to influence social norms include:
- making sure that landlords who have no-smoking policies are listing that as an amenity in their vacancy postings,
- working with rental vacancy listing services to adopt smoking status as a standard feature in their listings,
- working with local landlord training programs (offered through government housing agencies, trade associations, fire departments, etc.) to include a no-smoking module as a standard part of their training curriculum,
- working with tenants' groups to educate about secondhand smoke,
- encouraging renters to ask for smokefree housing, and
- referring renters to the Fair Housing Council of Oregon's smokefree webpage http://www.fhco.org/sf.htm.

Media Advocacy
Develop at least one activity or event that will gain news coverage and that is likely to build support among key leaders in the housing sector for the SMART Objective. In the workplan, identify who the audience is, what the key messages will be, and the plan to attract news coverage (i.e., issuing a press release). Smokefree multi-unit housing is a TPEP media advocacy priority and a statewide media campaign will continue to be conducted. For media-related technical assistance, contact your liaison, who will connect you with HPCDP media contractor, the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

In the workplan, demonstrate activities to earn media coverage for activities in the other workplan areas, such as releasing the results of an Assessment, asking a reporter to cover an Education & Outreach event, launching the campaign, or announcing the adoption of a no-smoking Policy. Also look for opportunities to provide a local angle on a national or state story related to smokefree housing. Activities may also include the development of newsletter articles for trade publications or email list serves. Many examples of articles are available on the

Smokefree Housing section of TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/sfhouseresources.shtml.

Policy Development, Promotion, & Implementation

Describe activities that will be conducted throughout the phases of the policy campaign, including advocating for and promoting specific policies, and providing technical assistance to housing providers on policy development and implementation.

Use "A Landlord's Guide to No-Smoking Policies" and "The Benefits of No-Smoking Policies in Affordable Housing" to provide assistance to property owners/managers as they adopt no-smoking rules in their rental agreements. Refer landlords to the no-smoking lease addenda available on Health In Sight LLC's website (see Resources below for link). Work with landlords to develop an implementation plan that includes enough time to provide notice to residents, transition the leases, post signage and stickers, and train staff on enforcing the policy.

It may be useful to explore local public policies. Some communities are looking at policies, including ordinances, resolutions, funding guidelines, and tax incentives, that encourage or require no-smoking rules in multi-unit housing, both private and public.

Promote the Oregon Tobacco Quit Line

Describe activities that will be undertaken to integrate the Quit Line into educational outreach, earned media activities, and policy development and implementation. Helping residents quit smoking is an essential component of smokefree policy implementation. The Oregon Tobacco Quitline is an important resource that should be promoted to residents and landlords early in the process of policy advocacy and implementation. Work with landlords to make sure they have Quit Line resources and a plan to publicize the Quit Line to lead up to the adoption and implementation of no-smoking rules.

Resources

Diane Laughter, Health In Sight LLC
Phone: 503-291-9134
Email: diane.laughter@comcast.net
Website: www.smokefreehousinginfo.com

TPEP Connection
- Smokefree Housing resources on:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/sfhouseresources.shtml
- Survey Development Resource Guide:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

- Cessation resources:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

Oregon Tobacco Education Clearinghouse (Landlord Guides, Signage)
http://www.oregon.gov/DHS/ph/tobacco/otec/index.shtml

American Lung Association in Oregon: www.smokefreeoregon.com/housing

Fair Housing Council of Oregon: http://www.fhco.org/sf.htm

Metro Multi-Family Housing Association rental agreement form:
http://www.metromultifamily.com/buy_forms/samples/

Oregon Rental Housing Association rental agreement form:
http://www.rhagp.org/smokefree.asp

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.
County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

BPO 5:
TOBACCO-FREE COMMUNITY COLLEGES

Recommended

Objective Overview
Work with the community college in the county to adopt and implement a 100% tobacco-free campus policy. This objective is strongly recommended for counties with a community college, if a 100% tobacco-free policy has not already been adopted and successfully implemented.

Background
TPEP has prioritized working with community colleges before four-year colleges and universities because of the greater potential for reducing tobacco-related health disparities and promoting health equity. In addition to the large young adult population, community college students tend to have higher representation from populations experiencing the greatest burden of tobacco use and tobacco-related chronic disease: people with low socio-economic status and racial and ethnic minorities. However, depending on local needs and opportunities, Local Health Departments may choose to address other higher education settings through BPO 6.

Tobacco-free environments eliminate hazardous secondhand smoke exposure, making campuses more accessible to all including those with asthma and other respiratory impairments. Evidence supports adoption and implementation of tobacco-free campus policies as a strategy to decrease the risk that young adults will start using tobacco, decrease consumption among current users, and increase successful quit attempts. Colleges with 100% tobacco free campus policies better prepare their graduates for the work world where smoking is prohibited in workplaces and where comprehensive tobacco-free campus policies are becoming increasingly more common.

As of January 2011, four Oregon community colleges have implemented 100% tobacco-free campus policies: Mt. Hood Community College, Oregon Coast Community College, Portland Community College, and Tillamook Bay Community College. Additionally, Chemeketa Community College has implemented a 100% smokefree policy. Together these policies provide a tobacco-free or smokefree campus environment for 50% of the total statewide community college student population.

Resources are available to TPEP grantees and others through

www.smokefreeoregon.com/college. This BPO is supported by media advocacy and paid media campaigns conducted by the media contractors, Metropolitan Group and Coates-Kokes; there is currently no statewide general T.A. contractor for the community college initiative.

Community Colleges are considered school settings in the HPCDP Framework Report. As described in the "Healthy Places, Healthy People: A Framework for Oregon" report, the following condition is necessary to prevent and manage chronic diseases in school settings "Schools have comprehensive policies and environments that support tobacco-free lifestyles, healthy eating, daily physical activity, and self-management." The best practice to achieve this condition is "Policies require district property and campuses to be tobacco-free all hours of the day, every day of the year."

Sample SMART Objectives:
- By <u>(insert date)</u>, the community college in _____ County will have adopted a 100% tobacco-free campus policy.
- By <u>(insert date)</u>, the community college in _____ County will have implemented a 100% tobacco-free campus policy.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:

Coordination & Collaboration
Describe activities to coordinate with community college policymakers and local champions, including students, staff, and faculty, to support policy development, implementation, and enforcement.

Each college is unique in their policy review and adoption process. In some cases colleges may have an existing committee or task force responsible for considering tobacco policy options. Describe activities to coordinate with existing college contacts to determine how to effectively support the appropriate policymakers or groups on campus as policy options are considered, and, if not already completed, how to determine which educational messages and activities may best support comprehensive policy adoption and implementation.

Describe activities to engage other community partners in support of tobacco-free college policy adoption, including partners that share college facilities, if applicable, such as Head Start programs at some college campuses. Think about other partners that might support this effort, such as the local tobacco-free hospital or other tobacco-free organizations that may be future employers of college students.

Assessment
Because each college is unique, local assessments may be helpful to demonstrate the problems of tobacco and secondhand smoke on campus, as well as the degree of support for policy change. To prepare the workplan, it will be helpful to discuss with campus partners what type of data could be most influential to address college policymakers' concerns. Ideas for assessment activities include student opinion surveys and collecting stories from students and staff with asthma or other chronic conditions affected by secondhand smoke exposure on campus. Results from a 2007 survey of students from three Oregon community colleges are available at http://www.lungoregon.org/tobacco/pdf_word_doc/Oregon_Community_College_Student_Survey-Executive_Summary.pdf. It is important to coordinate with the college contacts before deciding to conduct a survey as each college generally has their own protocol for conducting surveys, and existing data already collected may be sufficient.

Describe activities to assess questions, concerns, and barriers to tobacco-free policy adoption. Key informant interviews with board members, the college president, other administrators and campus leaders may provide useful insight to help focus inform policy education and advocacy. As with all aspects of this workplan, this should build on previous communications between the TPEP program and the college.

Grantees are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education & Outreach (Development of Local Champions)
List specific actions in the workplan to show what actions the Local Health Department (LHD) will take to further develop community leaders' role and capacity as champions for the overall program.

Include in your work plan education and outreach activities designed to build support among influential community college administrators, students, and staff for the proposed tobacco-free policy. Education is important both before and after the policy is adopted. Visit www.tobaccofreecollege.org for tools to communicate to policymakers and others the rationale and how-to of going tobacco-free, including the "Making The Campus Tobacco-Free: A Guide for College Leaders". If there are no existing champions for policy change at the local community college, describe outreach activities that will be conducted to identify and mobilize potential champions.

Media Advocacy
Tobacco-free community colleges are a TPEP media advocacy priority; media advocacy support is available through the Metropolitan Group. Examples of support from the Metropolitan Group include development of strategy, talking points, messages, and ways to gain earned media and coordinate activities with the paid media campaign. For media-related technical assistance (for LHDs not already coordinating with Metropolitan Group on an ongoing basis around the community college tobacco-free objective), contact your liaison, who will connect you with HPCDP media contractor, the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Examples of earned media activities to consider include:
- getting an article in the local newspaper or community college newspaper (if one exists) about the trend towards tobacco-free campuses and the hazards of secondhand smoke,
- recruiting an influential campus or community partner to write a letter to the editor,
- publicizing comments, testimonials, and stories collected at campus events, and
- releasing news items such as survey results or task force recommendations.

Policy Development, Promotion, & Implementation
Model policies as well as a how-to guide and tips on policy implementation can be obtained at http://smokefreeoregon.com/college/resources/howto.php. Working with the college to develop a communication plan for announcing and implementing the policy will greatly enhance compliance and enforcement.

Use the information gathered from campus partners to understand the college's policy making process and develop a plan for supporting the college through this process towards the goal of becoming a tobacco-free campus. Based on results of key

informant interviews and/or other college community input, develop messages to address concerns and barriers to policy change and a plan to deliver these messages. Activities will vary by college and may include attending task force meetings or presenting public comment at board meetings.

Consider who will be the most influential messenger when communicating with different target audiences at the college. One of the most credible sources of information for colleges are fellow policymakers or other champions from colleges that have already gone tobacco-free. Clark College in Vancouver, WA has been tobacco-free since 2006 and is available to share their story with any Oregon college. Similarly, the Oregon colleges that have gone tobacco-free or smokefree (as listed in the Background section above) may also be able to share their stories with counterparts in Oregon.

Promote the Oregon Tobacco Quit Line

Describe how promotion of the Quit Line will be incorporated into activities to build support for and/or implement the tobacco-free policy. Cessation services should be promoted well before policy implementation. Information about the Oregon Tobacco Quit Line (1-800-QUIT-NOW) and other available resources and any services available on campus should be part of this promotion. Look for opportunities to incorporate these messages into classes, programs, or student projects. Convenience, flexibility, and affordability are important to college students – online programs and promotion are more attractive than group educational programs, especially if they are being offered off campus. Use www.quitnow.net/oregon/ or Freedom From Smoking www.ffsonline.org.

Resources

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

Freedom from Smoking www.ffsonline.org

http://www.lungoregon.org/tobacco/college.html
http://www.smokefreeoregon.com/college/

TPEP Survey Development Resource Guide:
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

BPO 6:
TOBACCO-FREE POST SECONDARY EDUCATION AND TRAINING INSTITUTIONS

Optional

Objective Overview

In addition to community colleges, TPEP programs may elect to work with other post-secondary education and training institution(s) in the county – particularly those serving students of low SES – to ensure adoption, implementation, and enforcement of 100% tobacco-free campus policies. TPEP programs may also work with these institutions to ensure cessation resources are available, promoted, and/or covered through student health insurance policies (if applicable – not all institutions provide health services/insurance).

Background

In 2007 TPEP and the American Lung Association in Oregon launched a statewide initiative promoting adoption and implementation of 100% tobacco-free community college campus policies. The focus of this initiative has been on community colleges, where students tend to have higher tobacco use rates as compared to four-year college and university students. TPEP programs whose local community colleges have already adopted and implemented a tobacco-free campus policy or where an initiative towards that goal is in progress may want to expand this work to promote similar tobacco-free policies at other post-secondary institutions, such as vocational schools or four-year colleges and universities.

As of January 2011, ten post-secondary institutions other than community colleges have 100% tobacco-free policies, including Oregon Health & Science University and the University of Oregon (policy to be implemented fall 2012). The American Lung Association in Oregon maintains a list of 100% tobacco-free colleges in Oregon as well as across the country (see Resources section).

Tobacco-free environments eliminate hazardous secondhand smoke exposure, making campuses more accessible to all including those with asthma and other respiratory impairments. Evidence supports adoption and implementation of tobacco-free campus policies as a strategy to decrease the risk that young adults will start using tobacco, decrease consumption among current users, and increase successful quit attempts.

If you prioritize working with an institution serving low SES populations, then this BPO supports health equity by supporting a healthy environment for all students, staff, faculty, and visitors at that institution. Students attending most post-secondary

education and training institutions are overwhelmingly young adults, a population which is at higher risk of tobacco use than the general population. Colleges that implement 100% tobacco-free campus policies better prepare their graduates for the work world where smoking is prohibited in Oregon in workplaces and where comprehensive tobacco-free campus policies are becoming increasing more common.

