

## BACKGROUND

For the first time in Oregon, during the 2013 legislative session, Tobacco Master Settlement Agreement (TMSA) funds were designated for tobacco prevention and control. Input from the Conference of Local Health Officials (CLHO), the CLHO Healthy Communities Committee, the Tobacco Reduction Advisory Committee (TRAC), and an expanded group of advisors including representatives from Coordinated Care Organizations (CCOs) and the Governor’s Office resulted in a competitive funding opportunity using a portion of the TMSA funds for Local Public Health Authorities (LPHAs) to advance policy, systems and environmental changes.

LPHAs were encouraged to work with their local CCO, Regional Health Equity Coalitions, Tribes, and other community organizations representing local populations disproportionately impacted by tobacco products to implement recommendations from the Centers for Disease Control and Prevention (CDC) Best-Practices for Tobacco Control.

The Strategies for Policy And enviRonmental Change (SPArC) Tobacco-Free competitive Request for Grant Applications (RFGA) directed applicants to:

- Complement, build upon, or accelerate, but not duplicate, the current Local Program Plan of the LPHA(s) Tobacco Prevention and Education Program (TPEP);
- Be achievable and produce a sustainable change within the 15 month grant period of April 1, 2014 through June 30, 2015; and
- Be evaluable to demonstrate advancement of policy, systems and environmental changes in tobacco prevention and control.



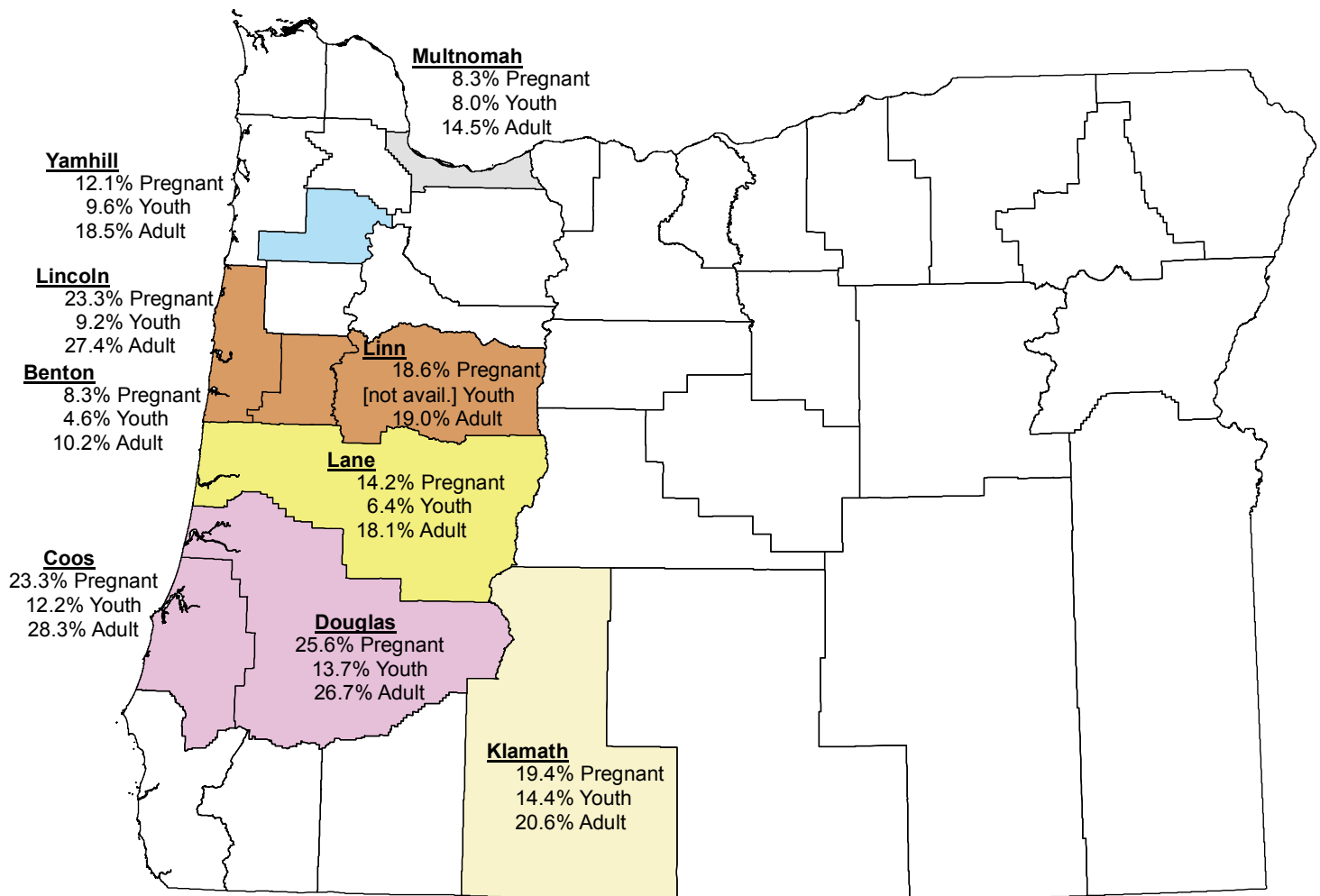
*“I think it’s incumbent upon us to be stewards to the community’s public health. We need to have legislation [and] effective ordinances that are going to protect the general community. To me, this is a no-brainer.”*

