



Evaluation Report

Oregon Tobacco Prevention Partners

2024-2025

Public Health Division | June 2025

» **redegroup** A SOCIAL IMPACT COMPANY

Acknowledgments

Rede Group produced this report on behalf of the Oregon Health Authority, Health Promotion and Chronic Disease Prevention Section (OHA, HPCDP). We want to acknowledge the many people who contributed to this assessment, including all the tobacco prevention partners who participated in activity reporting and story interviews, the Tobacco Prevention Evaluation User Group, as well as the OHA, HPCDP client team.

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Terminology

Acronym	Definition
BIPOC	Black, Indigenous, and People of Color
CBO	Community-Based Organization
FTE	Full-Time Equivalent
ICAA	Indoor Clean Air Act
KEQ	Key Evaluation Question
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Other Identities
LPHA	Local Public Health Authority
OHA	Oregon Health Authority
OHA, HPCDP	Oregon Health Authority Health Promotion and Chronic Disease Prevention Section
OHA-PHD	Oregon Health Authority Public Health Division
OHSU	Oregon Health & Science University
PHEF	Public Health Equity Fund
REM	Ripple Effects Mapping
RHEC	Regional Health Equity Coalition
TARA	Tobacco and Alcohol Retail Assessment
TPEP	Tobacco Prevention and Education Program

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Executive Summary

Tobacco prevention partners are working in every county of Oregon and with communities most impacted by tobacco-related health disparities. They are working at the individual, community, and state levels to provide tobacco education, implement prevention initiatives, deliver cessation services, and change policy, environments and systems.

This report summarizes findings related to key evaluation questions.

Community engagement activities

- + Partners had success engaging community members in a wide range of activities, from hosting community events, conducting assessments, co-developing tobacco prevention programs, and providing cessation services.

To explore the tobacco prevention work partners led between July 2023 - December 2024, Rede analyzed activity reports from:

- **90 CBOs**
- **33 LPHAs**

Rede collected and analyzed in-depth stories from:

- **11 CBOs**
- **9 LPHAs**

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Half of the LPHA and CBO partners who submitted activity reports (n=61, 50%) engaged youth, using peer-based and multi-generational approaches.

Key ingredients for successful community engagement included:

1. **Cultural and linguistic responsiveness,**
2. **Partnerships with CBOs and schools,**
3. **Creativity** in designing activities that are interactive and relevant, and
4. **Dedicated funding** and capacity for community engagement.

Trust-building with communities impacted by commercial tobacco

- + Partners spent more time at community events and in community spaces, seizing opportunities to listen to the perspectives and needs of communities most impacted by tobacco use and be seen as a trusted partner.
- + CBOs led this work because of their status in the community and rapport with community members; LPHAs partnered with and funded CBOs for their leadership.

Challenges: Building trust with marginalized communities who have been excluded from opportunities and decision-making, and widespread misinformation.

Mobilization for policy, systems, and environmental change

- + Partners engaged community groups to build advocacy skills, educate policy-makers, participate in local advocacy, and implement systems change initiatives.

“Our greatest progress was the creation of the United Tobacco Prevention Parents and Youth Alliance... The main goal is to bring parents and youth to work together, educate themselves, and support each other inside of their families and with friends to expand the reach of tobacco prevention.”

—CBO

“Building trust within the community remains a significant challenge. Many individuals are reluctant to share personal details related to mental health, substance use, or family dynamics, which makes it difficult to provide tailored support or interventions.”

—CBO

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Over half of LPHAs (n=19, 58%) and one in five CBOs (n=13, 19%) mobilized community members.



Success factors for community mobilization efforts included:

1. **Educating community** about the tobacco industry’s targeted marketing practices,
2. **Using story-telling** about the need and potential impact of policy change,
3. **Partnering and building coalitions,**
4. **Identifying motivated local decision-makers,** and
5. **Staying persistent and flexible.**

Challenges: Community hesitance toward policy change and the belief that tobacco use is not an urgent priority.

Reducing health inequities

- + Partners increased their internal capacity for health equity work, expanded partnerships, and built power among communities most impacted by tobacco-related health inequities (including youth, LGBTQIA+, people of color, and disability communities).
- + As a result, CBOs and LPHAs passed policies and implemented system improvements.
- + Partners expanded culturally-responsive and community-tailored education, services, and resources for communities most impacted by tobacco-related health disparities.
- + Partners built community connection and resilience through holistic, upstream initiatives.

“TPEP supported the Lake Oswego Youth Leadership Council in a statewide flavor ban presentation to the Lake Oswego City Council... the City Council signed a letter in support of a statewide flavor ban as a result of this presentation and expressed interest in pursuing a city ordinance banning the sale of flavored tobacco products.”
—CBO

“We increased our ability to provide resources and training in both English and Spanish as a result of bilingual staff connected to community organizations and partners translating and interpreting programming and outreach materials.”
—CBO

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Introduction

Purpose

This evaluation report summarizes findings about tobacco prevention partner activities and outcomes related to advancing commercial tobacco-free living in Oregon from July 2023 - December 2024. Its purpose is to assess the reach, effectiveness, and impact of best practice and community-tailored tobacco prevention, education, cessation, and policy and systems change initiatives delivered by local public health authorities (LPHAs) and community-based organizations (CBOs) receiving funding from the Oregon Health Authority (OHA) for commercial tobacco prevention. The primary intended users of this evaluation report are OHA Health Promotion and Chronic Disease Section (OHA, HPCDP), the OHA Public Health Division (OHA-PHD), the LPHA and CBO tobacco prevention partners whose work is reflected in this report, and other tobacco prevention collaborators.

Program Description

The Oregon Health Authority administers a long-standing comprehensive commercial

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tobacco prevention and education program (TPEP) that includes a core community intervention component. TPEP community interventions have been implemented by LPHAs and federally recognized Tribes since 1997. In 2014, TPEP funding was expanded to Regional Health Equity Coalitions (RHECs) to increase community-based commercial tobacco prevention capacity. Ballot Measure 108, passed by Oregon voters in 2020, significantly increased the tobacco tax and funding to the state tobacco prevention program. This infusion of funding created an opportunity to expand TPEP grants for community interventions to CBOs, facilitating a significant expansion of TPEP efforts in communities across Oregon, as well as an evolving focus on centering community and addressing the social determinants of health that drive long-standing tobacco-related health inequities.

TPEP partners receive funding to implement their work through various funding mechanisms. OHA, HPCDP granted TPEP funding to LPHAs for work in the 2023-2025 biennium to implement community tobacco prevention and education programs grounded in best practices and community-driven solutions for tobacco control. In addition, OHA-PHD granted funding to CBOs in the 2023-2025 biennium to implement tobacco prevention and education programs through the Public Health Equity Fund (PHEF). This centralized funding opportunity for multiple program areas, including commercial tobacco prevention, resources CBOs to implement community-driven initiatives that address the social determinants of health and advance health equity.

Theory of Change

In 2023 a TPEP Evaluation Redesign User Group made up of LPHA and CBO tobacco prevention partners and OHA, HPCDP staff was convened to develop a five year evaluation plan for TPEP. That evaluation plan includes a TPEP theory of change (see Figure 1) as well as four key evaluation questions intended to guide all evaluation activities.

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Figure 1. TPEP Theory of Change

Program Purpose: Oregon’s TPEP community intervention partners create and implement strengths-based and community-responsive resources, programming, and policies that address systemic inequities, prevent commercial tobacco use, and promote commercial tobacco-free living.

