

# Local Tobacco Prevention Education Program (TPEP) Tiered Funding Model

## *Tier 1: Foundational Tobacco Prevention*

*Tier 1 provides funding to conduct local duties and activities related to enforcement of the Oregon Indoor Clean Air Act (ICAA) and to engage in basic tobacco prevention education and advocacy. Tier 1 is a bridge to full engagement in policy and systems change processes. LPHAs that select Tier 1 include those that have not yet demonstrated support from the community, executive leadership and/or elected officials to pass tobacco prevention policies but want to maintain a tobacco prevention program that builds local capacity.*

**Scope of work:** Programs in this tier are expected to develop and maintain foundational partnerships with community partners, health systems, and other appropriate stakeholders. Programs understand and follow CDC Best Practices for Comprehensive Tobacco Control Programs and recommend best practices to partners, decision-makers, and internal leadership. Programs in Tier 1 are expected to build capacity towards passage of tobacco prevention policies and implementation of health systems change initiatives. Tier 1 programs are capable of assisting partners with resources and information to implement community identified tobacco prevention priorities and improve cessation screening and referral processes.

**LPHAs in Tier 1 are required to advance at least one community-identified program strategy** aligned with capacity building and tobacco prevention efforts. The goal is to build capacity to eventually advance local policy, so the program strategy should include strategic planning activities or community coalition development.

LPHAs in Tier 1 are also required to advance **at least one of the following health systems change initiatives** in collaboration with health systems:

### Health Systems Strategies

All programs in Tiers 1-3 are required to work on at least one health systems change initiative:

- Increase the total number of healthcare providers with capacity to refer patients to Quitline by assisting health system partners in developing and implementing sustainable closed-loop screening and referral systems, workflows, and/or protocols for evidence-based tobacco cessation.
- Work with CCO(s) to implement at least one HERC-recommended [multisector approach for tobacco prevention](#), which include but are not limited to:
  - CCO leadership for development of smoke-free policies in workplaces and public spaces,

- CCO implementation of mass-reach communication interventions for evidence-based tobacco prevention, and
- CCO community engagement via LPHA to promote tobacco cessation, create tobacco-free places, and identify and eliminate tobacco-related disparities.
- Other proposed strategies with multisector partners, including at least one healthcare partner playing a primary role, based on best practices and/or innovative, culturally informed practices.

In addition to the health systems change initiative above, programs in Tiers 1-3 are also **required** to participate in the following activities:

- Educate healthcare partners and the public about the Oregon Tobacco Quit Line for tobacco cessation and promote the use of the Quit Line in appropriate contexts. These activities can be included as part of the submitted communications plan.
- Collect information about community cessation resources throughout the geographic area covered by your program, such as your county or counties in your consortium, and provide this information to HPCDP and the regional CCO(s) upon request.

**Program Element alignment:** 1.e-f, 4.a-g, 5, 7

**Biennial funding range:** varies by program/at least .5 FTE required

Example activities	Example process indicators
<p>Includes example activities from ICAA Response Tier.</p> <p>Educate elected officials, internal leadership and community leaders about effective tobacco prevention for reducing the burden of disease, cost and other data about the harms of tobacco.</p> <p>Develop health system partnerships to promote effective cessation practices, including promotion of the Oregon Tobacco Quit Line.</p> <p>Continuous use of quantitative and qualitative data highlighting local disparities.</p> <p>Use earned and owned media to promote the Oregon Tobacco Quit Line.</p> <p><u>If requested by partners:</u> Assist with development and implementation of tobacco, smoke and vape-free related policies</p> <p>Conduct a Community Readiness Assessment</p> <p>Engage community leaders who can elevate tobacco prevention and control issues as well as identify community and/or youth ambassadors and champions</p>	<p>Includes ICAA Response Tier example deliverables and process measures.</p> <p>Completed policy-focused multi-year strategic plan for local tobacco prevention.</p> <p>Provided appropriate resources and accurate information to health system partners interested in improving cessation screening and referral processes.</p> <p>Completed basic communications planning tools.</p> <p>Provided documentation of earned or owned media placement.</p> <p>Completed Community Readiness Assessment</p>