*Greg Evans, Eugene City Council*

# SPArC Tobacco-Free Projects

## Summary of Grantees

As part of the competitive funding process, six grantees were funded across the State of Oregon. Two grantees were multi-county consortia, establishing intergovernmental agreements to implement the project. Douglas-Coos partnered with Adapt, a substance abuse treatment and mental health services provider. Linn-Benton-Lincoln partnered with InterCommunity Health Network, the Coordinated Care Organization (CCO) in their region. Multnomah County contracted with a community partner, Upstream Public Health/Oregon Health Equity Alliance, to fulfill their project activities. The nine SPArC counties contain 44% of the population in Oregon. None of the counties are considered “rural” according to the Census Bureau, though many of the counties have a majority of their residents living in rural areas.



### Data Sources:

Pregnant women: Birth certificate data files 2008-2011, accessed by Oregon Public Health Assessment Tool (OPHAT)

Youth: Oregon Healthy Teens 2013 (11<sup>th</sup> grade students). Results for Linn County are not available because the number of participating students was small.

Adults: Behavioral Risk Factor Surveillance System (BRFSS) 2008-2011. Results calculated using “classic weighting” system.

# SPArC Tobacco-Free Projects: Key Strategies

The Five-Year Strategic Plan for the Health Promotion & Chronic Disease Program (HPCDP) identifies five strategic priorities related to tobacco control:

- 1) Increase the price of tobacco products with at least 10 percent dedicated to a comprehensive tobacco control program.
- 2) Increase the number of environments where tobacco use is prohibited.
- 3) Increase the number of jurisdictions covered by retail restrictions such as sampling bans, bans on flavored tobacco or tobacco advertising restrictions.
- 4) Reduce tobacco use initiation through hard-hitting counter-advertising campaigns, including broadcast, print, point-of-purchase and social marketing media.
- 5) Increase the number of quit attempts by low-income Oregonians.

In response to this funding opportunity, LPHAs designed SPArC projects to respond to local needs in tobacco prevention and control; each grantee implemented strategies tailored to their unique context.