Strategies →	Activities →	Outcomes →	Goals ✓
1. Program development and improvement	<ul style="list-style-type: none"> a. Bring partners together for learning and collaboration b. Co-create program resources and best practices c. Share decision-making about program strategies and direction 	<p>TPEP partners have:</p> <ul style="list-style-type: none"> ● Increased knowledge and perspective ● Improved skills and capacity ● Improved partnerships and collaboration <p>People in Oregon experience:</p> <ul style="list-style-type: none"> ● Increased awareness and motivation for commercial tobacco-free living ● Equitable access to culturally-responsive and geographically tailored information, services, and resources to support commercial tobacco-free living ● Policies and systems that adequately resource communities and promote health and well-being 	<ul style="list-style-type: none"> ● Reduce systemic inequities that drive commercial tobacco use ● Decrease initiation of commercial tobacco use ● Increase commercial tobacco-free living
2. Community engagement and education	<ul style="list-style-type: none"> a. Bring communities together to build connection, resilience, and well-being b. Learn and share with communities about the tobacco industry’s practices and influence c. Share relevant data and research with communities d. Learn with communities about strengths, needs, and barriers to commercial tobacco-free living 		
3. Individualized prevention and cessation services and support	<ul style="list-style-type: none"> a. Work to prevent initiation, including but not limited to working with youth b. Build connections to available cessation resources c. Develop new community-responsive resources and services that support commercial tobacco-free living 		
4. Change policies, systems, and environments	<ul style="list-style-type: none"> a. Expand partnerships and mobilize communities around common goals b. Lead or support policy change efforts by sharing data and stories of impact with decision-makers c. Advance best practice policies, systems, and environmental changes 		

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Key Evaluation Questions

This evaluation report explores the four key evaluation questions included in the 2024-2029 TPEP Evaluation Plan, as well as overall successes, challenges, and progress on the outcomes in the Theory of Change above. The extent to which partner activity reports and partner stories included information specific to these key evaluation questions and outcomes varies, with more data findings related to community engagement activities, partnerships, community mobilization for policy change, and TPEP capacity-building, and fewer findings related to trust-building with communities affected by commercial tobacco use and progress toward reducing health inequities for Oregonians. This is not surprising given this evaluation did not include primary data collection with community members who have participated in or been impacted by TPEP activities.

TPEP Key Evaluation Questions

1. What are effective community engagement activities, including any county- or community-specific key ingredients to successful community engagement?
2. What impact has TPEP funding had on supporting relationship-building and trust-building with communities affected by commercial tobacco use?
3. What factors impact community mobilization for policy, systems, and environmental change efforts?
4. What progress have we seen toward reducing health inequities in communities, and how has TPEP contributed to that progress?

TPEP Outcomes

1. TPEP partners have increased knowledge and perspective.
2. TPEP partners have improved skills and capacity.
3. TPEP partners have improved partnerships and collaboration.

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4. People in Oregon experience increased awareness and motivation for commercial tobacco-free living.
5. People in Oregon experience equitable access to culturally-responsive and geographically tailored information, services, and resources to support commercial tobacco-free living.
6. People in Oregon experience policies and systems that adequately resource communities and promote health and well-being.

Evaluation User Group

Rede recruited and convened an Evaluation User Group made up of CBO and LPHA tobacco prevention partners and OHA, HPCDP staff. In alignment with the Utilization-Focused Evaluation¹ approach, the purpose of the User Group was to bring the voices and needs of the primary intended users of the evaluation into the evaluation process from the beginning. The User Group met monthly from January - June 2025 to guide evaluation implementation and adaptation, support design and recruitment for data collection, and co-interpret evaluation findings. Their insights and contributions were instrumental to this evaluation. In particular, User Group members surfaced an interest in exploring tobacco prevention stories through partner interviews, which were not initially a component of the year 1 evaluation activities in the evaluation plan. The stories collected through those interviews added enormous depth to the findings in this report.

1. Michael Quinn Patton. *Utilization-Focused Evaluation*. Retrieved [here](#).

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Methods

Evaluation Participants

Oregon's TPEP program funds multiple partners, including LPHAs, CBOs, and RHECs. In addition, the program partners with Oregon's nine federally recognized Tribal Nations. In this first year of the evaluation, only LPHA and CBO partners participated in evaluation activities (see Figure 2 below). This is due to the existing reporting requirements for LPHAs and CBOs as well as limited capacity within OHA, HPCDP to pursue engagement with RHECs and Tribes in this evaluation. There is interest in creating opportunities to engage Tribes and RHECs in future years of this evaluation, as these partners are also leading important and impactful tobacco prevention work.

Figure 2. Tobacco Prevention Partners Evaluation methods and participants



Activity Reports

- LPHA activity reports
 - 33 LPHAs
- CBO activity reports
 - 90 CBOs



Story Collection

- Partner interviews
 - 9 LPHAs
 - 4 CBOs
- Ripple effects mapping
 - 7 CBOs

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LPHA Activity Reporting

LPHA partners that received funding to implement tobacco prevention activities during the 2023-2025 biennium were required to submit semi-annual activity reports (see Appendix A for the LPHA Activity Report Form). In total, 33 LPHAs in Oregon applied for and received TPEP funding for the 2023-2025 biennium. This evaluation report includes findings from three reporting periods: Period 1 (July - December 2023), Period 2 (January - June 2024), and Period 3 (July - December 2024). OHA, HPCDP provided work plans and reports to Rede using a shared Dropbox folder. Rede cataloged and uploaded activity reports to qualitative analysis software ATLAS.ti for analysis. In total, Rede received and analyzed 99 reports (33 reports each from all three periods).

Rede analysts developed a code book for thematic content analysis of activity reports to identify, analyze, and interpret patterns, and uplift relevant narratives. The code book included codes for policy and program strategies, health system strategies, stages of policy change, successes, challenges, partnerships, community engagement activities, and health equity focused activities.

CBO Activity Reporting

CBO partners funded through the Public Health Equity Fund to implement tobacco prevention activities during the 2023-2025 biennium submitted quarterly activity reports (see Appendix B for the CBO Activity Report Form). In total, 97 CBOs received funding for commercial tobacco prevention, and 90 of these CBOs (93%) participated in activity reporting. This evaluation report includes qualitative and quantitative findings from two reporting periods (July - September 2024 and October - December 2024). Reports were analyzed by Oregon Health & Science University (OHSU) through a separate contract with OHA-PHD. Rede received the OHSU analysis of reporting data, as well as raw activity reporting data from OHA. Activity reports included quantified

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information about types and topics of events, partnerships, and populations served. CBOs also submitted responses related to progress on workplan activities, highlights, and challenges.

The open-ended responses from the quarterly activity reports were compiled for each CBO and uploaded to ATLAS.ti for analysis. Rede analysts developed a code book for thematic content analysis of qualitative activity reporting data through an iterative process that included reviewing several reports, consulting the program logic model, and drawing from codes developed by the analysis team at OHSU. The code book included codes for community engagement activities, policy and systems change strategies, partnership and collaboration, capacity-building, service provision, and challenges.

Story Collection

Tobacco prevention partner stories were collected in two ways. First, Rede recruited for and conducted story-sharing interviews with TPEP partners about their tobacco prevention work. Rede collaborated with OHA, HPCDP, and OHA-PHD to disseminate recruitment materials, then scheduled and conducted 45 minute interviews with all interested partners using a semi-structured interview guide (see Appendix C for the Story Interview Guide). Thirteen interviews were recorded and transcribed for analysis. Second, Rede abstracted and analyzed stories collected through Ripple Effects Mapping (REM) sessions with CBOs, which were conducted as one component of the PHEF Evaluation. Seven CBO stories were recorded in REM sessions and transcribed for analysis (see Appendix D for the REM Facilitation Guide).

Thematic analysis of the story-sharing interviews included highlighting effective community engagement activities, partnership and relationship building, factors affecting policy change, and health equity activities and impacts.

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Limitations

Rede conducted robust data analysis using research and evaluation best practices. Still, findings from our analysis should be considered within the context of the following limitations.

Missing or Inconsistent Data

There were some missing, incomplete, or inconsistent data in LPHA and CBO activity reports. For example, several LPHAs did not report on all of their work plan strategies, or listed strategies differently across activity reports, creating gaps in data and making it difficult to track progress across time. Likewise, several CBOs skipped questions on activity reports or reported minimally on their work, and some (n=7, 7%) did not participate in activity reporting altogether. Therefore, our findings in this report are not representative of all the work LPHAs and CBOs are leading to advance policies, programs, and health systems change for tobacco prevention and cessation.