Example activities	Example process indicators
<p>Identify and engage existing and new partners, including those within the community who may not work in tobacco prevention and control.</p> <p>Plan to engage and work in partnership with community members experiencing tobacco-related disparities.</p> <p>Identify the training needs of new and existing partners.</p> <p>Plan to leverage partner organizations to extend programmatic reach and increase program sustainability.</p> <p>Educate stakeholders on evidence-based best practices in tobacco prevention and control.</p>	<p>Completed Community Engagement Worksheet</p> <p>Completed Needs Assessment</p>

### Tier 2: Tobacco Prevention Mobilization

Tier 2 is for LPHAs that have support from the community, executive leadership and/or elected officials to advance policy change strategies, as well as relationships in place with health system partners to implement health systems change initiatives.

**Scope of work:** Tier 2 provides funding to advance at least two priority policy strategy areas, selected by local program from a menu of options listed below. The program must also choose at least one health systems change initiative described in Tier 1. LPHAs have the flexibility to select relevant policy options based on political and community readiness.

### Policy and Program Strategies

Tier 2 Programs are required to advance two policy and program strategies (see list below). Programs must choose one policy strategy from Category A or B.

#### Strategy Area A: Reduce the Availability of Tobacco Products

- Tobacco retail licensure
- Prohibit the sale of flavored tobacco products
- Increase the cost of tobacco through non-tax approaches (e.g. price promotion prohibitions)
- Restrict outlet density through zoning, distance requirements (e.g. restrict the proximity of tobacco outlets near places where children frequent, cap the number of retailers)

- Increase promotion of healthy products, while decreasing the advertising and prominence of alcohol and tobacco products.
- Other proposed retail strategies

**Strategy Area B: Reduce Exposure to Secondhand Smoke/Vapor**

- Advance jurisdiction-wide smoke and vape-free policies (e.g. local ordinances) for public places to prohibit businesses that allow indoor smoking or expose employees to secondhand smoke, including certified smoke shops or cigar bars
- Advance jurisdiction-wide smoke and vape-free policies (e.g. local ordinances) for public places to prohibit future businesses from exposing the public or employees to secondhand smoke or vapor, including potential cannabis use establishments
- Advance jurisdiction-wide smoke and vape-free policies (e.g. local ordinances) including outdoor dining, other service areas, or construction sites
- Advance jurisdiction-wide ordinance to extending the prohibition of smoking beyond the current 10 foot from entrances, exits, or windows
- Advance policies that establish tobacco-free county or city agencies or other regional government campuses (identified in the submitted program plan) inclusive of prohibitions on e-cigarettes/inhalant delivery systems.
- Other proposed strategies to reduce exposure to secondhand smoke/vapor

**Strategy Area C: Flexible Tobacco Prevention Strategy**

- Develop cooperative agreements with 2-3 stores offering healthy retail options such as agreeing to minimize tobacco and alcohol shelf space and advertising, stocking healthy snack options, ensuring access to produce.
- Develop alternatives to suspension policy with collaboration with schools and/or school districts to ensure possession of tobacco products and/or use of these products does not result in missing educational time.
- Build a cohort program of youth advocates to be involved in peer education, participating in youth tobacco sale surveys and TARA data collection.
- Develop and implement a new virtual or in person tobacco prevention (or chronic disease prevention) coalition with youth and adult participants.

Invite those who call with complaints/concerns and/or participate in social media to be part of the coalition.