Post-secondary education and training institutions are considered school settings in the HPCDP Framework Report. As described in the "Healthy Places, Healthy People: A Framework for Oregon" report, the following condition is necessary to prevent and manage chronic diseases in school settings: "Schools have comprehensive policies and environments that support tobacco-free lifestyles, healthy eating, daily physical activity, and self-management." The best practice to achieve this condition is "Policies require district property and campuses to be tobacco-free all hours of the day, every day of the year."

Sample SMART Objectives:
- By (insert date), all (insert #) institutions that offer post-secondary education and training in _____ County will have adopted a 100% tobacco-free campus policy.
- By (insert date), (insert post-secondary institution name) will have adopted and implemented a 100% tobacco-free campus policy.
- By (insert date), comprehensive coverage for reducing tobacco use and dependence will be included in (insert institution's) student/employee health insurance plans.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:

Coordination & Collaboration
Some post-secondary institutions have campuses in more than one county. If that is the case, describe activities to coordinate with other LHDs while preparing the workplan and when implementing workplan activities. Given that institutions offering post-secondary education and training have similarities to community colleges, it may be useful to coordinate efforts with any current activities in community colleges.

Describe activities to coordinate with policymakers and local champions – students, staff, and faculty – to support policy development, implementation, and enforcement.

List specific actions in the workplan to show what actions the LHD will take to further develop community leaders' role and capacity as champions for the overall program.

Each institution is unique in their policy review and adoption process. College leaders may assign the tobacco policy issue to a specific committee (e.g. Safety Committee), direct that a special task force be established to review this issue, or consider it at the president's cabinet or other policy council without an intermediary committee. Describe activities to coordinate with college contacts to determine how the can support the appropriate policymakers or groups on campus as policy options are considered, and how to determine which educational messages and activities may best support comprehensive policy adoption and implementation.

Describe activities to engage other community partners in support of tobacco-free college policy adoption. This is especially important for partners that share the college facilities, such as Head Start programs at some college campuses. Think about other partners that might support this effort, such as the community college, local tobacco-free hospital or other tobacco-free organizations that may be future employers of college students.

Assessment
Include at least one assessment activity in the workplan. Because each college is unique, local assessments may be helpful to demonstrate the problems of tobacco and secondhand smoke on campus, as well as the degree of support for policy change. Describe activities to collect and review the institution's current policy. Describe activities to assess questions, concerns, and barriers to tobacco-free policy adoption. Key informant interviews with institutional leaders may provide useful insight to help focus inform policy education and advocacy. It will be helpful to discuss with campus partners what type of data could be most influential to address college policymakers' concerns about policy change.

Ideas for assessment activities include student opinion surveys and collecting stories from students and staff with asthma or other chronic conditions affected by secondhand smoke exposure on campus. It is important to coordinate with college contacts before deciding to conduct a survey, as each institution generally has their own protocol for conducting surveys and existing data already collected may be

sufficient in some cases. ALAO has sample surveys utilized at community colleges that could be adapted for use at: http://www.lungoregon.org/tobacco/pdf_word_doc/Oregon_Community_College_Student_Survey-Executive_Summary.pdf.

The National Center for Education Statistics has a College Navigator that may be used to identify post-secondary schools: http://nces.ed.gov/collegenavigator/?s=OR.

LHDs are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that has not been met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education & Outreach (Development of Local Champions)
Education is important both before and after the policy is adopted. Education and outreach to administrators, the board, staff, and student groups is necessary to build support and create buy-in for an effective policy. Describe what outreach activities will be conducted to identify and mobilize both existing and potential champions. For tools to communicate to policymakers about why and how to adopt a tobacco-free campus policy, view resources at http://www.smokefreeoregon.com/college.

Media Advocacy
Include at least one earned media activity in the plan. Emphasize safety and access in media messages. Nine percent of Oregon community college students surveyed have asthma, tobacco free campuses are the only way to eliminate secondhand smoke exposure, and over 250 U.S. colleges and universities have adopted 100% tobacco free policies. A list of tobacco-free colleges in Oregon and across the U.S. is available at http://smokefreeoregon.com/college/students/search.php. For media-related technical assistance, contact your liaison, who will connect you with HPCDP media contractor, the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Policy Development, Promotion, & Implementation
Utilize the model policy at http://smokefreeoregon.com/college/resources/howto.php when working with institutions on their policy. This website also includes implementation tips. Determine what resources may be available at the campus level to assist with implementation of the policy, such as health services, campus organizations, and student champions. Incorporate promotion of cessation resources

into policy development and implementation plans. A communication plan for announcing and implementing the policy will greatly enhance compliance and enforcement.

Use the information gathered from campus partners to understand the college's policy making process and develop a plan for supporting the college through this process towards the goal of becoming a tobacco-free campus. Based on results of key informant interviews and other college community input, develop messages to address any concerns and barriers to policy change and a plan to deliver these messages. Activities will vary by college and may include attending task force meetings or presenting public comment.

Consider who will be the most influential messenger when communicating with different target audiences at the college. One of the most credible sources for colleges are fellow policymakers or other champions from colleges that have already gone tobacco-free, to share how they came to decide on that policy after weighing all the options and talk about the success they've experienced. Clark College in Vancouver, WA has been tobacco-free since 2006 and is available to share their story with any Oregon college. Portland, Mt. Hood, and Oregon Coast Community Colleges, as well as Oregon Health & Science University are all now tobacco-free and can similarly share their stories with counterparts in Oregon.

Nationally, approximately 70% of universities offer smoking cessation programs through student health insurance, but few offer comprehensive services that include counseling and nicotine replacement therapy. For educational institutions that offer health insurance plans, it is important that these provide comprehensive, evidence-based services to support students in their quit attempts. Student accident and health insurance policies are exempt from the Oregon SB 734 requirement that insurance plans cover cessation benefits.

Promote the Oregon Tobacco Quit Line
Describe how promotion of the Quit Line will be incorporated into activities to build support for and/or implement the tobacco-free policy. Promote cessation services well before policy implementation. Information about the Oregon Tobacco Quit Line (1-800-QUIT-NOW) and other available resources and any services available on campus should be part of this promotion. Look for opportunities to incorporate these messages into classes, programs, or student projects. Convenience, flexibility, and affordability are important to college students – online programs and promotion are more attractive than group educational programs, especially if they are being offered off campus. Use www.quitnow.net/oregon or Freedom From Smoking

www.ffsonline.org.

Resources
Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

American Lung Association in Oregon
- Tobacco-Free College Initiative website http://www.lungoregon.org/tobacco/college.html
- Tobacco-Free College Website http://www.smokefreeoregon.com/college
- Freedom from Smoking www.ffsonline.org
- Tobacco-free colleges list http://smokefreeoregon.com/college/students/search.php

National Center for Education Statistics's College Navigator:
http://nces.ed.gov/collegenavigator/?s=OR.

TPEP Survey Development Resource Guide:
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

BPO 7:
TOBACCO-FREE HEAD START/ CHILD CARE PROGRAMS

Optional

Objective Overview
Work with local Head Start or other child care systems to assist them in adopting and implementing a model policy for a comprehensive tobacco-free program, including support for employees and parents who use tobacco.

Background
In 2008, TPEP partnered with the Oregon Head Start Association (OHSA) and the Oregon Department of Education (ODE) to develop standards for tobacco-free Head Start policy. ODE statewide policy, which went into effect January 2009, requires all Oregon Head Start Pre-Kindergarten programs to have 100% tobacco-free policies. In addition to the required elements in the ODE policy, ODE also recommends that each Head Start program exceed the minimum requirements by adopting a model policy developed by OHSA and the American Lung Association in Oregon (ALAO, formerly the TPEP tobacco-free schools contractor). In Oregon, child care rules are in place for licensed community child care settings and statewide programs exist to support high quality health practices. Community child care settings may be selected based on community need and input.

Tobacco-free policies are an evidence-based approach to reduce tobacco use and exposure to secondhand smoke. Head Start programs serve families in communities throughout Oregon – often interfacing with high-risk populations that are heavily targeted by the tobacco industry. This BPO supports health equity by supporting a healthy environment for all Head Start children, family members, and employees who tend to represent vulnerable populations. Developing a policy that promotes non-use of tobacco will decrease the risk that young people will start using tobacco because they are not exposed to modeling of smoking behavior or cues to smoke. Tobacco-free environments can decrease consumption among current users and support people in quitting tobacco. Tobacco-free policies also reduce exposure to secondhand smoke – especially important to protect the health of children with asthma, the most prevalent chronic disease among Head Start children.

As of July 2010, 26 out of 28 Oregon Head Start programs have adopted a tobacco-free policy meeting or exceeding the minimum tobacco-free standards required by ODE, according to analysis conducted by ALAO. Twenty-three of those Head Start programs had an A or A+ policy. For counties where local head start programs have adopted and implemented a tobacco-free policy meeting ODE standards, a TPEP

program may elect to work with other child care programs, prioritizing those that serve lower-income families and that can be affected through systems-change.

Child care environments, including Head Start, are considered school settings in the HPCDP Framework Report. As described in the "Healthy Places, Healthy People: A Framework for Oregon" report, the following condition is necessary to prevent and manage chronic diseases in school settings: "Schools have comprehensive policies and environments that support tobacco-free lifestyles, healthy eating, daily physical activity, and self-management." The best practice to achieve this condition is "Policies require district property and campuses to be tobacco-free all hours of the day, every day of the year."

Sample SMART Objectives:
- By <u>(insert date)</u>, all <u>(insert #)</u> Head Start Programs in _____ County will have adopted and implemented a model tobacco-free policy.
- By (insert date), (insert which Head Start Programs/child care programs) in ____ County will have developed a system to identify smokers in households, deliver a brief motivational tobacco cessation intervention, and refer them to the Quit Line.
- By (insert date), (insert which Head Start Programs/child care programs) in ____ County will have protocols in place to refer tobacco users to the Oregon Tobacco Quit Line.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:

Key Partners & Stakeholders (Coordination and Collaboration)
Describe activities to coordinate with the Head Start staff and policy makers, including the health specialist and policy council, health services advisory council, families, and other stakeholders to support policy design, implementation and enforcement. Describe activities to work with the Head Start Health Specialist to determine which educational messages and activities may best support comprehensive policy adoption and implementation.

Note that some Head Start programs operate in more than one county; in those cases it is critical to coordinate with other TPEP grantees within the Head Start's service area. In these counties, please describe activities to coordinate with other grantees within the Head Start service area. A map of Head Start programs can be viewed at http://www.lungoregon.org/tobacco/Headstart/headstartmap.html

If the Head Start is located in a shared building or property, it may be helpful to assist the Head Start in negotiating with neighbors to come to agreement on developing and implementing a tobacco-free policy for the entire property.

Community child care providers and sites vary across the state and in communities. Training and assistance that supports the quality of child care is offered through the Oregon Child Care Resource & Referral Network and regional offices statewide. State licensing staff assess registered and certified child care provider health and safety practices and environments regularly. Statewide training on health and safety practices is available with incentives for child care providers. Head Start in some communities coordinates training and technical assistance with the community child care system.

Assessment
Describe activities to coordinate assessment activities with the Head Start. All Oregon Head Start policies were collected and analyzed by ALAO through July 2010 – policy status and grades for each Head Start can be viewed on the TPEP Connection website (see resource section below). A policy checklist tool (based on the model tobacco-free environment policy) is available on the ALAO website to assess any revised Head Start policies.

Most Oregon Head Starts have already adopted and implemented a comprehensive tobacco-free environment policy. If the workplan will involve other child care settings, describe activities to assess current policies and needs for support to change their policy. These settings may not have written policies to the same degree as the Head Starts; describe activities to identify the appropriate person to speak to and assess current rules on tobacco use on premises. Other things to assess may include staff needs for training and technical assistance.

Grantees are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education and Outreach (Development of Local Champions)
Use assessment results to design messages to move policymakers/ opinion leaders towards adoption of a Tobacco-Free Head Start model policy. Although the Head Starts are now required by ODE to have tobacco-free policies, each program has the choice of adopting the minimum ODE-required standards or exceeding that by adopting a more comprehensive policy. Describe activities to work with Head Start Health Specialists, (or community child care providers if working with Child Care) to determine which educational messages and activities may best support comprehensive policy adoption and implementation.

If working with non-Head Start Child Care Programs, consider utilizing relationships developed with Head Start to collaboratively approach other child care providers about ensuring that all settings serving children in the community have consistent tobacco-free policy standards. See the Resources section below for additional resources that may be helpful to share with Head Start staff as they are working through the policy process.