Self-selection Bias

Tobacco prevention partners opted in to participating in story-sharing interviews and REM sessions. While LPHAs and CBOs who shared tobacco prevention stories represented diverse regions of the state, served different priority populations, and had varying levels of tobacco prevention capacity and funding, they were not randomly selected. Findings from these interviews may not be representative of all tobacco prevention partners.

Differences in Analysis Frameworks

Rede developed and applied unique analysis frameworks and code books for each data source. This approach was driven by differences in partner work plans, activity reporting forms, and specific activities each partner is leading. As a result, our ability to look at collective progress and impact of tobacco prevention partner activities was somewhat limited.

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About Tobacco Prevention Partners

LPHAs

The TPEP program uses a tiered funding model for LPHAs that allows LPHAs to opt in at the level of effort and outcomes they have the capacity and community readiness to achieve. Figure 3 on the following page displays the funding tier for each LPHA as of December 2024. In the 2023-2025 biennium, there were:

- Three LPHAs (9%) in the Indoor Clean Air Act (ICAA) Response Tier
- Three LPHAs (9%) in the ICAA+ Tier
- Three LPHAs (9%) in Tier 1
- Thirteen LPHAs (27%) in Tier 2
- Thirteen LPHAs (37%) in Tier 3

OHA determined funding amounts for each LPHA depending on their tier, work plan, and population size. Funding amounts ranged from approximately \$42,000 to \$2,160,000, with an average award size of just under \$600,000.

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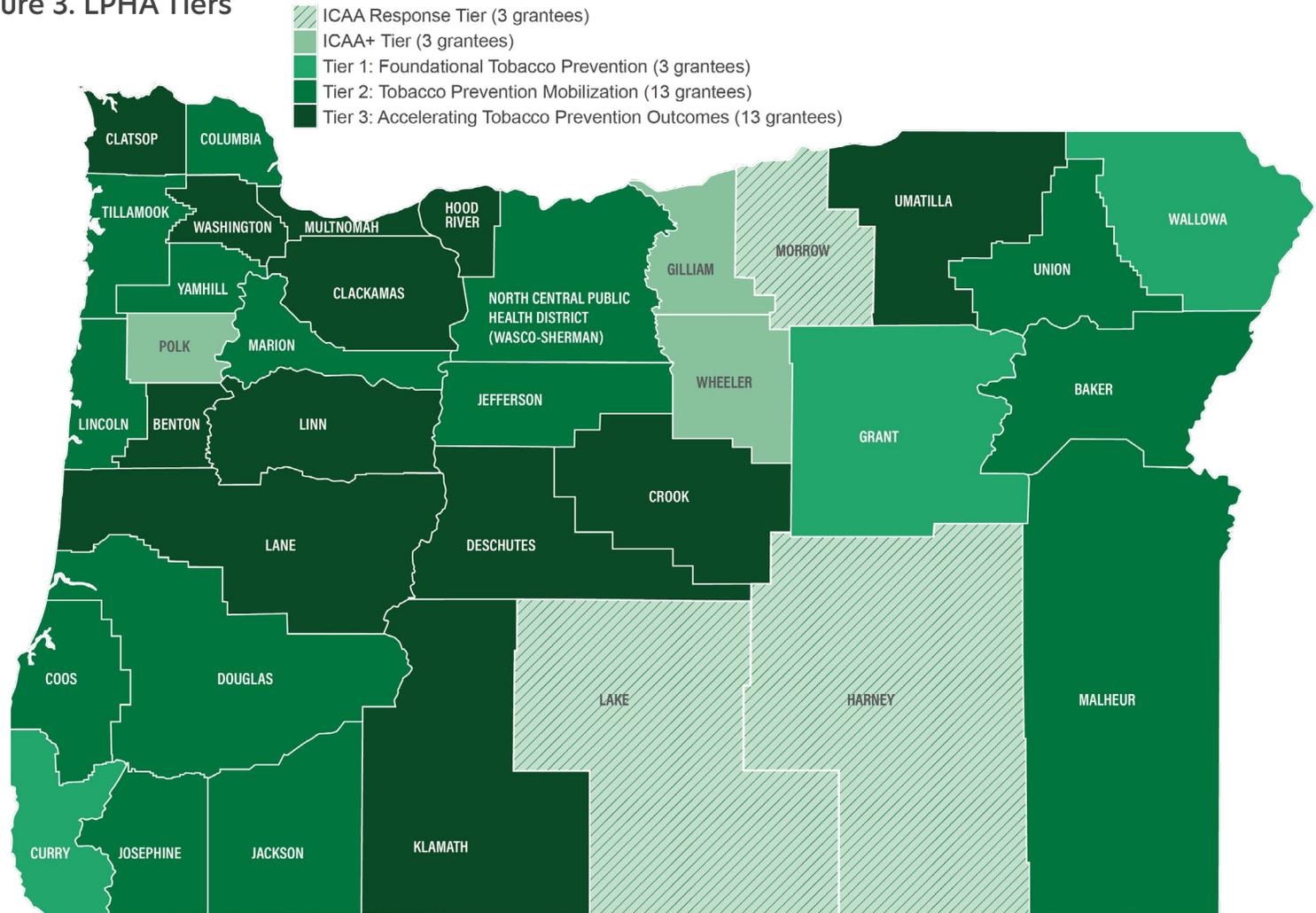
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LPHAs reported on their total TPEP staffing allocation. In Period 3 activity reports, 31 LPHAs reported their staffing allocation. Staffing for each LPHA ranged from one part-time staff to over four full-time staff (0.1 to 4.25 full-time equivalent (FTE)). Ten counties (30%) had less than 1.0 FTE allocated to TPEP, 13 counties (39%) had between 1.0 and 2.0 FTE allocated to TPEP, and 8 counties (23%) had greater than 2.0 FTE allocated to TPEP.

Figure 3. LPHA Tiers



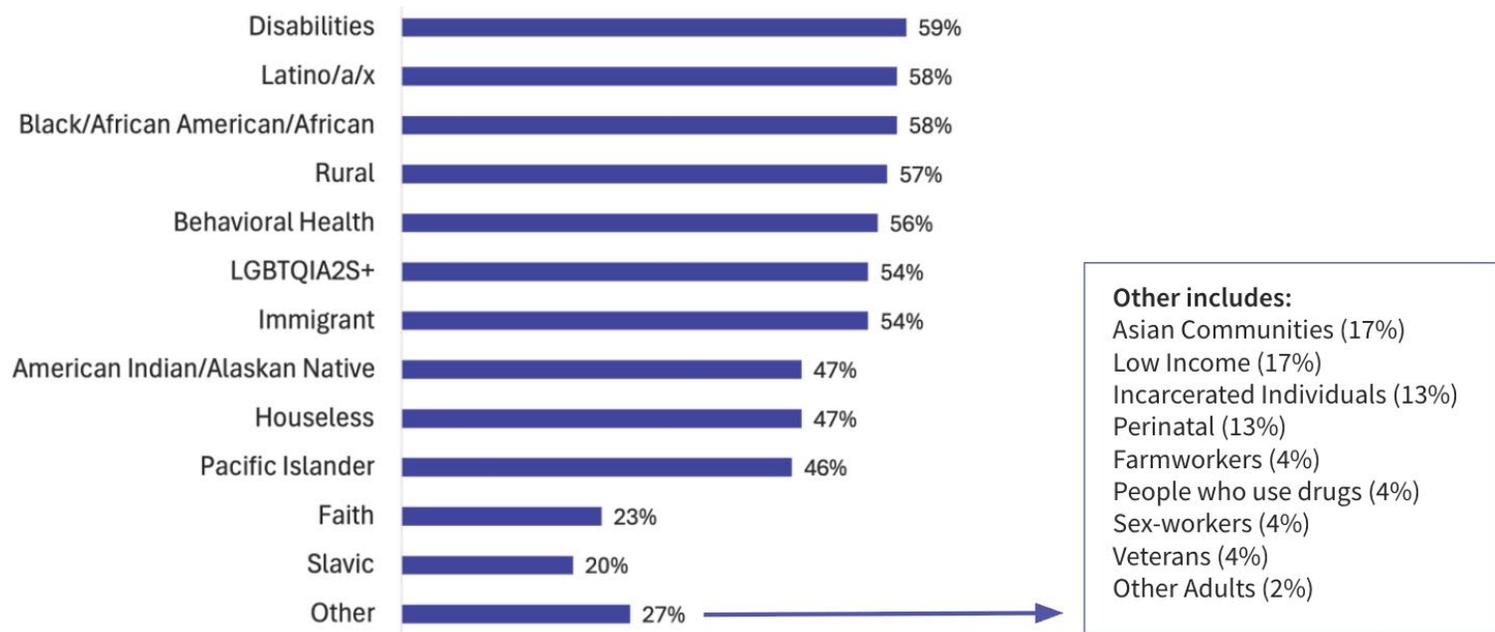
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CBOs

