

Oregon Tobacco Prevention and Education Program: Characteristics and Successes of County Programs

Submitted to:

Tobacco Prevention and Education Program

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EXECUTIVE SUMMARY

NPC Research collaborated with the Oregon Public Health Division and Conference of Local Health Officials Chronic Disease Committee to evaluate the characteristics and successes of county Tobacco Prevention and Education Programs (TPEP). The Oregon Public Health Division was interested in understanding the county TPEPs in order to provide recommendations for improving local programs. County TPEPs focus on local initiatives and implementation of policies to prevent and reduce tobacco use.

The evaluation team conducted online surveys and interviews with local public health authority (LPHA) administrators, TPEP managers, and TPEP coordinators about funding, staffing, and attitudes toward tobacco prevention. Twenty-two administrators (65%), eight managers (73%), and 33 coordinators (92%) completed online surveys. Twelve administrators (35%), two managers (18%), and 14 coordinators (39%) were interviewed. Sixty-three individuals completed online surveys, and 28 individuals were interviewed. The results of the surveys and interviews are provided within the context of the Center for Disease Control and Preventions' best practices for tobacco control programs.

Key findings from the surveys and interviews include:

- Nearly all interview participants (96%) believed that the attitudes of administrators impacted the success of TPEP.
- Administrators, managers, and coordinators involved in the evaluation generally held high opinions of and provided support for tobacco prevention. Boards of Health and county administrators were viewed as placing tobacco activities as a low priority.
- Half of the administrators (50%) and coordinators (49%) at some time applied for external funding, and one fourth of counties (27%) applied for funding in the last fiscal year. Nearly one third of the administrators (32%) and coordinators (27%) were ever successful in obtaining external funding. The majority of the funding came from foundations or nonprofit organizations and was used toward eight categories of activities including program quality improvement.
- Many administrators indicated that staffing for TPEPs was funded in part by outside sources, shared with other community programs, and insufficient for maintaining a successful TPEP. Many coordinators shared funding responsibilities with other community programs, which had positive aspects (e.g., building skills across areas) and negative aspects (e.g., tobacco policy is less of a focus). The majority of administrators were happy with their TPEP staffing success and retention.
- Coordinators believed that the public within counties were aware of TPEP and moderately to highly supportive of tobacco prevention activities. However, coordinators indicated that individuals that were highly aware and supportive of TPEP were likely involved in organizations or groups that had exposure to TPEP activities (e.g., parks department).
- TPEP coordinators spent the largest percentage of their time (20%) on engaging partners, building coalitions, and finding/developing local champions.

- If TPEP funding was unavailable, over half of administrators (59%) did not think tobacco prevention activities would continue, or they were unsure of the potential source of funding for tobacco prevention activities.

The evaluation team presented findings to individuals from Oregon Public Health Division and Conference of Local Health Officials Chronic Disease Committee and generated recommendations based on their comments. These recommendations include:

- Explore ways to strengthen capacity of local TPEP to pursue external funding (e.g., county funds) to expand and sustain TPEP activities.
- Pursue opportunities to strengthen local TPEP sustainability by including TPEP goals and objectives in LPHA strategic plans or guiding documents.
- Clarify local TPEP access to skills and specializations (e.g., data analysts, public information officers, grant writers), and identify opportunities to strengthen local resource sharing to fulfill TPEP activities.
- Explore opportunities to increase or improve communication between LPHA administrators and TPEP coordinators to ensure common understanding about the availability of and access to skills and specializations.
- Consider ways to describe and promote TPEP activities to increase knowledge of and support for tobacco prevention work among county officials, community partners, and communities at large.

INTRODUCTION

Oregon's Tobacco Prevention and Education Program (TPEP) began in 1997 to reduce tobacco-related illness and death. Since that time, TPEPs¹ across the state have created and promoted a number of initiatives to prevent and reduce tobacco use, such as the promotion of the Tobacco Quit Line and supporting smoke-free initiatives. In 2010 the Oregon Public Health Division, TPEP contracted with NPC Research to provide evaluation consultation and research support. This evaluation was conducted as one aspect of a broader evaluation of state community programs that included research to improve work plan development and reporting systems.

The evaluation planning process is guided by the principles of community-based participatory research (CBPR).² CBPR is an approach in which members of the community are meaningfully involved in all phases of designing and implementing research that involves participants from their community. NPC Research works closely with the Oregon Health Authority (OHA) and the Conference of Local Health Officials Chronic Disease Committee (CLHO CD) to determine the focus of the evaluation and the relevant research questions. NPC Research communicates with stakeholders often throughout the process of developing and piloting methods and instruments. These collaborative efforts result in more respectful and effective data collection, and in results relevant to the community.

One of NPC Research's activities was to gather information from every county on local TPEPs. The purpose of this evaluation activity was to examine specific characteristics, challenges, and successes of local TPEPs in order to inform future tobacco-related work. Specifically, what are TPEP characteristics regarding:

- Time spent on TPEP
- External funding
- Program infrastructure
- Staffing
- Prevention activities
- Skills and specializations
- Attitudes toward TPEP and tobacco

This report summarizes the findings of surveys and interviews with Local Public Health Authority (LPHA) administrators, TPEP managers, and TPEP coordinators. The following sections

¹ "TPEP" refers to the local Tobacco Prevention and Education Programs that generally exist on the county level throughout this report. Local TPEPs are distinct from the state-level TPEP.

² Israel, B. A. (2000). "Community-Based Participatory Research: Principles, Rationale and Policy Recommendations" *Successful Models of Community-Based Participatory Research* (pp. 16–22). Washington, DC.

provide information on best practices for tobacco prevention and education programs, present the results of the evaluation, and suggest areas for potential improvement and development.³

Best Practices in Tobacco Control Programs

NPC Research examined the literature on best practices in tobacco control programs. Practices were summarized into a few categories from which recommendations can be made. The Center for Disease Control and Prevention (CDC)⁴ provides a framework for such recommendations in the areas of (1) statewide and community interventions, (2) health communication interventions, (3) cessation interventions, (4) surveillance and evaluation, (5) administration and management. Following the recommendations in each of the areas contributes to a comprehensive tobacco control program, though funding constraints can limit the degree to which a program may effectively operate within all areas of the framework.

STATEWIDE AND COMMUNITY INTERVENTIONS

States should implement a community-based model for tobacco control programs. This approach uses evidence-based practices that integrate educational and clinical approaches, in addition to community and state level programs.

Statewide programs should be driven by the financial and social characteristics of the state, with sensitivity to particularly vulnerable populations. The state efforts should:

- Support tobacco control and prevention coalitions
- Establish a strategic plan with appropriate partners
- Implement evidence-based policies for intervention, prevention, and cessation
- Conduct culturally competent research for culturally appropriate interventions
- Hold trainings and conferences to share best practices with decision makers and stakeholders
- Facilitate discussion regarding pro-tobacco influences with decision makers and stakeholders
- Support innovative tobacco research, particularly for youth and diverse populations

Community programs should add to the state- and individual-level tobacco control programs to:

- Support and strengthen the capacity of community-based organizations to implement evidence-based, sustainable, and collaborative interventions
- Empower community coalitions that facilitate collaboration among entities in government and organizations

³ In addition to county TPEPs, there are also Tribal TPEPs. Tribal TPEPs were not included in this evaluation.

⁴ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2007. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.

- Support public education of tobacco intervention, prevention, and cessation
- Promote public discussions among decision makers and stakeholders
- Establish a local strategic plan that is consistent with the state strategic plan
- Ensure that local funding formula is sufficient for grantees' successful operation
- Conduct local evaluations of changes resulting from interventions

HEALTH COMMUNICATION INTERVENTIONS⁵

Tobacco control programs should conduct effective health communication interventions. That is, tobacco control programs should make sure that the public knows about the impact of tobacco use. Effective health communication requires:

- Conducting research to know the audience and have the most impact
- Understand pro-tobacco media, messaging, and tactics
- Promote available services, such as the Oregon Tobacco Quit Line

CESSATION INTERVENTIONS

State-level cessation interventions should include:

- Cessation quit lines
- Public and private insurance coverage for tobacco use treatment
- Eliminate barriers to treatment for underserved populations
- Increased tobacco price and tax
- Monitor existing tobacco policies, particularly in retail settings

SURVEILLANCE AND EVALUATION

Tobacco control programs should conduct effective surveillance and evaluation of:

- Information on populations disproportionately affected by tobacco use, including underserved populations and youth
- Health disparities related to tobacco use
- Impact of tobacco control media and education
- Pro-tobacco media, messaging, and tactics
- Impact of interventions and barriers to interventions

⁵ A number of best practices are carried out at the state-level. Local TPEPs are not expected to perform all best practices activities.

ADMINISTRATION AND MANAGEMENT

Evidence-based best practices for administration and management of tobacco control programs include:

- Plan strategically to guide program efforts, resources, and goals
- Recruit and develop qualified and diverse staff
- Award and monitor contracts and grants, and coordinate among programs
- Track allocations and expenditures of funds in real-time
- Increase capacity of local programs
- Communicate effectively internally, across programs, and with local coalitions and partners
- Educate the public and decision makers regarding tobacco and evidence-based effective program and policy interventions

METHOD

The purpose of this evaluation activity was to identify the characteristics and successes of Oregon’s local TPEPs, and identify how these characteristics align with tobacco control program best practices. First, NPC Research conducted online surveys with LPHA administrators, TPEP program managers, and local TPEP coordinators. NPC then conducted follow-up interviews for more detailed and sensitive information with some of the online survey participants. The next sections of this report discuss who participated in the evaluation and what they were asked in the surveys and interviews.

Participants

A total of 63 individuals completed the TPEP online surveys. Specifically, 24 people completed the administrator survey. Subsequently, two people who completed administrator survey later indicated that they were TPEP managers who completed the administrator survey on behalf of their county’s LPHA administrator. The analyses presented below excluded these two participants for administrator survey items. Eight (8) TPEP managers and 33 TPEP coordinators completed the online surveys. In addition, NPC conducted 28 interviews of LPHA administrators, TPEP managers, and TPEP coordinators (see Table 1 and Table 2).

Table 1. TPEP Survey and Interview Response Rates

	Total Number of Persons	Surveys or Interviews Completed	Response Rate
Survey			
Administrators	34	22	65%
Managers	11	8	73%
Coordinators	36	33	92%
Total	81	63	78%
Interview			
Administrators	34	12	35%
Managers	11	2	18%
Coordinators	36	14	39%
Total	81	28	35%

Table 2. Number of Survey Respondents by Region

	Region in Oregon					
	Central	Eastern	Portland Metro	Northwest	Southwest	Willamette Valley
Surveys						
Administrators	2	7	1	4	4	4
Managers	1	1	3	0	1	2
Coordinators	3	12	3	3	6	6
Total	6	20	7	7	11	12
Interviews						
Administrators	1	5	1	1	2	2
Managers	1	0	0	0	0	1
Coordinators	1	3	2	2	3	3
Total	3	8	3	3	5	6

All administrators, coordinators, and managers in the state of Oregon were asked to participate in the survey. By asking for all three perspectives in each county⁶ (or for two perspectives in counties without a manager), counties were represented by up to three unique perspectives. Table 3 displays the number of counties with respondents. With one exception, every county had at least one respondent to the online survey and the interview. Over two thirds of counties (68.8%) had three or more respondents to surveys and interviews.

Table 3. Number of Counties with 0, 1, 2, or 3 or More Respondents, by Data Collection Type

	Number of Counties		
	Survey	Interview	Survey and Interview
Number of Respondents^a			
No respondents	1 (2.9%)	12 (35.3%)	1 (2.9%)
One respondent	6 (17.6%)	17 (50.0%)	4 (11.8%)
Two respondents	24 (70.6%)	4 (11.8%)	9 (26.5%)
Three or more respondents	3 (8.8%)	1 (2.9%)	20 (68.8%)

Note. ^aTable includes administrator, manager, and coordinator respondents

⁶ With one exception (the North Central jurisdiction comprised of Gilliam, Sherman, and Wasco counties), each county is comprised of one TPEP. Therefore, this report refers to “counties” as the 33 counties of Oregon containing their own TPEP and the additional three-county jurisdiction for a total of 34 “counties.”

Instruments

NPC Research collected data using online surveys and telephone interviews with LPHA administrators, TPEP managers, and TPEP coordinators. This section provides detail about these two instruments.

ONLINE SURVEYS

NPC Research worked closely with OHA and CLHO CD to develop three online surveys for LPHA administrators, TPEP managers, and TPEP coordinators. The LPHA administrator survey and TPEP coordinator survey included four sections regarding demographic information, funding, staffing, and attitudes toward TPEP. The TPEP manager survey included demographic information and attitudes toward TPEP. The sections were tailored to the perspectives of each of the three groups surveyed, with higher level questions asked of LPHA administrators and day-to-day functioning of TPEP questions asked of TPEP coordinators. The online surveys for administrators, managers, and coordinators are included in Appendix A of this report.

Demographic Information

The demographic information questions asked about the participant's position and time spent working on TPEP activities. An example of a demographic question is: "How long have you been the administrator?"

Funding

The funding section included questions about experiences with applying for and receiving external funding (defined as funding outside TPEP Program Element 13),⁷ and how funding is used. An example of a Funding question is: "Has your LPHA ever been successful at obtaining funding outside of the TPEP Program Element 13?"

Staffing

The staffing section included questions about what TPEP staff exist, what activities staff perform, and how integrated staff are into the LPHA. An example of a staffing question is: "Does the TPEP coordinator have shared responsibilities with any of the following programs?"

Attitudes Toward TPEP

The attitudes toward TPEP section included questions about attitudes toward, and support for, TPEP and tobacco prevention activities personally, by other administration or decision-makers, and by the community. An example of an attitude toward TPEP question is: "Overall, how much public support do you think exists in this county for tobacco prevention policies?"

INTERVIEWS

NPC Research worked closely with OHA and CLHO CD to develop two separate interviews designed for LPHA administrators and TPEP coordinators. While NPC did not intend on interviewing TPEP managers, two TPEP managers requested to participate in the interview. The two TPEP managers that participated in interviews responded to the LPHA administrator questions.

⁷ TPEP Program Element 13 is the funding formula that granted specific level of funding for each county.