Media Advocacy
Include at least one earned media activity in the plan. Describe activities to work with the Head Start Program and the Media Contractor to encourage and/or publicize the adoption of policies through. For media-related technical assistance, contact your liaison, who will connect you with HPCDP media contractor, the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Policy Development, Promotion, and Implementation
On January 1, 2009, a new statewide policy from the Oregon Department of Education went into effect requiring that all Oregon Head Start Pre-Kindergarten programs adopt and implement tobacco-free environment policies. The ODE policy applies to all Oregon Head Starts receiving state funds. This includes Migrant Head Start programs (operated statewide by the Oregon Child Development Coalition). The ODE policy does not currently apply to Tribal Head Starts. (Tribal Head Start tobacco prevention efforts are to be led by tribal TPEP programs only.) Please see http://www.lungoregon.org/tobacco/HeadStart.html to review the ODE Policy Letter and related technical assistance materials.

Describe activities to help build support for the Head Start or other Child Care Program to adopt a comprehensive tobacco-free policy. A Policy Council locally governs each Head Start Program. Together with the Head Start Health Specialist, assess questions or concerns that could be barriers towards adoption of a

comprehensive tobacco-free policy. The ALAO model policy and checklist are useful tools to discuss current Head Start or Child Care policy and programs and the need for change if a model policy has not yet been adopted. Neighboring Head Starts that have implemented model policies could be helpful to address any local concerns.

Promote the Oregon Tobacco Quit Line
Describe activities to promote the Oregon Tobacco Quit Line (1-800-QUIT-NOW) and other resources for the Head Start/ Child Care setting. Cessation services should be promoted well before policy implementation.

For Head Start programs considering a proactive outreach, it is critical to train staff who are in a role to potentially identify families and promote cessation. Work with the Head Start Health Specialist or the Head Start Family Development Specialist (the lead on this may vary at each Head Start) to determine the appropriate venue for communication of resources and staff training. Motivational Interviewing or other brief interventions may be appropriate. Head Starts are a rich opportunity to promote cessation through home visits, referral systems, and ongoing work with parents/families. The Umatilla-Morrow Head Start, with funding from the American Legacy Foundation, is training a cadre of 5As/ Motivational Interviewing trainers among Oregon Head Starts. As of December 2010, 13 Head Start Programs have been trained and are ready to train others. To learn more about this project and how local Head Starts may be able to tap into this resource, contact Cathy Wamsley, Umatilla-Morrow Head Start Executive Director, 541-564-6878.

Resources
Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

American Lung Association in Oregon
- ODE Policy, Model Policy, Checklist, and additional resources: http://www.lungoregon.org/tobacco/HeadStart.html
- "Fresh Air for Little Noses" http://www.lungoregon.org/tobacco/fafln.html

Environmental Protection Agency the "Care for their Air" program at http://www.epa.gov/iaq/headstart.

Care for their Air tip sheets and smoking cessation education materials
http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Health%20and%20Wellness.

The Oregon Administrative Rules governing child care
http://www.oregon.gov/EMPLOY/CCD/Rules_Summary.shtml
Caring For Our Children. National Health and Safety Performance Standards:
Guidelines for Out-of-Home child Care. 2nd Edition.
http://nrckids.org/CFOC/

Model Child Care Health Policies. American Academy of Pediatrics. Pennsylvania
Chapter. 4th Edition.
http://www.ecels-healthychildcarepa.org/content/MHP4thEd%20Total.pdf

Umatilla-Morrow Head Start 5As/ Motivational Interviewing trainers: contact Cathy
Wamsley, Umatilla-Morrow Head Start Executive Director, 541-564-6878

Consultation regarding Child Care Health:
Dianna L. Pickett, RN, MSN
MCH Nurse Consultant
Coordinator: Healthy Child Care Oregon
Oregon Public Health Division
Office of Family Health
(971) 673-0259
dianna.l.pickett@state.or.us

TPEP Survey Development Resource Guide:
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

BPO 8:
TOBACCO-FREE SCHOOLS

Optional

Objective Overview
Work with school districts to assure that all schools adopt and implement comprehensive tobacco-free schools policies.

Background
Tobacco-free policies are an evidence-based approach to reduce tobacco use and eliminate exposure to hazardous secondhand smoke as well as other forms of tobacco. This supports health equity by reducing the influence of tobacco on all students and school employees, including youth and other specific populations targeting by tobacco industry marketing. Tobacco-free K-12 policies decrease the risk that young people will start using tobacco because they are not exposed to modeling of smoking behavior or cues to smoke. Tobacco-free environments can also decrease consumption among current users and support people in quitting tobacco.

Local TPEP programs have worked with school districts to encourage and support adoption of tobacco-free school policies as required by Oregon Administrative Rules. As of January 2010, all the school districts in 26 of 36 Oregon counties had adopted tobacco-free policies meeting the minimum required standards. Policies vary from basic to comprehensive in terms of how many optional policy elements are included in the policy. As of January 2010, 22 of 197 school districts in Oregon had an "incomplete" tobacco-free policy.

As described in the "Healthy Places, Healthy People: A Framework for Oregon" report, the following condition is necessary to prevent and manage chronic diseases in school settings: "Schools have comprehensive policies and environments that support tobacco-free lifestyles, healthy eating, daily physical activity, and self-management." The best practice to achieve this condition is "Policies require district property and campuses to be tobacco-free all hours of the day, every day of the year."

Sample SMART Objectives:
- By (insert date), all (insert #) schools districts in _____ County will have adopted and implemented "gold standard" tobacco-free policies
- By (insert date), (insert #) of (insert total number of) schools will use the School Health Index to assess school compliance with its tobacco-free policies

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:

Coordination & Collaboration
Successful work between public health and education requires building relationships and trust. Collaborate with the county Healthy Communities coordinator to accomplish shared and complementary objectives. The key to success in schools is to build on current improvement activities in the school. If a district has passed and is implementing a gold standard Wellness Policy, build on that experience for future tobacco policy work.

Assess what actions the public health department has taken with schools or districts in the county. This should include actions both related and unrelated to tobacco. Include the names of key contacts and the outcomes of the actions in order to become familiar with what education partners the department has already created and what history the department has with these education partners.

Describe activities to coordinate with school stakeholders, including any existing committees or workgroups.

Indicate who will be coordinated with throughout the workplan. Partners to consider include: school principals, community partners, superintendents, school board members, teachers, parents, students, or others with a vested interest in schools.

For questions or concerns about building relationships with educators in the county, contact the State TPEP Liaison or Isabelle Barbour, Team Lead of the Healthy Kids Learn Better Program. Please see the resources section for contact information.

Assessment
Download and examine school district tobacco policy profiles for the county using the TPEP/ ALAO database. TPEP and ALAO developed a comprehensive database that houses tobacco policies for every school district in Oregon. From these data we are able to produce district profiles as well as reports by county. These profiles will give an accurate view of which districts' policies need improvement and what policy areas could be strengthened. View policy grades/ status by county in a statewide list or on a map where the can view each district's profile checklist:

http://www.lungoregon.org/tobacco/Tobacco-Free_School_Policy.html. Please note that this information was last updated in June 2010 and may not reflect changes in policy that have occurred since that time.

Conduct a review of student tobacco use data. Suggested data sources for middle schools, junior high schools, and high schools include Oregon Healthy Teens Survey (8th and 11th grade only). Oregon Healthy Teens Data can be found at the county level here: http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohtdata.shtml.

Determine what the barriers to comprehensive tobacco policy adoption or implementation are for a school or district in the county. Generate a list of ideas on how these barriers can be eliminated or mitigated.

Work with a school site or district to conduct the School Health Index. The School Health Index, created by the Centers for Disease Control and Prevention is an evidence-based self-assessment and planning tool that is meant to be conducted in a group setting with multiple stakeholders. This tool is generally used as part of a Coordinated School Health process. Coordinated School Health (CSH) is an evidence-based model created by the Centers for Disease Control and Prevention that is used for determining and addressing school health needs and priorities. CSH is designed to be used at the school building level but has also been used successfully at the school district level. Results from the School Health Index will give schools specific information on strengths and areas needing improvement. School tobacco policy is included in the School Health Index.

More information about Coordinated School Health and the School Health Index can be provided by contacting Isabelle Barbour, Team Lead for the Healthy Kids Learn Better Program at DHS at: isabelle.s.barbour@state.or.us or 971-673-0376.

Work with a school site or district to administer the Oregon Elementary School Health Survey to fourth, fifth, and sixth graders. This paper and pencil survey provides student health behaviors related to cigarette smoking, physical activity, nutrition, screen time, and safety. This survey, created by the Oregon Public Health Division, has been used by elementary schools participating in the Healthy Kids Learn Better Program since 2003. The survey may be loaded onto an online survey tool so that it can be administered electronically and results can be tabulated quickly. A programmed Microsoft Excel spreadsheet is available to assist with the tabulation of results. Survey results must be provided to the Healthy Kids Learn Better Program. The survey and spreadsheet can be requested from the Healthy Kids Learn Better Program.

Grantees are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education & Outreach (Development of Local Champions)
Community education and involvement is important both before and after the policy is adopted. Creating relationships with school and community stakeholders prior to proposing policy will support the passage of a good policy. Good communication post policy adoption will greatly enhance compliance and enforcement. Potential champions may include: parents, school nurses, community partners, teachers, and others.

List specific actions in the workplan to show what actions the Local Health Department (LHD) will take to further develop community leaders' role and capacity as champions for the overall program.

Meet with a potential education partner to discuss school health work in a school or district. The focus of this conversation should be to ask questions about health-related work that is currently going on or is of interest to the education partner and to share information about TPEP goals.

Work with education partners to develop a School Health Advisory Council or School Wellness Committee that will focus on tobacco prevention. Discussions with school leaders about school or district commitment to school tobacco prevention should precede this activity. This can be an important step in getting school staff, parent, student, and community buy-in for district policy change that addresses tobacco prevention.

Media Advocacy
Include at least one earned media activity in the plan. This activity must be relevant to school tobacco policy adoption or implementation. For media-related technical assistance, contact your liaison, who will connect you with HPCDP media contractor, the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Schools can use internal communication options such as newsletters and district websites to promote success in developing and implementing health promotion

policies. Internal communication options might include a back to school article about expectations related to the schools tobacco policy. Schools can also use external communication channels such as local or state-wide newspapers, trade magazines and national organizations (e.g., the American Alliance for Health, Physical Education, Recreation and Dance) to promote their accomplishments or challenges they face. An article linking youth tobacco use trends with a local angel on policies and the importance of tobacco-free environments is one example. Submitting successes to the Oregon Department of Education's Superintendent's Update is another option.

Policy Development, Promotion, & Implementation

To determine which districts in the county have <u>not</u> adopted comprehensive tobacco-free schools policies compliant with OAR 581-021-0110, review the American Lung Association in Oregon website at: http://www.lungoregon.org/tobacco/Tobacco-Free_School_Policy.html.

A number of policy activities may be considered. Determine what the policy gaps or policy implementation gaps are in the school district or schools. Monitor agendas, discussions, school board processes, and board members' interests to determine if any specific forums or school board members should be approached regarding tobacco policy issues. Identify a school health champion in the community and partner with that person to pass or implement tobacco policy. Develop key messages and simple strategies that can be used to promote school tobacco policy goals. Anticipate and prepare for potential barriers or conflicts that may impact the school tobacco policy goals. Provide testimony at meetings and public hearings. Make direct contact with board members and administrators about tobacco policy options and benefits. Make presentations at meetings and conferences attended by policymakers.

Promote the Oregon Tobacco Quit Line

Present information about the Quit Line to school health champions or gatekeepers. Keep in mind that provision of resources to help students quit smoking and chewing is an essential component of policy implementation. The Oregon Tobacco Quit Line (1-800-QUIT-NOW and www.quitnow.net/oregon) has a special coaching protocol for youth and provides youth specific materials to callers age 13-17.

Assist schools to develop cessation referral systems and programs, such as the American Lung Association's Not On Tobacco (N-O-T) program. N-O-T is an evidence-based program to help teens stop smoking or reduce the number of cigarettes they smoke, increase their healthy lifestyle behaviors, and improve their life-management skills. N-O-T's 10 session program includes group activities, discussions, journaling, and role-playing. Because cessation programs only work for

individuals who are ready to quit, it is not resource-effective to force students to attend cessation programs as a behavioral consequence.

Resources
American Lung Association in Oregon
- School Tobacco Policy website http://www.lungoregon.org/tobacco/Tobacco-Free_School_Policy.html
- Not-on-Tobacco http://www.notontobacco.com/

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

Isabelle Barbour, Team Lead
Healthy Kids Learn Better Program
Department of Human Services, Public Health Division
isabelle.s.barbour@state.or.us
971-673-0376
http://www.oregon.gov/DHS/ph/ah/cshp/cshp.shtml

Coordinated School Health
http://www.cdc.gov/HealthyYouth/
http://www.oregon.gov/DHS/ph/ah/cshp/cshp.shtml

School Health Index
https://apps.nccd.cdc.gov/shi/default.aspx

Health and Academic Achievement
http://www.cdc.gov/HealthyYouth/health_and_academics/index.htm

TPEP Survey Development Resource Guide:
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

BPO 9:
TOBACCO-FREE OUTDOOR VENUES

Optional

Objective Overview
Work with local community leaders to ensure that outdoor venues in the community are completely tobacco-free. Additional work can be done to prohibit tobacco industry sponsorship of the venue, expand the 10 foot rule in the Indoor Clean Air Act or require smokefree outdoor workplaces, such as dining areas and construction sites. Outdoor venues can include community parks, fairgrounds, amphitheaters, etc.