CBOs served all regions and counties of the state, with most CBOs serving four or more counties. Counties with the highest number of commercial tobacco funded CBO grantees were Multnomah, Washington, and Clackamas counties. CBOs also reported on all of the populations they served, and most CBOs served multiple populations. Figure 4 below shows the percentage of CBOs serving each priority population.

OHA determined funding amounts for each CBO depending on their application, work plan, and capacity. Funding amounts ranged from \$25,000 to \$500,000, with an average award size of just over \$200,000.

Figure 4. Populations served by commercial tobacco prevention funded CBOs



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Findings: KEQ 1

KEQ 1: What are effective community engagement activities, including any county- or community-specific key ingredients to successful community engagement?

Tobacco prevention partners described various community engagement activities, from hosting community events and providing cessation services to conducting assessments and co-developing tobacco cessation programs with community members. Across all data collection methods, community engagement successes were highlighted by partners as some of the work they are most proud of and feel is most impactful.

Activities and Progress

Both LPHAs and CBOs implemented comprehensive tobacco prevention and education strategies that prioritized community-

“In July 2023, TCPP hosted a booth at the Portland PRIDE Festival to engage with LGBTQ community to raise awareness of tobacco/vaping health harms and benefits of cessation. Through a partnership with Equi Institute, TCPP’s booth visitors were offered a chance to talk with a CHW about quitting.”

—LPHA

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wide reach with a targeted focus on youth.

They engaged diverse community groups, with particular attention to historically marginalized populations who have been disproportionately targeted by the tobacco industry and experience the greatest tobacco-related health disparities. These priority populations included youth, families with school-aged children, expectant mothers, older adults, individuals with intellectual and developmental disabilities, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other identities (LGBTQIA+) community members, people of color (including American Indian and Alaska Native communities), and multilingual community members.

Nearly all LPHAs (n=31, 94%) implemented youth-specific initiatives designed to prevent initiation of tobacco use and build motivation for tobacco-free living. This work included developing alternatives to suspension policies, implementing tobacco prevention curricula, hosting school events, engaging youth in art contests, and coordinating youth advocacy coalitions and advisory councils to build leadership capacity. Many CBOs (n=30, 33%) reported engaging with youth on tobacco prevention efforts this biennium, and three of them partnered with schools and educational non-profits to reach youth with prevention curricula like CATCH My Breath.

LPHAs and CBOs were deeply engaged in delivering educational content on commercial tobacco use through a variety of outreach methods, including hosting and participating in workshops, health fairs, and community events such as Movies in the Park, Family

“So, last year’s SADD [Students Against Destructive Decisions], there were two students... And then when I got hired, I was able to get 12 to 15 students to come every week. And that was just me being in this high school a couple times a week tabling...We would have raffles for students who showed up to the meetings just to try to get them to come back. So, it really thrived last year in the high school.”

—LPHA

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Tobacco prevention partners implemented youth-specific initiatives.

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Nights, Health and Resource Fairs, Great American Smokeout Events, County Fairs, and other events. Many of these events aimed at building community and social connection as a protective factor. LPHAs used these events as an opportunity to build relationships with community members and partner organizations and to increase awareness of local services and support. For CBOs, tobacco prevention was often embedded into broader health and wellness programs to create more holistic community support systems. This includes integrating tobacco messaging with topics such as stress management, healthy lifestyle choices, emergency preparedness, and parenting. This integrative approach not only meets community members where they are but also helps frame tobacco use within the broader context of social determinants of health.

Many LPHAs (n=16, 48%) and CBOs (n=14, 16%) reported using a multigenerational approach to tobacco prevention by engaging not only youth, but also parents and caregivers through education and resource distribution. Some CBOs (n=28, 31%) described actively involving community members in providing education and prevention messaging to the community. Community members received information in workshops and at events, and were then engaged to educate their families, peers, and fellow community members. For example, students held an information session to educate their peers and families about candy-flavored tobacco products, highlighting concerns such as flavored e-cigarettes and hookah use at home.

“Our greatest progress in our Work Plan was the creation of the UTOPIA, United Tobacco Prevention Parents & Youth Alliance with a plan to implement complementary and or new activities in the eight counties we have been working with. This new alliance should be a step to enlarge our only Tobacco Prevention project to soon incorporate the addictions project. The main goal is to bring Parents and Youth to work together, educate themselves and support each other inside of their families and with friends to expand the reach of tobacco prevention.”

—CBO

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Tobacco prevention partners also reported using mass media campaigns to broaden the reach of tobacco prevention messaging and connect community members to resources and opportunities for engagement and advocacy. Both LPHAs and CBOs successfully engaged community members by designing messaging and visuals that were tailored to diverse audiences.

LPHAs and CBOs described conducting community data collection for broad community health assessments and more specific tobacco use assessments. LPHAs also recruited and collaborated with student groups and community volunteers to plan and conduct tobacco and alcohol retail assessments (TARAs) and policy readiness assessments. Meanwhile, CBOs (n=9, 10%) participated in and led more general community health assessments to gather information about community members' health status, health care and social service access, and broad community needs. For example, the Samoan Commercial Tobacco Use Survey received over 600 responses through social media and email outreach, capturing community perspectives on tobacco use and influences.

LPHAs reported reaching community members through cessation classes and support groups, including providing funding, training, and capacity-building for CBOs to provide and facilitate cessation classes. Many CBOs (n=31, 34%) were involved in providing tobacco prevention and cessation resources, and several of them accomplished training on commercial tobacco prevention best practices and cessation through conferences, shared toolkits,

“We filmed, edited, and released testimonials from Slavic community members sharing their personal tobacco cessation journeys. These stories provided relatable experiences and served as powerful, culturally specific encouragement for others considering cessation.”

—CBO

“We released several RFAs to the community to conduct a range of tobacco prevention activities including community readiness assessments and student-made commercials on tobacco prevention that ended up running on TV... Those funds really kicked off what the program has looked like.”

—LPHA

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and improved partnerships with local public health programs. A few CBOs got staff certified as peer support specialists, tobacco treatment specialists, and trained as facilitators of tobacco cessation classes.

Key Ingredients

Some of the key ingredients for successful community engagement noted by LPHAs and CBOs included:

- Focusing on **cultural and linguistic responsiveness** and adaptation of materials, including translating content into multiple languages and delivering it in culturally sensitive ways,
- Leveraging **partnerships with CBOs** who are trusted messengers and have longstanding relationships with marginalized communities,
- Bringing creativity in **designing engagement activities that are interactive**, fun, and relevant for the target audiences (e.g., art contests, trivia games, etc.),
- Leveraging **partnerships with schools** to facilitate youth-specific engagement efforts, and
- Allocating **funding and staff capacity** to community engagement activities, including distributing grants to CBOs for collaboration on community engagement activities.

“[We are] contracting with CBOs to deliver non-clinical cessation services and support (4D Recovery’s Nix tha Nic and Todos Juntos’ restorative justice programming), and awarding seven CBOs funding to create and implement culturally specific activities that address the root causes of commercial tobacco use.”