LPHA Administrator Interview

The LPHA administrator interview focused on more in-depth questions and inquired about potentially sensitive issues that were excluded from the survey. The interview consisted of similar topics and sections as the online survey, including Funding, Staffing, and Attitudes toward TPEP. See below for the specific LPHA administrator interview questions.

Funding

1. According to the survey you completed, your LPHA has/has not applied for external funds to support TPEP. Why or why not? [If yes] What helped in the process of applying? [If no] What support would be necessary or what changes would have to occur for you to apply for external funds?
2. [If funds were obtained] According to the survey you completed, your LPHA has obtained external funds to support TPEP. What funds were obtained? What do you think made you successful in obtaining external funds in this/these applications? What were the external funds used for?

Staffing

1. Do you feel as though you have enough FTE necessary to maintain a successful TPEP?
2. Do you experience any challenges in hiring and/or sustaining staff?
3. Do you have any partnerships with other organizations that contribute to TPEP?
4. According to the survey you completed, the TPEP coordinator works on [non-TPEP program/s]. What are the benefits that occur from the coordinator working on other programs in addition to TPEP? What are the challenges that occur from the coordinator working on other programs in addition to TPEP?
5. What are the benefits that result [/would result] from TPEP staff being [more] included in LPHA structures and activities? What, if any, do you think are challenges of being included in LPHA structures and activities? How important is the TPEP program viewed by your LPHA as compared to other programs?

Attitudes Toward TPEP

1. When you consider the major health challenges relevant to your community health needs, how much of a priority are tobacco prevention activities?
2. Do you personally support the restriction of tobacco-free grounds or buildings?
3. Do you personally support raising the tobacco tax?
4. Do you feel your personal attitudes impact your work or your professional goals in any way?

TPEP Coordinator Interview

The TPEP coordinator interview also focused on more in-depth questions and inquires about potentially sensitive issues. The interview consisted of three questions about Attitudes toward TPEP. See below for the specific TPEP coordinator interview questions.

1. When you consider the major health challenges relevant to your community health needs, how much of a priority are tobacco prevention activities? Do you think your administrator feels the same way or does your administrator have a different perspective on the major health challenges in your community?
2. Are there any specific groups of people that you think are more aware of TPEP? What groups?
3. How much do you think community members know about TPEP's goals and activities within these specific groups? How much do you think community members know about TPEP's goals and activities within the general public?

Implications and Recommendations

NPC Research provided draft evaluation findings to staff of the Health Promotion and Chronic Disease Prevention Section of the Oregon Public Health Division for review and feedback. NPC Research staff then met with the Oregon Public Health Division Community Programs Initiative and the Conference of Local Health Officials Chronic Disease Committee to review the evaluation results in detail, discuss limitations, and develop recommendations. Insights from these stakeholders are included in the *Results* section of this report, in subsections titled *Implications and Recommendations*.

RESULTS

N PC Research analyzed survey data from 63 participants and interview data from 28 participants. Respondents represented 33 counties in Oregon. This section discusses the results of the surveys and interviews.

Time Spent on TPEP

To understand how familiar with and involved in TPEP participants are, the evaluation team asked LPHA administrators, TPEP coordinators, and TPEP managers about the length of time they have spent in their current position (see Table 4). The evaluation team also asked LPHA administrators and TPEP managers about how much time they spend per month on TPEP tasks. Nearly all administrators and managers spent two days or less per month on TPEP tasks, and half of the administrators spent four hours or less per month on TPEP tasks. While individuals spending more time on TPEP may have a greater impact or dedication to tobacco issues, the time individuals spend on TPEP may also be a reflection of their expertise in policy education and advocacy for tobacco issues, with individuals with greater expertise carrying out TPEP tasks more efficiently.

Table 4. Time Spent on TPEP

	Administrator	Manager	Coordinator
Years in Current Position			
N	22	6	27
Mean	7.62	3.73	4.04
Standard Deviation	7.24	3.77	3.44
Range	0.59-30.34	0.08-10.84	0.17-15.00
Time Spent on TPEP per Month			
N	22	8	N/A ^a
0-4 Hours	11 (50.0%)	2 (25.0%)	
4-16 Hours	5 (22.7%)	4 (50.0%)	
2-4 Days	4 (18.2%)	2 (25.0%)	
More than 8 Days	1 (4.5%)	0	
Unsure	1 (4.5%)	0	

Note. ^a Coordinators were not asked about time spent on TPEP per month

Coordinators spent most time (20%) on engaging partners, building coalitions, and finding/developing local champions.

TPEP coordinators were asked what percentage of their time was spent on nine essential community program coordinator tasks. These program coordinator tasks involve aspects of the CDC’s recommended best practices for tobacco prevention activities. The only task that every coordinator spent at least some percentage of their time performing is engaging partners, building coalitions, and finding/developing local champions. Coordinators also spent the most amount of time on this task, with a mean percentage of 19.8 percent. See Table 5 for information on how coordinators split their time on community program tasks.

Table 5. TPEP Coordinator Percent Time Spent on Community Program Tasks (n=32)

	Mean Percentage	Standard Deviation	Range
Engage partners, build coalitions, find/develop local champions	19.8	6.5	7 – 30
Coordinate with other community programs	13.4	7.8	0 – 40
Plan out activities to achieve community change	12.4	6.0	0 – 25
Raise public awareness	11.7	5.5	0 – 25
Educate decision-makers	10.6	7.0	0 – 30
Gather local data	9.3	4.1	0 – 20
Assist with policy implementation	9.2	5.3	0 – 25
Check on progress; make adjustments (program evaluation)	7.4	3.4	0 – 15
Help write policies that reduce disparities	6.3	4.8	0 – 25

IMPLICATIONS AND RECOMMENDATIONS

The results regarding coordinator time spent on Community Program tasks lead to 3 implications. First, activities that involve engaging partners, building coalitions, and finding or developing local champions may impact the sustainability of tobacco prevention activities and influence what other tasks the coordinator must spend time. For example, coordinators may build relationships with individuals better equipped to educate decision-makers, or who can dedicate their time and skills to writing policies to reduce barriers, thereby lessening the time a coordinator needs to spend on those activities. Second, while coordinators may spend the least amount of their time actually writing policies that reduce disparities, they may be contributing valuable work that influences the policies written. Third, coordinators may have written policies with more immediate goals or outcomes intended, such as banning tobacco use in specific areas; coordinators may not have considered the distal outcome of reducing disparities when responding to this question.

One limitation of the current study is a lack of knowledge regarding the impact of how coordinators spend their time on the success of the program. Agency staff and evaluation team members do not know the best formula for effectively allocating coordinator time. Future research may examine the relationship between allocation of coordinator time and TPEP success. A second limitation is the lack of information given by coordinators on why their time was more focused on engaging community partners and less on other tasks. Future qualitative research may help reveal the reasons coordinators spend their time the way they do. Finally, no additional information was collected on how time is spent on TPEP with administrators or managers. Future research may seek to understand how administrators or managers spend their time on TPEP activities.

External Funding for TPEP

Whether counties have applied for external funding may indicate the extent of dedication to tobacco prevention activities, or greater need for more funding. Further, the ability to apply for and obtain external funding may indicate a successful person or group of people involved in a county TPEP and/or an organizational capacity, and acquiring external funding may lead to increased and effective tobacco prevention activities. The evaluation team was interested in whether counties had applied for and received external funding for tobacco prevention activities. Specifically, which counties have applied for external funding for tobacco activities, what helped the application process or made it difficult or impossible, what funding was received, and how the funding was or is used for tobacco prevention activities?

APPLYING FOR EXTERNAL FUNDING

Table 6 displays information on seeking external funding for tobacco-related activities according to the administrators and coordinators who took part in the survey.⁸ Approximately half (50 percent) of the administrators and half of the coordinators (49 percent) work in counties that have at some time applied for external funding. Approximately one fourth (27 percent) of the administrators and coordinators (25 percent) work in counties that have applied for external funding in the last fiscal year (2011-2012).

⁸ The online survey instructions specified that the external funding questions ask about “experiences (if any) with applying for funding for tobacco prevention and how funding outside of the TPEP Program Element 13 funding formula (e.g., ACHIEVE Grants, Komen Grants, Centers for Medicaid Innovation Grants, CCO funds, etc.) may be used. The tobacco prevention activities may be part of the TPEP work plan or in any other LPHA programs.” No time frame was specified.

Table 6. Seeking External Funding for Tobacco-Related Activities

	Administrator	Coordinator
Ever Applied for External Funding		
N	22	32
Yes	11 (50.0%)	15 (46.9%)
No	5 (22.7%)	11 (34.4%)
Unsure	6 (27.3%)	6 (18.8%)
Applied for External Funding in last Fiscal Year (2011-2012)		
N	11	15
Yes	6 (54.5%)	8 (53.3%)
No	5 (45.5%)	7 (46.7%)

During interviews, LPHA administrators were asked why their county has or has not applied for external funding. Counties that have applied for external funding did so for a number of reasons, including:

- To strengthen tobacco and chronic disease prevention activities (n=4)
- To perform tobacco prevention activities outside TPEP grant restrictions (n=4)
- To support necessary travel across a geographically large county (n=2)
- They saw and took the opportunity to apply (n=1)

Administrators said that applying for external funding was made possible by: collaborating with other counties (n=3), support from other counties and county programs (specifically grant-writing support, 2), local partnerships with coalitions and researchers (n=3), the availability of tobacco data (n=2), objective feedback from the state (n=1), and staff member support (particularly TPEP coordinators; (n=3).

LPHA administrators whose counties had not applied for external funding to support tobacco activities explained that they have not applied because:

- TPEP funding is sufficient for the tobacco prevention work they wish to do (n=3)
- They have not been successful in the past (n=2)
- No grant writer was available, and their limited time dedicated to grant writing went to programs that required more funding or attention (n=1)

In counties that have not applied for external funding recently, administrators said that they need grant writers (n=1), more grant opportunities (n=4), and a reason to apply (i.e., external funding was unnecessary where current funding is viewed as sufficient; (n=3).

IMPLICATIONS AND RECOMMENDATIONS

The findings suggest that while not all counties are interested in, or capable of apply for external funding, a number of counties have done so. Information on counties' experiences may be encouraging to counties that have felt discouraged from the application process. From the state's perspective that TPEP funding is considered seed money to supplement additional funding, counties that apply for external funding may be showing a greater commitment to TPEP activities and sustainability.

Future research may seek additional information on external funding collaborations among counties, to understand how many actual applications for funding were submitted statewide. Ongoing state-level data collection regarding the extent to which counties seek external funding may aid in understanding the successes and needs of counties. In addition, administrators or coordinators new in their positions may lack knowledge of past efforts to secure external funding, impacting their responses to the survey question. Finally, future research may consider the difference between applying for grants and seeking general funds, since the current study made no specific differentiation.

OBTAINING AND USING EXTERNAL FUNDING

Counties apply for federal grants and foundation or nonprofit grants the most, with greatest success in receiving foundation or nonprofit grants.

Approximately one third (32% of administrators and 27% of coordinators) of the counties had ever been successful in obtaining external funding. The source of funding that administrators and coordinators indicated their county applied for, and the source of funding they received, is displayed in Table 7. The majority of external funding comes from foundations or nonprofit organizations. While counties apply to federal grants

nearly as often as foundations or nonprofit organizations, they are less successful at obtaining federal grants.

Table 7. Source of Funding Applied for and Received for LPHA Tobacco Activities

Source of funding	Administrators (n=11)		Coordinators (n=15)	
	Applied for	Received	Applied for	Received
County funds	2	1	4	3
Federal grants	7	2	8	1
Other (non-TPEP) state dollars	2	1	2	1
Foundation or nonprofit	8	7	9	6
Corporate giving	0	0	0	0
Unsure	0	0	1	0

IMPLICATIONS AND RECOMMENDATIONS

These findings indicate that administrators and coordinators are relatively successful in seeking funding from foundations or nonprofit organizations. In contrast, federal grant applications are less successful than applications for county funds. TPEPs may consider sources of county funds in the future as they become available.

The small number of external sources of funding also places limitations on TPEP activities. In interviews, LPHA administrators indicated that external funding was used toward program quality improvement (n=2), policy work regarding chronic disease and tobacco prevention (n=2), writing a comprehensive city plan that included public health and tobacco prevention (n=1), increasing community engagement (n=1), programming for specialized populations (e.g., pregnant women; n=1), increase staffing (n=2), conducting broader chronic disease prevention activities (n=1), and paying for materials, facilities, and a speaker for a community event (n=2). If additional funding was available in more counties, such activities might occur statewide. TPEPs may benefit from an increase in grant writing, applying for supplemental funding for their counties, and advocating at the local level for increased tobacco taxes to support increased tobacco prevention activities.

Infrastructure for Tobacco Prevention Activities

The CDC best practices recommendations include evidence-based methods for creating effective and sustainable tobacco prevention activities. The evaluation team was interested in whether TPEP requirements and opportunities have led to a statewide infrastructure for sustainable tobacco prevention activities. Specifically, would tobacco prevention activities continue whether or not funding for TPEP existed?

LPHA administrators were also asked what specific activities would continue if TPEP funding was no longer available. Tobacco prevention activities are conducted exclusively with TPEP staff and resources, as well collaboratively with other LPHA programs (e.g., tobacco prevention work conducted with child and maternal health). Therefore, Table 8 shows the percentage of LPHAs that would continue TPEP-specific tobacco prevention activities, as well as tobacco activities that occur outside of TPEP.