Background
Tobacco-free environments eliminate hazardous secondhand smoke exposure and support a tobacco-free community norm that may reduce tobacco initiation among youth and young adults and help tobacco users quit. Eliminating tobacco sponsorship of outdoor venues reduces youth's exposure to tobacco messages and demonstrates tobacco-free norms for the community. This BPO addresses tobacco-related health disparities by targeting youth. Most adults who smoke (90%) began before the age of 19, while adolescent males, particularly in coastal and rural communities, are the population with the highest prevalence of smokeless tobacco use in Oregon.

If this BPO is used to expand the 10-foot rule in the Indoor Clean Air Act, this BPO is a way to reduce disparities in exposure to secondhand smoke in the workplace.

In the "Healthy Places, Healthy People: A Framework for Oregon" report, one of the Community Conditions described is: "Every community has access to tobacco-free and smoke-free environments, access to tobacco cessation resources and minimal exposure to tobacco products and advertising."

Ideally, an entire venue will be designated as tobacco-free. A step to reach this goal may be to start with the major events held at that site.

Sample SMART Objectives:
- By (insert date), _____venue/event will have passed a tobacco-free policy.
- By (insert date), (insert #) of outdoor venues in _____County will be completely tobacco-free.
- By (insert date), (insert #) outdoor venues in _____County will refuse any tobacco sponsorship.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:

Coordination and Collaboration
Describe activities to engage and coordinate with key partners and stakeholders, such as members of the event planning committee or board, youth advocacy or development organizations, and Parks and Recreation staff. Develop coalitions of organizations and individuals that are knowledgeable about and invested in the outdoor venues. Include tobacco control advocates in the coalition.

Assessment
Assessment and research around outdoor venues can take many forms. Successful projects have found ways to survey event-goers in order to demonstrate overall support for policy change to the policy makers. Visual assessment of tobacco use/cigarette butts on the ground can bolster need for policy. For eliminating industry sponsorship, target venues that currently allow sponsorship or are likely to allow sponsorship.

Describe activities to assess community support and political will for the tobacco-free or smokefree event or venue policy. Identify key partners and stakeholders that will be involved in the assessment as appropriate. Describe any steps taken to assess "lessons learned" from other communities that have advocated for or implemented a successful policy. A sample Fair Survey can be found on TPEP Connection in the Survey Development Toolkit at
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf.

LHDs are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education and Outreach (Development of Local Champions)
Describe activities to educate venue or event board members, staff, and other relevant community leaders to build support for adopting a smokefree or tobacco-free policy.

Describe specific outreach activities that will be conducted to educate these potential champions about community support for the policy and benefits for the event/venue, and the importance of smokefree/tobacco-free environments as a youth prevention strategy.

Some successful educational activities include presentations with pictures of people smoking at a specific venue or event or showing collected cigarette debris to create a tangible representation of the problem.

List specific actions in the workplan to show what actions the Local Health Department (LHD) will take to further develop community leaders' role and capacity as champions for the overall program.

Media Advocacy
Describe at least one specific earned media activity that will be undertaken to build support for a smokefree or tobacco-free event or venue policy. The media advocacy plan should be designed to reach the specific audience that has the power to make the decision about adopting the policy, such as the fair or rodeo board or Parks and Recreation administration. The media contractor, Metropolitan Group, has been working with grantees to promote smokefree fairs. Talking points and other resources can be found on TPEP Connection at http://www.oregon.gov/DHS/ph/tobacco/tpep/sffairs.shtml. For media-related technical assistance, contact your liaison, who will connect you with the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Publicizing the results of the assessment through a press release, or holding a "smokefree day" at the venue and publicizing it, are a couple of ways to get earned media coverage supporting the cause. An article in the local paper about the venues/events in a community that are accepting tobacco company sponsorship may be useful. Include information about why sponsorship can be harmful. It can be especially powerful to follow an article with supportive Letters to the Editor from champions and stakeholders. A plan could also include a letter writing campaign against tobacco company sponsorships delivered to the media and to the members of the Boards of Directors of these venues/events.

Policy Development, Promotion, and Implementation
Describe specific activities to research model policies, develop a local policy proposal, identify the policy-making process for the event or venue, work with stakeholders to propose the policy for adoption, and provide consultation to the event or venue to develop an implementation plan that includes education and enforcement.

Describe activities to work to ensure that enforcement procedures are appropriately staffed and self-sustaining through signage and publicity.

Sample tobacco-free venue and no tobacco sponsorship policies are available from TPEP. Once venues are tobacco free, proper signage and communication (through announcements, programs, etc.) are critical in making sure the policy is followed.

Promote the Oregon Tobacco Quit Line
Describe at least one specific activity to promote the Quit Line during the course of reaching this objective. Include information about the Quit Line in any educational opportunities planned for the community or partner agencies. Include messages promoting the benefits of cessation and the Oregon Tobacco Quit Line in any media-related activities publicizing tobacco-free venues, educating the public, etc.

Resources
Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

TPEP Connection
- Smokefree Fairs and other Outdoor Events
  http://www.oregon.gov/DHS/ph/tobacco/tpep/sffairs.shtml
- TPEP Survey Development Resource Guide:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf
- Cessation resources:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

Smokefree Oregon: Smokefree Events toolkit:
http://smokefreeoregon.com/events/main

Public Health Law and Policy Resources:
- Model Tobacco-Free or Smokefree Event Policy
  http://www.phlpnet.org/tobacco-control/products/model-tobacco-free-or-smokefree-event-policy
- Outdoor Secondhand Smoke Ordinance http://www.phlpnet.org/tobacco-control/products/outdoor_secondhand_smoke_ordinance
- Smokefree Recreational Areas Ordinance http://www.phlpnet.org/tobacco-control/products/smokefree-recreation-areas-checklist

- Smokefree Beaches Ordinance http://www.phlpnet.org/tobacco-control/products/smokefree-beaches-ordinance

Public Health Law Center http://publichealthlawcenter.org/

Place Matters conference materials
http://www.cvent.com/EVENTS/Info/Custom.aspx?cid=21&e=c9c1c921-78ca-456e-8b79-6d9c86f943e0

BPO 10:
TOBACCO RETAILER LICENSURE

Optional

Objective Overview
Develop a fee-supported, tobacco retailer licensing program.

Background
In Oregon, tobacco retailers are not currently required to be licensed to sell tobacco. Licensing tobacco retailers can help establish sustainable systems to monitor, implement, and enforce local, state, and federal laws regulating tobacco sales, marketing, and promotions. Licensing tobacco retailers provides a way to monitor compliance with tobacco laws, hold the retailer responsible for violations, and provide meaningful penalties for violations including fines, license suspension and license revocation.

Strong, enforced, tobacco retailer licensing ordinances have been shown to produce decreases in tobacco use and initiation among priority populations, including youth, young adults, low socio-economic status, and non-English speaking populations by improving retailer compliance with federal, state, and local restrictions on sales, access, and advertising, such as the Master Settlement Agreement and Food and Drug Administration tobacco regulations. Oregon-specific information can be found on page 85 in Tobacco Facts and Laws, listed in the references.

In the "Healthy Places, Healthy People: A Framework for Oregon" report, one of the Community Conditions described is: "Every community has access to tobacco-free and smokefree environments, access to tobacco cessation resources and minimal exposure to tobacco products and advertising." One of the best practices to reach this Condition is "Public policy assures that tobacco is not available to youth and is not readily accessible to adults."

Sample SMART Objectives:
- By (insert date), ____County will pass a retailer licensing ordinance.
- By (insert date), (insert #) of cities in ____ County will pass retailer licensing ordinances.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See

page A-7 for additional guidance.)

Guidance for Activities:

Coordination and Collaboration
Describe activities to identify, involve and engage a wide variety of key partners and stakeholders to support activities throughout the workplan. Consult and coordinate with the Oregon Addictions and Mental Health Division (AMH) Synar compliance check program, which assesses illegal sales to minors. The key contact person at AMH is Jeff Ruscoe: 503-945-5901, jeff.ruscoe@state.or.us. Since tobacco retailer licensing is primarily a strategy to prevent youth tobacco initiation, you may explore partnerships with organizations such as the Commission on Children and Families, drug and alcohol prevention coalitions, school leaders, and the local police department.

Assessment
Describe activities to assess community support and political will for tobacco retailer licensing, as well as identifying the appropriate jurisdiction for a licensing program (city or county). Describe steps to assess "lessons learned" from other communities that have advocated for, or implemented, a tobacco retailer licensing program.

In order to build community support to implement tobacco retailer licensing it will be helpful to assess and document current conditions including sales to minors, violations of the vendor-assisted sales law, and compliance with marketing and promotions provisions in the Master Settlement Agreement and Food and Drug Administration tobacco regulations.

LHDs are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education and Outreach (Development of Local Champions)
Describe activities to educate community leaders and build support for tobacco retailer licensing. Describe specific outreach activities that will be conducted to educate key stakeholders about how access to tobacco and exposure to tobacco marketing influence youth tobacco initiation, and why retailer licensing is a prevention strategy.

List specific actions in the workplan to show what actions the Local Health Department (LHD) will take to further develop community leaders' role and capacity as champions for the overall program.

If applicable, describe activities to utilize the retailer education packet available through the Synar program at the Oregon Addictions and Mental Health Division. Describe activities to use materials available through reputable sources, such as the Public Health Institute's Technical Assistance Legal Center (http://talc.phi.org), to educate stakeholders and policy-makers about best practices for tobacco retailer licensing programs.

Media Advocacy
Describe earned media activities to build support for a retailer licensing program. For media-related technical assistance, contact your liaison, who will connect you with HPCDP media contractor Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Publicize the results of the Synar compliance checks for the community, as well as any additional assessment related to compliance with other tobacco access and marketing/promotions laws. Recruit and coach spokespeople among youth and youth-serving agencies.

Policy Development, Promotion, and Implementation
Describe specific activities to research model policies, develop a local policy recommendation, identify the policy-making process for the jurisdiction, work with stakeholders to propose the policy for adoption, and provide consultation to the jurisdiction to develop an implementation plan that includes education and enforcement. Describe activities to ensure that enforcement procedures are appropriately staffed, self-sustaining through licensing fees, and include meaningful consequences.

The Public Health Institute's Technical Assistance Legal Center provides model ordinances, fact sheets, and case studies regarding tobacco retailer licensing programs: http://talc.phi.org. Consider including local provisions to reinforce and monitor compliance with the federal regulations of tobacco through the Food and Drug Administration. Information on current state and federal laws can be found in Oregon Tobacco Facts and Laws http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml

Promote the Oregon Tobacco Quit Line
Describe how promotion of the Quit Line will be included in all media advocacy,

education and outreach, and policy advocacy and implementation activities. Consider asking or requiring tobacco retailers to post Quit Line materials at the point-of-purchase as either a voluntary policy or as a condition of licensing.

Resources

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

Oregon Health Authority, Addictions and Mental Health Division, Synar Compliance Check Program contact
Jeff Ruscoe: 503-945-5901 or jeff.ruscoe@state.or.us.

Public Health Law and Policy resources on licensing tobacco retailers
http://www.phlpnet.org/product_search/tobacco%20control/talc?pt=All&pa=30&criteria

TPEP Survey Development Resource Guide:
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

Public Health Law Center http://publichealthlawcenter.org/

The Tobacco Control Legal Consortium
- Regulating Tobacco Retailers: Options for State and Local Governments: http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-fs-retailers-2010.pdf
- Local Land Use Regulation for the Location and Operation of Tobacco Retailers http://publichealthlawcenter.org/sites/default/files/resources/tclc-syn-land-2004.pdf

Oregon Tobacco Facts and Laws:
http://www.oregon.gov/DHS/ph/tobacco/docs/facts09.pdf

Place Matters conference materials
http://www.cvent.com/EVENTS/Info/Custom.aspx?cid=21&e=c9c1c921-78ca-456e-8b79-6d9c86f943e0

BPO 11:
BAN FREE TOBACCO SAMPLING, COUPON REDEMPTION, AND OTHER PRICE DISCOUNTS

Optional

Objective Overview

Pass a local ordinance banning free sampling of tobacco products, tobacco coupon redemption, and/or other price reduction strategies.

Background

Banning tobacco price discounts is a youth tobacco prevention strategy and a means to promote health equity. Tobacco price reduction strategies, such as free samples and discount coupons, recruit new tobacco users and prevent tobacco users from quitting. Tobacco price discounts and sampling strategies contribute to health disparities by targeting low income people and vulnerable populations, such as rural youth at rodeos.

In the "Healthy Places, Healthy People: A Framework for Oregon" report, one of the Community Conditions described is: "Every community has access to tobacco-free and smokefree environments, access to tobacco cessation resources and minimal exposure to tobacco products and advertising." One of the best practices to reach this Condition is "Public policy assures that tobacco is not available to youth and is not readily accessible to adults."