—LPHA

65%

of CBOs performed work or delivered materials in a language other than English (with over **36 different languages** represented in CBO activities).



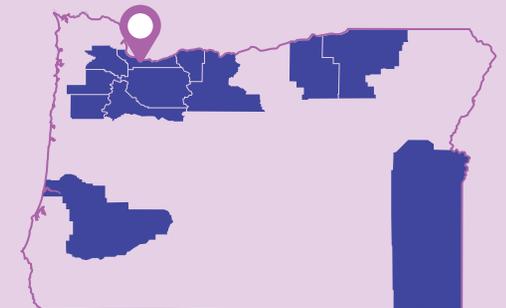
Partner Story

Douglas Latinas International is a Latina-led, community-rooted organization focused on advancing maternal and child health, health equity, and culturally responsive care across Oregon. Since 2022, the organization has built its TPEP work from the ground up—training staff, co-learning with communities, and developing youth and parent-focused engagement strategies.

“We never have worked on this topic before, we had to study ourselves... but it was very good strategy to prepare first everyone... because actually there was much more to learn from the community than we could ever imagine.”

A core strategy to gather input from the community has involved bilingual focus groups held across nine counties, where youth and parents were separated to promote open dialogue.

This approach allowed participants to share candidly about



generational patterns of tobacco use, local norms, and prevention ideas. Insights from these focus groups are now informing a bilingual community report and curriculum development for parents and youth.

“The best strategy ever... parents in one room, youth in another room. So youth talk as much as they want because they were not talking a lot because they were together with the parents.”

Since the organization primarily serves Latino and Indigenous immigrant communities, many of whom speak Spanish as a second language—or not at all—the organization adapted their engagement materials to reflect this reality.

“But the point is indigenous people such as from Guatemala, they don’t really read and write well in Spanish... Even though we created all these flyers... we had to change a little bit of a strategy.”

Building on the success of their tobacco prevention work, Doulas Latinas International is expanding their efforts into related areas of community health, including developing curricula for doulas and pregnant/postpartum mothers, with a particular focus on postpartum support and substance use prevention. They are also exploring how to integrate tobacco, alcohol, and addiction education into their broader maternal and perinatal programming—ensuring their work continues to evolve in response to community needs.

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KEQ 2: What impact has TPEP funding had on supporting relationship-building and trust-building with communities affected by commercial tobacco use?

TPEP funding has enabled LPHAs and CBOs to establish a continued presence within communities that are disproportionately affected by commercial tobacco use. Spending more time at community events and in community spaces facilitates more conversation with the community, getting to know their perspective and needs, while allowing them to become familiar and build trust with the local tobacco prevention partners.

Partners also reported that involving community in commercial tobacco prevention, education, and cessation efforts creates a sense of partnership, understanding, trust, and mutualism (see more about community engagement efforts under KEQ 1).

“We promoted the CDC's quit line and 21 people called the quit line... But we had 117 people registered and quit in our program, so that's pretty interesting. So why won't they go to CDC? Well, because they don't know them. There's no trust... So not only do they come here to quit smoking, but they get social economical services.”

—CBO

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LPHAs noted that one of the primary reasons for their partnerships with CBOs was that CBOs hold deep relationships and trust within communities. Although their work often didn't focus on direct relationship-building with the community, they still supported and facilitated the process of building relationships and trust through their CBO partners.

Impacts

LPHAs reported success in building relationships with health centers and clinic partners, public health colleagues, community-based organizations, schools, and local policy and decision-makers. They noted that their partnerships helped them expand the reach of their tobacco prevention education and cessation services into more community spaces and groups. LPHAs' partnerships with CBOs were focused on relationship-building to strengthen collaboration and reach diverse community members with tobacco prevention education messaging and cessation resources.

Nearly half of the CBOs (n=39, 43%) shared that one significant outcome of their work was deepened collaborations and a stronger network of partners working together to support community health and well-being. CBOs reported expanding partnerships with other CBOs, health care partners, schools, LPHAs, local businesses, churches, and state government, among others (see Figure 5).

“The TPEP coordinator and LPHA continue to engage with CBOs and other local partners in order to continue growing those relationships. As relationship building continues, trainings will be offered to CBOs to help them better support the unique needs of the population groups that they serve.”

—LPHA

"We successfully launched the Smoke-Free Pregnancy Program overcoming initial recruitment challenges to enroll 26 participants... Our partnerships with The Community Cancer Center and Thrive Umpqua have been instrumental, helping 44 individuals begin their smoke-free journey and transitioning an additional 122 individuals to cessation support."

—LPHA

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CBOs also reported on their strengthened connections to and relationships with communities most impacted by tobacco-related health disparities. They expanded outreach and deepened connections to youth, people of color, the LGBTQIA+ community, and people facing economic hardship (including low incomes, housing instability, and food insecurity). Strengthening connections to impacted communities created opportunities to more deeply assess and understand community needs and co-design programs and services. Some of this work resulted in getting marginalized communities at decision-making tables to influence policy, systems, and environmental change (more details under KEQ 3). A few examples include:

- Recruiting Spanish-speaking community members and partners to participate on advisory groups and ensuring meetings and materials are accessible (interpretation, translation),
- Participating in a workgroup to co-design a Menthol Flavor Ban campaign with county public health partners, ensuring Black voices are guiding efforts for the campaign,
- Youth participating in city council meetings, commission meetings, and school board meetings to educate decision-makers and inform programs and policies, and
- Youth of color leadership development, including advocacy skill-building.

89%

of CBOs reported partnering with another organization.

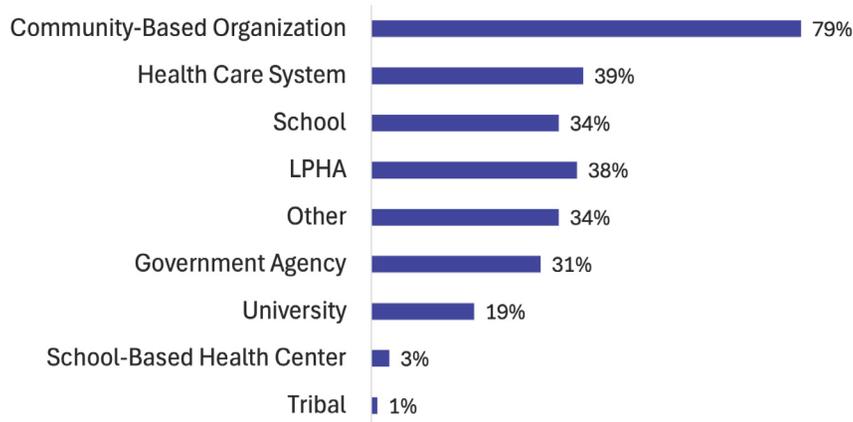
63%

of CBOs developed a **new partnership** during the Public Health Equity Fund granting period.

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CBOs reported forming coalitions and working groups to exchange information and build strategic alignment. Place-based and affinity group organizing played a crucial role in community engagement. Community health workers have also conducted door-to-door outreach among Afghan, Venezuelan, and Arabic-speaking families to discuss tobacco use and prepare for workshops. These efforts recognize that meaningful engagement often requires meeting people where they are—geographically, linguistically, and culturally. These partnerships help build trust, collective capacity and momentum, and more effective programming and resources for communities.

Figure 5. Types of CBO partnerships



“Furthermore, we collaborated with organizers of the Asian Celebration, the Obon and Taiko Festival and with the Black Cultural Initiative to build cross-cultural engagement and partnership. We participated at a parade in Redmond and hosted our two Hispanic Heritage events in Springfield.”

—CBO

Challenges

CBOs and LPHAs reported significant challenges building trust with marginalized communities who have been denied access to opportunities and resources and excluded from decision-making.

Many CBOs and LPHAs experienced a lack of community interest and motivation to participate in programming and services. When trying to support community members to quit tobacco use and connect individuals to cessation services, partners faced resistance to behavior change due to stress, unemployment, or housing instability.