Table 8. Percent of LPHAs That Would Continue Tobacco Prevention Activities Specific to TPEP and in General if TPEP Was No Longer Available (n=22)

Tobacco Prevention Activity	Specific to TPEP	In General (performed by TPEP and Other LPHA Programs)
Gather local data	50.0	45.5
Coordinate with other community programs	45.5	40.9
Assist with policy implementation	40.9	36.4
Raise public awareness	36.4	31.8
Educate decision-makers	31.8	27.3
Engage partners, build coalitions, find/develop local champions	22.7	18.2
Check on progress; make adjustments (program evaluation)	13.6	9.1
Help write policies that reduce disparities	13.6	9.1
Plan out activities to achieve community change	9.1	9.1
None of the above	22.7	22.7
Unsure	9.1	4.5
Other	0.0	4.5

LPHA administrators were then asked how their LPHA would support ongoing tobacco prevention activities if TPEP funding was no longer available. Of the 22 administrators, 4.5% would use existing local general funds to maintain current staff, 31.8% would apply for outside funds, 13.6% would have other LPHA staff take over functions, and 36.4% are unsure. As Table 8 shows, less than a quarter (22.7%) of administrators indicated that none of the tobacco prevention activities listed

(specific to TPEP or in general) would be continued if TPEP funding was unavailable. However, when asked how their LPHA would support ongoing tobacco prevention activities, 40.9% of administrators indicated that tobacco prevention activities would not continue if TPEP funding was unavailable. More administrators believe tobacco prevention activities would continue when they were asked about specific activities to be conducted than when they were asked about how their LPHA would support tobacco prevention activities.

Over a third (41%) of administrators indicated that tobacco prevention activities would not continue if TPEP funding was unavailable.

IMPLICATIONS AND RECOMMENDATIONS

These findings have implications for the sustainability of tobacco prevention activities statewide. TPEPs may consider how to continue tobacco activities at the local level in the event of a loss of TPEP funding. Counties may need additional support in understanding and planning how tobacco prevention activities may continue by means other than TPEP funding in order to ensure program sustainability within Community Programs in LPHAs. Additionally, future research may examine the implications of continuing TPEP-specific activities versus performing other tobacco prevention activities if TPEP funding was unavailable.

TPEP Staffing

Understanding the effectiveness of staffing in a program is central to understanding the program's effectiveness or challenges. The evaluation team was therefore interested in TPEP staffing; specifically, how TPEP staff members are hired and funded, how integrated staff are within LPHAs, and what skills and specializations are accessible to staff.

STAFF HIRING, FUNDING, AND FTE

The majority of administrators indicated they have been successful in hiring and sustaining TPEP staff. A few (n=4) of the administrators who were interviewed indicated difficulty in hiring and sustaining TPEP staff, or foresee difficulty in the future. These few administrators have experienced high turnover and desire to find individuals with higher levels of education and experience in public health than the previous applicants have offered. However, the majority (n=8) of administrators are happy with their TPEP staffing and retention. Importantly, a number of TPEP coordinators have advanced to become administrators or other county officials; this may be viewed in a positive light, as it represents promotion of individuals with an understanding of tobacco issues.

Funding for all TPEP positions comes from a variety of sources outside of TPEP-specific funding. Almost half (45%) of the administrators indicated that they have people working for TPEP in their county that are not fully funded by TPEP funding. LPHA Administrators were asked how people who are not fully funded by the TPEP are funded. The 22 administrators surveyed indicated that three counties have individuals funded or partially funded by county funds (13.6%), eight counties have individuals funded or partially funded by other grant dollars (36.4%), and three counties have unpaid volunteers or interns (13.6%).

Administrators were also asked about their satisfaction with the amount of full-time equivalent (FTE) work for TPEP. Most (77%) of the interviewed administrators indicated that the FTE available for TPEP is less than sufficient to maintain a successful TPEP, particularly for more challenging projects or aspects of tobacco prevention work. Some administrators gave examples of the amount of additional FTE necessary to complete the desired work in their counties, which ranged from an additional 0.2 FTE to 2.0 FTE. A few respondents indicated the reason for needing more FTE is that the current number of FTEs do not allow for working over a large distance in a rural county where urban tobacco prevention efforts are less successful than personal outreach and community engagement. A number of other respondents indicated they are unable to take on more challenging projects outside of the necessary TPEP tasks. One administrator said,

“We so far have just done the easy stuff like helping school districts be smoke-free when they already want to be. We are now trying to change retail tobacco laws in the county. We’d like to do more of the more difficult work like that.”

– *Administrator #1*

That administrator thought meeting TPEP grant requirements took too much of the FTE to do the retail tobacco activities. Other administrators indicated they are unable to meaningfully become an active part of the community or have a presence at city hall under the allotted FTE. One administrator said,

“I think another .5 or 1.0 would be great... It takes being involved at the chamber of commerce, city hall, and other interactions to make things happen. It takes a lot of community activism to make things move and for legislation to change. It takes somebody to recognize that you are doing things in a community, so we would like that presence.”

– *Administrator #2*

Three of the interviewed administrators indicated the reason they are able to fulfill more complex or time-consuming tobacco prevention activities is because of collaboration and support from other LPHA community programs.

Coordinator Staffing

TPEP coordinators must establish and build support with key stakeholders and partners, design and evaluate tobacco prevention and education programs, influence policies and system change in tobacco prevention, and effectively lead and manage tobacco prevention activities. The evaluation team was interested in learning about the funding and responsibilities of individuals in these TPEP roles. Some counties integrate tobacco prevention activities across programs in addition to TPEP. Additionally, some TPEP coordinators are funded by, and responsible to, multiple programs in their counties. Administrators and coordinators were asked about shared funding and responsibilities from other LPHA community programs for TPEP coordinators (see Table 9). Specifically, the survey asked administrators and coordinators which other programs provide support for or responsibilities for individuals in TPEP coordinator positions. According to administrators, 45.5% of the coordinators in their counties share funding and 59.1% of coordinators share responsibilities with other LPHA community programs. Coordinators reported that 60.6% shared funding and 75.8% shared responsibilities with other LPHA community programs. A number of coordinators share funding and responsibilities with more than one other LPHA community program. Healthy Communities, Maternal and Child Health, Chronic Disease Prevention, and Immunizations most commonly share funding or responsibilities with TPEP coordinators.

**Table 9. LPHA Community Programs That Share Funding and Responsibilities
 with TPEP Coordinators**

	Administrator Perspective (n=22)		Coordinator Perspective (n=33)	
	Funding	Responsibilities	Funding	Responsibilities
No other programs	12 (54.5%)	9 (40.9%)	13 (39.4%)	8 (24.2%)
Healthy Communities	4 (18.2%)	8 (36.4%)	5 (15.2%)	10 (30.3%)
Maternal and Child Health	0	2 (9.1%)	2 (6.1%)	1 (3.0%)
Chronic Disease Prevention	1 (4.5%)	4 (18.2%)	2 (6.1%)	5 (15.2%)
Immunizations	2 (9.1%)	2 (9.1%)	6 (18.2%)	6 (18.2%)
Nutrition Assistance	0	1 (4.5%)	1 (3.0%)	1 (3.0%)
Public Health Nursing	0	1 (4.5%)	3 (9.1%)	2 (6.1%)
Emergency Preparedness	1 (4.5%)	0	2 (6.1%)	1 (3.0%)
Family Planning	0	0	1 (3.0%)	1 (3.0%)
Healthy Smiles Dental	1 (4.5%)	1 (4.5%)	1 (3.0%)	0
Suicide Prevention	0	0	1 (3.0%)	0
Other/all prevention funding	3 (13.6%)	3 (13.6%)	5 (15.2%)	5 (15.2%)

During interviews, LPHA administrators discussed both positive and negative aspects of TPEP coordinators working across LPHA community programs. Having TPEP coordinators working across programs allows them to hold full-time employment within the LPHA (n=3), as one administrator emphasized:

“It is the only way to do it since we cannot support a full FTE. It is absolutely necessary. Most staff work on 3-5 other programs.”

– Administrator #3

Additionally, coordinators working across programs allows coordinators to build their skills across areas (n=3), creates more opportunities for connections and exposure (n=4), and builds opportunities for interdisciplinary work and integrating tobacco issues into other programs (n=4).

“...working on other programs allows relationship building to complete whatever objectives are for TPEP. Also, working on other programs in addition to TPEP is beneficial in terms of understanding interdependency between different environmental issues and impact on public’s health. It helps to develop more effective strategy.”

– Administrator #3

However, if the coordinator works across LPHA community programs, TPEP becomes less of a focus, and the coordinator does not have the same level of tobacco policy expertise as people who devote all their time to tobacco prevention and education. An administrator explained,

“I’d prefer the coordinator to just be on TPEP so that the time can be focused on just TPEP activities. When it is flu season or back-to-school time, the coordinator must focus all her time on immunizations. Certain times on the calendar year take away from TPEP. Balancing everything time-wise is a challenge.”

– Administrator #4

Table 10 displays the shared funding and shared responsibilities across other community programs, for those counties in which both the administrator and coordinator participated in the online survey. A number of discrepancies exist between administrators’ and coordinators’ perspectives on shared funding and shared responsibilities. Specifically, administrators indicated that from their perspective coordinators shared less funding and responsibilities than the coordinators indicated. Also, more coordinators shared funding and responsibilities with Immunizations than administrators indicated.

Table 10. LPHA Community Programs That Share Funding and Responsibilities with TPEP Coordinators, Based on Counties in Which both Administrators and Coordinators Responded

	Administrator Perspective (n=20)		Coordinator Perspective (n=20)	
	Funding	Responsibilities	Funding	Responsibilities
No other programs	10 (50.0%)	8 (40.0%)	8 (40.0%)	4 (20.0%)
Healthy Communities	4 (20.0%)	7 (35.0%)	2 (10.0%)	5 (25.5%)
Maternal and Child Health	0	2 (10.0%)	1 (5.0%)	0
Chronic Disease Prevention	2 (10.0%)	3 (15.0%)	1 (5.0%)	4 (20.0%)
Immunizations	2 (10.0%)	2 (10.0%)	4 (20.0%)	5 (25.0%)
Nutrition Assistance	0	1 (5.0%)	0	1 (5.0%)
Public Health Nursing	0	1 (5.0%)	1 (5.0%)	1 (5.0%)
Emergency Preparedness	1 (5.0%)	0	0	0
Family Planning	0	0	1 (5.0%)	2 (10.0%)
Healthy Smiles Dental	1 (5.0%)	1 (5.0%)	1 (5.0%)	1 (5.0%)
Suicide Prevention	0	0	0	0
Other/all prevention funding	3 (15.0%)	3 (15.0%)	3 (15.0%)	4 (20.0%)

IMPLICATIONS AND RECOMMENDATIONS

These findings indicate that a lack of understanding about shared funding and responsibility exists. TPEPs might increase communication among administrators and coordinators to increase the level of shared understanding.

TPEP AND LPHA INTEGRATION

In addition to the work many of the TPEP coordinators perform across LPHA community programs, there are potential benefits and challenges to working within the LPHA in other

ways. Approximately 91% of the coordinators indicated that TPEP staff are included in LPHA structures and activities, while one coordinator said TPEP is not included and one coordinator was unsure. All 22 administrators indicated that TPEP staff is included in LPHA structures and activities. See Table 11 for the types of activities tobacco prevention is integrated into within LPHAs.

Table 11. Types of Tobacco Prevention Activities Integrated With Other LPHA Activities

Tobacco Prevention Activity	Administrators (n=22)	Coordinators (n=33)
Regular meetings with other LPHA team programs	15 (68.2%)	16 (48.5%)
Shared work plans/strategic plans	14 (63.6%)	17 (51.5%)
Joint goals with other LPHA chronic disease programs	13 (59.1%)	17 (51.5%)
Combined grant writing efforts with other LPHA chronic disease programs	9 (40.9%)	16 (48.5%)
Substance abuse prevention trainings	9 (40.9%)	11 (33.3%)
Shared population or community media campaign	6 (27.3%)	16 (48.5%)
Unsure	1 (4.5%)	3 (9.1%)

The CDC best practices recommend use of a strategic plan for successful tobacco prevention programs. The involvement of tobacco in LPHA strategic planning would reflect the CDC recommendation, and may suggest that the LPHA views tobacco as an important priority for the county. Of the 22 administrators who completed surveys, 16 indicated that their LPHA has a strategic plan or guiding document, and 12 indicated that the plan or document includes tobacco prevention activities (54.5% of the administrators). Of the 22 coordinators (out of 33) who indicated that their LPHA has a strategic plan or guiding document, 20 said that tobacco activities are included in the plan/document (60.6% of the coordinators).

Just over half (55%) of administrators and nearly two thirds (61%) of coordinators indicated that their LPHA's strategic plan or guiding document includes tobacco activities.

LPHA administrators were asked about the benefits of TPEPs being located within LPHA departments. The majority (92%) of administrators found great benefits from the integration of TPEPs and LPHAs. Benefits of TPEPs being more included in LPHA structures and activities were:

- Collaboration with other health departments (n=3)
- Opportunity to educate about tobacco and promote TPEP goals in other departments (n=3)
- Appreciation for the structure, supervision, and mentorship of LPHA (n=2)
- Greater priority given to tobacco issues due to status as internal structure of LPHA (n=2)

- Ability to create community-wide interventions and larger scope public health prevention activities (n=1)
- Easier to facilitate community education over geographically large area (n=1)

One administrator said:

“Also a benefit is fostering personal relationships. We may know the [TPEP] program, but if we know the people too we can do more. With fairs we will bring public health to do tests for HIV or other things and we make sure to bring tobacco issues to people as well. We will make sure people know about getting health care, but then also make sure they know how to quit smoking, by giving info on the quit line and information on how to quit. We are trying to be all inclusive of public health issues.”

– Administrator #3

However, there are also challenges to TPEP being included in LPHA structures and activities. These challenges include:

- Understanding and navigating the politics of working within county government (n=2)
- Urgent public health issues (e.g., addressing the H1N1 flu outbreak) may take priority over TPEP (n=2)
- Collaborating with individuals that lack expertise and knowledge of tobacco issues (n=1)
- Getting to know other staff and what they do in a large department (n=1)

In general, interviewed administrators felt as though TPEP is considered as important as other programs in their LPHA by other staff members, county officials, and managers. While administrators view TPEP as equally important, some administrators think the general public of their counties hold negative opinions about tobacco prevention that impact TPEP funding, which in turn makes TPEP less of a priority (n=2). For example, one administrator explained:

“At the end of the day if one had to rank them, I don’t think TPEP will be rated as high as primary care in the health department... [County] is very rural... and traditional. The community as a whole is not keen on the government telling them what to do. So, non-smoking public policies are not met with same enthusiasm as in other counties, much like seatbelt requirements in other parts of the country... It is just all about people telling them not to do it that is the problem. The problem is the government telling them what to do... TPEP is lower in important compared to immunizations, primary care, maternal health in the general public and therefore LPHA.”