Certain forms of sampling are already prohibited by the Master Settlement Agreement and the Smokeless Tobacco Master Settlement Agreement, but those restrictions include exceptions for some adult-only locations, such as bars and tents at tobacco-sponsored events. As of June 22, 2010, the Family Smoking Prevention and Tobacco Control Act bans free samples of cigarettes, cigars, little cigars, and hookah accessories that contain tobacco, while free samples of smokeless tobacco products are limited to certain adult facilities.

While federal legislation has improved conditions for reducing access to tobacco, there is still much work to be done. Opportunities include prohibiting all forms of smokeless tobacco sampling, and banning the distribution of tobacco coupons, promotional offers, price discounts, rebates, and nominal- or low-cost cigarette products (e.g., a pack for a penny).

Sample SMART Objectives:
- By <u>(insert date)</u>, ____ County will pass an ordinance prohibiting all forms of free tobacco sampling and other tobacco price discounts.
- By <u>(insert date)</u>, ____ Rodeo will adopt a policy prohibiting tobacco company sponsorship and sampling.

Guidance for Activities:

Coordination & Collaboration
Describe activities to identify and involve key partners and stakeholders, such as health advocates, elected officials, youth groups, or business leaders, for activities throughout the workplan. Involve community leaders, organizations, and individuals that are knowledgeable about and invested in the targeted events and venues, such as rodeos or retailers located near schools.

Assessment
Describe specific activities to assess the scope of the problem related to tobacco price discounts and sampling in the community. Describe specific activities to assess community will and political support for banning tobacco price discounts and sampling. To request data-related technical assistance, include an activity to submit a Special DATA Request form (Appendix B); also available on TPEP Connection at http://oregon.gov/DHS/ph/tobacco/tpep/datasupport.shtml.

Collecting visual aids by documenting events and collecting samples of free giveaway materials can be useful for building a case for an ordinance. Useful resources include the event monitoring forms from the Through with Chew program http://www.throughwithchew.com/programs.aspx and Buck Tobacco http://www.bucktobacco.org/.

The Oregon Attorney General's website has a Consumer Complaint Form where possible violations of the Master Settlement Agreement and Smokeless Tobacco Master Settlement Agreement can be reported: http://www.doj.state.or.us/finfraud/engexplanation.shtml. Possible violations of FDA regulations can be reported to tobacco2@fda.hhs.gov.

Education & Outreach (Development of Local Champions)
Describe specific activities to engage a variety of community leaders as advocates for banning all forms of tobacco sampling and price discounts. Indicate who these potential champions are, and what activities will be conducted to reach out to them for garnering support.

When identifying potential champions, consider what venues would be most impacted by an ordinance, such as retailers or rodeo board members. Include activities designed to earn their endorsement of the project.

List specific actions in the workplan to show what actions the LHD will take to further develop community leaders' role and capacity as champions for the overall program.

Media Advocacy
Describe at least one earned media activity to build support for banning tobacco samples and price discounts, such as releasing the findings of the assessment, demonstrating to reporters what types of items are sampled, why it's a public health problem, and how the problem can best be addressed through a local ordinance. To request technical media-related assistance, contact your liaison who will connect you with HPCDP media contractor, Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C); also available on TPEP Connection at
http://www.oregon.gov/DHS/ph/tobacco/tpep/mediasupport.shtml.

Work with partners, stakeholders, and champions to cultivate spokespeople who can speak to the media about the campaign to prohibit tobacco sampling and price discounts. Work with volunteers to acquire as many items as possible during assessment activities, including free samples, coupons, direct mail items, and advertisements, that will serve as visual aids to the news media. Effective messages could be the extent to which the tobacco companies target certain communities with pervasive advertising through promotions and giveaways or how giveaways and samples get into the hands of youth.

Policy Development, Promotion, & Implementation
Include specific advocacy activities in the workplan for a sampling ban/price discount ordinance. Identify whether the intended policy will ban all forms of tobacco sampling, coupons, and price discounts or some combination. Examples of activities include meeting with decision-makers to assess questions they have, meeting with council staff for reviewing model policies, and attending or presenting at council work sessions.

The City of Pendleton bans free samples by ordinance. This can serve both as a draft policy and as an example of a community that has successfully implemented such a ban. A model policy and ordinance check list can be found at Public Health Law & Policy website: http://www.phlpnet.org/tobacco-control/news/restricting-free-

tobacco-samp.

Promote the Oregon Tobacco Quit Line
Describe how promotion of the Quit Line will be included in the media advocacy, education and outreach, and policy advocacy and implementation activities.
Resources
Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

TPEP Connection: http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

County fact sheets are available online at http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

Public Health Law & Policy resources on Restricting Free Tobacco Samples http://www.phlpnet.org/tobacco-control/news/restricting-free-tobacco-samp

Campaign for Tobacco Free Kids
- tobacco price discounts fact sheet http://tobaccofreekids.org/research/factsheets/pdf/0272.pdf
- point-of-purchase promotions fact sheet http://tobaccofreekids.org/research/factsheets/pdf/0075.pdf

Tobacco Control Legal Consortium fact sheets on FDA tobacco regulations http://tobaccolawcenter.org/FDA-fact-sheets.html

Through with Chew http://www.throughwithchew.com/programs.aspx

Buck Tobacco http://www.bucktobacco.org

Oregon Attorney General Consumer Complaint Form for reporting violations of the Master Settlement Agreement and Smokeless Tobacco Master Settlement Agreement: http://www.doj.state.or.us/finfraud/engexplanation.shtml

Possible violations of FDA regulations can be reported to tobacco2@fda.hhs.gov

TPEP Survey Development Resource Guide: http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

BPO 12:
NO TOBACCO PRODUCTS FOR SALE AT PHARMACIES

Optional

Objective Overview
Through voluntary policies or a local ordinance, prohibit the sale of tobacco products in pharmacies, which can include pharmacies in grocery and other big box stores.

Background
Some communities have banned tobacco sales in pharmacies. As health care institutions, pharmacies can demonstrate community leadership by agreeing to stop selling tobacco products to reduce youth access to tobacco and to support tobacco cessation. A Robert Wood Johnson-funded study (Hudman et al.) found that most pharmacists, as well as the public, agree pharmacies should not sell tobacco products. Bans have been implemented in San Francisco and several Massachusetts cities. Bans on tobacco sales in pharmacies can include grocery and big box stores that contain pharmacies. Target and Wegmans voluntarily do not sell tobacco. Pharmacists are organizing to support additional bans (i.e., Rx for Change, Pharmacists Against Tobacco).

As tobacco use is increasingly concentrated among vulnerable populations, any effort to reduce access and availability to tobacco is a way to reduce tobacco-related health disparities, particularly when trying to reduce access to tobacco in disproportionately burdened neighborhoods.

In the "Healthy Places, Healthy People: A Framework for Oregon" report, one of the Community Conditions described is: "Every community has access to tobacco-free and smokefree environments, access to tobacco cessation resources and minimal exposure to tobacco products and advertising." One of the best practices to reach this condition is "Public policy assures that tobacco is not available to youth and is not readily accessible to adults."

Sample SMART Objectives:
- By (insert date), (insert #) _____ County/City will pass an ordinance that prohibits the sale of tobacco products in pharmacies.
- By (insert date), (insert #) pharmacies in _____ County/City will have policies that prohibit the sale of tobacco products.

Guidance for Activities:

Coordination & Collaboration
Describe activities to involve partners and stakeholders to work toward prohibiting the sale of tobacco products in pharmacies. Engage a diverse group of stakeholders such as pharmacists, business owners, parents, health care providers, and teachers.

Assessment
Describe assessment activities that will be undertaken to evaluate the sales, marketing, and promotion of tobacco products in pharmacies. Stakeholders may have particular interest in pharmacies within walking distance of schools. Describe activities to assess the support of key stakeholders, including pharmacists and policy-makers, for voluntary and public policies to prohibit the sale of tobacco products. It may be helpful to assess illegal sales to minors in pharmacies, such as through compliance checks and/or by acquiring sales-to-minors data from Oregon's Synar compliance check program run by the Addictions and Mental Health Division (AMH) (see Resources below).

Grantees are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

Education and Outreach (Development of Local Champions)
Describe specific activities such as surveys and public education outreach to pharmacy owners and community leaders to build support for prohibiting the sale of tobacco products in pharmacies. Describe activities to share information regarding the need for this policy. It will be helpful to plan a variety of several education and outreach events, including targeted outreach to build support among key leaders as well as larger group and community activities designed to secure a broad base of supporters and advocates.

List specific actions in the workplan to show what actions the LHD will take to further develop community leaders' role and capacity as champions for the overall program.

Media Advocacy

Describe at least one specific earned media activity designed to build support for prohibiting the sale of tobacco products in pharmacies. Describe activities to coordinate with the Media Contractor, Metropolitan Group. For technical assistance, contact your liaison, who will connect you with the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Ideas for earned media activities include publicizing the results of the community's Synar compliance checks and other assessments of tobacco access in pharmacies, the results of a public opinion poll or pharmacist survey, launching a campaign to get pharmacists to sign the petition against tobacco sales, or working with a pharmacist to adopt and publicize a voluntary policy.

Policy Development, Promotion, and Implementation

Describe several specific activities to develop, advocate for, and adopt either voluntary policies at pharmacies or a local ordinance. It will be helpful to describe activities to provide technical assistance to pharmacies and policy-makers on policy development, including model voluntary policies and sample ordinances, and implementation plans. Describe activities to work with stakeholders to determine the appropriate process for adopting an ordinance in the community.

Promote the Oregon Tobacco Quit Line

Describe how promotion of the Quit Line will be included in media advocacy, education and outreach, and policy advocacy and implementation activities. Work with pharmacies to actively promote the Quit Line or develop referral systems to the Quit Line. Encourage pharmacists to take the Rx for Change training in brief tobacco cessation interventions.

Resources

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

Oregon Tobacco Education Clearinghouse
http://www.oregon.gov/DHS/ph/tobacco/otec/index.shtml

Americans for Non-Smokers' Rights: Tobacco-Free Pharmacies resources
http://www.no-smoke.org/learnmore.php?id=615

Oregon's Annual Synar Report
http://www.oregon.gov/DHS/mentalhealth/data/main.shtml#prevention

Finchman, JE. An unfortunate and avoidable component of American pharmacy: Tobacco. Am J Pharm Educ. 2008 June 15; 72(3): 57.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2508724

Hudman, KS, Fenlon, CM, Corelli, RL, Prokhorov, AV, Schroeder, SA. Tobacco sales in pharmacies: Time to quit. Tobacco Control, 15, pp.35-38.
http://www.rwjf.org/pr/product.jsp?id=15041

Tobacco Free Pharmacies
http://www.tobaccofreerx.org/index.html

Pharmacists Against Tobacco
http://www.fip.org/www/index.php?page=menu_tobaccoassociation

Rx for Change
http://rxforchange.ucsf.edu/about.php

UCSF School of Pharmacy position statement on tobacco sales in pharmacies
http://www.no-smoke.org/pdf/Pharmacy%20UCSF-TobaccoSalesPositionPaper-v14-(on%20letterhead)1.pdf

TPEP Survey Development Resource Guide:
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

BPO 13:
TOBACCO COUNTER-MARKETING

Optional

Objective Overview

Develop ordinances or voluntary policies to do any of the following:
- Restrict the time, place, and manner of tobacco advertising, such as restricting in-store or outdoor advertising or banning "power wall" displays
- Require counter-advertising messages at the point-of-sale, such as Quit Line or hard-hitting graphic warnings
- Prohibit tobacco company or brand-name sponsorship of community events

Background

Tobacco advertising and other marketing activities such as sponsorship target youth and specific population groups such as people living in poverty, rural males, women, and racial and ethnic groups. Tobacco target-marketing contributes to the disproportionate burden of tobacco use and tobacco-related diseases among vulnerable populations and counter-marketing activities are an important strategy to achieve health equity.

In the "Healthy Places, Healthy People: A Framework for Oregon" report, one of the Community Conditions described is: "Every community has access to tobacco-free and smokefree environments, access to tobacco cessation resources and minimal exposure to tobacco products and advertising."

Because of the overwhelming evidence that tobacco marketing promotes tobacco initiation, and that counter-marketing and eliminating tobacco advertising are effective, the Family Smoking Prevention and Tobacco Control Act, effective June 2010, granted FDA authority to regulate tobacco products and tobacco marketing. The FDA tobacco regulations restrict, but do not eliminate, many forms of tobacco advertising and marketing. The FDA regulations have also restored local jurisdictions' authority to restrict cigarette advertising and promotions that were previously preempted by the Federal Cigarette Labeling and Advertising Act. Thus, local jurisdictions can now take action to ensure that FDA regulations are enforced locally, and can pass local policies even stronger than FDA requirements.