Overall, tobacco education and information gaps were reported often by LPHAs and CBOs alike. They noted that community members lack information or have misconceptions about the harms of tobacco and vaping. Misinformation from social media (especially among youth) undermines prevention efforts, and some CBOs mentioned not having the capacity, or wanting to build capacity, for showing community members how to avoid or pick out misinformation.

In addition to these challenges in building relationships and trust with community to provide tobacco prevention, education, and cessation services, partners also reported many significant internal challenges that hindered their ability to invest in relationship-building with communities, including:

- Limited or stretched organizational capacity, including issues like growing FTE to meet expanding programming,

“Building trust within the community, especially when it comes to discussing sensitive or personal issues, remains a significant challenge. Many individuals are reluctant to share personal details related to mental health, substance use, or family dynamics, which makes it difficult to provide tailored support or interventions.”

—CBO

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navigating staff turnover, hiring and training new staff, and development/fundraising capacity, and

- A lack of sufficient and long-term funding that is flexible and responsive to community needs and sustained over time.

"Many community members expressed a need for greater support, particularly those who live in remote areas with limited access to resources and information. They emphasized the lack of materials and services available in their native languages, making it difficult for them to fully benefit from programs such as tobacco cessation or other health initiatives."

—CBO



Partner Story

African Youth and Community Organization (AYCO) is a nonprofit serving refugee and immigrant communities in the Portland metro area. Through their Uplift program, AYCO places cultural navigators directly in schools across multiple districts. These staff members, who are 80-90% from the communities they serve and speak eight different languages collectively, work as bridges between students, families, and schools.



“The biggest thing that we're noticing is the huge difference between what the parents are aware of and what the students are doing. Generally as immigrants and refugee parents, there's always that need of knowing, 'Hey, my kid is perfect.' However, there's a lot of uncomfortable conversations we're having with the parents... Since we're in schools already, we have access to all of those grades. We have access to the students academically. However, almost all of the

parents, all the students that we serve, their parents also come here for services. The student knows right away, 'I can't really do much around these guys, but they are good mentors.' However, sometimes there's that [concern], maybe they'll share it with my parents. But specifically there's a student that he's been going through a lot of really difficult things in his life, private life, but we noticed that he's turned that into using that chance to do some of these tobacco or many other drugs that are really fatal to his health, but also his peers that are very close to him. Since the staff is in school already, there's that comfortability to also talk with the student and say, 'Hey, I know you've not been doing academically well. You've been skipping class. What have you been doing with your time?' And the student, he feels comfortable enough to share because he's seen the staff five times or four times out of the week, and now it's like, and all of our staff are mandatory reporters at the end of the day. Just for his own sake, it's like, 'How can I support you to better do this?'"

This dual relationship—with both students in schools and parents in the community—creates unique opportunities for honest conversations about tobacco use.

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KEQ 3: What factors impact community mobilization for policy, systems, and environmental change efforts?

In partner activity reports, more LPHAs described efforts to mobilize communities to get involved in policy, systems, and environmental change efforts compared to CBOs. Over half of LPHAs (n=19, 58%) described community mobilization efforts, and one in five CBOs (n=13, 19%) reported mobilizing community members.

Notably, LPHAs and CBOs have different operating contexts and different requirements tied to their tobacco prevention funding, which likely influence the extent to which their work involves policy and systems change. TPEP funding has been granted to LPHAs since 1997 and has required LPHAs to implement

“The County Commissioners, who are generally very supportive of TPEP, also have strong opinions and oversight of policies that limit public liberties. The culture of the county coupled with general discontent and distrust of public health as a result of the COVID pandemic has made policy engagement a very delicate dance.”

—LPHA

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tobacco prevention policy, systems, and environmental changes. OHA started granting TPEP funding to CBOs in 2021, and CBO grants do not include requirements for policy, systems, and environmental change.

Nonetheless, both partners shared about their progress, success factors, and challenges.

Activities and Progress

In activity reports and through story-telling, tobacco prevention partners shared details about their community mobilization efforts. They reported providing education to policy- and decision-makers, building community member knowledge of tobacco industry practices and harmful impacts, conducting advocacy training, facilitating opportunities for community members to advocate for policy change, and engaging communities in the process of implementing systems change initiatives.

LPHAs prepared presentations and reports about commercial tobacco use and policy opportunities for local decision-makers, including city councils, county boards of commission, and system leaders like school administrators. Many engaged youth in these decision-maker education efforts. Seven LPHAs (21%) supported youth presentations to policy-makers and several more provided leadership and advocacy training to youth to build policy engagement skills.

Fewer LPHAs reported direct engagement with their communities in policy advocacy. For those that did, this work included organizing advocacy training for community members and

7

LPHAs supported youth presentations to policy-makers



13

Local policies and resolutions were passed as a result of LPHA action and youth leadership

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partners, developing templates and resources to facilitate community participation in policy change efforts, and supporting community members to provide public testimony and public comment on legislation. Some LPHAs also worked with local businesses, event coordinators, and school administrators to assess policy change readiness and support policy changes like implementing smoke-free downtown policies, tobacco-free event policies, and alternatives to suspension policies in schools. Descriptions of LPHA activities emphasized providing data and education to build policy-maker buy-in for tobacco prevention and control policies.

CBOs used their tobacco prevention funding to advocate for tobacco prevention and control policies as well as a broader range of racial justice and health equity issues. The majority of CBOs who reported on policy, systems, and environmental change efforts were building advocacy skills and capacity among community members, for example by sharing information about how the tobacco industry targets the Black community, youth, and the LGBTQIA+ community, and by organizing advocacy workshops. A few CBOs reported direct engagement and education with policy-makers. Some CBOs also shared about their efforts to build and sustain collective capacity for community organizing and policy advocacy; these CBOs convened partners to align policy change efforts, share knowledge and practices, and implement policy change campaigns. Descriptions of CBO activities emphasized empowering youth and other marginalized communities to see their role and use their voice in policy change.

“We re-engaged with each of the seven incorporated cities, providing policy maker education regarding this Tobacco Density restriction ordinance, as well as providing an update about the Statewide flavor ban efforts. Jamie Dunphy with the American Cancer Society, Cancer Action Network attended the city council meetings to recommend a resolution to ask the state to continue the work... The cities of Siletz, Depoe Bay, Newport, and Waldport all passed resolutions asking the State of Oregon to pass a Statewide Tobacco Flavor Ban.”

—LPHA

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In activity reports and story collection, tobacco prevention partners reported some significant policy and systems change wins. Nine LPHAs (27%) successfully passed a total of 13 local policies and resolutions aimed at reducing the availability of tobacco products and eliminating exposure to secondhand smoke (see Appendix F for a summary of local policies and resolutions passed by LPHAs). Analysis of policy change progress highlighted that many more LPHAs accomplished milestones along the path toward policy change. From July 2023 - December 2024, 26 LPHAs (79%) made progress toward policy or systems change on one or more of their work plan strategies.

CBOs and LPHAs alike reported on their efforts to develop and implement changes within the education system. Fourteen LPHAs (42%) and four CBOs (4%) planned or implemented alternatives to suspension programs and policies in partnership with schools, youth coalitions, and other CBOs. They researched, developed, adapted, and implemented best practice school policies on alternatives to suspension and progressive discipline, which can influence how schools respond to student tobacco use. These school policies and practices aim to shift punitive policies to more supportive and health-promoting responses to student tobacco use and create a culture of prevention.

Success Factors

When reporting on their activities and progress, a few factors emerged as playing a significant role in policy, systems, and environmental change successes. The first was providing

“We launched our Youth Tobacco Prevention Program at the end of June to September, a BIPOC youth-based and youth-led program that is offered to students as an opportunity to develop their communication skills, leadership skills, and be leaders and the voice of advocates for their community surrounding the topic of tobacco and nicotine.”

—CBO

“The last big accomplishment was working with ADPEP and the mental health promotion coordinator on the alternative to school suspension policy...After a lot of research, we drafted the policy, got it approved, and it was implemented in the Medford school district, and it will be adopted into the Central Point school district.”