– Administrator #5

Even in counties that are more supportive of tobacco prevention, some administrators indicated that funding is vital to how important TPEP is viewed compared to other community programs and other public health issues (n=3). However, many of the administrators indicated that money should not guide how TPEP is viewed, but that the widespread impact of tobacco should make TPEP equally as important as other community programs (n=4). An administrator said:

“We have a huge department and tobacco is voted as number one. It is rated as high, but it doesn’t mean they necessarily put more money to it. We need to keep statutory requirements toward other programs like maternal health.”

– Administrator #6

IMPLICATIONS AND RECOMMENDATIONS

These findings suggest implications exist for the integration of TPEPs into LPHAs. About half (40% to 55%) of the counties do not feel as though tobacco issues are included in their counties’ strategic plan or guiding document. This may impact the success, support for, and sustainability of tobacco prevention activities. Perhaps the state’s requests for TPEP proposals should encourage or require that counties prioritize the addition of tobacco prevention activities to LPHA strategic plans or guiding documents, and to consider how TPEP efforts are represented in the LPHA strategic plan or plan for accreditation. A limitation of the current study is that no information is known about how participants define strategic plan or guiding document. Future specification may lead to different responses or more specificity in the implications of this finding.

SKILLS AND SPECIALIZATIONS

The structure, staff, and support of LPHAs may provide access to skills and specializations to TPEPs. The degree to which TPEPs are integrated into LPHAs also has implications for the accessibility of skills and specializations to TPEP employees. LPHA administrators and TPEP coordinators were asked what skills and specializations were available within their counties (see Table 12). Most counties have access to managers, administrative staff, information technology staff, budget/financial managers, human resource professionals, public health staff, and county personnel. However, respondents indicated slightly less access across counties to legal consultants, and much less access to data analysts, grant writers, and epidemiologists.

Table 12. Skills and Specializations Available Within Counties

	Within LPHA Staff	County Staff Outside LPHA	No Access	Unsure
Program Manager or Supervisor				
Available to Administrators ^a	21 (95.5%)	7 (31.8%)	0	0
Available to Coordinators ^b	29 (87.9%)	16 (48.5%)	0	0
Administrative Staff				
Available to Administrators	21 (95.5%)	5 (22.7%)	0	0
Available to Coordinators	27 (81.8%)	10 (30.5%)	0	1 (3.0%)
Legal Consultants				
Available to Administrators	4 (18.2%)	16 (72.7%)	1 (4.5%)	0
Available to Coordinators	4 (12.1%)	20 (60.6%)	4 (12.1%)	4 (12.1%)
Data Analysts				
Available to Administrators	8 (36.4%)	6 (27.3%)	5 (22.7%)	1 (4.5%)

	Within LPHA Staff	County Staff Outside LPHA	No Access	Unsure
Available to Coordinators	9 (27.3%)	8 (24.2%)	12 (36.4%)	6 (18.2%)
Information Technology Professionals				
Available to Administrators	7 (31.8%)	16 (72.7%)	0	0
Available to Coordinators	6 (18.2%)	23 (69.7%)	3 (9.1%)	1 (3.0)
Budget/Financial Managers				
Available to Administrators	17 (77.3%)	11 (50.0%)	0	0
Available to Coordinators	20 (60.6%)	15 (45.5%)	3 (9.1%)	2 (6.1%)
Grant Writers				
Available to Administrators	8 (36.4%)	6 (27.4%)	4 (18.2%)	1 (4.5%)
Available to Coordinators	8 (24.2%)	4 (12.1%)	17 (51.5%)	4 (12.1%)
Human Resources Professionals				
Available to Administrators	7 (31.8%)	16 (72.7%)	0	0
Available to Coordinators	7 (21.2%)	25 (75.8%)	2 (6.1%)	1 (3.0%)
Public Relations Officers/Public Information Officers				
Available to Administrators	14 (63.6%)	5 (22.7%)	2 (9.1%)	1 (4.5%)
Available to Coordinators	14 (42.4%)	13 (39.4%)	3 (9.1%)	4 (12.1%)
Epidemiologists				
Available to Administrators	8 (36.4%)	4 (18.2%)	6 (27.3%)	2 (9.1%)
Available to Coordinators	8 (24.2%)	5 (15.2%)	14 (42.4%)	5 (15.2%)
Public Health Staff/Program Staff				
Available to Administrators	21 (95.5%)	2 (9.1%)	0	0
Available to Coordinators	31 (93.9%)	4 (12.1%)	0	0
County Personnel				
Available to Administrators	11 (50.0%)	18 (81.8%)	0	0
Available to Coordinators	15 (45.5%)	28 (84.8%)	1 (3.0%)	0

Note. ^aAdministrators n=22; ^bCoordinators n=33

Table 13 displays the findings about skills and specializations for the 20 counties in which both administrators and coordinators responded to the online survey. Overall, there are discrepancies between administrator and coordinator responses in most skill areas, with coordinators reporting less access to skills and specializations than administrators. In particular, coordinators report less access to legal consultants, data analysts, information technology professionals, grant writers, public relations officers/public information officers, and epidemiologists.

Table 13. Skills and Specializations Available Within Counties with Respondents from Both Administrator and Coordinator

	Within LPHA Staff	County Staff Outside LPHA	No Access	Unsure
Program Manager or Supervisor				
Available to Administrators ^a	20 (100%)	7 (35.0%)	0	0
Available to Coordinators ^b	18 (90.0%)	8 (40.0%)	0	0
Administrative Staff				
Available to Administrators	20 (100%)	5 (10.0%)	0	0
Available to Coordinators	16 (80.0%)	6 (30.0%)	0	0
Legal Consultants				
Available to Administrators	3 (15.0%)	16 (80.0%)	1 (5.0%)	0
Available to Coordinators	3 (15.0%)	12 (60.0%)	2 (10.0%)	2 (10.0%)
Data Analysts				
Available to Administrators	8 (40.0%)	6 (30.0%)	5 (25.0%)	1 (5.0%)
Available to Coordinators	6 (30.0%)	3 (15.0%)	8 (40.0%)	3 (19.0%)
Information Technology Professionals				
Available to Administrators	6 (30.0%)	16 (80.0%)	0	0
Available to Coordinators	4 (20.0%)	13 (65.0%)	3 (19.0%)	0
Budget/Financial Managers				
Available to Administrators	16 (76.2%)	11 (55.0%)	0	0
Available to Coordinators	12 (60.0%)	11 (55.0%)	1 (5.0%)	1 (5.0%)
Grant Writers				
Available to Administrators	8 (40.0%)	6 (30.0%)	4 (20.0%)	1 (5.0%)
Available to Coordinators	4 (20.0%)	2 (10.0%)	11 (55.0%)	3 (19.0%)
Human Resources Professionals				
Available to Administrators	6 (30.0%)	16 (80.0%)	0	0
Available to Coordinators	2 (10.0%)	14 (70.0%)	2 (10.0%)	1 (5.0%)

	Within LPHA Staff	County Staff Outside LPHA	No Access	Unsure
Public Relations Officers/Public Information Officers				
Available to Administrators	13 (65.0%)	5 (10.0%)	2 (10.0%)	1 (5.0%)
Available to Coordinators	9 (45.0%)	8 (40.0%)	2 (10.0%)	1 (5.0%)
Epidemiologists				
Available to Administrators	8 (40.0%)	4 (20.0%)	6 (30.0%)	2 (10.0%)
Available to Coordinators	5 (10.0%)	2 (10.0%)	8 (40.0%)	4 (20.0%)
Public Health Staff/Program Staff				
Available to Administrators	20 (100%)	2 (10.0%)	0	0
Available to Coordinators	18 (90.0%)	2 (10.0%)	0	0
County Personnel				
Available to Administrators	10 (50.0%)	18 (90.0%)	0	0
Available to Coordinators	9 (45.0%)	16 (80.0%)	1 (5.0%)	0

Note. ^aAdministrators n=20; ^bCoordinators n=20

IMPLICATIONS AND RECOMMENDATIONS

These findings have implications regarding the availability of skills and specializations within and outside of LPHAs. TPEPs may consider whether the levels of exposure and utilization of skills are sufficient for their efforts. For example, there may be a need for greater availability of data analysts and public information officers to ensure TPEP's goals are met.

The findings have implications about the availability of skills and specializations to counties, as well as the communication between administrators and coordinators within counties. Coordinators indicated they have less access to skills and specializations than administrators. Since administrators report greater access to skills and specializations, a recommendation may be for LPHAs to make more skills accessible to coordinators and other county staff members. TPEPs may consider how to increase access to important skills and specializations between administrators and coordinators, or how to communicate existing access to coordinators and other public health staff. Further, administrators and coordinators may consider increasing opportunities for sharing information about the skills and specializations that are available.

Attitudes Toward TPEP and Tobacco

CDC best practices do not make recommendations about personal or county-level attitudes on tobacco. However, the opinions of individuals involved in TPEP on tobacco use, restrictions, and policy may have an impact on the successes or challenges of a TPEP. Recognizing the sensitivity involved in asking individuals for their personal opinions, the evaluation team was interested in the attitudes of individuals and the community toward TPEP and tobacco, and whether attitudes impact the effectiveness of TPEPs. Specifically, how much support exists for TPEP from the county, LPHA administrators, and the general public?

IMPORTANCE OF TOBACCO-FREE BUILDINGS AND GROUNDS

The evaluation team asked how important LPHA administrators and TPEP managers thought establishing tobacco-free buildings and grounds were in their counties. On a scale from 1 to 5 (1=A little important, 5=Extremely important), LPHA administrators indicated tobacco-free buildings ($m=3.95$, $SD=1.19$) and tobacco-free grounds ($m=3.80$, $SD=1.20$) to be very important. Specifically, 45% of administrators indicated that tobacco-free buildings were *extremely* important and 25% of administrators indicated that tobacco-free buildings were *very* important. Forty (40) percent of administrators indicated that tobacco-free grounds were *extremely* important, and 20% of administrators indicated that tobacco-free grounds were *very* important. TPEP managers indicated that tobacco-free buildings ($m=5.00$, $SD=1.51$) and tobacco-free grounds ($m=4.63$, $SD=1.30$) to be extremely important. Specifically, 50% of managers indicated that tobacco-free buildings were *extremely* important, and 50% of managers indicated that tobacco-free grounds were *extremely* important. No significant differences existed between administrators or managers.⁹

All of the administrators that were interviewed confirmed that they support tobacco-free grounds and buildings for nearly all instances. The large majority of interviewed administrators ($n=11$) support raising the price of tobacco. Many administrators support raising the price of tobacco only if the revenue will go toward tobacco prevention, TPEP, or public health.

PRIORITIZATION OF TOBACCO ACTIVITIES

To understand the level of support and commitment to tobacco prevention activities, the evaluation team asked survey participants about the degree to which key individuals in the county would prioritize tobacco activities if TPEP participation was not expected from the state. Overall, participants believed LPHA administrators would make tobacco activities a moderate priority, while the Board of Health and county administrators would make tobacco activities a low priority.

Administrators, managers, and coordinators were asked how much of a priority LPHA administrators would make the continuation of tobacco prevention policy activities if participation in TPEP was not required as a core health program. On a scale of 1-5 (1 indicating not at all a priority and 5 indicating highest priority), the mean score across administrators, coordinators, and managers was 3.2, indicating that administrators would make tobacco prevention policy activities a moderate priority if TPEP participation was not required as a core public health program. Of the administrators who responded to this question ($n=16$), 43.8% indicated that tobacco was the highest priority, and 6.3% indicated that tobacco was not at all a priority. No significant difference existed between how much of a priority administrators think they would make tobacco prevention activities and how much of a priority coordinators think administrators would make tobacco prevention activities.¹⁰ Further, there were no significant differences among regions of the state of Oregon on how high of a priority the administrator

⁹ No significant difference was found between managers and administrators on the importance of tobacco free buildings, $t(24)=.71$, $p=.49$, or on the importance of tobacco free grounds, $t(25)=-.97$, $p=.34$.

¹⁰ No significant difference between administrators' and coordinators' rating of administrator priority for tobacco prevention activities, $t(48)=-1.00$, $p=.32$.

would make tobacco activities if TPEP was not expected.¹¹ These findings indicated that overall, LPHA administrators across the state would make tobacco prevention activities a moderate priority if TPEP was not funded. Readers should consider the small sample size for analyses involving administrator attitudes when interpreting the findings, as participants may have felt uncomfortable responding to questions regarding attitudes, particularly if their personal attitudes may not reflect the position of the Oregon Public Health Division. An analysis with greater statistical power may indicate differences in priorities among counties.

During interviews, administrators and coordinators elaborated on their prioritization of tobacco prevention activities. Qualitative responses agreed with the survey finding of administrators placing tobacco prevention activities as a moderate priority, particularly in comparison to other community health needs (n=8). While tobacco activities are important, other community health needs are seen as equally important. For example, one administrator said:

“To the degree to which [TPEP] accomplishes its goals it is very good. When you can get someone to stop smoking it is important. Tobacco cessation is important, but preventing 12 year old girls from getting pregnant is important too. We cannot afford the luxury of choosing. TPEP is vitally important. The immunization program is vitally important. Each of the other programs is vitally important.”

– Administrator #7

Administrators provided some examples of equally important programs, such as homelessness, mental health, immunization, teen pregnancy, chronic disease prevention (other than tobacco), education, access to healthy food, and access to health care. Some administrators and coordinators (n=4) indicated that tobacco activities that are not integrated into other community health activities are less of a priority.

Using the scale of 1-5 (1 indicating not at all a priority and 5 indicating highest priority), administrators and coordinators were also asked how much of a priority the county Board of Health would make the continuation of tobacco prevention activities if TPEP support was not expected from the state. The mean score was 2.47, indicating that the Board of Health would make tobacco prevention activities a low priority if TPEP was not expected.

LPHA administrators and coordinators believed that the Board of Health and county administrators would make tobacco prevention activities a moderately low priority if TPEP support was not expected.