Sample SMART Objectives:
- By <u>(insert date)</u>, _____ County will require (non-brand/commercial) tobacco cessation and prevention messages to be posted wherever tobacco is sold.
- By <u>(insert date)</u>, _____ rodeo will pass a policy prohibiting tobacco company and brand-name sponsorship.
- By <u>(insert date)</u>, _____ County will require that all tobacco products be shelved behind opaque walls or in opaque containers.

Guidance for Activities:

Coordination & Collaboration
Describe specific activities for how key partners and stakeholders will be recruited and mobilized to accomplish the counter-marketing objective, being sure to include stakeholders from the business sector and youth advocacy groups. Advocates can help with making the business case for action and can help inform possible impacts of such policies.

Assessment
Describe specific activities to assess tobacco advertising, marketing, and/or sponsorship at tobacco retailers, adult-only facilities such as bars, and tobacco-sponsored events such as rodeos. Conducting a survey of the amount of advertising currently in stores, or marketing at sponsored events, is an effective tool in determining the extent of the problem. Consider noting the amount of advertising that is placed lower than 36 inches (i.e., at the eye level of a small child). Some coalitions have organized youth to do the actual survey work. Other coalitions have conducted surveys to compare the extent of advertising in certain sectors of community verses other sectors

To request survey development, data analysis, or other assessment-related technical assistance from HPCDP staff, include an activity to develop and submit a Special DATA Request form (Appendix B); also found on TPEP Connection at http://www.oregon.gov/DHS/ph/tobacco/tpep/datasupport.shtml.

Education & Outreach (Development of Local Champions)
Include a variety of specific activities to educate community leaders on the prevalence of tobacco marketing and its effects on youth and other vulnerable populations. It will be helpful to develop a strong base of support among partners and stakeholders to carry the message and advocate for policy change to decision-makers, whether those be individual tobacco retailers, the rodeo board, or elected officials. Documenting tobacco advertising, marketing, and sponsorship and creating visual

aids will be helpful to make the case.

List specific actions in the workplan to show what actions the Local Health Department (LHD) will take to further develop community leaders' role and capacity as champions for the overall program.

Media Advocacy
Media advocacy is itself a counter-marketing activity, so include a variety of specific activities to garner earned media. It will be essential to work with the Metropolitan Group throughout these efforts, so contact your liaison, who will connect you with HPCDP media contractor, the Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

A media advocacy activity might include holding an event to publicize the results of the assessment and creating a call to action for that community. A counter-marketing design contest could be held and publicized to generate local counter-advertising to replace tobacco advertising at the point-of-purchase. New York City has implemented a counter-advertising ordinance and has sample signage. An effective message to emphasize could be the extent to which the tobacco companies target certain communities with pervasive advertising and promotional activities.

Policy Development, Promotion, & Implementation
Describe the specific type of counter-marketing policy intended (i.e., voluntary or ordinance; elimination of sponsorship; restrictions on advertising and/or counter-advertising). Include a number of specific activities to develop a policy proposal and implementation plan, and to promote it to the decision-makers together with stakeholders, partners, and champions. Examples of activities include meeting with decision-makers to assess questions they have, meeting with council staff for reviewing model policies, and attending or presenting at council work sessions. It will be helpful to review the CDC Best Practices, FDA fact sheets, and model policy resources listed below.

Promote the Oregon Tobacco Quit Line
Describe how promotion of the Quit Line will be included in the media advocacy, education and outreach, and policy advocacy and implementation activities. Ask or require tobacco retailers to post Quit Line materials at the point-of-purchase as either a voluntary policy or as a provision in the ordinance.

Resources

Oregon Tobacco Quit Line www.oregonquitline.org or www.quitnow.net/oregon/.

At TPEP Connection:
http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

Centers for Disease Control and Prevention's publication, *Best Practices for Comprehensive Tobacco Control Programs, Health Communications Interventions:*
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

Centers for Disease Control and Prevention: Designing and Implementing an Effective Tobacco Counter-Marketing Campaign
http://www.cdc.gov/tobacco/media_communications/countermarketing/campaign/index.htm

New York Point-of-Sale Tobacco Health Warning Signs
http://www.nyc.gov/html/doh/html/smoke/smoke2-legal.shtml

Public Health Law & Policy resources on regulating tobacco marketing
http://www.phlpnet.org/product_search/tobacco%20control/talc?pt=All&pa=20&criteria

Tobacco Control Legal Consortium FDA Regulations fact sheets:
http://www.publichealthlawcenter.org/topics/special-collections/federal-regulation-tobacco-collection

TPEP Survey Development Resource Guide:
http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf

BPO 14:
TOBACCO FREE HOSPITALS AND HEALTH SYSTEMS

Optional

Objective Overview
Work with local hospitals and/or health systems, which may include mental health and addiction agencies, to ensure that their campuses are completely tobacco-free, that protocols are in place that require providers to follow cessation guidelines, and that systems are established to refer patients to the Oregon Tobacco Quit Line.

Background
Hospitals and health systems, including mental health and addictions service providers, are natural community leaders. Tobacco-free policies directly align with their mission of improving health. Creating a tobacco-free environment that includes resource and referral systems helps smokers quit, and helps former smokers to remain smokefree.

Two of the conditions statements in the "Healthy Places, Healthy People: A Framework" for Oregon" are "(1) Hospitals and clinics adopt and enforce tobacco-free campus policies, and (2) Tobacco cessation messages and information about evidence-based assistance for quitting that meet literacy and linguistic needs (such as provider-offered services and the Oregon Tobacco Quit Line) are appropriately integrated into all provider-patient interactions".

The Framework includes all public and private health care delivery sites (e.g., doctor's office, clinic, hospital) as well as health plans, Medicare and Medicaid. A critical component in the health systems setting is the identification and development of champions who promote prevention.

Working on this objective is a way to reduce tobacco-related health disparities and create health equity. Almost half of deaths from tobacco use are among people with mental health and substance use disorders; people with substance use and/or mental health disorders consume approximately 44% of all cigarettes sold in the U.S (See Addictions and Mental Health link in Resources). To address this disparity, it is essential to work with mental health and substance abuse treatment systems and organizations, including residential facilities, to establish sustainable smokefree and tobacco-free environments and reliable cessation systems.

Sample SMART Objectives:
- By (insert date), (insert #) of (insert total number of) hospitals and/or health systems will be completely tobacco-free.
- By (insert date), (insert #) of (insert total number of) mental health/addiction agencies will be completely tobacco-free.
- By (insert date), (insert #) of hospitals and/or health systems will adopt a tobacco use screening and cessation referral protocol.

Critical Question:
Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. (See page A-7 for additional guidance.)

Guidance for Activities:

Coordination and Collaboration
Describe activities to involve and engage partners and stakeholders in various departments, such as primary care, health education, pulmonary, cardiovascular, pharmacy, human resources, behavioral health, patients and clients, throughout the activities to conduct assessment, conduct outreach and media advocacy, and to develop and advocate for policy change and promote the Quit Line. This could involve setting up a team/committee if there is currently not an internal committee to approach. Toolkits are available on TPEP Connection (see Resources below).

Assessment
Options assessment activities include employee and client surveys, observational assessment of tobacco use on campus, and collection and review of existing policies and their implementation. Data about employee tobacco use prevalence can be collected through a direct survey to employees. LHDs are encouraged to request assistance (using the Special Data Analysis and Technical Assistance Request Form, Appendix B) from HPCDP when they need data or evaluation assistance that is not met through existing publications or resources. HPCDP staff will respond to all SDATARFs in a timely manner, however, the process works best when requests are received at least a couple of weeks in advance of the due date.

It is important to gather a solid base of information about existing protocols for patient referral to cessation services, as well as barriers to accessing cessation services (e.g., prior authorizations, requirement to enroll in counseling to access nicotine replacement therapy). Assess what the current policies or procedures are, and what barriers may need to be overcome, before moving forward.

If working with mental health or substance abuse agencies, it is important to determine what policies exist, if any, regulating employee tobacco use on grounds or near/with patients, or prohibiting employees from purchasing tobacco for patients.

Education and Outreach (Development of Local Champions)

Describe activities to identify new champions and approach them with key messages for moving this objective forward. Build relationships with champions in order to put tobacco prevention on the agenda, and present on the harm of secondhand smoke, linkages to chronic disease, and what a smokefree policy would look like. Determine whether a health, wellness, or safety committee exists at the target institution; explore partnerships and identify champions on such committees. Other potential places to find champions are in Administration, Human Resources, Health Education, Communications, Public Affairs, and Government Affairs offices.

List specific actions in the workplan to show what actions the LHD will take to further develop community leaders' role and capacity as champions for the overall program.

Media Advocacy

Describe at least one earned media activity in the workplan to build support for hospitals/health systems and/or addictions and mental health agencies to adopt tobacco-free policies. Gaining positive press for the organization is important for sending strong positive messages to other businesses and the community at large for a smoke free hospital/health system or mental health or addiction agency. For media-related technical assistance, contact your liaison, who will connect you with HPCDP media contractor, Metropolitan Group to schedule a start-work call (see Protocol for Media Advocacy Technical Assistance Requests, Appendix C).

Policy Development, Promotion, and Implementation

Review model policies and toolkits in order to learn about the recommended policy elements and to draft a policy proposal. Several tobacco-free policy resources for Health Systems are available on TPEP Connection at http://www.oregon.gov/DHS/ph/tobacco/tpep/tfpolicyresources.shtml.

Advocate for policy adoption by using other tobacco-free health systems/hospitals as examples. Gather information on budget costs, existing policies, and the medical, economic and social effects of smoking that can presented to key stakeholders, employees, patients, and guests. Provide a training session for managers and a feedback session for employees to educate about a smoke-free campus policy.

Examples of model policies can be found on the TTAC website (see Resources below).

Promote the Oregon Tobacco Quit Line
Determine what protocols and referral systems are in place for tobacco cessation, including the Quit Line. Hospitals and health systems, as well as individual providers, should be aware of what protocols are already in place and what cessation resources are available for their patients (e.g., The Oregon Tobacco Quit Line, cessation programs offered "in house").

Developing protocols or policies that systematically identify and refer tobacco users to available resources is one way to sustain referrals without relying on individual provider champions. These protocols may include changing charting or modifying electronic health records to include tobacco use status and quality improvement projects to eliminate barriers to access (e.g., streamlining processes, reducing required prior authorizations for services, eliminating or minimizing co-payments for cessation services). Providers may also need training in Motivational Interviewing or 5As. More information on cessation systems, fax and electronic referral options, electronic, and provider training opportunities and resources is available in the Cessation section on TPEP Connection.

Several safety net clinics in Oregon are receiving training and technical assistance regarding development of referral systems to self-management resources through the Patient Self Management Collaborative (PSMC), a project of the Oregon Primary Care Association. If a participating clinic is located within your county, it is strongly recommended that you contact the clinic to discuss partnership opportunities and possible collaboration on workplan objectives. Clinics involved in the 2010/2011 cohort include:

- Umpqua Community Health Center/Myrtle Creek
- Siskiyou Community Health Center/Cave Junction,
- La Clinica del Valle/Medford
- Northwest Human Services West Salem Clinic
- Community Health Centers of Linn-Benton Counties/Corvallis.

The Oregon Primary Care Association will be recruiting a second cohort of clinics to join the collaborative in fall 2011; recruitment activities will be ongoing through the spring and summer of 2011. Check with the administrator of your local Federally Qualified Health Center about their interest in participating in the PSMC (see links in Resources section below). Clinics selected to participate in the collaborative will be strongly encouraged to do so in partnership with community self-management resources such as TPEP; strength of partnerships with community self-management delivery systems will feature as one of the clinic selection criteria.

Resources

Oregon Tobacco Quit Line www.oregonquitline.org

County fact sheets are available online at
http://www.oregon.gov/DHS/ph/tobacco/pubs.shtml#Oregon_Tobacco_Quit_Line_Dashboard_Reports

Community Health Centers (Federally Qualified Health Centers) of Oregon
http://www.orpca.org/learn-about-opca/oregons-community-health-centers

TPEP Connection:
- Tobacco-Free Health Systems resources:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/tfpolicyresources.shtml
- Tobacco-free Worksite policy resources:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/tobaccofreepolicyresourcesworksites.shtml
- TPEP Survey Development Resource Guide:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/training/survey2010.pdf
- Cessation resources:
  http://www.oregon.gov/DHS/ph/tobacco/tpep/quitsupport.shtml

Addictions and Mental Health:

- http://www.oregon.gov/DHS/addiction/resource_center.shtml#pubs

Smoking Cessation Leadership Center:

- http://smokingcessationleadership.ucsf.edu/Pioneers.htm

Health Promotion and Chronic Disease Prevention
<u>Special Data Analysis and Technical Assistance Request Form</u> (SDATARF)

Objective: This form allows people to request health condition or risk factor data <u>not</u> already displayed in HPCDP burden reports, Keeping Oregonians Healthy, Tobacco Facts and Laws, county fact sheets, specific population data reports, etc. These existing data publications can be found at http://www.oregon.gov/DHS/ph/hpcdp/index.shtml. This form can also be used to request technical assistance for local evaluation activities.