—LPHA

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education to community members about the tobacco industry’s targeted marketing practices. This education creates motivation to participate in policy and systems change initiatives.

Many partners used community story-telling about the need and potential impact of policy change as part of their efforts to mobilize community and get the voices of impacted groups to decision-making tables. This was a particularly effective strategy in the grassroots community organizing work that CBOs led. As non-governmental organizations, CBOs have fewer limitations on their advocacy and lobbying work compared to LPHAs, which may allow them to dedicate more resources toward community mobilizing for more equitable systems and policies.

LPHAs and CBOs noted partnership and coalition-building as another success factor. They observed that when partners came together to create a shared vision, align messaging, and reach diverse audiences through their networks, the result was a swell of political momentum.

LPHAs and CBOs also shared the impact of having motivated local decision-makers; they described how having even one champion for a policy or systems change initiative could clear a fast path toward policy change. Notably, LPHAs may have a longer history of building relationships with policy-makers and building their skills in policy-maker education as a result of receiving long-standing TPEP funding.

Persistence and flexibility were also seen as critical to effectively engaging diverse community members and partners in policy and

“On October 30, we hosted a conversation for nonprofit agency partners to discuss their goals around advocacy and engaging with legislators, and ways that [we] could support them achieving these goals.”
—CBO

“Well, a city counselor in a nearby town in Sherman County called me after seeing that PSA and said, 'Hey, can you please present to my city council?' So one success led to another, and I went and presented and they agreed to a policy to have that park as tobacco free... It's kind of surprising just because they're both in a rural, conservative, agricultural county but they're willing to maintain a healthy environment in our parks.”
—LPHA

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systems change efforts which are often slow-moving and require sustained effort and engagement.

One example of some of these success factors at play was in statewide advocacy efforts on Senate Bill 702, the proposed ban on the sale of flavored tobacco products. Ten LPHAs (30%) and six CBOs (7%) reported engaging in flavor ban advocacy over the past year and a half across diverse regions of the state and in partnership with youth and people of color. They created and adapted messaging and campaign materials, successfully passed local resolutions in support of the statewide flavor ban, and leveraged their skills, relationships, and resources to mobilize community members to participate in the 2025 legislative session.

Challenges

Tobacco prevention partners described many significant challenges in their efforts to mobilize communities for policy, systems, and environmental change. Almost half of LPHAs (n=15, 45%) were delayed or lost momentum in their policy and systems change work. LPHAs encountered challenging beliefs about tobacco prevention and control policies. In counties that identified strongly with being “pro-business”, community members and decision-makers see these policies as limiting local businesses’ ability to operate as they want. Others reported that their communities identify as being “blue collar,” “rancher,” or “logging” communities which have deeply entrenched generational tobacco use. In these communities, policy-makers are hesitant to pass policies that are seen as imposing on individual behaviors

“We also advocate for 'placemaking' in ways that facilitate relationships and community connections. These activities align with creating support to make outdoor restaurants, city sidewalks, and events smoke/vape free, getting people excited about this has been the most helpful in facilitating relationships for supporting change in norms and policy... A recent community survey shows strong public support for a variety of policies.”

—LPHA

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or making tobacco users feel excluded and unwelcome in community spaces.

Another significant challenge reported by both LPHAs and CBOs alike was the belief that tobacco use is not an urgent priority. LPHAs described that policy-makers are facing demands to address homelessness, opioid addiction, youth mental health, and other highly visible public health issues. The data on the death and disease burden caused by tobacco use does not seem to be compelling on its own. In addition, some reported that community members don't see how tobacco prevention efforts apply to their lives if they are not tobacco users. This disconnect impacts community member participation in prevention activities.

These community and political beliefs contribute to a lack of buy-in and difficulty identifying and sustaining engagement with champions for policy change. Without motivated champions, progress is slow and can be delayed or stopped abruptly. Several LPHAs described policy-makers changing their stance or withdrawing public support, which curtailed their previous progress and momentum. When few policies are passed, many communities don't get to experience the positive impacts of policy change, which then perpetuates the lack of policy-maker buy-in and low community participation in policy change initiatives.

“I also remember that there were one or two people on that board who were business owners, I think specifically restaurant and or bar owners. And so I think for them, especially taking into consideration when people are going out socializing, having meals on, say, a Friday or Saturday evening, a lot of their customers are potentially going to be people who are regular smokers and want to be able to have that space to be able to take a break, go outside and take that smoke break. And so that was another issue that was expressed, especially that concern for if we enforce something like this, are we going to lose business as well?”

—LPHA



Partner Story

Baker County is made up of many small rural communities in Eastern Oregon, where rates of tobacco use are quite high. Baker County Health Department's TPEP program has a part-time coordinator who also serves as a public health nurse in the community. Though capacity is stretched and there has been significant turnover of TPEP staff over the years, the program has coordinated a highly successful anti-vaping youth poster contest for two consecutive years, with over 70 youth submitting posters in the most recent contest.



“For fifth and sixth graders, it was an anti-vaping poster contest. First of all, I was proud, so proud of the kids because they did some really fantastic work, and I was just blown away by the artwork, and I was blown away by the teachers really taking the opportunity too, people find ways to do things and to talk about these subjects that maybe don't get a lot of airtime.”

This project has led to new school partnerships, raised awareness of the harms of tobacco use, and has created opportunities to engage local businesses in displaying art and discussing community tobacco use.

“I went around to local businesses and was asking if I could put them [the posters] up in their windows for a little bit during the summer. I had really positive responses... and some really interesting conversations that I was like, 'This is actually on people's radar.' I went into one shop, and it was a furniture appliance store and they were like, 'Oh. I'm so glad somebody's doing something, because the vaping is out of control with these kids' It brought home to me, that I'm like, "People are aware of these issues, and they do care, and this is such a good opportunity to give people that avenue to discuss these things, because if you don't talk about it and just push it off to the side, nothing is going to change.”

In a community that tends to be very resistant to policy change, it is a long and slow path to gain traction for policy change, and this creative effort is sparking interest and critical conversations.

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KEQ 4: What progress have we seen toward reducing health inequities in communities, and how has TPEP contributed to that progress?

Though reductions in tobacco-related health inequities were not measured through this evaluation, tobacco prevention partners did report on their efforts to build internal capacity and partnerships for health equity work, build power among communities most impacted by tobacco-related health inequities, and increase community members’ equitable access to information, services, policies, systems, and environments designed to promote health and address the root causes of health inequities.

“Greater New Hope Charities Black, Latine, and African Community Health Worker staff facilitated more than 550 brief interventions at North Portland and Northeast Health Center lobbies during the reporting period. They shared educational information and connected community members to tobacco cessation and harm reduction resources once a week.”

—CBO

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Health Equity Capacity

Tobacco prevention staff within LPHAs and CBOs participated in health equity training to increase knowledge and skills in topics like data equity and data justice, community engagement, language access, and trauma-informed approaches. Another way they built capacity was through conducting assessments of the health equity and social impacts of commercial tobacco marketing, availability, and use in their communities to build awareness of community needs and opportunities for addressing inequities. These assessments then informed program and service design.

They also reported expanding partnerships and building diverse coalitions, with an emphasis on collaboration with partners who represent and serve impacted communities. These partners included RHECs, culturally-specific CBOs, schools, health centers and clinics, and social service agencies. Almost two thirds (n=57, 63%) of CBOs reported building new partnerships through their commercial tobacco prevention funded activities. LPHAs and CBOs provided funding, training, and other capacity-building support for partners to participate in and help guide their tobacco prevention, education, and cessation efforts. Some LPHAs and CBOs co-hosted gatherings to build shared understanding and take collective action on health equity issues impacting their local communities. Many CBOs deepened collaboration with affinity organizations (those serving the same populations) to provide tailored services and engage in shared advocacy.

“CHW staff have become active members of Oregon Pacific Islander Coalition’s (OPIC) working committees with focus areas in health, housing, and education. Enhanced collaboration and networking with other Pacific Islander leaders and organizations strengthened capacity for community-led advocacy and organizing.”