No significant difference existed between how much of a priority administrators believe the Board of Health would make tobacco activities and how much coordinators believe the Board of Health would make tobacco activities.¹² There were also no significant differences among regions of the state of Oregon on the priority of tobacco activities for the Board of Health.¹³

¹¹ No significant differences among regions on administrator priority of tobacco activities, $F(5, 50)=.83$, $p=.54$.

¹² No significant difference between administrators' and coordinators' rating of Board of Health priority for tobacco prevention activities, $t(43)=-.26$, $p=.80$.

¹³ No significant differences among regions on Board of Health priority of tobacco activities, $F(5, 39)=1.10$, $p=.37$.

These findings indicated that individuals believe the Board of Health would make tobacco prevention activities a low priority across the state if TPEP was not funded.

Administrators and coordinators believed that county administrators would make tobacco prevention activities even less of a priority than the Board of Health, with an average of 2.32 on the same scale from 1 to 5 (1 indicating not at all a priority and 5 indicating highest priority). No significant differences were found between administrators' and coordinators' ratings,¹⁴ or across region.¹⁵

IMPLICATIONS AND RECOMMENDATIONS

These findings indicate that LPHA administrators, TPEP coordinators, and TPEP managers think that LPHA administrators somewhat prioritize TPEP, and that respondents perceive Boards of Health and county administrators as making TPEP less of a priority. TPEP may need to consider different or additional methods to educate county officials on the importance of TPEP work. Future research may also determine which tobacco prevention activities are supported by administrators. While administrators generally supported tobacco prevention, specific TPEP-related activities may have less support. Further, perceptions of support are less important to the effectiveness of TPEP than actions that actually promote TPEP and tobacco prevention activities. Future research may illuminate how support for tobacco prevention activities varies across specific TPEP and non-TPEP activities.

LPHA ADMINISTRATOR AND TPEP MANAGER SUPPORT FOR TPEP

The evaluation team asked LPHA administrators whether they provide support for advocacy, press releases, public statements of support, or other activities toward tobacco prevention, and asked coordinators whether their LPHA administrators provided the same supports.

Table 14 displays the specific activities that administrators report doing in support of TPEP activities, as well as the specific activities that coordinators report their administrators doing and the self-reported manager activities. The percentages of support provided as reported by administrators and coordinators are generally similar. For the most part, administrators and managers provide less resources for TPEP activities than they provide directions/encouragement, time, or permission to use existing coordinator time.

¹⁴ No significant difference between administrators' and coordinators' rating of county administrator priority for tobacco prevention activities, $t(45)=-.50$, $p=.62$.

¹⁵ No significant differences among regions on county administrator priority for tobacco prevention activities, $F(5, 41)=.10$, $p=.99$.

Table 14. Administrator and Manager Support for TPEP Activities

	Direction/ Encouragement	Resources	Time, or Permission to Use Existing Time	None	Unsure
Support for Advocacy					
Administrator (self-report) ^a	19 (86.4%)	8 (36.4%)	17 (77.3%)	0	0
Coordinator (about administrator) ^b	18 (54.5%)	10 (30.3%)	20 (60.6%)	2 (6.1%)	3 (9.1%)
Manger (self-report) ^c	4 (50.0%)	3 (37.5%)	5 (62.5%)	1 (12.5%)	0
Press Releases					
Administrator (self-report)	13 (59.1%)	9 (40.9%)	11 (50.0%)	2 (9.1%)	2 (9.1%)
Coordinator (about administrator)	18 (54.5%)	10 (30.3%)	18 (54.5%)	6 (19.2%)	2 (6.1%)
Manger (self-report)	4 (50.0%)	4 (50.0%)	6 (75.0%)	1 (12.5%)	0
Public Statements of Support					
Administrator (self-report)	12 (54.5%)	8 (36.4%)	10 (45.5%)	1 (4.5%)	3 (13.6%)
Coordinator (about administrator)	14 (42.4%)	8 (24.2%)	14 (42.4%)	8 (24.2%)	7 (21.2%)
Manger (self-report)	2 (25.5%)	1 (12.5%)	5 (62.5%)	0	2 (25.5%)
Other Activities^d					
Administrator (self-report)	3 (13.6%)	2 (9.1%)	2 (9.1%)	0	1 (4.5%)
Coordinator (about administrator)	6 (18.2%)	3 (9.1%)	6 (18.2%)	0	5 (15.2%)
Manger (self-report)	0	0	0	1 (12.5%)	0

Note. ^a Administrator n=22; ^b Coordinator n=33; ^c Manager n=8; ^d "Other Activities" written in included: encouraging coordination with other public health programs, advocating for tobacco policy inclusion in CCO work, consultations with Board of County Commissioners, and media activities.

The evaluation team was also interested in whether the support provided by administrators and managers was recent (in the last fiscal year) or sometime in the past. Table 15 displays information on support administrators provide, information on support coordinators report administrators providing, and support managers provide.

Table 15. Administrator and Manager Support for TPEP Activities Ever or in Last Fiscal Year (2011-2012)^a

	Ever Done	Done in Last Fiscal Year (2011-2012)	Never	Unsure
Shown Public Support through Media				
Administrator (self-report) ^b	12 (54.5%)	19 (45.5%)	4 (18.2%)	0
Coordinator (about administrator) ^c	9 (27.3%)	12 (36.4%)	3 (9.1%)	12 (36.4%)
Manager (self-report) ^d	1 (12.5%)	5 (62.5%)	2 (25.0%)	1 (12.5%)
Contacted/educated a legislator or local decision maker				
Administrator (self-report)	8 (36.4%)	15 (68.2%)	2 (9.1%)	0
Coordinator (about administrator)	5 (15.2%)	16 (48.5%)	2 (6.1%)	12 (36.4%)
Manager (self-report)	1 (12.5%)	8 (100%)	0	0
Leveraged/mobilized personal connections or collaborations				
Administrator (self-report)	7 (31.8%)	13 (59.1%)	2 (9.1%)	2 (9.1%)
Coordinator (about administrator)	6 (18.2%)	11 (33.3%)	2 (6.1%)	14 (42.4%)
Manager (self-report)	3 (37.5%)	4 (50.0%)	1 (12.5%)	2 (25.0%)

Note. ^a Respondents were asked to indicate support for TPEP activities by checking all that apply from the options: “Ever Done,” “Done in Last Fiscal Year (2011-2012),” “Never,” and/or “Unsure”; ^b Administrator n=22; ^c Coordinator n=33; ^d Manager n=8;

IMPACT OF TOBACCO PREVENTION ATTITUDES ON TPEP

Interview participants were asked whether they believed that administrator attitudes toward tobacco prevention impacted TPEP’s success or goals in any way. The majority (n=11) of administrators believe that their personal attitudes impact TPEP success. One administrator noted that the public’s attitudes are equally as important to move policy forward, since community support is necessary for successful change.

Coordinators indicated that administrator perspectives on tobacco prevention activities have a strong impact on TPEP’s successes and goals. Coordinators discussed specific ways they feel administrator attitudes have impacted their work, such as administrators going out of their way to do work to support TPEP (e.g., letters of support, participation in CLHO meetings), wielding political power and credibility with elected officials, and providing encouragement for tobacco prevention work. Some examples of coordinators describing how administrators support their work included:

“The county has an amazing administrator. Since becoming administrator, [the administrator] has learned public health so quickly and has been a huge supporter in tobacco issues, while also recognizing individual rights. [The administrator] is a mover

and healer... [The administrator] meets with me every week despite being a very busy person.”

– *Coordinator #1*

“It adds credibility to the work [we’ve] done to have the administrator supporting me. If I go to a meeting requesting a policy and [the administrator] goes and testifies as well, she is respected in the community and it gives more credence. It has been helpful many times.”

– *Coordinator #2*

“[Administrator] is very encouraging and gives full leeway within grants to do whatever we can. She is willing to get things done, talk to people, and is always very supportive.”

– *Coordinator #3*

“[Administrator] supports our work, so that effects in a positive way. When we meet with other elected officials, she always helps us out in framing issues and helps us out.”

– *Coordinator #4*

COMMUNITY SUPPORT FOR TPEP

Community support for tobacco prevention and TPEP may impact the successes and challenges experienced by TPEPs. The evaluation team asked administrators, coordinators, and managers about their communities’ knowledge of and support for TPEP.

Specifically, survey respondents were asked to rate their communities’ knowledge of the existence of TPEP and their knowledge of TPEP’s goals and actions on a scale from 1 to 5 (1 indicating not at all aware and 5 indicating completely aware). Administrators, managers, and coordinators were then asked about public support for tobacco prevention policies and public involvement in tobacco prevention efforts on a scale from 1 to 5 (1 indicating no public support and 5 indicating very high support). Overall, opinions about the community’s knowledge, support, and involvement in tobacco prevention activities were consistent across administrators, managers, and coordinators. Mean scores indicate that the LPHA administrators, managers, and coordinators perceive communities to be moderately aware of TPEPs and moderately aware of TPEP’s goals and actions. Table 16 displays descriptive results.

Table 16. Staff Perception of Community Knowledge and Support for TPEP (Response Means)

	Administrator ^a	Manager ^b	Coordinator ^c
	Mean (SD)	Mean (SD)	Mean (SD)
Community’s knowledge of:			
The existence of TPEP	3.0 (0.8)	3.4 (0.7)	3.1 (0.9)
TPEP’s goals and actions	2.8 (0.7)	2.8 (0.8)	2.6 (1.0)
Tobacco prevention activities:			
Public support	3.0 (0.7)	3.4 (0.5)	3.1 (0.8)
Public involvement	2.8 (0.6)	2.8 (0.7)	2.7 (0.7)

Note. ^a Administrator n=22; ^b Manager n=8; ^c Coordinator n=32

Table 17 displays staff perception of community knowledge and support for TPEP as well, but as response frequencies and percentages of how administrators, managers, and coordinators responded to the same survey questions.

**Table 17. Staff Perception of Community Knowledge and Support for TPEP
(Response Frequencies)**

	Not at all Aware	Slightly Aware	Moderately Aware	Very Aware	Completely Aware	Unsure
Community's knowledge of:						
The existence of TPEP						
<i>Administrator (n=22)</i>	0	5 (22.7%)	12 (54.5%)	4 (18.2%)	1 (4.5%)	
<i>Manager (n=8)</i>	0	1 (12.5%)	3 (37.5%)	4 (50.0%)	0	0
<i>Coordinator (n=32)</i>	0	8 (25.0%)	14 (43.8%)	6 (18.8%)	3 (9.4%)	1 (3.1%)
TPEP's goals and actions						
<i>Administrator (n=22)</i>	0	7 (31.8%)	12 (54.5%)	1 (4.5%)	1 (4.5%)	1 (4.5%)
<i>Manager (n=8)</i>	0	4 (50.0%)	2 (25.0%)	2 (25.0%)	0	0
<i>Coordinator (n=31)</i>	3 (9.7%)	13 (41.9%)	7 (22.6%)	3 (22.6%)	0	1 (3.2%)
	None	Little	Moderate	High	Very High	Unsure
Tobacco prevention activities:						
Public support						
<i>Administrator (n=22)</i>	0	4 (18.2%)	15 (58.2%)	2 (9.1%)	1 (4.5%)	0
<i>Manager (n=8)</i>	0	0	5 (62.5%)	3 (37.5%)	0	0
<i>Coordinator (n=32)</i>	0	8 (25.0%)	13 (40.6%)	10 (31.3%)	1 (3.1%)	0
Public involvement						
<i>Administrator (n=22)</i>	0	6 (27.3%)	14 (63.6%)	2 (9.1%)	0	0
<i>Manager (n=8)</i>	0	3 (37.5%)	4 (50.0%)	1 (12.5%)	0	0
<i>Coordinator (n=32)</i>	0	14 (43.8%)	16 (50.0%)	1 (3.1%)	1 (3.1%)	0

Coordinators were asked about the community's knowledge of TPEP during interviews as well. While two coordinators indicated that the community is knowledgeable about TPEP, the majority of coordinators indicated that the general public does not have much knowledge about TPEP unless they are involved in the coalitions, organizations, or groups that come into contact with TPEP. One coordinator explains:

"The general public, when they hear about tobacco and education program, they think of going to schools and teaching kids. We are trying to shift to understanding about policy and goals. This is a significant barrier to understanding. I know this from conversations with people in the community. They ask what kind of presentations or education we do."

– Coordinator #5

One coordinator also discussed how most community partners only know about the aspects of TPEP they are involved in:

“Stopping an average person on the street would say no [they do not know about TPEP]. If asking people who I come across, there is about a 20-40% awareness of the work. When working with housing, for example, we are not necessarily talking about the work going on in the parks. They do not know the details-- they aren’t important to the overall picture. Each organization isn’t aware. The 60-80% is about the details that they don’t know about. General public do not know about it.”

– *Coordinator #6*

Those groups of people that come into contact with TPEP include public health advisory boards, police departments, hospitals/medical providers, health insurance providers, schools, businesses, prevention task forces, CCOs, newspapers, local government, community organizations, and parks and recreation departments.

IMPLICATIONS AND RECOMMENDATIONS

Like the attitudes of LPHA and county employees, attitudes of the public may vary based on specific tobacco prevention activities, and should be considered less important than the actual actions individuals take towards tobacco prevention. Since TPEP is less known in the general community, TPEP may consider focusing on promoting tobacco control work within the local public health infrastructure. It is not expected that people will be able to differentiate between local TPEPs versus other programs in the LPHDs. Local TPEPs may consider simple, clear descriptions of TPEP work as being a core component of expert, sustainable organizations that have staff capable performing public health-related work. These messages could primarily be focused on key state and local decision-makers, with a secondary goal of reaching the general public.

LOCAL CHAMPIONS

The CDC recommends community engagement, and coordinators indicated that they spend the largest percentage of their time engaging partners, building coalitions, and finding and developing local champions. The evaluation team was interested in who local champions from local communities are that positively impact TPEPs. Coordinators indicated that local champions include:

- Drug prevention, health, and community coalitions (n=6)
- Physicians, medical health officers, hospital employees, and hospital directors/executives (n=6)
- Mayor, city administrator and staff members (n=5)
- Community members (n=4)
- Youth groups and youth coalitions (n=4)
- Religious communities, ministers, pastors (n=3)
- Commissions for Children and Families (n=2)
- Education employees, e.g., school superintendent, school principals, community college faculty (n=2)

- Members of the media and local newspaper editor (n=2)
- Business owners and local entrepreneurs (n=2)
- Police department, sheriff, and deputies (n=1)
- Fire Department (n=1)

IMPLICATIONS AND RECOMMENDATIONS

Local champions for TPEPs come from a range of positions in the community with varied levels of familiarity with public health, policy work, or tobacco prevention activities. Local champions must be aware of the goals and activities of the TPEP in order to successfully promote and speak for their TPEP. Future research may focus on the knowledge and messaging of local champions, how they align with TPEPs, and who should take the responsibility of educating and training local champions on communicating about TPEP.