- Create a collaborative tobacco (and other local issues of interest) health equity local impacts report and/or GIS project.
- Develop and update a resource to highlight the local and state decision-making process; outline all your local and statewide decisionmakers, their key priorities, and share this knowledge with other partners and coalitions.
- Create a local tobacco impacts report and/or interactive web presence to highlight the various ways in which tobacco affects youth, seniors, priority communities, job security and illness in your community. Develop a distribution plan to present or share this resource with allied groups and leaders.
- Develop a college internship program to build a pathway to public health careers and ask your intern to develop a tobacco 101 educational series. Create a presentation and sharing plan to utilize this material for new coalition members or staff onboarding and to share with allied partner coalitions.
- Develop non-tobacco sponsorship policies for major events such as rodeos and concert venues known to allow advertising and sponsorship from tobacco industry.
- Another important approach that your community feels will make a difference and support a tobacco-free world. We may not be familiar with the idea, so please be sure to explain it with the greatest possible detail!

LPHAs are required to advance **at least one health systems change initiatives** in collaboration with health systems described in Tier 1.

**Program Element alignment:** Required – 1.a(1-2), partnerships; 1.e, ICAA; 1.f, chronic disease. Depending on chosen priorities – 1.b, ICAA and/or TF properties; 1.c – Retail; 1.d, health systems / Quit Line; 4; 5; 6; 7

**Biennial funding range:** \$101,000 - \$249,000 (minimum .75 FTE recommended. Additional FTE dependent on workplan and strategies. FTE to support leadership and program administration is allowable.)

Example activities	Example process indicators
<p>Includes example activities from ICAA Response Tier and Tier 1.</p> <p>Demonstrate executive leadership, decision-maker, and/or community support of proposed local strategies and statewide coordinated tobacco prevention program and policies.</p> <p>Engage health system partners in multisector initiative(s) for tobacco prevention.</p> <p>Develop policy strategies using processes that engage a variety of perspectives from those most burdened by tobacco including representatives of racial and ethnic minorities, Medicaid users, LGBTQ2S communities, people living with disabilities including mental health and substance use challenges. (<i>health equity</i>)</p> <p>Mobilize community leaders in support of selected tobacco prevention strategies.</p> <p>Conduct letter writing campaigns, press conferences, community forums</p> <p>Create new alliances with community groups (for example, civil rights organizations, chambers of commerce, women’s groups, community beautification groups, law enforcement agencies, land use planning, transportation, alcohol and drug professionals, mental health organizations, etc.)</p>	<p>Includes ICAA Response Tier and Tier 1 example deliverables and process measures.</p> <p>Strategic engagement plan and reported outcomes of continued engagement and education of local decision-makers.</p> <p>Developed and implemented strategic communications plan for each priority policy area, including participation in local and statewide media campaigns.</p> <p>Participated in Policy Leadership Institutes hosted by PHD.</p> <p>Engaged partners in policy and systems change strategies toward specific evidence-based tobacco prevention objectives.</p> <p>Passed policies.</p>

**Tier 3: Accelerating Tobacco Prevention Outcomes**

*Tier 3 is for LPHAs that have demonstrated prior success by meeting several pre-determined prerequisites and are prepared to lead statewide mobilization to decrease the harms of tobacco.*

**Scope of work:** Tier 3 programs implement three policy or program strategies described above. Programs must choose at least two policy strategies from Categories A and/or B. Tier 3 programs must also select at least one health systems change initiative for tobacco prevention in collaboration with health system partners. LPHAs are encouraged to propose community-tailored strategies.

**Eligibility for Tier 3:** LPHAs must have completed at least **six of the ten** following prerequisites to qualify for Tier 3. Documentation should be submitted with the TPEP funding application

(Attachment 5). The timeframe for the following prerequisites is within the previous two biennial funding cycles unless otherwise stated below:

