Additional Guidance for Selecting a Tier

LPHAs can select the tier for which to apply.

The following is a guide for selecting a tier. The information below describes the processes, experience, abilities, outcomes, and circumstances that should be in place for a program to successfully fulfill the requirements of that tier. While these guiding benchmarks are not requirements, meeting these benchmarks will support success within the associated tier. If these elements are not yet in place, consider applying for a lower tier and/or developing a program plan that achieves the missing benchmarks during the first year of the biennium.

ICAA Response Tier guiding benchmark

- ☐ Process in place to conduct local duties and activities related to enforcement of the Oregon Indoor Clean Air Act (ICAA) outlined in local delegation agreement.

Tier 1 guiding benchmarks

- ☐ Process in place to analyze level of readiness within cities to work with county towards policy advancement.
- ☐ Process in place to develop and implement local tobacco prevention, multi-year strategic plan, including identification of community partners to help achieve advancement of tobacco prevention community mobilization in the next biennium (using pre-determined framework, such as Policy Change Model).
- ☐ Process in place to regularly educate and inform community leaders to understand effective tobacco prevention for reducing disease burden, cost, etc.
- ☐ Process in place to regularly educate and inform community leaders to understand tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for tobacco-related chronic diseases; framed within the Health Impact Pyramid and Social Determinants of Health Framework to provide a shared foundation to work together to reduce chronic disease and disability.
- ☐ Ability to promote effective cessation practices with health system partners, including referrals to the Oregon Quit Line.
- ☐ Process in place to develop strong, trusting, relationships between LPHA and local policy makers, community based organizations and health system partners.

Tier 2 guiding benchmarks

- ☐ Tier 2 builds on the guiding benchmarks in the ICAA Response Tier and Tier 1.
- ☐ Complete analysis identifying each city and county's overall level of readiness to work towards tobacco prevention policy advancement.
- ☐ Implementation of local tobacco prevention, multi-year strategic plan, including identifying community partners to advance tobacco policy initiatives in the submitted

program plan and strategic direction to achieve them (using predetermined framework, such as Policy Change Process Model).

- ☐ Educated and informed community leaders demonstrate understanding of effective tobacco prevention strategies for reducing disease burden, cost, etc.
- ☐ Educated and informed community leaders demonstrate understanding of tobacco use reduction strategies in the broader context of chronic diseases, racial inequities, and other risk factors for tobacco-related chronic diseases.
- ☐ Experience working with health system partners to establish closed loop cessation practices, including referrals to Oregon Tobacco Quit Line.
- ☐ Adopted and implemented at least one local smoke and vape free policy in the previous three years.
- ☐ Demonstrated sharing of successes and best practices with other counties upon request.
- ☐ Demonstrated support from executive leadership and/or elected officials to advance TRL, ICAA expansion and/or tobacco-free policies.
- ☐ Demonstrated ability to convene partners to strategically work toward policy and systems change tobacco prevention strategies in the previous biennium. Partners include a mix of local and tribal government (if applicable), community-based organizations representing communities most burdened by tobacco, community leaders and champions.
- ☐ Demonstrated support from health systems partners to advance a tobacco related health system change (e.g. closed-loop screening and referral, multisector tobacco prevention initiative, etc.).
- ☐ Demonstrated and established community norms that value prevention as it pertains to sustainable policy and systems change.

Tier 3 guiding benchmarks

- ☐ Tier 3 builds on the guiding benchmarks of all previous tiers.
- ☐ **Required**[*] – Program meets six of the 10 prerequisites listed in Attachment 5.
- ☐ **Required**: Formal statement of support from Board of County Commissioners or high-level executive leadership to prioritize advancing and passing TRL and/or ICAA expansion
- ☐ Development of a process map for passing local tobacco retail policies. Commitment to share best practices with other counties upon request.
- ☐ Educated and informed community leaders demonstrate understanding of tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for tobacco-related chronic diseases; understanding framed within the Health Impact Pyramid and Social Determinants of Health Framework, providing a shared foundation to work together to reduce chronic disease and disability.

[*] Tier 3 does include requirements. LPHAs must meet 6 of 10 prerequisites described in Attachment 5, as well as the RFA, before qualifying to apply.

- ☐ Established effective, closed loop cessation including referrals to Oregon Tobacco Quit Line.
- ☐ Adopted and implemented more than one local smoke and vape free policy in the previous three years
- ☐ Experience implementing TRL or local polices that support the expansion of clean air policies, in partnership with community-based organizations representing communities most burdened by tobacco, community leaders, and champions.
- ☐ Demonstrated support from executive leadership *and* elected officials to advance TRL, tobacco retail policies, clean air policies or other community prioritized policies beyond existing implementation efforts.
- ☐ Demonstrated support from health systems partners to advance a tobacco related health system change (e.g. closed-loop screening and referral, etc.) beyond existing implementation efforts.
- ☐ Implementation of at least one tobacco related health system change in collaboration with health systems partners (e.g. closed-loop screening and referral, etc.).
- ☐ Demonstrated implementation of communications strategy, including earned media, to support tobacco prevention strategy(s) in the previous biennium.