SUMMARY AND CONCLUSION

N PC Research conducted a collaborative evaluation with OHA and CLHO CD in order to describe the characteristics and successes of TPEPs across the state of Oregon. Administrators, TPEP managers, and coordinators were surveyed and interviewed about funding, staffing, and attitudes about tobacco prevention.

Findings included information on funding for TPEPs, including applying for and receiving funding outside the TPEP grant. Approximately half of the counties represented in the data have at some time applied for external funding, and one fourth of counties have applied for funding in the last fiscal year. Administrators discussed the reasons for applying (e.g., to strengthen tobacco prevention activities) and collaborations and support that helped apply for funding. Administrators who have not applied for external funding discussed reasons they have not applied for external funding (e.g., no grant writing capacity). Approximately a third of the counties have ever been successful in obtaining external funding. The majority of the funding comes from foundations or nonprofit organizations, and was used toward a number of activities including program quality improvement.

Most administrators indicated that the amount of FTE for TPEP is less than sufficient to maintain a successful TPEP, particularly for more challenging projects or aspects of tobacco prevention work. Staffing for TPEPs was determined to be funded by a number of sources outside of TPEP, shared with other community programs, and insufficient for maintaining a successful TPEP. Nearly half of administrators indicated that they have people working for TPEP in their county that are not fully funded by TPEP funding. They receive funding from county funds, other grant dollars, or are unpaid volunteers or interns. Many TPEP coordinators share funding responsibilities with other community programs, which has positive aspects (e.g., building skills across areas) and negative aspects (e.g., tobacco policy is less of a focus).

The evaluation team felt that attitudes toward tobacco prevention may impact the successes or challenges of TPEP and therefore are important to examine across counties. Administrators, managers, and coordinators involved in the evaluation generally hold high opinions and support for tobacco prevention. Overall, administrators and managers provide moderately high support, directions, and resources for tobacco activities, and hold tobacco prevention as a moderately high priority. Boards of Health and county administrators are viewed as placing tobacco activities as a low priority. Nearly all administrators and coordinators agreed in interviews that the attitudes of administrators impact the success of TPEP. Thus, TPEP may consider opportunities to engage and educate constituents to positively impact TPEP success.

According to LPHA administrators, TPEP managers, and coordinators, the general public is aware of TPEP and moderately to highly supports tobacco prevention activities. However, coordinators indicated that individuals that are highly aware and supportive of TPEP are likely involved in organizations or groups that have had exposure to TPEP activities (e.g., parks department). Members of the general public may be less aware of TPEP. Coordinators also described their local champions, who represent a wide range of stakeholders from their communities (e.g., from education, government, and businesses). Local champions in the

community and collaborations with individuals and groups in the community may bolster aspects of programs that are less attended to, as well as make tobacco activities more sustainable and integrated into counties. TPEP may consider how to build the system of local champions and collaborators as well as bolster the capacity of local TPEPs to form partnerships.

Best Practices and TPEP

TPEP work and guidelines are based on the best practices for tobacco prevention programs, specifically the evidence-based CDC best practice guidelines. Examining how closely TPEPs adhere to best practices may illuminate successful aspects of programs or areas for program improvement.

The CDC best practices emphasize the need for coalitions and community partnerships. In line with best practices, TPEP coordinators spend the largest percentage of their time on engaging partners, building coalitions, and finding/developing local champions. Other community program tasks are reflected in CDC best practices and therefore should all be performed to some degree. However, counties vary on time spent on activities, including whether they spend any time on certain tasks. TPEP may consider the extent, distribution, and intensity of performance of these tasks, as well as conduct future research to determine the ideal amount of time to dedicate to each task.

The evaluation team was interested in the sustainability of tobacco prevention activities, as directed by the best practices for tobacco prevention. If TPEP funding were unavailable, the majority of administrators do not think tobacco prevention activities would continue, or they are unsure of the potential source of funding for tobacco prevention activities. This finding indicates that tobacco prevention activities in counties may not be sustainable within the current TPEP model.

Tobacco prevention programs best practices encourage integration and collaboration with coalitions as well as government and public health entities for inclusive and sustainable programs. Most TPEPs are integrated with LPHA activities, which is viewed by administrators as positive for a number of reasons (e.g., collaborations with other health departments) and challenging for other reasons (e.g., understanding and navigating politics within county government). Administrators generally believe TPEP is viewed as positively as other community programs. Most counties have access to managers, administrative staff, information technology staff, budget/financial managers, human resource professionals, public health staff, and county personnel. However, responses indicated slightly less access across counties to legal consultants, and much less access to data analysts, grant writers, and epidemiologists.

Strengths and Limitations

This evaluation has strengths and limitations that should be considered when interpreting the findings and making recommendations. One strength of the study is that the community-based participatory approach created an opportunity to design a study sensitive to the perspectives of study participants. The collaborative approach to developing the study purpose, research questions, methodology, and materials ensure that the evaluation was relevant to the goals of TPEP and respectful to those who participated. The interpretation of findings and development of recommendations presented in this report was also done in collaboration with members of

the Health Promotion and Chronic Disease Prevention Section of the Oregon Public Health Division, the Conference of Local Health Officials Chronic Disease Committee, and the Community Programs Initiative. In addition, the evaluation team utilized a mixed methodology, combining online surveys and telephone interviews, to allow triangulation and increase depth of study findings.¹⁶

However, the evaluation has some limitations. First, the group of respondents did not represent each county in the state of Oregon that utilized TPEP funding. The sample may therefore be biased toward individuals that more actively support and participate in TPEP activities, particularly participants who took place in telephone interviews. Second, a social desirability bias may exist when responding to questions regarding attitudes toward tobacco and TPEP. Third, the small sample size, particularly when comparing regions in Oregon, negatively impacted the power of comparative analyses. Finally, no measurement was available to directly determine the successes of TPEPs, so that the relationships among TPEP characteristics and TPEP success could not be studied. However, the detailed descriptive findings of the current study provide a first step in understanding local TPEPs, and proxy measures (e.g., longer tenure of coordinators, applying for and obtaining external funding, integration into LPHAs, and favorable community attitudes) may imply TPEP success.

Recommendations

The evaluation team presented findings to individuals from Oregon Public Health Division and Conference of Local Health Officials Chronic Disease Committee and generated recommendations based on their comments. These recommendations include:

- Explore ways to strengthen capacity of local TPEP to pursue external funding (e.g., county funds) to expand and sustain TPEP activities.
- Pursue opportunities to strengthen local TPEP sustainability by including TPEP goals and objectives in LPHA strategic plans or guiding documents.
- Clarify local TPEP access to skills and specializations (e.g., data analysts, public information officers, grant writers), and identify opportunities to strengthen local resource sharing to fulfill TPEP activities.
- Explore opportunities to increase or improve communication between LPHA administrators and TPEP coordinators to ensure common understanding about the availability of and access to skills and specializations.
- Consider ways to describe and promote TPEP activities to increase knowledge of and support for tobacco prevention work among county officials, community partners, and communities at large.

This evaluation provides information on the characteristics of TPEPs, and sheds light on successful and challenging components of TPEP. However, the findings in this report also suggest recommendations for next steps in the evaluation. Future research may illuminate

¹⁶ Morgan, D.L. (1998) Practical strategies for combining qualitative and quantitative methods: Applications to health research. *Qualitative Health Research*, 8(3). 362-376.

more information on the effectiveness and successes of TPEP, including whether characteristics found in the current study and the degree of quality or quantity of the work lead to positive outcomes in counties (i.e., reduced tobacco use). Additionally, to address concerns from findings about funding and FTE, future research may conduct a cost-benefit analysis to illuminate the cost and impact of specific community program activities. Lastly, understanding the specific goals, work, and program models of TPEPs may provide greater context for the program characteristics and local successes and challenges.

APPENDIX A: ONLINE SURVEYS FOR ADMINISTRATORS, MANAGERS, AND COORDINATORS

TPEP Administrator Survey

Tobacco Prevention and Education Program: Administrator Survey

As an administrator (or highest level manager) of a Local Public Health Authority (LPHA), you are invited to complete this survey about your Tobacco Prevention and Education Program (TPEP) grant. This survey contains questions related to four areas:

- 1) Demographic information
- 2) Funding
- 3) Staffing
- 4) Attitudes towards TPEP

This survey is being conducted by NPC Research, a private contractor to the Oregon Health Authority (OHA), to assess characteristics of TPEPs and to determine which characteristics are related to program success. We are interested in learning what helps local TPEPs be more effective. This survey is part of the community programs evaluation the OHA is conducting in collaboration with the Conference of Local Health Officials Chronic Disease Committee (CLHO CD). Findings will be used to inform best practices for TPEPs. Your survey answers will be shared with the Oregon Health Authority Community Programs Staff to show how funding, staffing, and attitudes impact TPEP success. We will provide information on how TPEPs function when they effectively implement policy. Your responses will allow us to understand the differences in effectiveness among programs. They will not be used to publicly point out less successful aspects of specific programs or individuals, but to broadly understand what makes a TPEP successful. The survey will not be used for legislative funding or TPEP staffing decisions. Findings will not be used to justify removing funding from any TPEP or as an evaluation or review of your performance as an employee. Instead, the information you share will help promote the positive aspects of TPEPs. Therefore, your honest participation is important to understanding your perspective on the strengths and challenges of TPEP.

Reports of the survey data shared publicly will not identify any county or individual by name without permission. We ask for identifying information to link your survey responses to other data sources regarding your county and position. We will be conducting follow-up interviews to ask for more detail and to talk about any topics that you feel are too sensitive to answer in this survey. If you would like to skip any answers in this survey and provide confidential responses during the interview with NPC Research, please indicate your interest in doing so at the end of the survey.

Thank you for your participation. Please contact Colleen Kidney at NPC Research if you have any questions.

Email: kidney@npcresearch.com
Phone: 503.243.2436 x117

Since we are interested in your perspective as administrator, please personally respond to the survey questions to the best of your ability. If you are unsure of any answers, please respond with "unsure" rather than delegating any parts of the survey.

If you are the administrator in a jurisdiction with more than one county, please respond to questions asking about "your county" thinking about your entire jurisdiction.

Throughout the survey, "tobacco prevention activities" refers to any action towards reducing tobacco-related illness and death, including developing cessation strategies, advocating for tobacco-free environments, or educating children on preventing tobacco use.

The survey will take about 20-30 minutes to complete. Press "Next" to begin.

Demographic information

The following section asks demographic questions about you and your position.

TPEP Administrator Survey

***1. Please provide your name to link your responses to your county and position.**

Name:

***2. You are the administrator in what county or jurisdiction?**

3. How long have you been the administrator? I have been the administrator since:

MM:

YYYY:

Demographic information

The following question refers to tobacco prevention activities. These activities may be performed within the TPEP plan or in any other LPHA programs (e.g., *working with Healthy Communities, WIC, SNAP, or behavioral health*).

4. During an average month, how much of your time spent on LPHA activities is spent on tobacco prevention activities (e.g., *attending committee meetings, speaking with decision-makers about tobacco policies, managing staff*)?

- None
- 1-2 hours
- 3-4 hours
- Up to 8 hours (about 1 day)
- Over 8 hours and up to 16 hours (1-2 days)
- Over 16 hours and up to 32 hours (2-4 days)
- Over 32 hours and up to 64 hours (4-8 days)
- More than 64 hours (over 8 days)
- Unsure
- Other (please specify)

Funding

The questions below and on the next few pages ask about your experiences (if any) with applying for funding for tobacco prevention and how funding outside of the TPEP Program Element 13 funding formula (e.g., *ACHIEVE Grants, Komen Grants, Centers for Medicaid Innovation Grants, CCO funds, etc.*) may be used. The tobacco prevention activities may be part of the TPEP work plan or in any other LPHA programs.

TPEP Administrator Survey

5. Has your LPHA ever applied for funding outside of the TPEP Program Element 13 to support tobacco prevention activities?

- Yes
- No
- Unsure

Funding

6. What was the source of the funding outside of the TPEP Program Element 13 that your LPHA applied for or requested? Please check all that apply.

- County funds (e.g., asking the county commission for general funds)
- Federal grants
- Other state dollars (not supplemental TPEP Program Element 13 funding formula funds)
- Health system/coordinated care organization funds
- Foundation or other non-profit funds
- Corporate giving
- Unsure
- Other (please specify)

7. Has your LPHA applied for funding outside of the TPEP Program Element 13 to support tobacco prevention activities within the past fiscal year (July 1, 2011 - June 30, 2012)?

- Yes
- No
- Unsure

8. Has your LPHA ever been successful at obtaining funding outside of the TPEP Program Element 13?

- Yes
- No
- Unsure

Funding

TPEP Administrator Survey

9. What was the source of the funds that your LPHA was successful at obtaining? Check all that apply.

- County funds
- Federal grants
- Other state dollars (not supplemental TPEP Program Element 13 funding formula funds)
- Health system/coordinated care organization funds
- Foundation or other non-profit funds
- Corporate giving
- Unsure
- Other (please specify)

Funding

The [community programs logic model](#) includes 9 core activities that are *essential tasks* for TPEP staff. Several questions (including the next question) will refer to this list of tasks.

10. If the TPEP Program Element 13 for local TPEPs was no longer available, what tobacco prevention activities *that are specific to the TPEP plan* would continue through your LPHA? Check all that apply.