**Tier 3 prerequisites**

- Required:** Formal statement of support from Board of County Commissioners or high-level executive leadership to prioritize advancing and passing priority tobacco prevention strategy (i.e. tobacco retail policy, strengthened smoke-free/vape-free policy, etc.)
- Leveraged funding commitment from CCO, federal grant or foundation partner for tobacco prevention and cessation activities
- Tobacco prevention ordinance passed by government within the last three years (updated policy may count as well; examples include strengthening a smoke-free policy to include all tobacco products or removing exemptions)
- Comprehensive county tobacco-free policy in place
- Demonstrated current health system partnerships (e.g., memorandum of understanding in place, funding agreement, current initiative) for tobacco prevention
- Evidence of convening and/or funding partners representing communities most burdened by tobacco in pursuit of priority tobacco prevention strategies (commitment to health equity)
- Demonstrated implementation of communications strategy, including earned media, to support tobacco prevention strategy(s) in the previous biennium (2019-2021)
- Evidence of shared regional strategy and collaboration in pursuit of priority tobacco prevention strategies
- Evidence of local public health accreditation
- Evidence of participating in the statewide conversation toward establishing tobacco retail licensure, flavor restrictions, strengthening the ICAA or another priority initiative (i.e. LPHA, community champions, or Board of County Commissioners providing testimony during legislative session)

**Program Element alignment:** Full program element

**Biennial funding range:** \$250,000 - \$850,000 (Minimum 1.5 FTE recommended. Additional FTE dependent on workplan and strategies. FTE to support leadership and program administration is allowable.)

Example activities	Example process indicators
<p>Includes example activities from ICAA Response Tier, Tier 1 and Tier 2.</p> <p>Establish and/or expand TRL and related retail policies, such as bans on flavored tobacco, discounts, pharmacy sales, etc.</p> <p>Collaborate with other counties to develop a regional tobacco prevention strategy.</p> <p>Community members, partners and/or youth educate decision makers and the public on the benefits of at least 1 policy solution</p> <p>Fund community partners disproportionately impacted by tobacco (<i>health equity</i>).</p> <p>Engage the local Coordinated Care Organization(s) to invest in evidence-based tobacco prevention, such as health communication campaigns.</p> <p>Mobilize local decisionmakers and stakeholders to support and participate in local and statewide conversations about reduce the availability of tobacco products and/or reducing exposure to secondhand smoke/vapor.</p> <p>Share best practices and lessons learned with Tier 1 and/or Tier 2 grantees.</p>	<p>Includes ICAA Response Tier, Tier 1 and Tier 2 example deliverables and process measures.</p> <p>Met at least one additional Tier 3 benchmark by the end of the project period.</p> <p>Reported outcomes of continued engagement with and education of local decision-makers.</p> <p>Developed and implemented strategic engagement plan, with a focus on mobilizing communities disproportionately affected by tobacco (<i>health equity</i>).</p> <p>Achieve partner investment in health communications campaigns and report number of partners engaged, amount of investment, and number of media impressions.</p> <p>Demonstrated leadership and commitment to informally mentor grantees in other tiers to boost statewide tobacco prevention efforts.</p>

***Oregon Indoor Clean Air Act (ICAA) Response Tier***

*The ICAA Response Tier is for LPHAs that opt out of funding for tobacco prevention and only fulfill local duties and activities related to enforcing the ICAA as required by law.*

**Scope of work:** The ICAA Response Tier provides funding for maintaining an open line of communication with OHA and conducting local duties and activities related to the enforcement of the ICAA. Programs in this tier are not expected to advance policies or systems change strategies or to engage in tobacco prevention education and advocacy.

**Program Element alignment:** 1.e, 4.a-g, 7

**Biennial funding range:** \$15,000 (fewer than 10 complaints per year based on 3-year average); \$35,000 (more than 10 average complaints per year based on 3-year average)



Example activities	Example process indicators
<p>Participate in OHA training on ICAA compliance, as needed.</p> <p>Educate businesses on ICAA compliance and regulatory changes.</p> <p>Provide feedback to OHA to aid in continuous quality improvement of ICAA processes and protocols.</p> <p>Participation in statewide evaluation activities.</p>	<p>Timely response to complaints of the ICAA, per delegation requirement and as outlined in the Workforce Exposure Monitoring Systems (WEMS) User Manual.</p> <p>Timely response and outreach to OHA as required to fulfill responsibilities.</p> <p>Documentation of program process to share information with the public, such as changes to the ICAA.</p>