Instructions: Please answer <u>all</u> of the questions below. Your answers will help us meet your needs accurately and in a timely fashion. Please e-mail the completed form to your assigned community programs liaison:

- ❖ April Rautio (april.l.rautio@state.or.us)
- ❖ Becky Wright (becky.m.wright@state.or.us)
- ❖ Jacqueline Villnave (jacqueline.m.villnave@state.or.us)
- ❖ Kylie Menagh (kylie.a.menagh@state.or.us)
- ❖ Sabrina Freewynn (sabrina.l.freewynn@state.or.us)

<u>An example of a potentially successful request:</u> If a dataset gets released or finalized after a publication goes to press, we may be able to provide the most up-to-date figures. <u>An example of an unsuccessful request:</u> smoking prevalence by county by race.

Thank you!

---

1. **Name:**

2. **County/Tribe (please check one):**

☐ **Not applicable**

	☐ **Klamath**
☐ **Baker**	☐ **Lake**
☐ **Benton**	☐ **Lane**
☐ **Clackamas**	☐ **Lincoln**
☐ **Clatsop**	☐ **Linn**
☐ **Columbia**	☐ **Malheur**
☐ **Coos**	☐ **Marion**
☐ **Crook**	☐ **Morrow**
☐ **Curry**	☐ **Multnomah**
☐ **Deschutes**	☐ **Polk**
☐ **Douglas**	☐ **Tillamook**
☐ **Grant**	☐ **Umatilla**
☐ **Harney**	☐ **Union**
☐ **Hood River**	☐ **Wallowa**
☐ **Jackson**	☐ **Wasco-Sherman-Gilliam**
☐ **Jefferson**	☐ **Washington**
☐ **Josephine**	☐ **Wheeler**

☐ **Yamhill**

☐ **Burns Paiute**
☐ **Confederated Tribes of Coos, Lower Umpqua & Siuslaw**
☐ **Confederated Tribes of Grand Ronde**
☐ **Confederated Tribes of Siletz**
☐ **Confederated Tribes of Umatilla**

☐ **Confederated Tribes of Warm Springs**
☐ **Coquille Indian Tribe**
☐ **Cow Creek Band of Umpqua Indians**
☐ **Klamath Tribes**

3. **Program:**

4. **Email address:**

5. **Telephone number:**

6. **Date of request:**

7. **Deadline:**

8. **Reason for deadline:**

9. **Describe your data request or technical assistance need as best you can. Please be specific:**

10. **Describe which, if any, of your workplan objectives this request relates to.**

11. **How will you use these data? Please be specific.**

Protocol for Media Advocacy Technical Assistance Requests

Requests from County TPEP programs

For assistance in preparing community education messages, press releases, media plans or other media-related technical assistance, contact your state TPEP liaison. Once a request is established and ready to move forward, Metropolitan Group (MG) will schedule a start-work call with the grantee to discuss the following:

- What is the ultimate goal?
- What ideas has the grantee thought of already?
- How best can MG support the grantee's work?

Typically, the liaison will be part of this discussion and the group on the call will map out a strategy or set of activities to achieve the stated goal. Depending on what that goal might be, it is possible that the activities would include creating a full media relations strategy for activities that happen over time; training or preparing spokespeople; drafting a media release; identifying community voices to speak to the issue; identifying media outlets; developing talking points; creating promotional materials; drafting letters to the editor or op-eds (opinion editorials); and partnering with other organizations or people to spread the message.

MG is ready and able to work with grantees on a wide variety of media advocacy projects, such as announcing a new policy, celebrating the anniversary and impact of an established policy, coordinating community opinion in support of a needed policy, preparing talking points for partner dialogues, and conducting public awareness campaigns that include media as well as other communication tactics, like public service announcement development. MG is also available to assist in editing grantee-crafted messages and advising on responses to media inquiries.

A couple of case studies of how MG works with grantees:

1. Full Technical Assistance Support:
A county coordinator worked to create a sense of momentum and public support for a Smokefree Community College campus policy and contacted MG for assistance.

MG helped to develop a message frame that could be used as talking points and in media materials. MG also helped develop a strategy that identified and activated community advocates who would use the message frame when providing testimony to the governing board, when submitting letters to the editor to the local paper, and when sending letters demanding policy change to the college president.

Once message and messengers were in place, MG helped the grantee draft a media release and supporting letter to the editor to celebrate the policy once it was voted on and then again once the policy was instituted.

2. Quick Consultation

A grantee sent out a release celebrating the announcement of a housing partner's new tobacco policy. The grantee then received a call from a reporter wanting to schedule an interview. The grantee called her MG TA coordinator to get help preparing for the interview. by developing a set of talking points, creating a list of resources the grantee could send to the reporter and practiced answering a couple of tough questions.

County Health Department TPEP Funding 2011-2012
Program Element 13

County	Population (2010*)	Percent of State	Base	Per Capita	July 2011 Grant Award
Wheeler	1,590	0.04%	16,250	463	16,713
Wallowa	7,085	0.18%	32,500	2,085	34,585
Grant	7,510	0.20%	32,500	2,317	34,817
Lake	7,570	0.20%	32,500	2,317	34,817
Harney	7,720	0.20%	32,500	2,317	34,817
Morrow	12,595	0.33%	32,500	3,823	36,323
Baker	16,440	0.43%	48,750	4,981	53,731
Curry	21,160	0.55%	48,750	6,371	55,121
Hood River	21,850	0.57%	48,750	6,603	55,353
Jefferson	22,865	0.59%	48,750	6,835	55,585
Union	25,495	0.66%	48,750	7,646	56,396
Tillamook	26,170	0.68%	48,750	7,877	56,627
Crook	27,280	0.71%	48,750	8,225	56,975
North Central **	27,990	0.73%	81,250	8,456	89,706
Malheur	31,865	0.83%	48,750	9,615	58,365
Clatsop	37,860	0.98%	48,750	11,353	60,103
Lincoln	44,620	1.16%	48,750	13,438	62,188
Columbia	48,620	1.26%	48,750	14,596	63,346
Coos	62,930	1.64%	65,000	18,998	83,998
Klamath	66,475	1.73%	65,000	20,041	85,041
Polk	69,145	1.80%	65,000	20,852	85,852
Umatilla	72,720	1.89%	65,000	21,894	86,894
Josephine	83,600	2.17%	65,000	25,138	90,138
Benton	87,000	2.26%	65,000	26,180	91,180
Yamhill	95,925	2.50%	65,000	28,961	93,961
Douglas	105,240	2.74%	65,000	31,741	96,741
Linn	111,355	2.90%	65,000	33,594	98,594
Deschutes	172,050	4.48%	65,000	51,897	116,897
Jackson	207,745	5.40%	65,000	62,555	127,555
Marion	320,640	8.34%	65,000	96,612	161,612
Lane	348,550	9.07%	65,000	105,069	170,069
Clackamas	381,775	9.93%	65,000	115,031	180,031
Washington	532,620	13.86%	65,000	160,557	225,557
Multnomah	730,140	18.99%	81,250	219,985	301,235
Total LHD	**3,844,195**	**100.00%**	**$ 1,852,500**	**$ 1,190,923**	**$ 3,010,923**

* Certified population estimates, December 2010, PSU Population Research Center

** Includes base for Wasco, Sherman, and Gilliam counties seperately

County Pop.	Base Amount
0-2,999	16,250
3,000-14,999	32,500
15,000-59,999	48,750
60,000-599,999	65,000
600,000 and over	81,250

Program Element #13: Tobacco Prevention and Education Program (TPEP)

1. **Description.** Funds provided under the Financial Assistance Agreement for this Program Element may only be used, in accordance with and subject to the requirements and limitations set forth below, to implement Tobacco Prevention and Education Program (TPEP) activities in the following areas:

    a. **Facilitation of Community Partnerships:** Accomplish movement toward tobacco-free communities through a coalition or other group dedicated to the pursuit of agreed upon tobacco control objectives. Community partners should include non-governmental entities as well as community leaders.

    b. **Creating Tobacco-Free Environments:** Promote the adoption of tobacco policies, including voluntary policies in schools, workplaces and public places. Enforce local tobacco-free ordinances and the Oregon Indoor Clean Air Act (OICAA.)

    c. **Countering Pro-Tobacco Influences:** Reduce the promotion of tobacco on storefronts, in gas stations, at community events and playgrounds in the community. Counter tobacco industry advertising and promotion. Reduce youth access to tobacco products, including working with retailers toward voluntary policies.

    d. **Promoting Quitting Among Adults and Youth:** Integrate the promotion of the Oregon Tobacco Quit Line into other tobacco control activities.

    e. **Enforcement:** Assist with the enforcement of statewide tobacco control laws, including minors' access to tobacco and restrictions on smoking through formal agreements with DHS-Public Health Division.

    f. **Reducing the Burden of Tobacco-Related Chronic Disease:** Address tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for tobacco-related chronic diseases including cancer, asthma, cardiovascular disease, diabetes, arthritis, and stroke.

2. **Procedural and Operational Requirements.** By accepting and using the financial assistance funds provided by Department under the Financial Assistance Agreement and this Program Element, LPHA agrees to conduct TPEP activities in accordance with the following requirements:

    a. LPHA must have on file with the Department an approved Local Program Plan by no later than June 30th of each year. The Department will supply the required format and current service data for use in completing the plan. LPHA shall implement its TPEP activities in accordance with its approved Local Program Plan. Modifications to this plan may only be made with Department approval.

    b. LPHA must assure that its local tobacco program is staffed at the appropriate level, depending on its level of funding, as specified in the award of funds for this Program Element.

c.   LPHA must use the funds awarded to LPHA under this Agreement for this Program Element in accordance with its budget as approved by Department and attached to this Program Element as Attachment 1 and incorporated herein by this reference. Modifications to the budget may only be made with Department approval. Funds awarded for this Program Element may not be used for treatment, other disease control programs, or other health-related efforts not devoted to tobacco prevention and education.

d.   LPHA must attend all TPEP meetings reasonably required by Department.

e.   LPHA must comply with Department's TPEP Program Guidelines and Policies.

f.   LPHA must coordinate its TPEP activities and collaborate with other entities receiving TPEP funds or providing TPEP services.

g.   In the event of any omission from, or conflict or inconsistency between, the provisions of the Local Program Plan on file at the Department, the Budget set forth in Attachment 1 and the provisions of the Agreement and this Program Element, the provisions of the Agreement and this Program Element shall control.

3.   **Reporting Requirements.** LPHA must submit Local Program Plan reports on a quarterly schedule to be determined by Department.   The reports must include, at a minimum, LPHA'sprogress during the quarter towards completing activities described in its Local Program Plan. Upon request by Department, LPHA must also submit reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments of tobacco use.

4.   **Performance Measures.** LPHAs that complete fewer than 75% of the planned activities in its Local Program Plan for two consecutive calendar quarters in one state fiscal year shall not be eligible to receive funding under this Program Element during the next state fiscal year.

Attachment 1
Budget

<u>**Attachment 1**</u>

DEPARTMENT OF HUMAN SERVICES
2008-2009 INTERGOVERNMENTAL AGREEMENT
FOR THE FINANCING OF PUBLIC HEALTH SERVICES

<u>**EXHIBIT D**</u>

SPECIAL TERMS AND CONDITIONS

Enforcement of Oregon Indoor Clean Air Act. This section is for the purpose of providing for the enforcement of laws by LPHA relating to smoking and enforcement of the Oregon Indoor Clean Air Act (for the purposes of this Section, the term "LPHA" will also refer to local government entities e.g. certain Oregon counties that agree to engage in this activity.)

1.   **Authority.**   Pursuant to ORS 190.110, LPHA may agree to perform certain duties and responsibilities related to enforcement of the Oregon Indoor Clean Air Act, ORS 433.835 through 433.875 and ORS 433.990(D) (hereafter "Act") as set forth below.

2.   **LPHA Responsibilities.** LPHA shall assume the following enforcement functions:

  a.   Maintain records of all complaints received using the complaint tracking system provided by Department's Tobacco Prevention and Education Program (TPEP).

  b.   Comply with the requirements set forth in OAR 333-015-0070 to 333-015-0085 using Department enforcement procedures.

  c.   Respond to and investigate all complaints received concerning noncompliance with the Act or rules adopted under the Act.

  d.   Work with noncompliant sites to participate in the development of a remediation plan for each site found to be out of compliance after an inspection by the LPHA.

  e.   Conduct a second inspection of all previously inspected sites to determine if remediation has been completed within the deadline specified in the remediation plan.

  f.   Notify TPEP within five business days of a site's failure to complete remediation, or a site's refusal to allow an inspection or refusal to participate in development of a remediation plan. See Section 3.c. "Department Responsibilities."

  g.   For each non-compliant site, within five business days of the second inspection, send the following to TPEP: intake form, copy of initial response letter, remediation form, and all other documentation pertaining to the case.

  h.   LPHA shall assume the costs of the enforcement activities described in this section. In accordance with an approved Community-based work plan as prescribed in OAR 333.010.0330(3)(b), LPHA may use Ballot Measure 44 funds for these enforcement activities.

i. If a local government has local laws or ordinances that prohibit smoking in any areas listed in ORS 433.845, the local government is responsible to enforce those laws or ordinances using local enforcement procedures. In this event, all costs of enforcement will be the responsibility of the local government. Ballot Measure 44 funds may apply; see Section 2.h. above.