- Gather local data about tobacco issues
- Engage partners, build coalitions, find/develop local champions around tobacco issues
- Plan out activities to achieve community change around tobacco prevention
- Educate decision-makers about tobacco prevention
- Check on progress; make adjustments (program evaluation) to tobacco prevention activities
- Raise public awareness about tobacco prevention
- Help write policies that reduce disparities around tobacco issues
- Coordinate with other community programs to address tobacco issues
- Assist with policy implementation addressing tobacco prevention
- None of the above
- Unsure
- Other (please specify)

TPEP Administrator Survey

11. If the TPEP Program Element 13 for local TPEPs was no longer available, what tobacco prevention activities in general (performed by TPEP and other LPHA programs) would continue through your LPHA? Check all that apply.

- Same as last question (only TPEP program-specific activities)
- Gather local data about tobacco issues
- Engage partners, build coalitions, find/develop local champions around tobacco issues
- Plan out activities to achieve community change around tobacco prevention
- Education decision-makers about tobacco prevention
- Check on progress; make adjustments (program evaluation) to tobacco prevention activities
- Raise public awareness about tobacco prevention
- Help write policies that reduce disparities around tobacco issues
- Coordinate with other community programs to address tobacco issues
- Assist with policy implementation addressing tobacco prevention
- None of the above
- Unsure
- Other (please specify)

12. If the TPEP Program Element 13 for local TPEPs was no longer available, how would your LPHA support ongoing tobacco prevention activities? Check all that apply.

- Use existing local general funds to maintain current staff
- Apply for outside funds
- Have other LPHA staff take over functions
- Tobacco prevention activities wouldn't continue
- Unsure
- Other (please specify)

Staffing

The following questions ask about staffing, specifically what TPEP staff exists, what activities staff performs, and how integrated staff is into your LPHA.

Please respond to the following staffing questions thinking of the past fiscal year (July 1, 2012 - June 30, 2012).

TPEP Administrator Survey

13. Do you have people working for your TPEP who are not fully funded by the TPEP Program Element 13? Please check all that apply.

- Yes, funded or partially funded by county funds
- Yes, funded or partially funded by other grant dollars
- Yes, as unpaid volunteers or unpaid interns
- Yes, as VISTAs not paid by the county
- No
- Unsure
- Other (please specify)

Staffing

14. How much FTE (total, across all individuals) is used toward TPEP program activities that is not funded by TPEP Program Element 13? This is, how much FTE in your TPEP is funded or partially funded by sources outside the TPEP Program Element 13?

Staffing

TPEP Administrator Survey

15. What skills/specializations do TPEP staff have access to (i.e., able to ask questions, receive technical assistance or other support for tobacco prevention activities)? Please check all skills/specializations that apply regardless of staff title or official role.

	Within LPHA staff	County staff outside LPHA	No access	Unsure
Program manager or supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data analysts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget/financial managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant writers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public relations officers/public information officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health staff/program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

Staffing

TPEP Administrator Survey

16. Is the TPEP coordinator currently funded by any of the following programs? (If there is more than one TPEP coordinator, do any of them receive funding from any of the following programs or departments?) Please check all that apply.

- No, the TPEP coordinator(s) is not funded by other programs
- Healthy Communities
- Maternal and Child Health
- Chronic disease prevention
- Immunizations
- Nutrition assistance (e.g., WIC or SNAP)
- Public health nursing
- Unsure
- Other (please specify)

17. Does the TPEP coordinator have shared responsibilities with any of the following programs? (If there is more than one TPEP coordinator, do any of them have shared responsibilities for any of the following programs or departments?) Please check all that apply.

- No, the TPEP coordinator(s) does not have shared responsibilities with other programs
- Healthy Communities
- Maternal and Child Health
- Chronic disease prevention
- Immunizations
- Nutrition assistance (e.g., WIC or SNAP)
- Public health nursing
- Unsure
- Other (please specify)

Staffing

TPEP Administrator Survey

18. Is TPEP staff included in your LPHA structures and activities (e.g., agency staff meetings, agency committees, agency social events, quality improvement activities, accreditation activities, etc.)?

- Yes
- No
- Unsure

19. What types of tobacco prevention activities are integrated with other LPHA chronic disease prevention or health promotion activities? Please check all that apply.

- Regular meetings** with other LPHA team programs
- Joint goals** with other LPHA chronic disease programs
- Combined grant writing efforts** with other other LPHA chronic disease programs
- Shared population or community **media** campaign
- Shared **work plans/strategic plans**
- Substance abuse prevention **trainings**
- Unsure
- Other (please specify)

20. Does your LPHA have a strategic plan or guiding document (e.g., Health Improvement Plan, Community Action Plan)?

- Yes
- No
- Unsure

Staffing

21. Are tobacco prevention activities included in your LPHA's strategic plan or guiding document (e.g., Health Improvement Plan, Community Action Plan)?

- Yes
- No
- Unsure

Attitudes towards TPEP

TPEP Administrator Survey

22. How much access do you have to local elected public policy officials (e.g., county board of commissioners, city council) and local decision makers (e.g., hospital CEO's, schools boards)? Please rate your access on the following scale from 0 to 4 with 0 being no access at all to 4 being very high amount of access.

	0 - No access at all	1 - Small amount of access	2 - Moderate amount of access	3 - High amount of access	4 - Very high amount of access	Unsure
Access to local public policy makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to local decision makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. In your opinion, how important is it for your county to establish:

	Not important at all	A little important	Moderately important	Very important	Extremely important	Unsure	Not applicable- already established
Tobacco-free buildings (beyond non-smoking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco-free grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes towards TPEP

The following questions will ask about attitudes towards and support for TPEP and tobacco prevention activities.

24. If participation in TPEP was not expected from the state, how much of a priority would you make the continuation of tobacco prevention policy activities, whether or not you had explicit support from the Board of Health or County Administrator? Please rate priority on the following scale from 0 to 4 with 0 being not at all a priority to 4 being highest priority.

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Comments:

TPEP Administrator Survey

25. If participation in TPEP was not expected from the state, how much of a priority do you think the county administrator would make the continuation of tobacco prevention policy activities? Please rate priority on the following scale from 0 to 4 with 0 being not at all a priority to 4 being highest priority.

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Comments:

26. If participation in TPEP was not expected from the state, how much of a priority do you think the local Board of Health would make the continuation of tobacco prevention policy activities?

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Comments:

Attitudes towards TPEP

TPEP Administrator Survey

27. Please rate your county's (members of the general community) awareness of the existence of your local TPEP and TPEP's goals and actions on the following scale from 0 to 4 with 0 being not at all aware to 4 being completely aware. Overall, how aware do you think the people in your county are of:

	0 - Not at all aware	1 - Slightly aware	2 - Moderately aware	3 - Very aware	4 - Completely aware	Unsure
The existence of your local TPEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPEP's goals and actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Overall, how much public support do you think exists in this county (members of the general community) for tobacco prevention policies? Please rate public support on the following scale from 0 to 4 with 0 being no public support to 4 being very high public support.

- 0 - No public support
- 1 - Little public support
- 2 - Moderate public support
- 3 - High public support
- 4 - Very high public support
- Unsure

Comments:

29. How involved are people in this county (members of the general community) in tobacco prevention policy efforts? Please rate this county's involvement on the following scale from 0 to 4 with 0 being no involvement at all to 4 being very high involvement.

- 0 - No involvement at all
- 1 - Little involvement
- 2 - Moderate involvement
- 3 - High involvement
- 4 - Very high involvement
- Unsure

Comments:

TPEP Administrator Survey

Attitudes towards TPEP

30. In the past fiscal year (July 1, 2011 - June 30, 2012), have you given any of the following support (direction/encouragement, resources, time or permission to use existing time) for any tobacco prevention policy work (advocacy, press releases, public statements of support)?

	Direction/encouragement	Resources	Time or permission to use existing time	None of these	Unsure	Other support
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public statements of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>						

Attitudes towards TPEP

31. In your role as administrator, have you done any of the following in support of tobacco prevention efforts?

	Ever done	Done in the past fiscal year (7/1/11-6/30/12)	Never	Unsure
Shown public support through media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacted/educated a legislator or local decision maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leveraged/mobilized personal connections or collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>				

Thank you

TPEP Administrator Survey

32. Thank you for taking time to complete this survey. We will be in contact with you to schedule a brief interview containing follow-up questions to your survey responses.

What email address and phone number will be best to reach you to schedule the interview?

Email Address:

Phone Number:

33. Are there any times that will be best to contact you for the interview (i.e., times of day, days of the week, weeks/months available)?

34. Please let us know if you have any additional comments or questions:

TPEP Program Manager Survey

Tobacco Prevention and Education: Program Manager Survey

As a program manager of a Tobacco Prevention and Education Program (TPEP), you are invited to complete this survey about your Tobacco Prevention and Education Program (TPEP) grant. This survey contains questions related to two areas:

- 1) Demographic information
- 2) Attitudes towards TPEP

This survey is being conducted by NPC Research, a private contractor to the Oregon Health Authority (OHA), to assess characteristics of TPEPs and to determine which characteristics are related to program success. We are interested in learning what helps local TPEPs be more effective. This survey is part of the evaluation process of the Oregon Coalition of Local Health Officials Chronic Disease Committee (CLHO CD). Findings will be used to inform best practices for TPEPs. Your survey answers will be shared with the Oregon Health Authority Community Programs Staff to show how funding, staffing, and attitudes impact TPEP success. We will provide information on how TPEPs function when they effectively implement policy. Your responses will allow us to understand the differences in effectiveness among programs. They will not be used to publicly point out less successful aspects of specific programs or individuals, but to broadly understand what makes a TPEP successful. The survey will not be used for legislative funding or TPEP staffing decisions. Findings will not be used to justify removing funding from any TPEP or as an evaluation or review of your performance as an employee. Instead, the information you share will help promote the positive aspects of TPEPs. Therefore, your honest participation is important to understanding your perspective on the strengths and challenges of TPEP.

Reports of the survey data shared publicly will not identify any county or individual by name without permission. We ask for identifying information to link your survey responses to other data sources regarding your county and position. At the end of this survey, we ask if you would like to participate in a follow-up interview. We will be conducting follow-up interviews to ask for more detail and to talk about any topics that you feel are too sensitive to answer in this survey. If you would like to skip any answers in this survey and provide confidential responses during the interview with NPC Research, please indicate your interest in doing so at the end of the survey.

Thank you for your participation. Please contact Colleen Kidney at NPC Research if you have any questions.

Email: kidney@npcresearch.com
Phone: 503.243.2436 x117

Since we are interested in your perspective as coordinator, please personally respond to the survey questions to the best of your ability. If you are unsure of any answers, please respond with "unsure" rather than delegating any parts of the survey. If there is more than one coordinator for your program, all coordinators will be asked to participate, so please answer independently.

If you are the manager in a jurisdiction with more than one county, please respond to questions asking about "your county" thinking about your entire jurisdiction.

Throughout the survey, "tobacco prevention activities" refers to any action towards reducing tobacco-related illness and death, including developing cessation strategies, advocating for tobacco-free environments, or educating children on preventing tobacco use.

The survey will take about 10 minutes to complete. Press "Next" to begin.

Demographic information

The following section asks demographic questions about you and your position.

TPEP Program Manager Survey

***1. Please provide your name to link your responses to your county and position.**

Name:

***2. You are the TPEP program manager in what county or jurisdiction?**

3. How long have you been program manager? I have been program manager since:

MM:

YYYY:

Demographic information

The following question refers to tobacco prevention activities. These activities may be performed within the TPEP plan or in any other LPHA programs (e.g., working with Healthy Communities, WIC, SNAP, or behavioral health).

4. During an average month, how much of your time is spent performing TPEP tasks?

- None
- 1-2 hours
- 3-4 hours
- Up to 8 hours (about 1 day)
- Over 8 hours and up to 16 hours (1-2 days)
- Over 16 hours and up to 32 hours (2-4 days)
- Over 32 and up to 64 hours (4-8 days)
- More than 64 hours (over 8 days)
- Unsure
- Other (please specify)

Attitudes towards TPEP

The following questions will ask about attitudes towards and support for TPEP and tobacco issues.

TPEP Program Manager Survey

5. If participation in TPEP was not expected from the state, how much of a priority would you make the continuation of tobacco prevention policy activities whether or not you had explicit support from the Board of Health or County Administrator? Please rate priority on the following scale from 0 to 4 with 0 being not at all a priority to 4 being highest priority.

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Comments:

6. If participation in TPEP was not expected from the state, how much of a priority do you think your LPHA administrator would make the continuation of tobacco prevention policy activities? Please rate priority on the following scale from 0 to 4 with 0 being not at all a priority to 4 being highest priority.

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Attitudes towards TPEP

TPEP Program Manager Survey

7. How much access do you have to local elected public policy officials (e.g., county board of commissioners, city council) and local decision makers (e.g., hospital CEO's, schools boards)? Please rate your access on the following scale from 0 to 4 with 0 being no access at all to 4 being very high amount of access.

	0 - No access at all	1 - Small amount of access	2 - Moderate amount of access	3 - High amount of access	4 - Very high amount of access	Unsure	Not applicable
Access to local policy makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to local decision makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In your opinion, how important is it for your county to establish:

	Not important at all	A little important	Moderately important	Very important	Extremely important	Unsure	Not applicable- already established
Tobacco-free buildings (beyond non-smoking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco-free grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes towards TPEP

9. Please rate your county's (members of the general community) awareness of the existence of your local TPEP and TPEP's goals and actions on the following scale from 0 to 4 with 0 being not at all aware to 4 being completely aware. Overall, how aware do you think the people in your county are of:

	0 - Not at all aware	1 - Slightly aware	2 - Moderately aware	3 - Very aware	4 - Completely aware	Unsure
The existence of your local TPEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPEP's goals and actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TPEP Program Manager Survey

10. Overall, how much public support do you think exists in this county (members of the general community) for tobacco prevention policies? Please rate public support on the following scale from 0 to 4 with 0 being no public support to 4 being very high public support.

- 0 - No public support
- 1 - Little public support
- 2 - Moderate public support
- 3 - High public support
- 4 - Very high public support
- Unsure

Comments:

11. How involved are people in this county (members of the general community) in tobacco prevention policy efforts? Please rate this county's involvement on the following scale from 0 to 4 with 0 being no involvement at all to 4 being very high involvement.