Grantee	Strategic Approach	Strategic Priority Addressed
Douglas/ Coos/Adapt	<ul style="list-style-type: none"> <li>• Adoption of tobacco-free properties policies for CCO-affiliated agencies</li> <li>• Training, education &amp; feedback to promote tobacco cessation brief clinical intervention</li> <li>• Engage clinics in organizational change assessment &amp; planning</li> </ul>	2, 5, 4
Klamath	<ul style="list-style-type: none"> <li>• Youth advocacy around tobacco retail licensing data</li> <li>• Systematic screening &amp; referral for pregnant women in CCO</li> <li>• Adoption of tobacco-free meeting policies by LGBT organizations</li> </ul>	5
Lane	<ul style="list-style-type: none"> <li>• Expansion of tobacco retail license efforts to include restrictions on the sale of electronic smoking devices</li> <li>• Tobacco-free environments in the city of Eugene</li> <li>• Work with social service agencies in Eugene to adopt tobacco-free property policies and establish screening &amp; referral systems</li> </ul>	2, 3, 4
Linn/Benton/ Lincoln/ IHN-CCO	<ul style="list-style-type: none"> <li>• Systematic screening &amp; referral for pregnant women</li> <li>• Inventory of social service agencies</li> <li>• Adoption of tobacco-free properties policies for social service agencies</li> </ul>	2, 5, 4
Multnomah	<ul style="list-style-type: none"> <li>• Retail assessment using Standardized Tobacco Assessment for Retail Settings (STARS) survey</li> <li>• Pursuit of policy changes related to sale of e-products and other retail environment factors</li> </ul>	3, 4
Yamhill	<ul style="list-style-type: none"> <li>• CCO will adopt Standards of Care policy that contractors establish tobacco &amp; chronic disease self-management referral system</li> <li>• Adoption of tobacco-free properties policies for CCO &amp; contracted medical, behavioral &amp; dental providers</li> </ul>	2, 5, 4

# SPArC Tobacco-Free Projects

## Highlights

### **Sustainable Changes to the Retail Environment via Public Policy**

Two grantees in large counties (Multnomah and Lane) engaged in public policy processes focused on the tobacco retail environment, resulting in ordinances addressing sale of e-products to minors, expansion of smoke-free laws to include e-products, and retail environment changes.

Local retail policy work positively influenced statewide legislation related to e-products. HB 2546, signed into law by Governor Brown in May 2015, expands the Indoor Clean Air Act (ICAA) to include e-products and prohibits sale of such products to people under age 18.

### **Tobacco Screening, Referral & Treatment Systems**

Five grantees significantly expanded partnerships with their local Coordinated Care Organization and/or a major health system in their region. Projects springing from these collaborations included:

- Pilot projects to integrate tobacco screening and referral into existing clinical systems, electronic health records, and/or screening tools like the S-BIRT, a brief tool used for substance abuse screening.
- Expansion of cessation services to new populations with disproportionate tobacco use (e.g., pregnant women, WIC clients, people with co-occurring addictions) and through new messengers (e.g., dental clinics, addictions and recovery services, parish nurses).
- Expansion of Tobacco Training Specialist (TTS) network. TTS serve as local experts and provide integrated clinical support on tobacco use and nicotine dependence.



### **Tobacco-Free Environments**

Four grantees developed new tobacco-free environments within their service regions. These included:

- A significant public policy process, which is ongoing, related to tobacco-free outdoor spaces in the City of Eugene.
- Tobacco-free policies in medical systems and clinics, particularly those affiliated with CCOs, serving low-income patients.
- New partnerships with and agency policies at social service agencies serving low-income and vulnerable populations disproportionately impacted by tobacco use.

# LESSONS LEARNED

## **Policy, Systems, Environment (PSE) approach**

- Policy and system-level changes require responsiveness, flexibility, and the ability to adapt as issues emerge.
- Identifying strategic levers is important for successful policy and systems change.
- Trusting relationships are critical for systems change; welcoming partners to the table involves transparency and listening to their needs and perspectives.
- Timing matters to the success of policy and health systems change.

## **Engaging clinical and health systems**

- Public Health funding for health systems initiatives could help elevate tobacco as priority and assist with costs associated with systems change.
- Clinicians, health systems administrators, and CCOs may be experiencing “transformation fatigue.”
- Clinic and project champions are critical to facilitate systems change in a clinical settings.
- Public health is still an “outsider” in health systems and needs to learn the language and structure of clinical environments.

## **Policy development and adoption**

- Important to anticipate and prepare for resistance from stakeholders outside of public health when doing tobacco policy development and adoption.
- Navigating the political climate of tobacco policy development requires extensive planning and preparation across partners and teams.
- Promoting tobacco-free spaces must incorporate linkage to comprehensive tobacco cessation services, particularly with vulnerable populations.

*“Public Health is always political.”*

MORE INFO

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Smokefree Oregon Heroes:

<http://smokefreeoregon.com/oregonians/>