3. **Department Responsibilities.** Department shall:

a. Provide an electronic records maintenance system to be used in enforcement, including forms used for intake tracking, complaints, and site visit/remediation plan, and templates to be used for letters to workplaces and/or public places.

b. Provide technical assistance to LPHA.

c. Upon notification of a failed remediation plan, a site's refusal to allow a site visit, or a site's refusal to develop a remediation plan, review the documentation submitted by the LPHA and issue citations to non-compliant sites as appropriate.

d. If requested by a site, conduct contested case hearings in accordance with the Administrative Procedures Act, ORS 183.411 to 183.470.

e. Issue final orders for all such case hearings.

f. Pursue, within the guidelines provided in the Act and OAR 333.015.0070 – 333.015-0085, cases of repeat offenders to assure compliance with the Act.

Recommended Staffing Competencies
for
TOBACCO PREVENTION COORDINATORS

NECESSARY COMPETENCIES FOR NEW/EXISTING STAFF

Build Support – Be able to:
- ❑ Establish and maintain linkages and/or partnerships with key stakeholders (including traditional and nontraditional)
- ❑ Interact effectively with other sectors (including the healthcare industry, transportation, parks and recreation, education, and business)
- ❑ Communicate effectively in writing for professional and lay audiences
- ❑ Listen to others in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives
- ❑ Communicate effectively orally for professional and lay audiences
- ❑ Use effective collaboration strategies to build meaningful partnerships
- ❑ Facilitate use of coalitions as effective change agents for specific policies
- ❑ Navigate the appropriate organizational systems
- ❑ Facilitate group interactions and decision-making

Design and Evaluate Programs – Be able to:
- ❑ Select appropriate program and intervention activities
- ❑ Apply principles of cultural appropriateness to program design
- ❑ Create meaningful work/roles for partners

Influence Policies and System Change – Be able to:
- ❑ Use policy as the primary tool in advancing tobacco prevention
- ❑ Influence policy through accurate, persuasive communications with the public, partners, health agency leaders, and policy makers

Lead Strategically – Be able to:
- ❑ Demonstrate critical thinking
- ❑ Respond with flexibility to changing needs
- ❑ Provide leadership to create key values and shared vision
- ❑ Apply effective problem-solving processes and methods
- ❑ Translate policy into organizational plans, structures, and programs
- ❑ Identify a policy agenda

Manage Program and Resources – Be Able to:
- ❑ Balance multiple tasks
- ❑ Prioritize work responsibilities of self and staff
- ❑ Practice effective time management
- ❑ Manage meetings
- ❑ Motivate individuals and teams to achieve goals
- ❑ Manage tobacco prevention program within budget constraints
- ❑ Set programs goals and objectives
- ❑ Balance needs, requirements, partnerships, work load, etc., for multiple projects

COMPETENCIES TO BE ACQUIRED FROM TPEP TRAININGS

<u>Build Support – Be able to:</u>
- ❑ Prepare and present the business case for tobacco prevention effectively
- ❑ Use the media, advanced technologies, and community networks to communicate information effectively
- ❑ Develop social capital and political savvy
- ❑ Report successes and challenges

<u>Design and Evaluate Programs – Be able to:</u>
- ❑ Identify and use public health data as a tool to develop and prioritize community-based interventions or policies
- ❑ Understand systems thinking and principles of change
- ❑ Present accurate demographic, statistical, programmatic and scientific information effectively for professional and lay audiences
- ❑ Assess the impact of public policies, laws, and regulations on tobacco and chronic disease prevention and control
- ❑ Use health economics concepts and language to present tobacco prevention in a convincing manner to appropriate audiences

<u>Influence Policies and Systems Change – Be able to:</u>
- ❑ Articulate risk of disease effectively

<u>Lead Strategically – Be able to:</u>
- ❑ Leverage resources
- ❑ Oversee the development and implementation of a tobacco prevention program

<u>Manage Program and Resources – Be able to:</u>
- ❑ Mediate and resolve conflicts effectively
- ❑ Support professional and personal development
- ❑ Implement strategies for transition from planning to implementation
- ❑ Assess an organization's implementation readiness, capacity and effectiveness
- ❑ Adhere to public health laws, regulations, and policies related to tobacco prevention and control
- ❑ Develop and justify a line-item, activity-based budget

<u>Use Public Health Science – Be able to:</u>
- ❑ Articulate evidenced-based approaches for tobacco prevention
- ❑ Describe (generally) the underlying causes of tobacco use, including behavioral, medical, genetic, environmental and social factors
- ❑ Articulate key tobacco control issues
- ❑ Develop and adapt approaches to problems that take into account differences among populations
- ❑ Refer to relevant and appropriate data and information sources for tobacco prevention

HPCDP Recommended Nutrition Policy and Guideline

[HPCDP, LHDs, tribes] are committed to promoting the health and well-being of populations. Dietary factors contribute substantially to preventable diseases and premature deaths. Studies show that the ready availability of food increases individual food consumption. As a public health organization, it is important that the worksite environment and meetings promote and support healthy food choices. A commitment to good health is modeled by creating a healthy work environment and by promoting healthful eating at worksite meetings and trainings.

Nutrition Policy

Nutrition Policy   When providing food at sponsored events, offer healthy food choices:

- Follow either the University of Minnesota School of Public Health Guidelines for Offering Healthy Foods at Meetings, Seminars, and Catered Events. The University of Minnesota Guidelines are found at http://www.sph.umn.edu/img/assets/9103/Nutrition_guide.pdf   or North Carolina's Eat Smart Guidelines for Healthy Food and Beverages at Meetings, Gatherings and Events at http://www.eatsmartmovemorenc.com/NCHealthSmartTlkt/WorksiteTlkt.html
- When providing food as described above, ensure vegetarian fare is available.
- When providing food as described above, make an attempt to accommodate special dietary needs.

Nutrition Guideline

Nutrition Guideline At meetings, presentations, and seminars that do not take place during usual meal times and are less than three hours in length, do not offer food:

- Offer only beverages such as ice water, bottled water, coffee, or tea at above meetings.
- If it is decided to provide food, offer fruits, vegetables, or other healthful foods.

[Organization's] Policy on Healthy Meetings, Conferences and Events

Overview

Summary
The following is [Organization's] policy for healthy meetings, conferences and events. Proper implementation of this policy will ensure [Organization's] sponsored meetings, conferences or events provide healthy food options and, when practicable, physical activity breaks during the meeting, conference or event.

Purpose/Rationale
[Organization's] healthy meetings, conferences and events policy is an important way to support the health and well-being of our employees, business partners and customers. It is the goal of [Organization] and in the interest of employee health to promote smokefree envrionments and the availability of healthy food and beverages during all meetings, conferences and events sponsored by this [organization].

The U.S. Surgeon General has determined there is no safe level of exposure to secondhand smoke. Ensuring smoke-free conferences and meetings for all [Organization]-sponsored conferences and meetings will reduce the risks associated with exposure to secondhand smoke and will create a healthier environment for all conference and meeting attendees.

Supporting healthy meetings, conferences and events gives participants the chance to eat fruits, vegetables and whole grains without needing to worry about eating too many calories or unhealthy fat while at meetings, conferences or events. Despite the well-known benefits of physical activity, most adults lead a relatively sedentary lifestyle and are not active enough to achieve these health benefits. Creating a meeting or conference environment that encourages physical activity can help increase participants productivity, reduce attrition, and improve morale.

Importantly, offering healthy food and beverage and physical activity during conferences and meetings supports the greater than 90% of Oregon adults trying to lose or maintain weight.

Policy

Applicability: This policy covers all [Organization's] meetings, conferences and events. *[List meeting, conference, event exemptions. Note: a model policy would address all meetings including those shorter than 1 hour.]* All staff members responsible for planning meetings, conferences and events must follow this policy.

Description:

Conferences and meetings shall be held in venues that are completely smokefree outdoors. If that is not possible, venues should be sought that prohibit smoking within at least 25 feet from any entrances, exits, windows that open, and air intake vents, as well as outdoor common areas, such as parking lots, courtyards, seating areas, swimming pools, playgrounds and exercise paths.

Meetings under 3 hours in length:
1) At meetings that do not take place during usual meal times and are less than 3 hours in length, food will not be offered. The following guidelines apply when offering beverages during the meeting:
   a. The beverage service will include only: water, coffee, nonfat milk, soy milk, teas, 100 percent fruit or vegetable juices, ice tea or diet soda.
2) Provide a minimum of 5 minutes for physical activity when practicable. This is in addition to other meeting breaks.

Meetings or conferences three to five hours in length:
1) When providing food at [Organization]-sponsored meetings, conferences that last three to five hours, the following guidelines apply:
   a. Beverage service may only include water, coffee, nonfat milk, soy milk, teas, 100 percent fruit or vegetable juices, ice tea or diet soda.
   b. Meals will offer foods that follow nutrition standards set by the Oregon Public Health Division and are based on the U.S. Department of Agriculture and Department of Health and Human Services Dietary Guidelines for Americans.
2) Provide a minimum of 15 minutes for physical activity. This is in addition to other meeting breaks.

Meetings or conferences seven to nine hours in length:
1) When providing food at [Organization]-sponsored meetings or conferences that last seven to nine hours in length, the following guidelines apply:
   a. Beverage service may only include water, coffee, nonfat milk, soy milk, teas, 100 percent fruit or vegetable juices, ice tea or diet soda.
   b. Meals and snacks will include foods that follow nutrition standards set by the [Organization] and are based on the USDA and HHS Dietary Guidelines for Americans.
2) Provide a minimum of 30 minutes for physical activity. This is in addition to other meeting breaks.

Policy Implementation

To ensure these policies and guidelines are implemented, staff members involved in planning events will approve only those menus and agendas that meet these policies and guidelines.
- Staff members responsible for ordering food for meetings and creating agendas for [Organization] meetings, conferences and events will receive training on how to select healthy food choices.

Resources

- The University of Minnesota School of Public Health Guidelines for Offering Healthy Foods at Meetings, Seminars, and Catered Events and/or The University of Minnesota Guidelines are found at: http://www.sph.umn.edu/img/assets/9103/Nutrition_Guide.pdf
- The Eat Smart North Carolina: Guidelines for Healthy Foods and Beverages at Meetings, Gatherings and Events can be found at: http://www.eatsmartmovemorenc.com/HealthyMeetingGuide/Texts/HealthyMeetingGuide%20-%20508.pdf

Oregon Tobacco Prevention and Education Program
Local Health Department Grants 2011-2012

Application Cover Sheet	
Local Health Department Name	
TPEP Coordinator **Name**	
Phone	
E-mail	
Program Supervisor **Name**	
Phone	
E-mail	
Local Health Department Administrator **Name**	
Phone	
E-mail	

Disclosure of Tobacco Relationships
Oregon Administrative Rules 333-010-0320 requires disclosure of any and all direct and indirect organizational or business relationships between the TPEP grant applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco.
Does the Local Health Department have any direct or indirect relationship with tobacco-related companies, as described above? ☐ Yes   ☐ No If yes, please disclose any such relationships:

Local Tobacco Control Advisory Group

Briefly summarize how community leaders were consulted to select the strategic direction and priorities, including those related to reducing health disparities, for the Local Program Plan for this grant application. Add rows as needed.

Community Leader, Partner, Stakeholder or other Advisor consulted Name of individual	Name of Organization	Briefly describe how this Advisory Group member helped guide the development of the Local Program Plan.	If applicable, note the BPO(s) in which this individual or organization will continue to be involved.
Jane Doe, Community Leader	Non-affiliated (community advocate)	Provides guidance to LHD in making contacts and presenting to regional businesses to promote self-management and cessation resources for the workplace.	BPO # 1. May consult on BPO #2 in the future.

Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Deparment:		
Best Practice Objective: BPO #, Title		
SMART Objective: By June 2012…		
Critical Question: 　　1.　Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		**First Quarter Report** (due Oct. 21, 2011)
Coordination & Collaboration		
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line		
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		**Second Quarter Report** (due Jan. 20, 2012)

Coordination & Collaboration	
Assessment	
Education & Outreach (Development of Local Champions)	
Media Advocacy	
Policy Development, Promotion, & Implementation	
Promote the Oregon Tobacco Quit Line	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)	**Third Quarter Report** (due April 20, 2012)
Coordination & Collaboration	
Assessment	
Education & Outreach (Development of Local Champions)	
Media Advocacy	
Policy Development, Promotion, & Implementation	
Promote the Oregon Tobacco Quit Line	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)	**Fourth Quarter Report** (due July 20, 2012)

Coordination & Collaboration		
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line		