—CBO

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Community Power-building

CBOs and LPHAs alike facilitated direct opportunities for impacted communities to participate and lead at decision-making tables. Those communities included youth, LGBTQIA+, American Indian and Alaska Native, Black, Latino/a/x, immigrant and refugee, and disability communities. By elevating community voices in policy advocacy and systems change efforts, tobacco prevention partners are designing for equity, considering the potential unintended harms of policy and systems change, and ensuring new policies and system improvements are culturally-responsive, geographically tailored, and accessible so that they will directly benefit community members. More details about LPHA and CBO community mobilization activities and policy and systems change successes can be found under KEQ 3 above.

Equitable Access to Information and Services

CBOs and LPHAs reported they improved the reach of their tobacco education and many placed a strong emphasis on tailoring their materials and approaches. This included translating educational content about the harms of commercial tobacco and available cessation resources into multiple languages, and delivering it in culturally sensitive ways with tailored images and on preferred platforms (e.g., radio, social media, in-person cultural events). CBOs delivered tobacco prevention and education materials and programming in 36 languages. While LPHAs were not asked to report on the languages they conducted work in, many (n=14, 42%) shared that they conducted community outreach and education in Spanish in addition to English. Bilingual

“Clackamas TPEP met with Todos Juntos to discuss utilization of the Healthy Futures alternative to suspension curriculum at Molalla River Middle School... This was challenging as the principal believed the current policy addressed students' actions, but Todos Juntos was able to successfully connect in-school suspension to better attendance rates.”

—LPHA

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community health workers often played a key role in bridging language gaps and ensuring that tobacco-related messaging resonates with specific cultural values, beliefs, and communication styles.

LPHAs and CBOs expanded prevention and cessation services that are culturally and linguistically responsive. Partners reported identifying bilingual and bicultural staff within their agencies and in partner organizations to get training to become tobacco treatment specialists, provide tobacco prevention workshops and brief interventions, and facilitate cessation classes. They also partnered with community organizations and agencies that are culturally specific, that serve rural and frontier communities, that serve individuals with disabilities and individuals with behavioral health challenges to co-design events and programs. As a result, community-based and culturally-tailored prevention and cessation resources in communities across the state were expanded. Eleven LPHAs (33%) and 9 CBOs (10%) reported providing tailored cessation services in community settings, including schools, primary care clinics, dental clinics, behavioral health clinics, social service agencies, community centers, and at community events; many more provided holistic prevention programming.

Upstream Initiatives to Build Community Resilience

Both CBOs and LPHAs engaged in tobacco prevention work aimed at the root causes of tobacco use and tobacco-related health disparities. By attending to community needs related to mental health, social isolation, and stress, tobacco prevention

“We designed the Commercial Tobacco Prevention education workshop... translated into Chinese, Korean and Vietnamese by AHSC bilingual Community Health Workers and presented in Chinese Mandarin, Chinese Cantonese, Korean and Vietnamese.”

—CBO

“Staff regularly attend Gorge Native American Collaborative (GNAC) to engage with regional organizations supporting the Native American community... and continue to promote the "Native Quit Line" as well as outreach to Nch'i Wana staff to be trained in cessation programming as able.”

—LPHA

partners helped build conditions for health and cultivated resilience against commercial tobacco use. For CBOs, this included providing mental well-being resources and hosting events in multiple languages to foster connection and community. For LPHAs, this upstream prevention work included collaborating on community health improvement efforts, attending events to build awareness of local public health resources and services, and providing grants to community partners to address the social determinants of health. Six LPHAs (18%) provided grant funding to CBOs for health equity and prevention focused initiatives. Partners reported that taking a holistic approach to commercial tobacco prevention was highly impactful.

Challenges

A few challenges were consistently reported by CBOs and LPHAs as hindering their ability to address tobacco-related health inequities. Those were:

- A lack of culturally relevant education materials and messaging,
- Translation and interpretation needs,
- A shortage of programs and services tailored to specific cultures or groups, and
- Concerns about sustainable funding to address the social determinants of health impacting commercial tobacco use.

“We developed a CBO grant called 'Community Prevention Strategies to Improve Social and Emotional Wellness Across the Lifespan.' This collaboration allowed us to braid funding from multiple resources resulting in a total of \$1 million to be allocated to CBOs through this process.”

—LPHA

“Many existing tobacco cessation programs do not fully address the specific needs of Slavic & Eastern European members with limited English proficiency.”

—CBO

“Locating culturally relevant resources and education that resonate with the diverse community members, especially youth, can be quite difficult.”

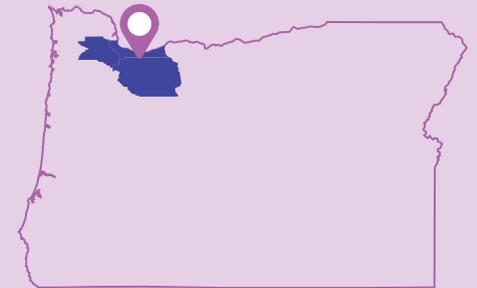
—LPHA



Partner Story

The Coalition of Community Health Clinics (CCHC) is an organization supporting 17 safety net clinics in Multnomah, Washington, and Clackamas counties. Their tobacco prevention work includes training community health workers in tobacco education and intervention skills and facilitating workshops for Black and African American community members on the root causes of tobacco use.

“We really dive deep into systemic racism, historical traumas, generational traumas... we have a component in there of how that relates to tobacco use and the increase in tobacco use, but also we look at the industry and the targeting of communities. So our Black African community in historical context, so from the continent, the slave trade, to slavery, to reconstruction, to the '50s, '60s, when they really started targeting us in the



media, and how they've embedded themselves into culture. And then currently what's happening with vapes and flavors.”

CCHC has connected tobacco education to advocacy, mobilizing community members to get involved in passing local and statewide bans on flavored tobacco products.

“Our coalition is doing advocacy one-on-one with folks, because of the legislative sessions, and really helping folks realize, once they learn this, people are activated, they want to do something about it. Well you can come testify, come talk about it, educate, and here's an opportunity to come and share... [One workshop participant shared] “Wow, I didn't know I had access to go talk to the people who make the laws. I want to do that.” It's like if people are told and educated on the process, then they will engage.”

In response to feedback from workshop participants, CCHC has also designed and launched a 6-month series called Our Healing, Our Joy focused on community healing and cultivating resilience. CCHC is observing that the community is hungry for more opportunities to connect and uplift one another.

Recommendations

The following recommendations for the ongoing TPEP evaluation emerged throughout the process of conducting this evaluation and from conversations with the TPEP Evaluation User Group.

1. Take care to disseminate evaluation results through multiple channels (via email, on the OHA website, in meetings) and in multiple formats (report document, slides). Prioritize sharing results with tobacco prevention partners, including CBOs, LPHAs, RHECs, and Tribes.
2. Consider improvements to partner activity reporting to continue to streamline reporting and reduce burden. LPHAs may benefit from having activity reports for the Alcohol and Drug Prevention and Education Program in the same format as TPEP activity reports, and staggering activity reporting with Request For Application and work plan submission deadlines.
3. Continue to collect stories. Explore ways to gather stories from multiple points of view, for example by interviewing staff, community members, local decision-makers, and others involved in one specific tobacco prevention initiative to capture unique perspectives on the work.
4. Consider additional data collection to more deeply examine relationship-building and trust-building with communities most impacted by commercial tobacco use.
5. Consider secondary data sources or additional primary data collection about tobacco-related health inequities to monitor any changes or progress.

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- Introduction
- Findings
- Findings: KEQ 1
- Findings: KEQ 2
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Appendix

- [A. LPHA Activity Report Form](#)
- [B. CBO Activity Report Form](#)
- [C. Story Interview Guide](#)
- [D. REM Facilitation Guide](#)
- [E. Overview of TPEP Tiers and Program Requirements](#)
- [F. Summary of Local Policies and Resolutions Passed by LPHAs](#)