- 0 - No involvement at all
- 1 - Little involvement
- 2 - Moderate involvement
- 3 - High involvement
- 4 - Very high involvement
- Unsure

Comments:

Attitudes towards TPEP

TPEP Program Manager Survey

12. In the past fiscal year (July 1, 2011 - June 30, 2012), have you given any of the following support (direction/encouragement, resources, time or permission to use existing time) for any tobacco prevention policy work (advocacy, press releases, public statements of support)?

	Direction/encouragement	Resources	Time or permission to use existing time	None of these	Unsure	Other support
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public statements of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

Attitudes towards TPEP

13. In your role as program manager, have you done any of the following in support of tobacco prevention efforts?

	Ever done	Done in the past fiscal year (7/1/11-6/30/12)	Never	Unsure
Shown public support through media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacted/educated a legislator or local decision maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leveraged/mobilized personal connections or collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

Thank you

14. Thank you for taking time to complete this survey.

Please let us know if you have any additional comments or questions:

TPEP Coordinator Survey

Tobacco Prevention and Education Program: Coordinator Survey

As a coordinator of a Tobacco Prevention and Education Program (TPEP), you are invited to complete this survey about your program. This survey contains questions related to four areas:

- 1) Demographic information
- 2) Funding
- 3) Staffing
- 4) Attitudes towards TPEP

This survey is being conducted by NPC Research, a private contractor to the Oregon Health Authority (OHA), to assess characteristics of TPEPs and to determine which characteristics are related to program success. We are interested in learning what helps local TPEPs be more effective. This survey is part of the evaluation process of the Oregon Coalition of Local Health Officials Chronic Disease Committee (CLHO CD). Findings will be used to inform best practices for TPEPs. Your survey answers will be shared with the Oregon Health Authority Community Programs Staff to show how funding, staffing, and attitudes impact TPEP success. We will provide information on how TPEPs function when they effectively implement policy. Your responses will allow us to understand the differences in effectiveness among programs. They will not be used to publicly point out less successful aspects of specific programs or individuals, but to broadly understand what makes a TPEP successful. The survey will not be used for legislative funding or TPEP staffing decisions. Findings will not be used to justify removing funding from any TPEP or as an evaluation or review of your performance as an employee. Instead, the information you share will help promote the positive aspects of TPEPs. Therefore, your honest participation is important to understanding your perspective on the strengths and challenges of TPEP.

Reports of the survey data shared publicly will not identify any county or individual by name without permission. We ask for identifying information to link your survey responses to other data sources regarding your county and position. At the end of this survey, we ask if you would like to participate in a follow-up interview. We will be conducting follow-up interviews to ask for more detail and to talk about any topics that you feel are too sensitive to answer in this survey. If you would like to skip any answers in this survey and provide confidential responses during the interview with NPC Research, please indicate your interest in doing so at the end of the survey.

Thank you for your participation. Please contact Colleen Kidney at NPC Research if you have any questions.

Email: kidney@npcresearch.com
Phone: 503.243.2436 x117

Since we are interested in your perspective as coordinator, please personally respond to the survey questions to the best of your ability. If you are unsure of any answers, please respond with "unsure" rather than delegating any parts of the survey. If there is more than one coordinator for your program, all coordinators will be asked to participate, so please answer independently.

If you are the coordinator in a jurisdiction with more than one county, please respond to questions asking about "your county" thinking about your entire jurisdiction.

Throughout the survey, "tobacco prevention activities" refers to any action towards reducing tobacco-related illness and death, including developing cessation strategies, advocating for tobacco-free environments, or educating children on preventing tobacco use.

The survey will take about 20-30 minutes to complete. Press "Next" to begin.

Demographic information

The following section asks demographic questions about you and your position.

TPEP Coordinator Survey

*** 1. Please provide your name to link your responses to your county and position.**

Name:

*** 2. You are the TPEP coordinator in what county or jurisdiction?**

3. How long have you been the TPEP coordinator? I have been the TPEP coordinator since:

MM:

YYYY:

Funding

The questions below and on the next few pages ask about your experiences (if any) with applying for funding for tobacco prevention and how funding outside of the TPEP Program Element 13 funding formula (*e.g., ACHIEVE Grants, Komen Grants, Centers for Medicaid Innovation Grants, CCO funds, etc.*) may be used. The tobacco prevention activities may be part of the TPEP work plan or in any other Local Public Health Authority (LPHA) programs. As a reminder, your survey answers will be shared with the Oregon Health Authority Community Programs Staff to show how funding, staffing, and attitudes impact TPEP success. We will provide information on how TPEPs function when they effectively implement policy. Your responses will allow us to understand the differences in effectiveness among programs. They will not be used to publicly point out less successful aspects of specific programs or individuals, but to broadly understand what makes a TPEP successful. Reports of the survey data shared publicly will not identify any county or individual by name without permission.

4. Has your LPHA ever applied for TPEP funding outside of the TPEP Program Element 13 to support tobacco prevention activities?

- Yes
- No
- Unsure

Funding

TPEP Coordinator Survey

5. What was the source of the funding outside of the TPEP Program Element 13 that your LPHA applied for or requested?

- County funds (e.g., asking the county commission for general funds)
- Federal grants
- Other state dollars (e.g., not supplemental TPEP funds)
- Foundation or other non-profit
- Corporate giving
- Unsure
- Other (please specify)

6. Has your LPHA applied for funding outside of the TPEP Program Element 13 to support tobacco prevention activities within the past fiscal year (July 1, 2011 - June 30, 2012)?

- Yes
- No
- Unsure

7. Has your LPHA ever been successful at obtaining funding outside of the TPEP Program Element 13?

- Yes
- No
- Unsure

Funding

TPEP Coordinator Survey

8. What was the source of the funds that your LPHA was successful at obtaining?

- County funds
- Federal grant
- Other state dollars
- Foundation or other non-profit
- Corporate giving
- Unsure
- Other (please specify):

Funding

The [community programs logic model](#) includes 9 core activities that are *essential tasks* for TPEP staff. Several questions (including the next question) will refer to this list of tasks.

9. What percentage of your time is spent on the following tasks? Enter in percentages next to each task that will equal 100% all together.

Gather local data	<input type="text"/>
Engage partners, build coalitions, find/develop local champions	<input type="text"/>
Plan out activities to achieve community change	<input type="text"/>
Educate decision-makers	<input type="text"/>
Check on progress; make adjustments (program evaluation)	<input type="text"/>
Raise public awareness	<input type="text"/>
Help write policies that reduce disparities	<input type="text"/>
Coordinate with other community programs	<input type="text"/>
Assist with policy implementation	<input type="text"/>

Staffing

The following questions ask about staffing, specifically what TPEP staff exists, what activities staff performs, and how integrated staff is into LPHA.

Please respond to questions thinking of the past fiscal year (July 1, 2011 - June 30, 2012).

TPEP Coordinator Survey

10. Do you have people working for your TPEP on TPEP-specific activities who are not fully funded by the TPEP Program Element 13? Please check all that apply.

- Yes, funded or partially funded by other county funds
- Yes, funded or partially funded by other grant dollars
- Yes, unpaid volunteers or unpaid interns
- Yes, VISTAs not paid by the county
- No
- Unsure
- Other (please specify):

11. What skills/specializations do TPEP staff have access to (i.e., able to ask questions, receive technical assistance or other support for tobacco prevention activities)? Please check all skills/specializations that apply regardless of staff title or official role.

	Within LPHA staff	County staff outside LPHA	No access	Unsure
Program manager or supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data analysts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget/financial managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant writers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human resources professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public relations officers/public information officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health staff/program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

Staffing

TPEP Coordinator Survey

12. Are you currently funded by any of the following programs? Please check all that apply.

- No, I am not funded by other programs
- Healthy Communities
- Maternal and Child Health
- Chronic disease prevention
- Immunizations
- Nutrition assistance (e.g., WIC or SNAP)
- Public health nursing
- Unsure
- Other (please specify)

13. Do you currently have shared responsibilities with any of the following programs? Please check all that apply.

- No, I do not have shared responsibilities with other programs
- Healthy Communities
- Maternal and Child Health
- Chronic disease prevention
- Immunizations
- Nutrition assistance (e.g., WIC or SNAP)
- Public health nursing
- Unsure
- Other (please specify)

Staffing

TPEP Coordinator Survey

14. Is TPEP staff included in your LPHA structures and activities (e.g., agency staff meetings, agency committees, agency social events, quality improvement activities, accreditation activities, etc.)?

- Yes
- No
- Unsure

Comments

15. What types of tobacco prevention activities are integrated with other LPHA chronic disease prevention or health promotion activities?

- Regular meetings** with other LPHA chronic disease programs
- Joint goals** with other LPHA chronic disease programs
- Combined grant writing efforts** with other other LPHA chronic disease programs
- Shared population or community for **media** campaign
- Shared **work plans/strategic plans**
- Substance abuse prevention **trainings**
- Unsure
- Other (please specify)

16. Does your LPHA have a strategic plan or guiding document (e.g., Health Improvement Plan, Community Action Plan)?

- Yes
- No
- Unsure

Staffing

17. Is tobacco included in your LPHA strategic plan or guiding document?

- Yes
- No
- Unsure

Attitudes towards TPEP

TPEP Coordinator Survey

18. How much access do you, the administrator, and the program manager (if applicable) have to local policy makers (e.g., county board of commissioners, city council) and local decision makers (e.g., parks, hospitals, schools)? Please rate access on the following scale from 0 to 4 with 0 being no access at all to 4 being very high amount of access.

	0 - No access at all	1 - Small amount of access	2 - Moderate amount of access	3 - High amount of access	4 - Very high amount of access	Unsure	Not applicable
Your access to local policy makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrator's access to local policy makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program manager's access to local policy makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your access to local decision makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrator's access to local decision makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program manager's access to local decision makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Attitudes towards TPEP

The following questions ask about attitudes towards and support for TPEP and tobacco prevention activities.

TPEP Coordinator Survey

19. If participation in TPEP was not expected from the state, how much of a priority do you think the LPHA administrator would make the continuation of tobacco prevention policy activities, whether or not the administrator had explicit support from the Board of Health or County Administrator? Please rate priority on the following scale from 0 to 4 with 0 being not at all a priority to 4 being highest priority.

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Comments:

20. If participation in TPEP was not expected from the state, how much of a priority do you think the County Administrator would make the continuation of tobacco prevention policy activities? Please rate priority on the following scale from 0 to 4 with 0 being not at all a priority to 4 being highest priority.

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Comments:

TPEP Coordinator Survey

21. If participation in TPEP was not expected from the state, how much of a priority do you think the Board of Health would make the continuation of tobacco prevention policy activities? Please rate priority on the following scale from 0 to 4 with 0 being not at all a priority to 4 being highest priority.

- 0 - Not at all a priority
- 1 - Low priority
- 2 - Moderate priority
- 3 - High priority
- 4 - Highest priority
- Not applicable
- Unsure

Comments:

Attitudes towards TPEP

22. Please rate your county's (members of the general community) public awareness of the existence of your local TPEP and TPEP's goals and actions on the following scale from 0 to 4 with 0 being not at all aware to 4 being completely aware. Overall, how aware do you think the people in your county are of:

	0 - Not at all aware	1 - Slightly aware	2 - Moderately aware	3 - Very aware	4 - Completely aware	Unsure
The existence of your local TPEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPEP's goals and actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TPEP Coordinator Survey

23. Overall, how much public support do you think exists in this county (members of the general community) for tobacco prevention policies? Please rate public support on the following scale from 0 to 4 with 0 being no public support to 4 being very high public support.

- 0 - No public support
- 1 - Little public support
- 2 - Moderate public support
- 3 - High public support
- 4 - Very high public support
- Unsure

Comments:

24. How involved is this county (members of the general community) in tobacco prevention efforts? Please rate this community's involvement on the following scale from 0 to 4 with 0 being no involvement at all to 4 being very high involvement.

- 0 - No involvement
- 1 - Little involvement
- 2 - Moderate involvement
- 3 - High involvement
- 4 - Very high involvement
- Unsure

Comments:

Attitudes towards TPEP

TPEP Coordinator Survey

25. In the past fiscal year (July 1, 2011 - June 30, 2012), has the administrator given any of the following support (*direction/encouragement, resources, time or permission to use existing time*) for any tobacco prevention policy work (*advocacy, press releases, public statements of support*)?

	Direction/encouragement	Resources	Time or permission to use existing time	None of these	Unsure	Other support
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public statements of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify)	<input type="text"/>					

Attitudes towards TPEP

26. Has the administrator ever done any of the following in support of tobacco prevention and control issues?

	Ever done	Done in the past fiscal year (7/1/11-6/30/12)	Never	Unsure
Shown public support through media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacted a legislator or local decision maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used personal connections or formed collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please specify)	<input type="text"/>			

TPEP Coordinator Survey

27. Is there a champion(s) of TPEP or tobacco prevention in your county that has done any of the following?

	Ever done	Done in the past fiscal year (7/1/11-6/30/12)	Unsure
Shown public support through media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacted a legislator or local decision maker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used personal connections or formed collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(please specify)

28. Please describe your local champion's affiliation or role in the community.

Follow-up interview

***29. We will conduct brief interviews containing follow-up questions to your survey responses. Are you interested in being contacted to participate in an interview?**

- Yes
- No
- Maybe, please provide me with more information

Thank you

30. Thank you for your interest in participating in a follow-up interview. What email address and phone number will be best for reaching you?

Email Address:

Phone Number:

31. Are there any times that would be best to contact you for the interview (i.e., time of day, day of week, weeks/months available)?

TPEP Coordinator Survey

32. Thank you for taking time to complete this survey. We will be in contact with you to schedule the interview containing follow-up questions to your survey responses.

Please let us know if you have any additional comments or questions:

Thank you

33. Thank you for indicating you may be interested in participating in a follow-up interview. What email address and phone number will be best for contacting you with more information?

Email Address:

Phone Number:

34. Are there any times that would be best to contact you (i.e., time of day, day of week, weeks/months available)?

35. Thank you for taking time to complete this survey. We will be in contact with you to discuss the interview containing follow-up questions to your survey responses.

Please let us know if you have any additional comments or questions:

Thank you

36. Thank you for taking time to complete this survey.

Please let us know if you have any additional comments or questions: