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TOBACCO RETAIL EVALUATION REPORT

PHASE 1: OCTOBER 2017

This report was produced by the Rede Group for The Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention Section

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Tobacco Retail Evaluation Executive Summary Report

Tobacco products are cheap, readily available, and heavily marketed in stores. This combination promotes tobacco use to Oregon’s youth and makes it difficult for current smokers to quit.

Program Description

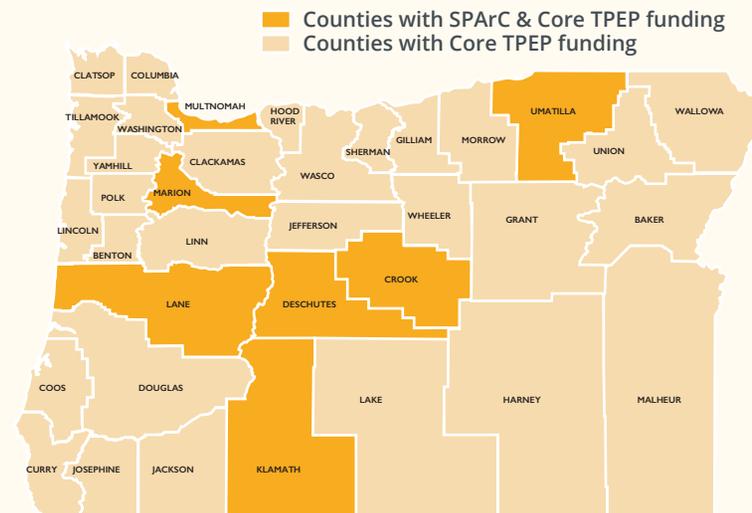
Oregon’s Tobacco Prevention and Education Program (TPEP) has funded all county Local Public Health Authorities to advance tobacco control efforts in local communities since 1998 (Core TPEP).

Changing and implementing tobacco retail policies is a relatively new body of work for tobacco control programs, both nationally and in Oregon. Thus, Oregon is in the introductory stages of the initiative. TPEP grantees have been required to work on improving tobacco retail environments since fiscal year 2013. This effort began with a requirement for each county to conduct a thorough observational assessment of their local retail environment. Since then, counties have been working to improve conditions through community engagement and policy change.

The Strategies for Policy and enviRonmental Change, Tobacco-Free (SPArC Tobacco-Free) projects were awarded additional funds (based on a competitive process). The primary purpose of this funding is to advance policy, systems, and environmental changes designed to reduce the influence of tobacco in the retail environment and to reduce tobacco use disparities in Oregon.

In 2016, the Oregon Health Authority, Health Promotion and Chronic Disease Prevention (HPCDP) Section awarded SPArC funding to seven local tobacco programs (Crook, Deschutes, Klamath, Lane, Marion, Multnomah, and Umatilla Counties).

Tobacco Retail Evaluation 2016-2017 SPArC & TPEP Funded Counties



+ 9 Local Policies
 Four counties in Oregon passed nine local tobacco retail policies

+ 1 Statewide Policy
 The state of Oregon passed one statewide tobacco retail policy

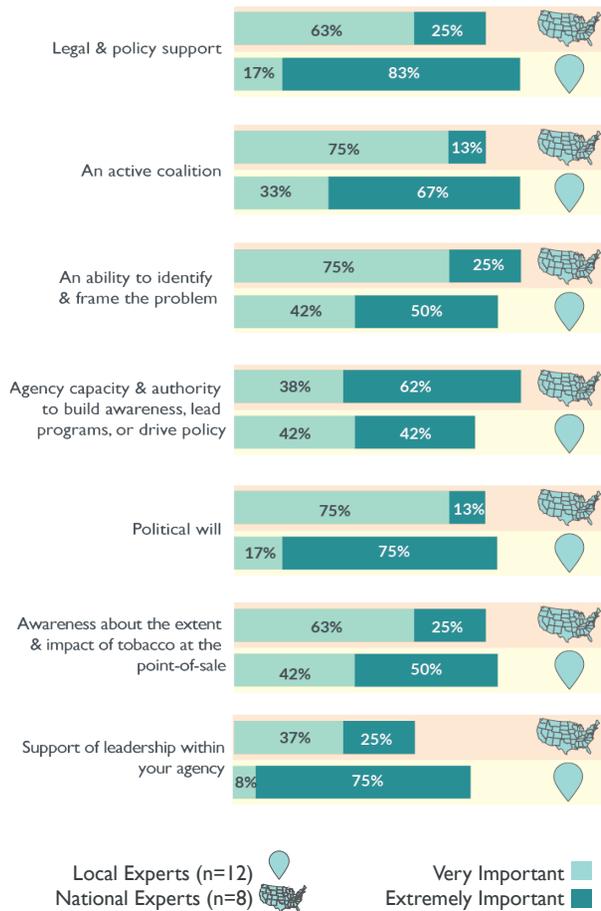
+ 78 Local Policy Initiatives
 Local tobacco programs are working in 67 jurisdictions in Oregon to advance 78 local tobacco retail policy initiatives

Essential Elements for Advancing Tobacco Retail Policy

Expert Interviews:

Twenty national and local experts who had recent successes in passing tobacco retail policies indicated certain elements that were necessary for passing such policies.

Elements Necessary for Passing Tobacco Retail Policy



“The Public Health Law Center was so helpful because they understood how other places passed these ordinances and what problems had happened for others. They really helped us draft a good policy.”

—Local Expert

“At the very beginning, we did not have any know-how on how to pass policy and that slowed our progress.”

—Local Tobacco Program Coordinator

Challenges to Advancing Tobacco Retail Policy

Most Significant Challenges Reported by Local Tobacco Program Coordinators:

- Lack of buy-in from local elected officials and community leaders.
- Lack of local tobacco program coordinator knowledge and confidence to educate others about the topic of tobacco retail policy.
- Difficulty finding organizations or individuals in the community to champion the tobacco retail environment policy change.

Most Significant Challenges Reported by HPCDP Staff and Managers:

- Local tobacco programs face significant challenges in navigating the local political environment and securing engagement from local officials.
- Some local tobacco program coordinators might lack expertise in the subject matter and policy change process, leading to a lack of confidence in tackling the issue with persons in higher leadership positions.
- Employee turnover at HPCDP and in local tobacco program coordinator positions has challenged the work of passing tobacco retail policies.

Reasons for Lack of Progress:

20 out of 32 local tobacco programs did not advance more than one stage through the policy change process*. Local tobacco program coordinators' reasons for a lack of policy advancement are shown in the table below:

Reasons for Lack of Progress	Percent of Coordinators (n=20)**
Competing priorities	35%
Political issues	30%
Vacancy in TPEP or SPArC position	20%
Lost a champion	15%
In the process of making the policy change but have so far failed to do so	15%
Change in health department leadership	5%
Don't know	5%
Other Reasons	25%

*Given the relatively short time period between the two assessments, this finding is expected.

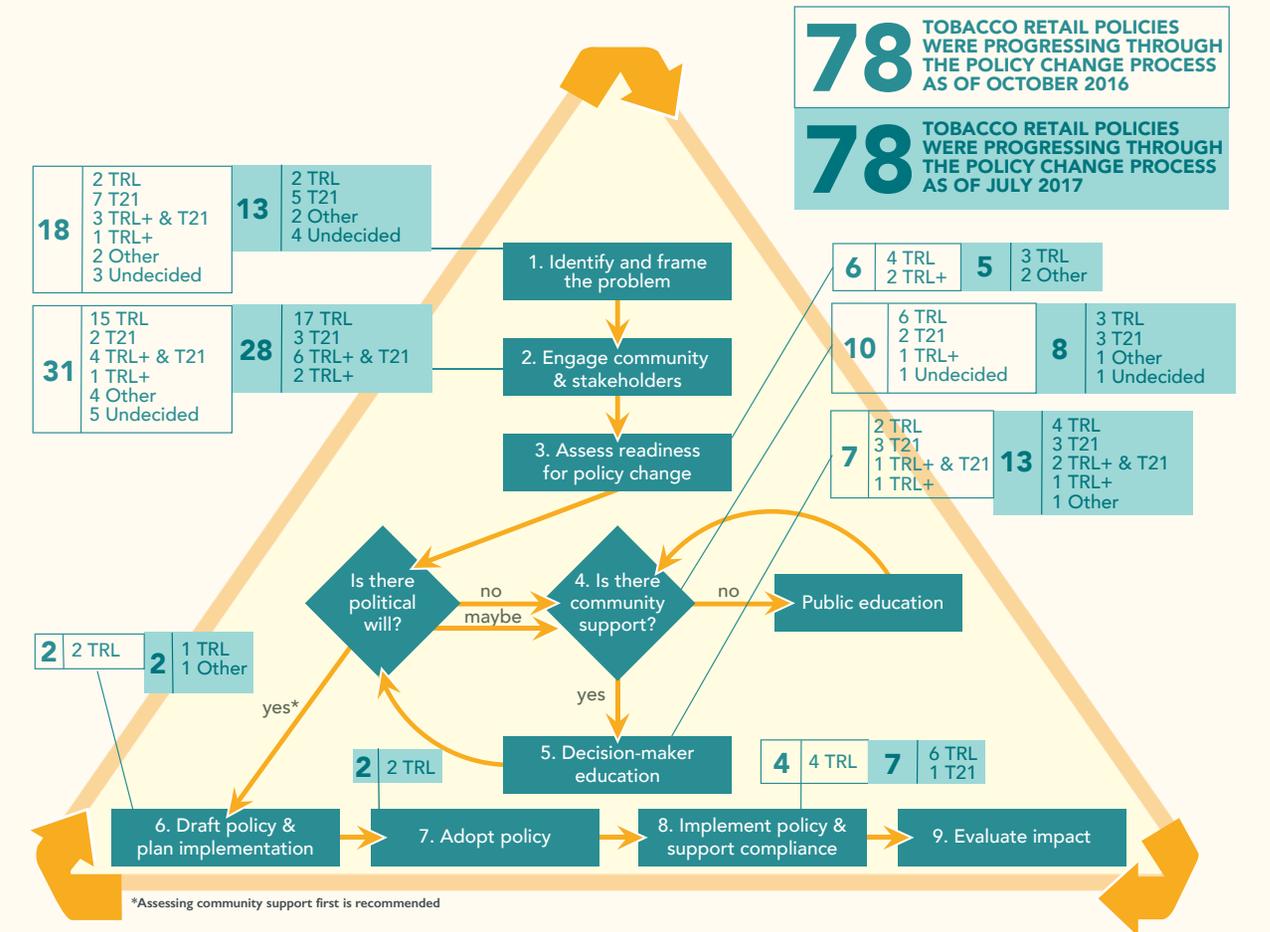
**Percentages do not add to 100% because local tobacco program coordinators were allowed to indicate multiple reasons for a lack of progress.

Progress in Advancing Tobacco Retail Policy

Local tobacco program progress in advancing tobacco retail policies was measured through a point-in-time assessment (PIT) conducted in October 2016 and again in June 2017.

Policy Change Process Model (PCPM)

This depiction of the Policy Change Process Model shows the number and type of policy initiatives at each stage of the PCPM at the point-in-time assessments (October 2016 and June 2017).



Changes from PIT 1 to PIT 2:

At the tobacco retail policy initiative level (n=64)

- Local tobacco programs reported at PIT 2 that they were still working on 82% of the policy initiatives reported at PIT 1 (i.e., 64 comparable policy initiatives).
- Nearly half, 41% of comparable tobacco retail policy initiatives advanced one or more stages through the policy change process.
- Four local tobacco retail licensure policies were passed.
- One local policy to raise the legal sales age of tobacco products to 21 was passed.

At the local tobacco program level

- Over half (55%) of the local tobacco programs (n=29) had one or more policy initiatives that progressed one or more stages through the policy change process
- On average, local tobacco programs (n=29) made progress through one stage of the policy change process for their main policy strategy
- One fourth (28%) of the local tobacco programs (n=32) added a new policy strategy during the interval between PIT 1 and PIT 2
- Two thirds (63%) of the local tobacco programs with an undecided policy initiative at PIT 1 (n=8) declared that they were working on a best practice tobacco retail policy strategy at PIT 2

Five local tobacco retail policies have passed in Oregon. All of those policies have passed in counties that received SPArC funding in 2014 or 2016.

Changes from PIT 1 to PIT 2 for 2016 SPArC funded programs compared to non-SPArC funded programs

SPArC Progress (n=7)		Non-SPArC Progress (n=22)
86%	Local tobacco programs that had one or more policy initiative that progressed one or more stages along the policy change process	37%
43%	Local tobacco programs that had more than one policy initiative that progressed one or more stages along the policy change process	11%
2 stages	Local tobacco program average stages progressed through the policy change process for their main policy strategy	1 stage

“There’s a lot of local tobacco programs that are actually implementing and there’s a few that are on the verge. So we’re getting really close. And it really helps to build that statewide movement.”

—HPCDP Staff Focus Group

Conclusions

- This evaluation identified seven elements that are likely to be critical in advancing local tobacco retail environment policy.
- Local tobacco programs experience a complex and diverse set of challenges to advancing tobacco retail environment policy strategies.
- Local tobacco programs’ focus on tobacco retail environment policy is resulting in gains toward policy adoption.
- Local tobacco programs that have had SPArC Tobacco-Free funding, in addition to TPEP Core funding, were far more likely to advance tobacco retail policies.
- The HPCDP Policy Change Process Model is an effective tool for measuring local progress on policy change initiatives.



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Program Description
Purpose & Key Evaluation Questions
Tobacco Retail Policies Logic Model

INTRODUCTION



Introduction: Program Description, Purpose, & Key Evaluation Questions

Program Description

Oregon's Tobacco Prevention and Education Program (TPEP) has funded all county Local Public Health Authorities (LPHA) to advance tobacco control efforts in local communities since 1998 (Core TPEP). Implementing tobacco retail policies is one of the priorities of Core TPEP.

The Strategies for Policy And enviRonmental Change, Tobacco-Free (SPArC Tobacco-Free) projects were awarded additional funds (based on a competitive process). The primary purpose of this funding is to advance policy, systems, and environmental changes that reduce the influence of tobacco product marketing and promotion.

Changing and implementing tobacco retail policies is a relatively new body of work for tobacco control programs, both nationally and in Oregon. Thus, Oregon is in the introductory stages of the initiative. Local tobacco programs have been required to work on improving tobacco retail environments since fiscal year 2013. This effort began with a requirement for each county to conduct a thorough observational assessment of the local retail environment. Since then, counties have been working to improve conditions through engagement and policy. The Tobacco Retail Policies Logic Model developed during the beginning stages of the evaluation is shown on page 8.

In 2016, the Oregon Health Authority (OHA) awarded SPArC funding to seven local tobacco programs to implement policy, systems, and environmental tobacco prevention strategies designed to reduce the influence of tobacco in the retail environment and to reduce tobacco

use disparities in Oregon. These seven local tobacco programs worked with appropriate jurisdictions to adopt and implement tobacco retail strategies "recommended" by the Center for Public Health Science in the 2014 Point-of-Sale Strategies: A Tobacco Control Guide.¹

Purpose & Key Evaluation Questions

In 2016, the OHA's Public Health Division (OHA-PHD) Health Promotion and Chronic Disease Prevention (HPCDP) Section contracted with the Rede Group to provide consultation and support in evaluating TPEP and SPArC program efforts. The Rede Group's evaluation team for this project included Eric Einspruch of ELE Consulting, LLC, and Bonnie Gee Yosick of Bonnie Gee Yosick, LLC.

The Tobacco Retail Evaluation (TRE) was developed using a utilization-focused evaluation framework.² Utilization-focused evaluation is an approach based on the principle that an evaluation should be judged on its usefulness to, and its use by, the intended users of the evaluation. The evaluation was, therefore, planned and conducted in ways intended to enhance the utilization of the findings, and the evaluation process itself, to inform decisions about future TPEP and SPArC programs. The evaluation was also intended to inform decisions on spending and to improve professional practice within the realm of population-based, policy-focused tobacco prevention. The evaluation team engaged a group of primary intended users, in this case the TRE User Panel, to work with the evaluation team to focus the evaluation, participate in designing the data collection and analytic methods, and assist with data interpretation and reporting. The TRE User

Panel included seven local tobacco program coordinators (SPArC and non-SPArC) and two HPCDP staff. Grantees were geographically diverse and were at different points along the continuum of tobacco retail policy change.

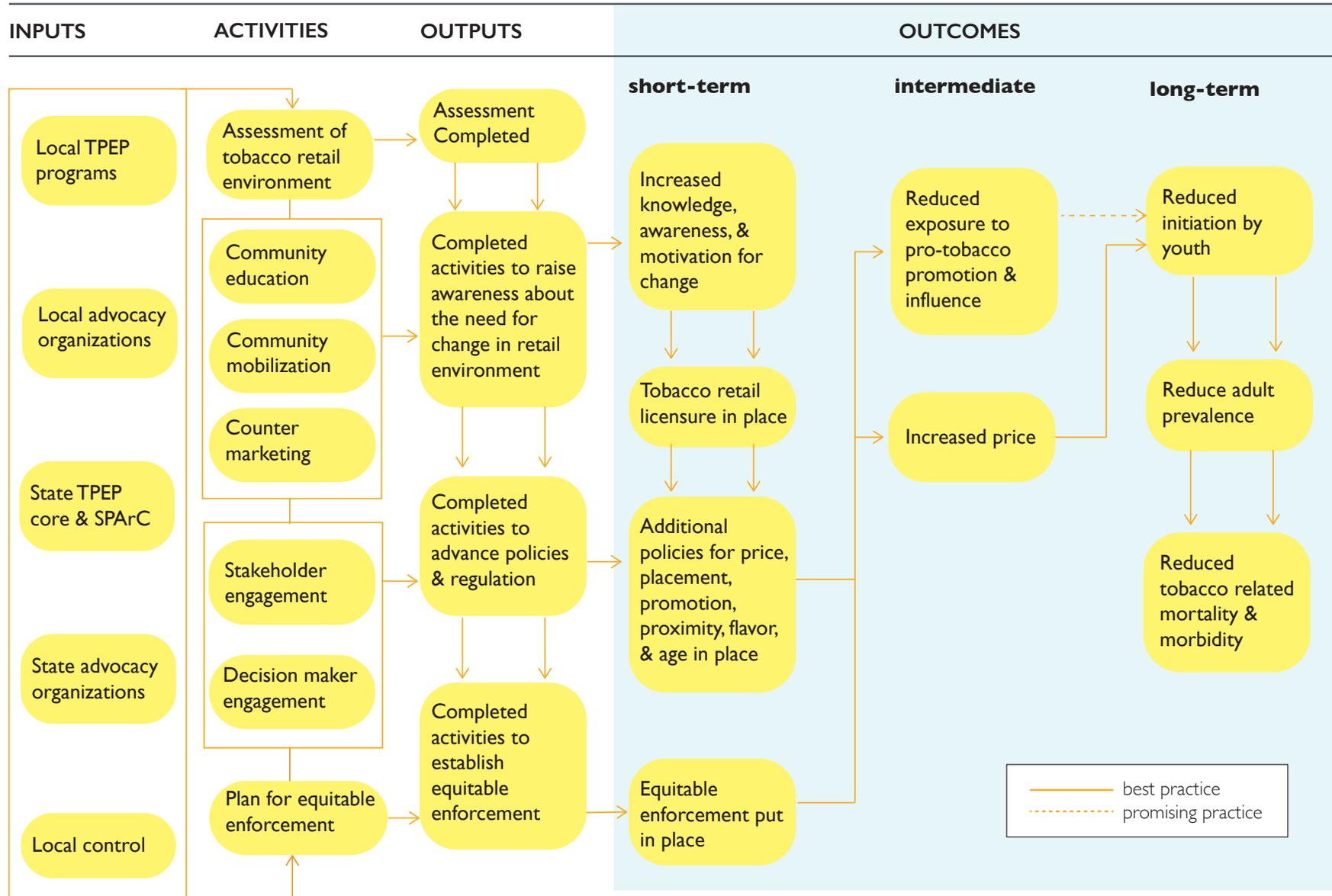
The primary intended users of this evaluation are SPArC Tobacco-Free program coordinators, Core TPEP coordinators, and HPCDP. The primary intended use of the comprehensive statewide TRE is to develop a broader understanding of promising practices for tobacco retail prevention that will apply statewide. This understanding emerges from data the evaluation team assembled from all Oregon counties, including counties that do not appear to be making much progress in advancing a tobacco retail strategy in their communities.

This evaluation sought to increase the understanding of essential elements that will lead to success in establishing effective local tobacco retail policies in all counties in Oregon. Both SPArC and non-SPArC counties participated in the evaluation. Oregon's tobacco retail policy programs are still in their initial stages; therefore, the evaluation is designed using systems thinking to capture and map complex systems dynamics and interdependencies and to track emergent interconnections. The evaluation also sought to provide consistent, timely evaluation products to HPDCP and local tobacco programs. The key evaluation questions are listed on page 8 along with a map in Figure 2 showing counties that received SPArC and Core TPEP funding and counties that only received Core TPEP funding.

Introduction: Tobacco Retail Policies Logic Model

Figure 1: Tobacco Retail Policies Logic Model

This logic model was developed by the Tobacco Retail Evaluation User Panel to describe the theory of change for Tobacco Prevention and Education Programs funded and supported by HPCDP to reduce tobacco use throughout Oregon. As a part of the Tobacco Retail Evaluation, local tobacco program coordinators reviewed this logic model examining its specific application to their TPEP work.



Key Evaluation Questions

The following key evaluation questions were identified through the utilization-focused evaluation engagement process.

1. Are there essential elements (such as funding, staff resources, community readiness, or staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the most significant challenges to passing strong tobacco retail policies?
3. In what ways did local tobacco programs make progress toward adopting tobacco retail policies? Were SPArC grantees able to achieve more progress?

The purpose of this document is to report the findings from the evaluation of the 2016-2017 TRE. Following this introduction, the authors describe the evaluation methods, present findings from the evaluation, and provide conclusions and recommendations.

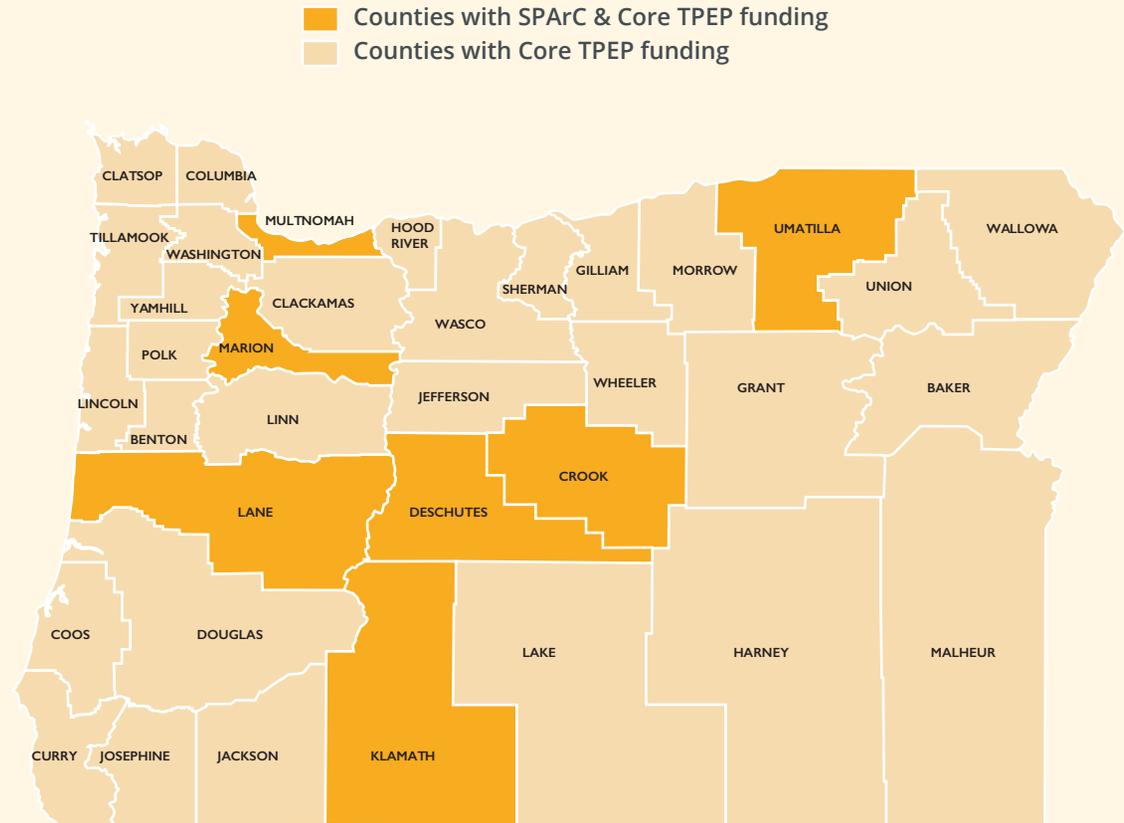


Figure 2: Tobacco Retail Evaluation 2016-2017 SPArC & TPEP Funded Counties

The map above depicts counties that have SPArC & Core TPEP funding and counties with only Core TPEP funding.

*Stakeholder Engagement
Evaluation Plan & Design
Instrument Development, Data Collection, & Data Analysis
Strengths & Limitations*

.....

EVALUATION METHODS



Stakeholder Engagement

Stakeholder engagement was a strong focus of the Tobacco Retail Evaluation. The evaluation team worked closely with HPCDP to develop the Tobacco Retail Evaluation User Panel (See appendix A), a small group of primary intended users that included seven local tobacco program coordinators, one from Clackamas, Deschutes, Hood River, Lane, Multnomah, Polk, and Umatilla Counties, and two HPCDP staff. The user panel guided the project to help ensure that the results of the evaluation would be useful and likely to be used.

Over the course of the evaluation, the TRE User Panel met in person five times to collaborate on shaping and executing the evaluation. The TRE User Panel also reviewed project documents and provided written feedback. With the exception of three members who left their positions (and therefore the TRE User Panel) before the conclusion of the project, all TRE User Panel members participated throughout the entire evaluation.

TRE User Panel participants were selected based on the following criteria:

- Interest in understanding and improving tobacco retail policy practice
- Knowledgeable about tobacco prevention (ideally, have worked for one and a half years or more in the Tobacco Prevention and Education Program (TPEP))
- Open to critical reflection, learning, and dialogue
- Connected to an important stakeholder group or constituency
- Credible among local tobacco program coordinators and HPCDP staff

- Teachable—willing to gain a new outlook and skills from the evaluation
- Represent diversity among grantees through the geography and population size of their county
- Available for interaction throughout the evaluation process
 - Participate in three to four, in-person, five to seven hour meetings at various locations throughout the state (travel was paid by Rede Group)
 - Participate in three to four, 60-minute phone/video conferences
 - Carry out reading and additional assignments related to the evaluation (approximately 3 hours per month)
 - Timeframe: July 2016 – June 2017

The TRE User Panel helped:

- Refine and define the primary purposes of the evaluation
- Focus the evaluation
- Form key evaluation questions
- Develop data collection methods
- Review simulated results
- Review findings
- Provide insight into analysis, interpretation, judgment, and recommendations based on results

All local tobacco program participation

The larger group of all local tobacco program coordinators were also engaged in the evaluation. The evaluation team and TRE User Panel communicated and sought feedback from all local tobacco program coordinators via in-person meetings, email, webinars, and surveys. In August 2016 all local tobacco program coordinators were invited to an evaluation kick-off meeting to learn about the evaluation plan and provide

feedback. Twenty-two local tobacco program coordinators attended the kick-off meeting. During this meeting grantees reviewed and provided feedback on the tobacco retail policies logic model (see Figure 1), policy change process model, evaluation plan, and results of the 28-Day Rapid Response Survey & Report: Tobacco Retailer Engagement. Then, in October 2016, all local tobacco program coordinators attended the Grantees & Contractors meeting and a portion of the meeting was dedicated to a detailed explanation of the Policy Change Process Model and point-in-time assessment. In January 2017, the evaluation team conducted a webinar to help coordinators increase documentation and use policy change process outputs, outcomes, and milestones to improve their understanding of policy change efforts. Coordinators participated in three, 28-Day Rapid Response Surveys and two point-in-time assessment surveys throughout the evaluation.

Evaluation Plan & Design

In consultation with the TRE User Panel and HPCDP, the evaluation team developed an evaluation plan to address the key evaluation questions (See appendix B). The evaluation combined various methods to address the key evaluation questions and provide specific evaluation reports to local programs. Table 1 on page 21 provides an overview of evaluation activities designed to address evaluation questions and goals. Each of the methods is described in the following pages.

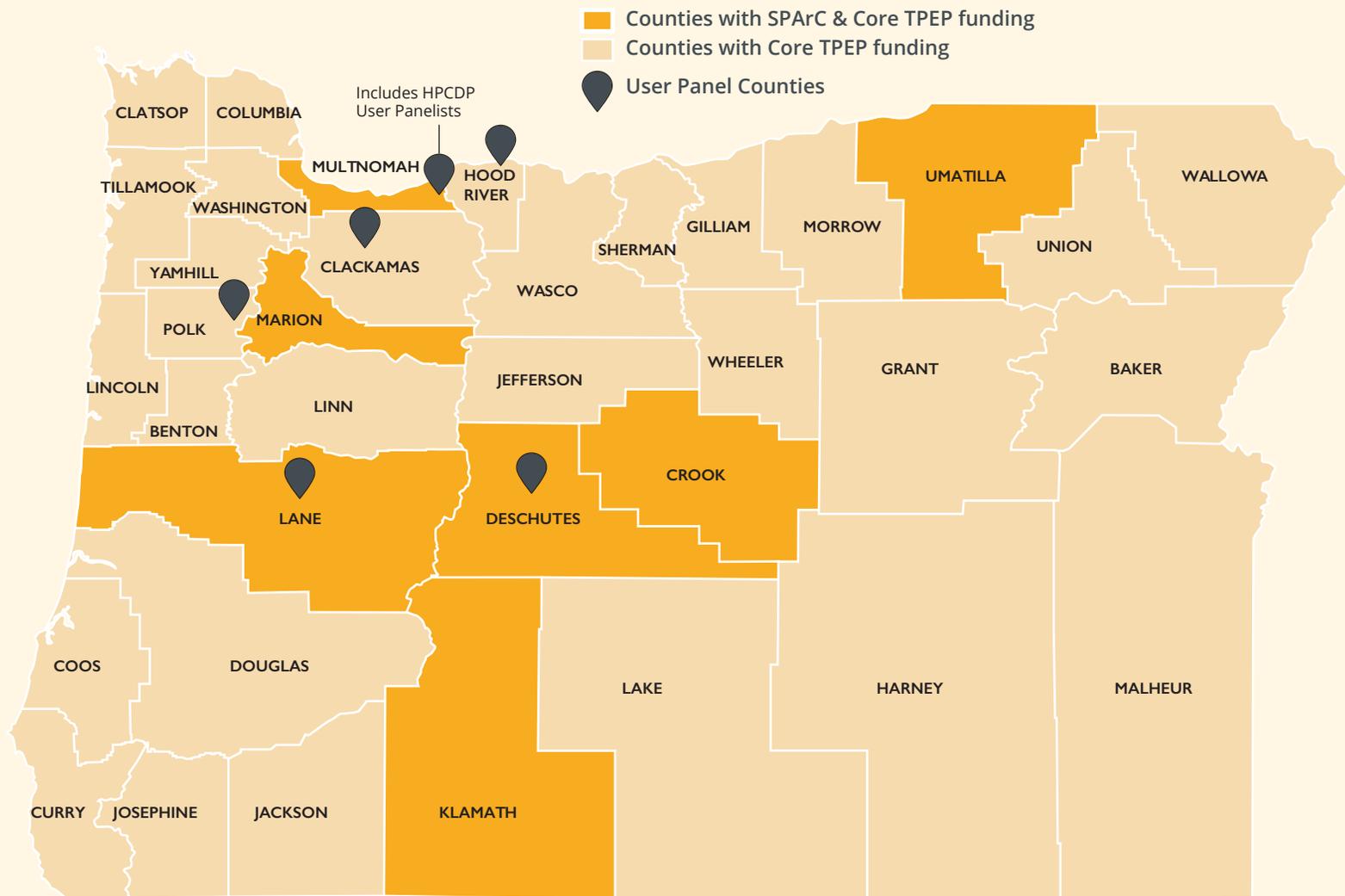


Figure 3: Tobacco Retail Evaluation 2016-2017 SPARC & TPEP Funded Counties & User Panel Members
 The map above shows counties that have SPARC & Core TPEP funding and counties with only Core TPEP funding, as well as the geographic location of each of the local tobacco program coordinator TRE User Panel members.

Expert Interviews

Instrument Development

The evaluation team reviewed relevant literature regarding policy change process, and discovered that very little literature exists on this topic. First, the team sought resources regarding policy change models. Cerna (2013)³ reviewed theoretical approaches to policy change and implementation. She noted that both policy-making and implementation are composed of multiple layers (e.g., institutional, regional, state, federal, or local), and that policy change and implementation research and practice are complex. Maloughney (2012)⁴ sought to identify policy process frameworks that have been successfully applied to inform understanding of, or action on, a public health-related public policy. He provided theoretical descriptions of change, reviewed relevant literature, and found that the most common approach was the Multiple Streams⁵ framework. This framework “explains how policies are made under conditions of ‘ambiguity,’ where there are many ways of thinking about the same circumstance or phenomenon” (page 5). He also commented on implications for policy engagement. Ashford, et al. (2006)⁶ described a model that illustrates the policy process and how agenda-setting, coalition building and policy learning can together create a window of opportunity for policy change. Finally, HPCDP’s Policy Change Process Model (PCPM) was also considered, since it has guided previous work by the Oregon Health Authority. This model describes nine steps in the policy change process: identify and frame the problem, engage community and stakeholders, assess readiness for policy change, generate political will, generate

community support, provide public education, provide decision maker education, draft policy and plan implementation, adopt the policy, implement the policy and support compliance, and evaluate the impact of the policy.

Next, the team sought resources regarding elements necessary to support policy change. Borland and Schwartz (2010)⁷ reviewed the literature and initiatives regarding the effectiveness of tobacco protection, prevention, and cessation activities potentially relevant to the public health community. They noted that “there is a paucity of research on the most effective ways to support the development and implementation of smoke-free policies” (page 10). They also commented that preparation, planning, and logistics are central to policy success at both the development and implementation stages. Brownson, R.C., et al.(2009)⁸ described three key domains of evidence-based policy: process, content, and outcomes. They also described actions to further evidence-based policy, as well as barriers to implementing effective public health policy. The Center for Public Health Systems Science (2016)⁹ is part of the Advancing Science and Policy in the Retail Environment (ASPiRE) consortium funded by the National Cancer Institute to conduct research on state and local policies to restrict tobacco marketing. They discussed barriers to tobacco retail policy activity, and resources most needed to advance tobacco retail policy. In another report, The Center for Public Health Systems Science (2014)¹⁰ noted, “the same mobilization efforts needed for traditional policy approaches (e.g., informing community members, engaging

policy makers, identifying key partners, and highlighting priority issues) can be revitalized for use with point-of-sale strategies”. They also provided guidance for building support for point-of-sale strategies.

Based on the documents identified above, the evaluation team assembled a list of 18 elements that could contribute to policy change. These elements are listed in Figure 6 on page 21.

The evaluation team developed an interview guide (see appendix C) that incorporated the list of 18 potential elements and a rating scale from 1-5 (1=not important, 2= slightly important, 3= moderately important, 4=very important, and 5=extremely important) to identify the level of importance in passing tobacco retail policy. Elements could also be indicated as not available (N/A). The interview guide included additional open-ended questions around how important elements had been in passing policy.

Data Collection

Expert Interviewee Selection: The evaluation team worked with the TRE User Panel and HPCDP to identify local and national tobacco retail environment policy experts who met the following criteria:

- Recent (within three year) success in best practice tobacco retail environment policy change in a locality where they were integrally involved in leading the effort or, in the case of state level experts, where they were involved in monitoring and supporting the effort
- Geographic diversity

Figure 4: Expert Interview Participants



Conducting Interviews: In December 2016 the evaluation team interviewed 15 national and local experts who had been successful in passing tobacco retail policy. Upon reviewing the initial results, the TRE User Panel recommended interviewing five additional experts to obtain a wider geographic representation. The second round of interviews was conducted in January 2017, with an additional inclusion criteria so that only individuals who had been successful in passing a tobacco retail license policy or other plug-in policy such as tobacco flavor restrictions were interviewed. Policies raising the legal sales age of tobacco

products to 21 were excluded in the second round of interviews due to differences in how these policies were implemented.

In total, 12 local and 8 national policy experts were interviewed. The list of experts interviewed is shown in Table 2 on page 22. Interviewees included individuals from California, Colorado, Illinois, Massachusetts, Minnesota, Oregon, and Rhode Island.

The purpose of the interviews was to obtain their perspective regarding which elements are critical to (or necessary for) success in changing local tobacco retail policy. Local experts were asked to rate elements based on their experience passing a specific point-of-sale policy. Four local experts rated elements based on their experience passing a tobacco retail license and one on a non-cigarette tobacco retail license (non-cigarette tobacco products include any product that contains tobacco or nicotine as well as any electronic device that can be used to deliver nicotine or tobacco), six on a policy restricting the sale of flavored tobacco products, and one on a policy to raise the legal sales age of tobacco to 21. Experts were asked to rate each element on their general experience working to implement tobacco point-of-sale policies. With that policy in mind, interviewees were then asked to rate the level of importance for each element in their tobacco point-of-sale policy efforts.¹¹ Next, interviewees were asked to comment on why elements were (or were not) important in their policy change effort. Finally, interviewees were asked if they would like to mention anything else to help the evaluation team understand the essential elements that communities must

have in place to move tobacco point-of-sale policies forward.

Analysis

Quantitative analysis was performed on data from the expert interview ratings of essential elements. Element ratings were entered into an Excel spreadsheet and analyzed to identify the elements with the highest ratings across interviews. National and local expert ratings were compared for all elements. Interview notes were uploaded to Dedoose¹² qualitative analysis software and detailed explanations on how elements had been important or not important in passing tobacco retail policies were analyzed for themes.

Focus Groups

Instrument Development

The evaluation team developed a structured interview guide (See appendix D) with input from the TRE User Panel and HPCDP. The guide was developed to elicit responses about challenges, focusing on experiential feedback.

Data Collection

Participant Selection: Focus group participants were selected based on the following criteria:

Local Tobacco Program Coordinators:

- A blend of SPArC and non-SPArC local tobacco program coordinators
- Local tobacco program coordinators that were not on the TRE User Panel
- Local tobacco program coordinators who had worked in the Tobacco Prevention and Education Program for 3 months or longer
- A blend of local tobacco program coordinators from both urban and rural counties

- HPCDP Staff & Managers:
 - A blend of HPCDP Community Programs Liaisons and supervisors
 - A blend of Community Programs Liaisons that work with urban and rural counties
 - Worked in the Tobacco Prevention and Education Program for 3 months or longer

Conducting Interviews: Three focus groups were held: one with four HPCDP staff, one with three HPCDP managers, and one with six local tobacco program coordinators (three SPArC coordinators and three TPEP coordinators). A list of focus group participants is shown in Table 3 on page 23. Each focus group was held once, at a single point in time. A professional interviewer conducted the interviews and all interviews were recorded and transcribed.

Analysis

Focus group transcripts were uploaded to Dedoose and the evaluation team performed content analysis. This analysis identified themes and specific narratives relevant to the evaluation questions. The evaluation team developed a coding scheme based on pre-determined and emerging codes. Interview transcripts were systematically excerpted and coded. A code table was then generated to examine the frequency of codes, overall and by interviewee. Coded excerpts were reviewed a second time to further inform and, in some cases, provide specific detail for the findings and recommendations contained in this report.

Point-in-time Assessments

Instrument Development

The point-in-time assessment tool (See appendix E) was developed using the stages

of the HPCDP Policy Change Process Model. The model, developed by local tobacco program coordinators and HPCDP in 2014, outlines nine stages of policy change from initiation to evaluation (see Figure 7 on page 24). A survey was developed to prompt local tobacco program coordinators to identify their current stage of policy change for each of their tobacco retail policy initiatives. The instrument (See Appendix E) included the Policy Change Process Model and expanded descriptions. These expanded descriptions were developed by the evaluation team and reviewed by HPCDP and the TRE User Panel to assist grantees in accurately identifying a single stage of policy change. In addition to identifying their current stage, the survey asked participants to identify the policy strategy, jurisdiction, recent policy activities, and milestones achieved in the past three months. Questions about recent policy activity and milestones were incorporated in the survey to help the evaluation team verify the reported stage of policy change.

Data Collection

Two pen and paper point-in-time (PIT) assessment surveys were administered to all local tobacco programs—one in October 2016 and another in June 2017. In the survey, local tobacco program coordinators identified the current stage, within the HPCDP Policy Change Process Model, for each of their current tobacco retail environment strategies. PIT assessments were completed by 33 of the 34 local tobacco program coordinators.

Point-in-time assessments were spread out as far as possible, given the timeframe of the evaluation, to allow grantees the greatest amount of time for policy advancement.

A detailed introduction of the policy change process model and point-in-time assessment was given during an all grantee and contractor meeting to help coordinators accurately identify their current stage of policy change for each of their tobacco retail policy initiatives. Prior to the meeting, coordinators were given a version of the point-in-time assessment and for each of their policy initiatives were asked to list the jurisdiction, recent policy activity, and milestones that have been achieved. During the in-person meeting the evaluation team provided a demonstration of how to complete the assessment and coordinators were given the opportunity to ask questions and receive support from an evaluation team member in completing PIT 1. Prior to the administration of PIT 2, new coordinators that were not present during the 2016 Grantees & Contractors training were encouraged to participate in a webinar conducted by the evaluation team as an introduction to the Policy Change Process Model and point-in-time assessment. This training was similar to the training that all coordinators had received at the in-person meeting.

Analysis

Analysis was conducted to examine the number of policy initiatives being implemented, along with the type of policy and jurisdiction including the percent of policy initiatives at each stage of the policy change process. PIT 1 data were reported to local tobacco program coordinators and HPCDP in December 2016 (See Appendix F for the whole report). Point-in-time assessment data collected in June 2017 was analyzed for progress reported between PIT 1 and PIT 2. The evaluation team tabulated

PIT assessments and conducted comparisons between PIT 1 and PIT 2 to calculate the number of local tobacco program tobacco retail policy initiatives that advanced along the policy change process. Analysis was also performed to compare policy advancements (using the HPCDP Policy Change Process Model) made by SPArC funded local tobacco programs and non-SPArC funded programs.

Local Tobacco Program Coordinator Interviews and Surveys

Instrument Development

The evaluation team developed a survey (See Appendix G) for local tobacco programs that experienced the greatest progress along the policy change process from PIT 1 to PIT 2. The survey incorporated the list of 18 potential elements for successful policy change from the expert interview survey.

An interview guide (See appendix H) was developed and administered to all other local tobacco program coordinators. This guide was developed to, first, verify the data provided on their two point-in-time assessments, then gather information about changes in policy strategies from PIT 1 to PIT 2, and the reasons for a lack of progress in advancing policy from PIT 1 to PIT 2.

Data Collection

Surveys were distributed through email to the four local tobacco program coordinators that made the greatest progress in the policy change process from PIT 1 to PIT 2. Similar to the expert interviews, information was collected from coordinators about the importance of each element in their policy advancement from PIT 1 to PIT 2. Additional data were collected from the coordinators'

rankings of the elements that were most important in order of greatest importance to least importance. Elements could also be indicated as not available (N/A). Survey responses were received from three of the four local tobacco program coordinators.

Twenty-five local tobacco programs participated in an approximately 15-minute long phone interview regarding the reasons for a lack of progress through stages of the policy change process from PIT 1 to PIT 2. In these interviews, local tobacco program coordinators were also asked to provide information regarding the reason for changing policy strategies from PIT 1 to PIT 2, if applicable. A note taker was present on the interviews.

Five local tobacco programs were not available for PIT 2 follow-up interviews, either due to leaving their position or being out of the office during the time interviews were conducted.

Analysis

Local tobacco program coordinator interviews and surveys were analyzed for themes. Data for each question was entered into an Excel spreadsheet and analyzed for the most common reasons for changing strategies and for lack of policy progress from PIT 1 to PIT2.

28-Day Rapid Response Survey and Reports Instrument Development

Between July 2016 and April 2017 three short surveys were developed to explore emerging issues as determined by HPCDP and the TRE User Panel. The evaluation team developed survey instruments that included

both multiple response and open-ended questions. These questions were entered into SurveyMonkey¹³, an online survey software, with applied skip patterns based on select responses. Each survey included approximately 9 to 12 questions.

To identify 28-Day Rapid Response Survey & Reports topics, the TRE User Panel and HPCDP staff were asked to actively listen for themes that emerged through their formal and informal discussions around tobacco retail policy efforts.

Data Collection

28-Day Rapid Response surveys (See appendix I) were administered to all local tobacco program coordinators through an email containing a link to the survey. Coordinators were given approximately one week to complete the short survey. 28-Day Rapid Response Survey & Report topics included: tobacco retailer engagement, preemption, and strategic partnerships. Each of the three surveys received responses from 30 to 32 of the 34 coordinators.

Analysis

Responses to 28-day surveys were analyzed using both quantitative and qualitative analysis techniques and reported to the local tobacco programs and HPCDP in approximately three weeks following data collection. Preliminary analysis and reports were distributed to the user panel and HPCDP for review.

See appendix J for 28-Day Rapid Response Survey Reports.

Strengths & Limitations

This section briefly mentions the primary strengths and weaknesses of the data collection activities.

Expert Interviews:

The primary strengths of the expert interviews were that a new instrument based on the existing literature was created, information was obtained from national and local experts, and key elements for making progress on the policy change process were identified. The primary limitation of this data collection activity was the relatively small sample size (other experts may have different perceptions) and that it focused mainly on one topic (tobacco retail licensure).

Focus Groups:

The primary strength of the focus groups is that they provided in-depth discussions about barriers to implementing policy change. The primary limitation of this data collection activity was the small sample size, which may limit generalizability (especially for the grantee focus group).

Point-in-time Assessments:

The primary strengths of the PIT assessments are that they tested the use of the policy change process model as an evaluation tool, as well as an organizing and communication tool; data were collected at two points in time to show change over time; data were obtained from nearly all local tobacco program coordinators; and special effort was given to verifying that coordinators had consistently completed the assessments (and to correct the data if necessary) to ensure high quality of the data. The primary limitations of this data collection activity were that there

was no comparison group, it was a self-report assessment, and the assessment may not have captured progress that coordinators feel is important if that progress doesn't advance them from one stage in the model to another.

Local Tobacco Program Coordinator Interviews And Surveys:

The primary strengths of this data collection activity were that additional data (qualitative) was obtained to further understand results from the point-in-time assessments, and those data was obtained from local tobacco program coordinators that made the most and the least progress in order to compare and contrast those coordinators. The main limitation of this data collection activity was that not all coordinators were interviewed, as some had left their position prior to interviews being conducted.

28-Day Rapid Response Surveys & Reports:

The primary strength of this data collection activity is that surveys were rapidly implemented and administered to all local tobacco program coordinators in response to emerging issues. This primary limitation to these surveys is that those data were collected at one point in time, so there was no opportunity to examine change over time.

Tobacco Retail Evaluation Project Timeline

Figure 5 on page 20 demonstrates the project timeline, including data collection, trainings, TRE User Panel meetings, and reports that were conducted during the course of the evaluation.

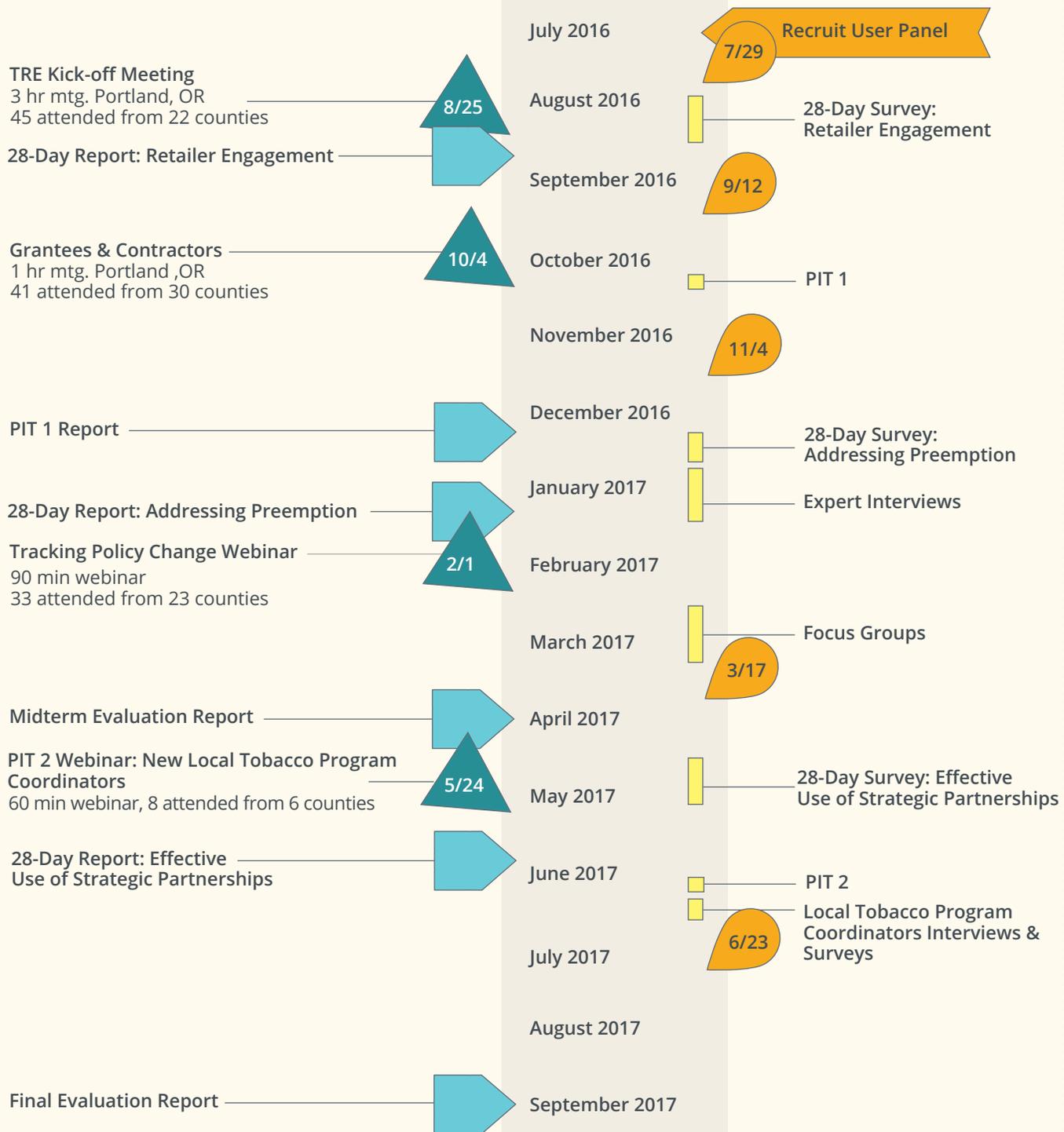


Figure 5: Tobacco Retail Evaluation Project Timeline

This timeline shows milestones throughout the Tobacco Retail Evaluation including TRE User Panel meetings, trainings, data collection efforts, and reporting.

Legend

- Data Collection
- Trainings
- User Panel Meetings
- Reports

Accomplishments to Date

Table 1: Key Evaluation Questions and Data Sources

KEQs	Data Sources				
	Expert Interviews	Focus Groups	Point-in-time Assessment	Local Tobacco Program Coordinator Surveys & Interviews	28-Day Surveys
KEQ 1: Are there essential elements (such as funding, staff resources, community readiness, or staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?	✓			✓	✓
KEQ 2: What are the most significant challenges to passing strong tobacco retail policies?		✓		✓	
KEQ 3: In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPArC grantees able to achieve more progress?		✓	✓	✓	
Ongoing Evaluation Feedback					✓

Figure 6: List of Elements That Could Contribute to Policy Change

Leadership and Policy Climate

1. Support of leadership within your agency.
2. Agency capacity and authority to build awareness, lead programs, or drive policy.
3. Political will (for example, policy maker interest in point-of-sale policies, or in addressing tobacco or public health issues).
4. Community will (for example, community member interest in point-of-sale policies, or in addressing tobacco or public health issues).

Information and Evaluation

5. An ability to identify and frame the problem (for example, data collection methods, tools, advice for presenting data from the retail environment and policies).
6. An assessment of local/state readiness for policy change (including access to decision-makers and local polling data).
7. Evidence of the impacts or effectiveness of point-of-sale policies for decreasing tobacco use rates.
8. Case studies (for example, best practices and success stories from other states or communities, or examples and models for future progress and implementation).

Resources

9. Funding for:
 - a. Additional staff or contractors
 - b. Paid media
 - c. Other, please specify

Collaboration

10. An active coalition (key individuals linked across government, academia, media, NGOs, advocacy groups, and business).
11. Advocacy support from state or national organizations.
12. Engaged youth.

Communication

13. Awareness among policy makers, the public, or others about the extent and impacts of tobacco at the point-of-sale.
14. Linking point-of-sale strategies to other priority community or public health issues.
15. Persuasive communication carried by earned or paid media.

Technical Assistance

16. Technical assistance or coaching from the state health department.
17. Legal and policy support (for example, assistance from legal staff to draft model policies, interpret existing laws, and find legal precedence or potential challenges).

Other

18. External force(s) as catalyst(s) of change (for example, timing related to a legislative session, something that happened in the community outside the control of those working on tobacco issues, etc.).

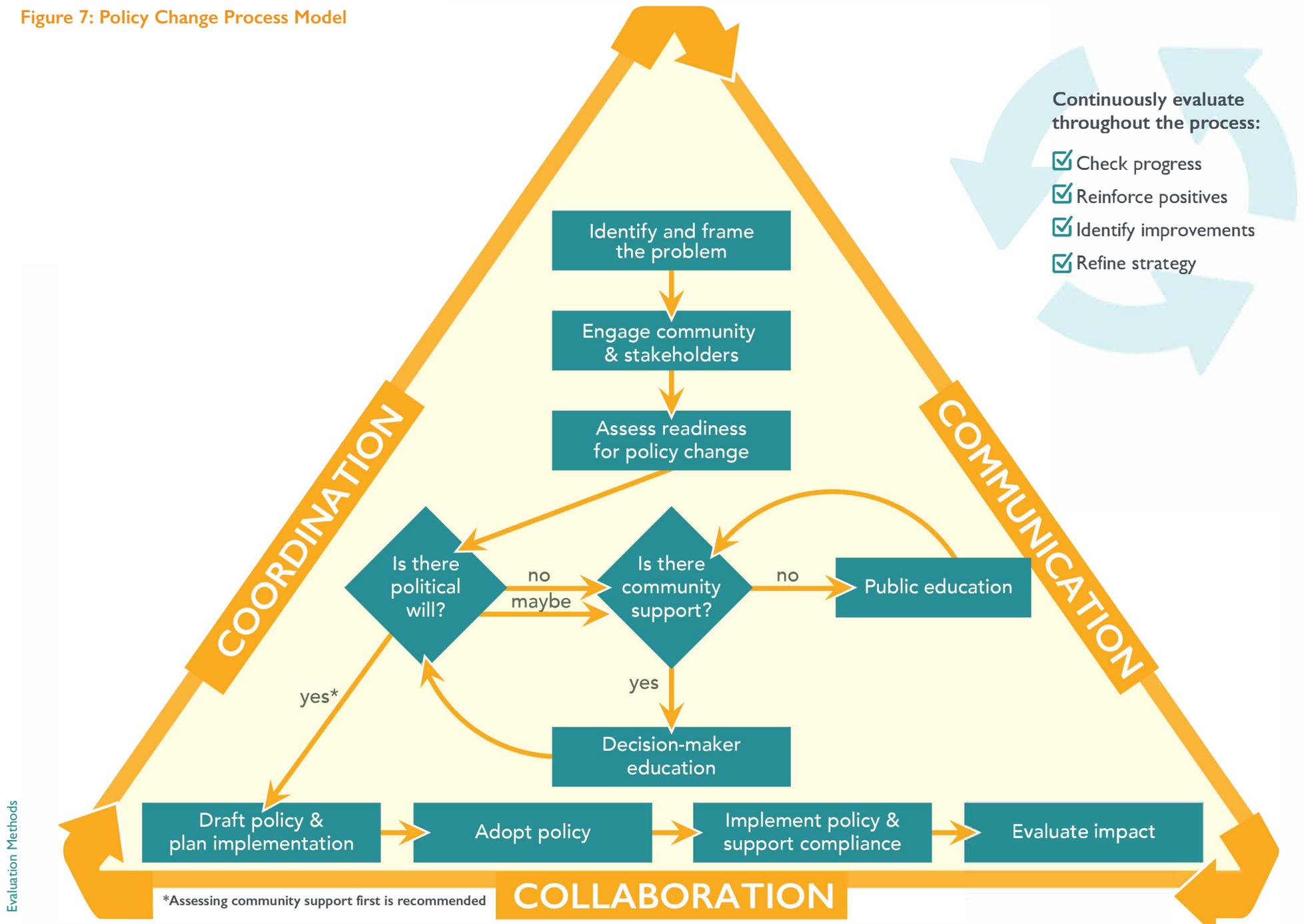
Table 2: Expert Interview Participants

Expert Type	Interviewee	Jurisdiction	Title	Organization
National	Bob Gordon	California	Project Director	California LGBT Tobacco Education Partnership
National	April Roeseler	California	Branch Chief	California Tobacco Control Program
National	Patricia Henley	Massachusetts	Director, Office of Community Health and Tobacco Use Prevention Division	Massachusetts Department of Public Health
National	Jennifer Robertson	Massachusetts	Policy Analyst	Massachusetts Department of Public Health
National	Cassandra Stepan	Minnesota	Local Tobacco Policy Planner	Minnesota Department of Health
National	Holly Heiberg	Oregon	Former Health Promotion Specialist	Oregon Health Authority
National	Erin Boles Welsh	Rhode Island	Manager, Tobacco Control Program	Rhode Island Department of Health
National	Geri Guardino	Rhode Island	Policy Analyst, Tobacco Control Program	Rhode Island Department of Health
Local	Paul Cummings	Hayward, California	Program Director, Tobacco Control Program	Alameda County Public Health Department
Local	Nicole Coxe	Santa Clara, California	Program Director	Santa Clara County Public Health Department
Local	Scott Schulle	Pueblo, Colorado	Health Educator, Pueblo Tobacco Education & Prevention Partnership	Pueblo City-County Health Department
Local	Jennifer Herd	Chicago, Illinois	Senior Health Policy Analyst	Chicago Department of Public Health
Local	Maureen Buzby	Melrose, Massachusetts	Tobacco Control Coordinator	Mystic Valley Public Health Coalition
Local	Joyce Redford	North Shore, Massachusetts	North Shore/Cape Ann TAPP, Program Director	North Shore Tobacco Control Collaborative
Local	Lara Pratt	Minneapolis, Minnesota	Manager, Minneapolis Healthy Living Initiative	Minneapolis Department of Health & Family Support
Local	Alicia Leizinger	St. Paul, Minnesota	Program and Policy Specialist	Association of Nonsmokers-Minnesota
Local	Alicia Griggs	Benton County, Oregon	Tobacco Prevention and Education Program Coordinator	Benton County Public Health Department
Local	Christy Inskip	Lane County, Oregon	Tobacco Prevention and Education Program Coordinator	Lane County Public Health Prevention Section
Local	Kari McFarlan	Multnomah County, Oregon	Community Wellness and Prevention Program Manager	Multnomah County Health Department
Local	Astrid Meijer	Chariho, Rhode Island	Coordinator	Chariho Task Force on Substance Abuse Prevention

Table 3: Focus Group Participants

Focus Group	Interviewee	Title	Organization
Local Tobacco Program Coordinator	Kylie Loving	SPArC Coordinator	Crook County
Local Tobacco Program Coordinator	Chantelle Smith	SPArC Coordinator	Klamath County
Local Tobacco Program Coordinator	Elizabeth Sampedro	TPEP Coordinator	Lincoln County
Local Tobacco Program Coordinator	Inga Suneson	SPArC Coordinator	Marion County
Local Tobacco Program Coordinator	Gwyn Ashcom	TPEP Coordinator	Washington County
Local Tobacco Program Coordinator	Elizabeth Sampedro	TPEP Coordinator	Yamhill County
HPCDP Staff	Andrew Epstein	Former Community Program Liaison	OHA, HPCDP
HPCDP Staff	Kim La Croix	Former Policy Specialist	OHA, HPCDP
HPCDP Staff	Shira Pope	Former Community Program Liaison	OHA, HPCDP
HPCDP Staff	Tara Weston	Policy Specialist	OHA, HPCDP
HPCDP Managers	Todd Beran	Surveillance and Evaluation Manger	OHA, HPCDP
HPCDP Managers	Karen Girard	Health Promotion & Chronic Disease Prevention Section Manager	OHA, HPCDP
HPCDP Managers	Luci Longoria	Health Promotion Manager	OHA, HPCDP

Figure 7: Policy Change Process Model



Essential Elements for Advancing Tobacco Retail Policy
Progress in Advancing Tobacco Retail Policy
Challenges to Advancing Tobacco Retail Policy
SPARC Tobacco-Free Grants

.....

FINDINGS



Findings: Essential Elements for Advancing Tobacco Retail Policy

Essential Elements for Advancing Tobacco Retail Policy

This evaluation sought to examine the question of whether or not there are “essential elements” that communities must have in place to move tobacco retail policies forward, and, if so, what those essential elements are.

Expert Interviews

The findings provided in this section are based on interviews with 20 national and local experts who had recent successes in passing tobacco point-of-sale policies. They indicated that the following elements are necessary for passing such policies:

- Legal and policy support;
- An active coalition;
- An ability to identify and frame the problem;
- Local public health agency capacity and authority to build awareness, lead programs, or drive policy;
- Political will;
- Awareness among policy makers and others about the extent and impact of tobacco at the point-of-sale; and
- Support of leadership within the agency.

Almost all (95% or more) of the interviewees identified **legal and policy support, an active coalition, and an ability to identify and frame the problem** as very or extremely important in passing a tobacco point-of-sale policy (see Figure 9 and Table 4 on page 28). Most (70%) of the interviewees mentioned that legal and policy support is important because they provide model policies, help draft policy, and help policy makers understand the legal implications of those policies. As one interviewee commented:

“We have three technical assistance providers who are all public health lawyers. This has had a big impact on our local legislation. They are able to advise people on what other places have done and to use similar language.”

—National Expert

Interviewees also commented that they had not previously seen a list of elements contributing to policy change, and were happy this one had been created. As one interviewee commented:

“The key elements are all listed here and it is great that this list will help give some priority.”

—National Expert

In addition, most (90% or more) of the interviewees identified **agency capacity and authority to build awareness, lead programs, or drive policy; political will; and awareness among policy makers and others about the extent and impact of tobacco at the point-of-sale** as very or extremely important in passing a tobacco point-of-sale policy. One other element, **support of leadership within the agency**, was considered important by 75% of the interviewees.

Figure 8: Tobacco Point-of-Sale Policy: Top Seven Elements Necessary for Success Rated by Experts as Very Important or Extremely Important (National n=8 Local n=12)

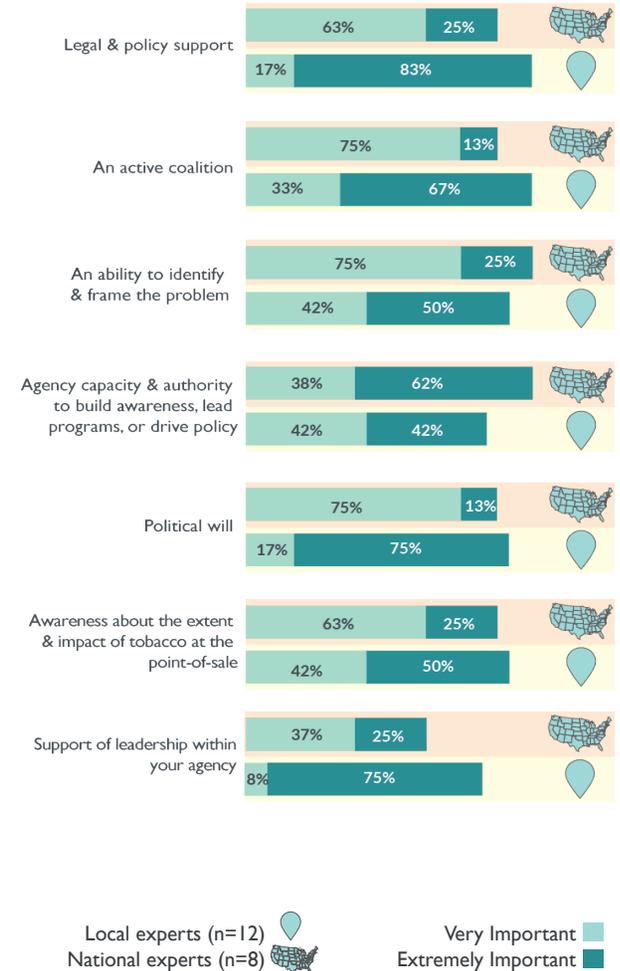


Figure 9: Tobacco Point-of-sale Policy: Elements Necessary for Success Rated Important or Extremely Important (n=20)

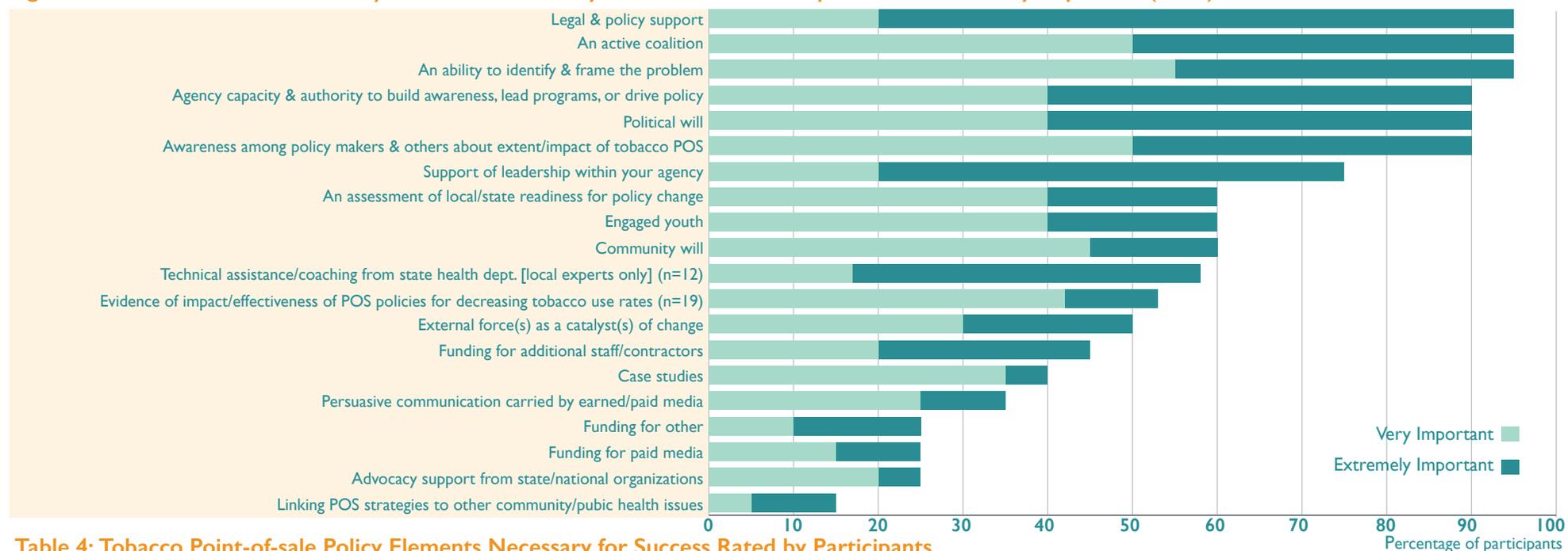


Table 4: Tobacco Point-of-sale Policy Elements Necessary for Success Rated by Participants

Element	Participant Ratings (Percentage of Respondents)					N/A
	1-Not Important	2-Slightly Important	3-Moderately Important	4-Very Important	5-Extremely Important	
Legal and policy support (for example, assistance from legal staff to draft model policies, interpret existing laws, & find legal precedence or potential challenges)	0	0	5	20	75	0
An active coalition (key individuals linked across government, academia, media, NGOs & advocacy groups, business)	0	0	5	50	45	0
An ability to identify & frame the problem (data collection methods, tools, advice for presenting data from the retail environment & policies)	0	0	5	55	40	0
Agency Capacity and Authority to build awareness, lead programs, or drive policy	0	0	10	40	50	0
Political will (policy maker interest in POS policies, or in addressing tobacco or public health issues)	0	5	5	40	50	0
Awareness among policy makers, the public, or others about the extent and impact of tobacco at POS	0	0	10	50	40	0
Support of leadership within your agency	0	10	15	20	55	0
An assessment of local/state readiness for policy change (including access to decision makers & local polling data)	5	20	15	40	20	0
Engaged youth	5	5	30	40	20	0
Community will (community member interest in POS policies, or in addressing tobacco or public health issues)	0	0	40	45	15	0
Technical assistance or coaching from the state health department [local experts only] (n=12)	17	17	8	17	41	0
Evidence of the impacts or effectiveness of point-of-sale policies for decreasing tobacco use rates (n=19)	0	21	26	42	11	0
External force(s) as a catalyst(s) of change (timing related to a legislative session, something that happened in the community outside the control of those working on tobacco issues, etc.)	5	10	30	30	20	5
Funding for additional staff or contractors	20	25	5	20	25	5
Case studies (best practices and success stories from other states or communities, or examples and models for future progress and implementation)	0	15	45	35	5	0
Persuasive communication carried by earned or paid media	10	20	35	25	10	0
Funding for other	5	0	5	10	15	65
Funding for paid media	30	25	15	15	10	5
Advocacy support from state or national organizations	0	20	55	20	5	0
Linking POS strategies to other priority community or public health issues	5	25	55	5	10	0

Figure 10: Tobacco Point-of-sale Policy: Elements Necessary for Success Rated as Very Important or Extremely Important Separated by National and Local Interviews (National n=8 Local n=12)

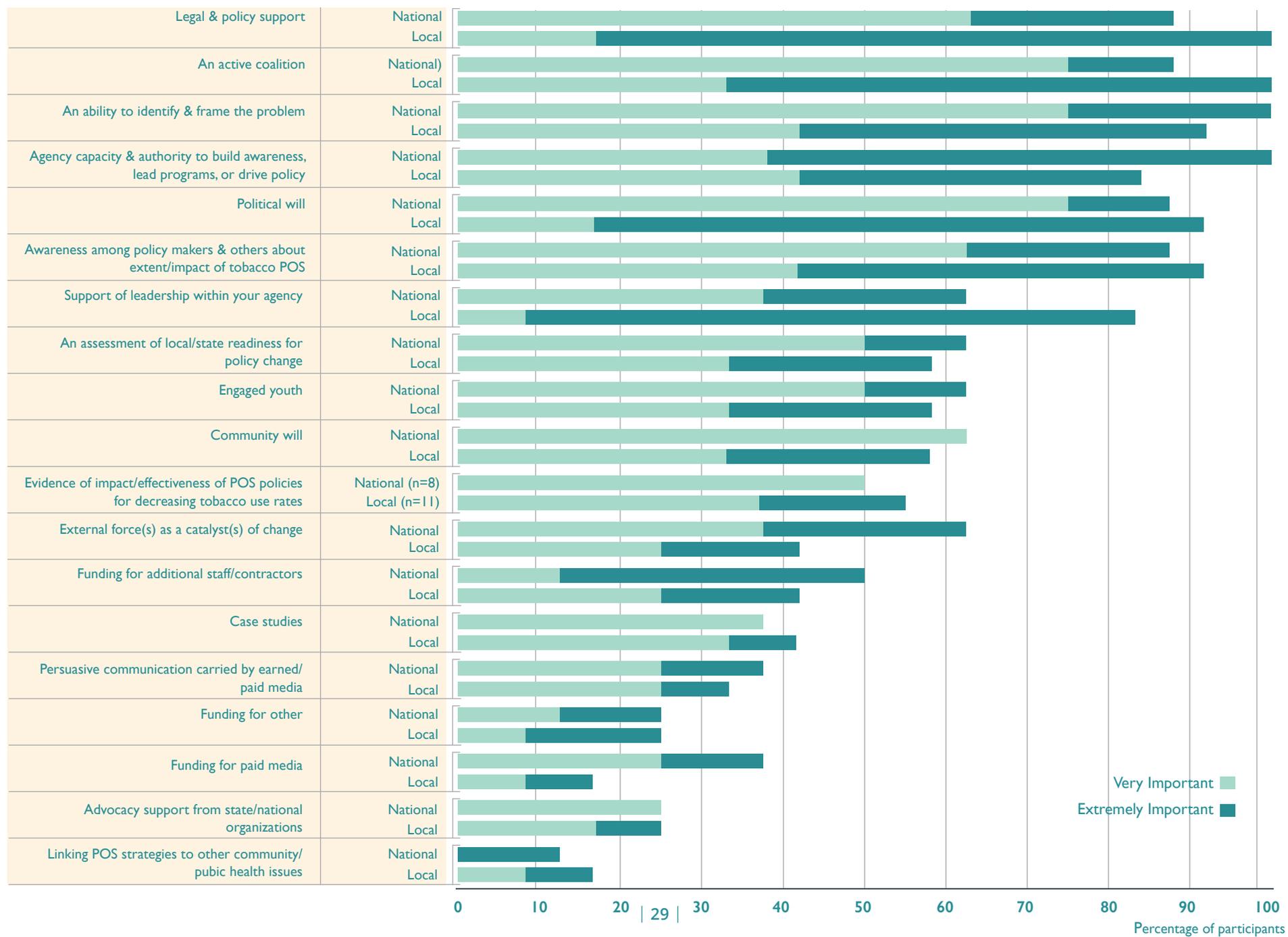


Table 5: Tobacco Point-of-sale Policy Elements Necessary for Success Ratings Separated by National and Local Interviews

Element	Type of Interviewee (National n=8) (Local n=12)	Participant Ratings (Percentage of Respondents)					
		1-Not Important	2-Slightly Important	3-Moderately Important	4-Very Important	5-Extremely Important	N/A
Legal and policy support (for example, assistance from legal staff to draft model policies, interpret existing laws, & find legal precedence or potential challenges)	National	0	0	12	63	25	0
	Local	0	0	0	17	83	0
An active coalition (key individuals linked across government, academia, media, NGOs & advocacy groups, business)	National	0	0	12	75	13	0
	Local	0	0	0	33	67	0
An ability to identify & frame the problem (data collection methods, tools, advice for presenting data from the retail environment & policies)	National	0	0	0	75	25	0
	Local	0	0	8	42	50	0
Agency Capacity and Authority to build awareness, lead programs, or drive policy	National	0	0	0	38	62	0
	Local	0	0	16	42	42	0
Political will (policy maker interest in POS policies, or in addressing tobacco or public health issues)	National	0	12	0	75	13	0
	Local	0	0	8	17	75	0
Awareness among policy makers, the public, or others about the extent and impact of tobacco at the point-of-sale	National	0	0	12	63	25	0
	Local	0	0	8	42	50	0
Support of leadership within your agency	National	0	13	25	37	25	0
	Local	0	8	9	8	75	0
An assessment of local/state readiness for policy change (including access to decision makers & local polling data)	National	13	13	12	50	13	0
	Local	0	25	17	33	25	0
Engaged youth	National	0	0	37	50	13	0
	Local	7	8	25	33	25	0
Community will (community member interest in POS policies, or in addressing tobacco or public health issues)	National	0	0	37	63	0	0
	Local	0	0	42	33	25	0
Evidence of the impacts or effectiveness of point-of-sale policies for decreasing tobacco use rates	National	0	13	37	50	0	0
	Local (n=11)	0	27	18	37	18	0
External force(s) as a catalyst(s) of change (timing related to a legislative session, something that happened in the community outside the control of those working on tobacco issues, etc.)	National	0	13	13	38	25	12
	Local	8	8	42	25	17	0
Funding for additional staff or contractors	National	0	38	12	12	38	0
	Local	33	17	0	25	17	8
Case studies (best practices and success stories from other states or communities, or examples and models for future progress and implementation)	National	0	0	62	38	0	0
	Local	0	25	34	33	8	0
Persuasive communication carried by earned or paid media	National	0	25	37	25	13	0
	Local	17	17	33	25	8	0
Funding for other	National	0	0	0	12	13	75
	Local	8	0	8	8	17	59
Funding for paid media	National	12	25	25	25	13	0
	Local	42	25	8	8	8	9
Advocacy support from state or national organizations	National	0	12	63	25	0	0
	Local	0	25	50	17	8	0
Linking point-of-sale strategies to other priority community or public health issues	National	0	37	50	0	13	0
	Local	8	17	59	8	8	0

Overall, national and local experts indicated little difference between their ratings of the elements, aside from three elements (see Figure 10 and Table 5 on page 29-30). These differences included **support of leadership within your agency** (63% of national experts and 83% of local experts rated this element as very or extremely important), **external force(s) as a catalyst(s) of change** (63% of national experts and 42% of local experts rated this element as very or extremely important), and **funding for paid media** (38% of national experts and 17% of local experts rated this element as very or extremely important). However, no statistical test of these differences was conducted due to the small sample size, and readers are cautioned accordingly in interpreting these differences.

Several elements were not considered essential for passing tobacco point-of-sale policies, as seen in the previous figures and tables. In particular, 40% or fewer of the interviewees thought that **case studies, persuasive media communication, funding for paid media or other efforts, advocacy support from state or national organizations, and linking point-of-sale strategies to other community or public health issues** were not essential to their success. However, this finding does not necessarily mean that these elements are not of value, or that additional resources for these elements would not be helpful. Rather, the results indicate that interviewees were able to pass policies with their existing level of resources for these elements, and that the previously mentioned elements were more critical.

28-Day Survey Regarding Coalitions

Based on the finding from the expert interviews about the importance of an active coalition, and at the request of the TRE User Panel, the evaluation team conducted a 28-Day Rapid Response Survey & Report of local tobacco programs to gather information about how Oregon's local tobacco programs engage strategic partners in tobacco retail policy work.

Local tobacco programs that were further along the policy change process at PIT 1 (i.e. past Stage 4: community outreach, engagement, & education; n=7), were twice as likely than local tobacco programs at Stage 4 or below (n = 27) to have identified partners for the **specific purpose of working on tobacco retail policy** together.

Local tobacco programs that were further along the policy change process were also more likely to have higher levels of engagement with partners including:

- Talking with decision makers to understand their position or to advocate for policy;
- Consulting or advising on implementation and enforcement;
- Assisting with public education;
- Completing assessments to identify and frame the problem; and
- Reviewing policy concepts to identify potential issues.

A full report outlining results from that survey is provided in Appendix J.

Follow-up Survey, Based on PIT Results

Coordinators from the four counties that experienced the most advancement between PIT 1 and PIT 2 responded to questions about the essential elements, specifically related to their policy work. In total, three local tobacco program coordinators completed surveys for five policy initiatives. The top rated essential elements identified by these counties were:

1. Supportive leadership within the local public health agency;
2. Ability to identify and frame the problem;
3. An active coalition; and
4. Local public health agency capacity and authority to build awareness, lead programs, or drive policy.

The above items, supportive leadership, identify and frame the problem, and an active coalition, all received that same average rating.

Findings: Progress in Advancing Tobacco Retail Policy

Tobacco Retail Policy Progress

This section of the report provides results from evaluation activities undertaken to measure local tobacco programs progress in advancing tobacco retail environment policies from October 2016 to June 2017. Information about local tobacco program progress in advancing tobacco retail policies was gathered through point-in-time (PIT) assessments and focus groups conducted with local tobacco program coordinators, HPCDP staff, and HPCDP managers.

Status at PIT 1: 78 tobacco retail policy initiatives underway in 67 jurisdictions in Oregon

Status at PIT 2: 78 tobacco retail policy initiatives underway in 70 jurisdictions in Oregon

Table 6: Point-in-time Status at the Tobacco Retail Policy Initiative Level (n=78)

PIT 1		PIT2
63%	Policy initiatives that involved a tobacco retail license (TRL)	65%
28%	Policy initiatives that involved raising the legal sales age of tobacco products to 21 (T21)	31%
10%	Policy initiatives that involved TRL and T21	12%
8%	Policy initiatives that involved policy activities other than TRL or T21	9%
40%	The greatest number of policy initiatives were found to be in the “Engage Community & Stakeholders” stage of the Policy Change Process Model	36%
17%	Policy initiatives that were in stages five, six, seven, or eight of the Policy Change Process Model	31%

Table 7: Point-in-time Status at the Local Tobacco Program Level (n=33)

PIT 1		PIT 2
58%	Local tobacco programs working on a TRL policy initiative	73%
30%	Local tobacco programs working on a T21 policy initiative	42%
9%	Local tobacco programs working on a policy initiative involving TRL & T21	15%

Figure 11: Tobacco Retail Policy Initiatives Stage of Policy Change at PIT 1 and PIT 2
Grantees identified their policy initiatives at the following stages at each point-in-time assessment (October 2016 & June 2017).

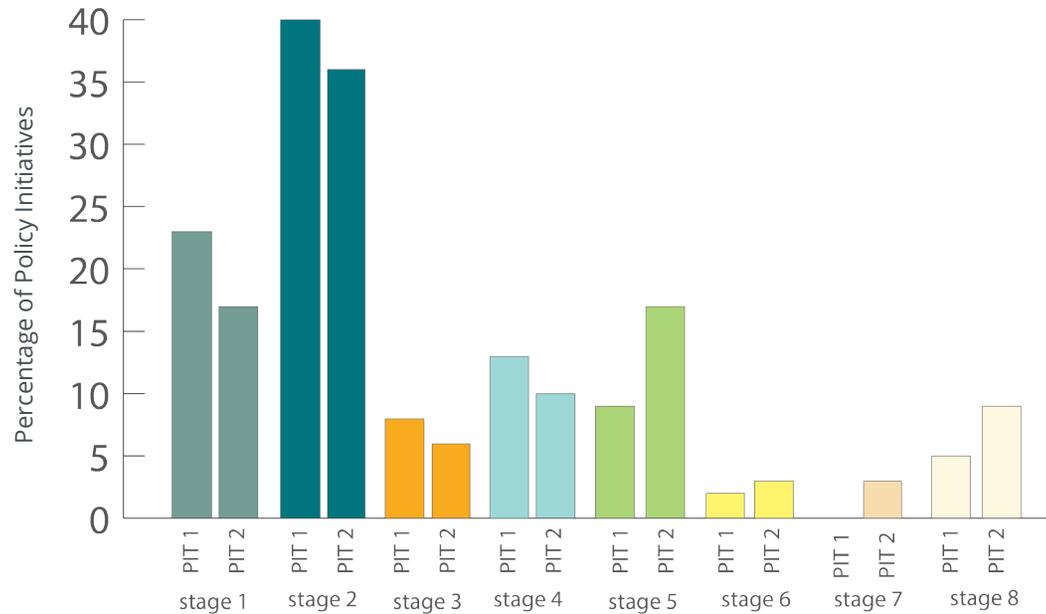


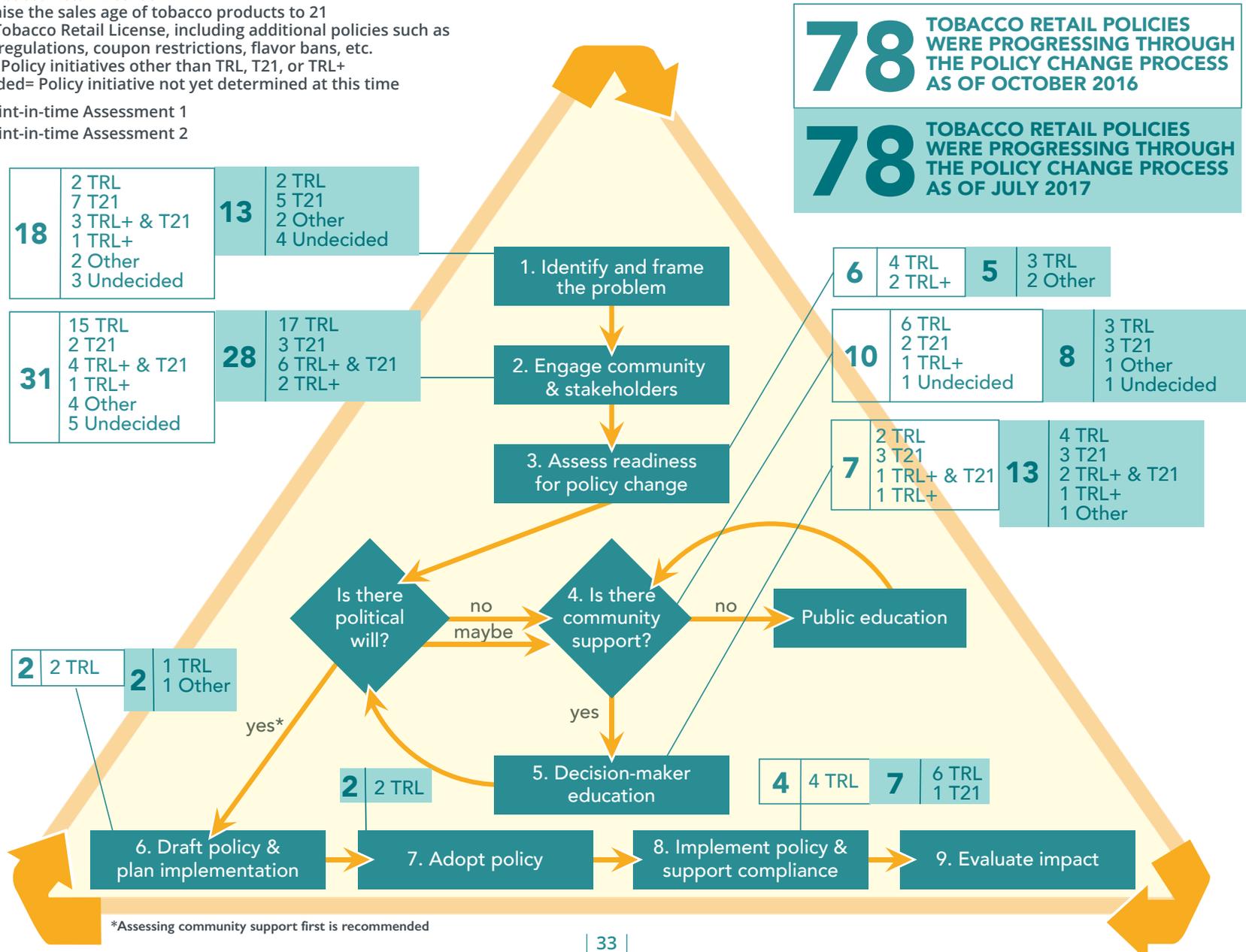
Figure 12: Policy Change Process Model (PCPM)

This depiction of the Policy Change Process Model shows the number and type of policy initiatives at each stage of the PCPM at each point-in-time assessment (October 2016 and June 2017).

PCPM Legend:

TRL= Tobacco Retail License
 T21= Raise the sales age of tobacco products to 21
 TRL+= Tobacco Retail License, including additional policies such as zoning regulations, coupon restrictions, flavor bans, etc.
 Other= Policy initiatives other than TRL, T21, or TRL+
 Undecided= Policy initiative not yet determined at this time

□ Point-in-time Assessment 1
 ■ Point-in-time Assessment 2

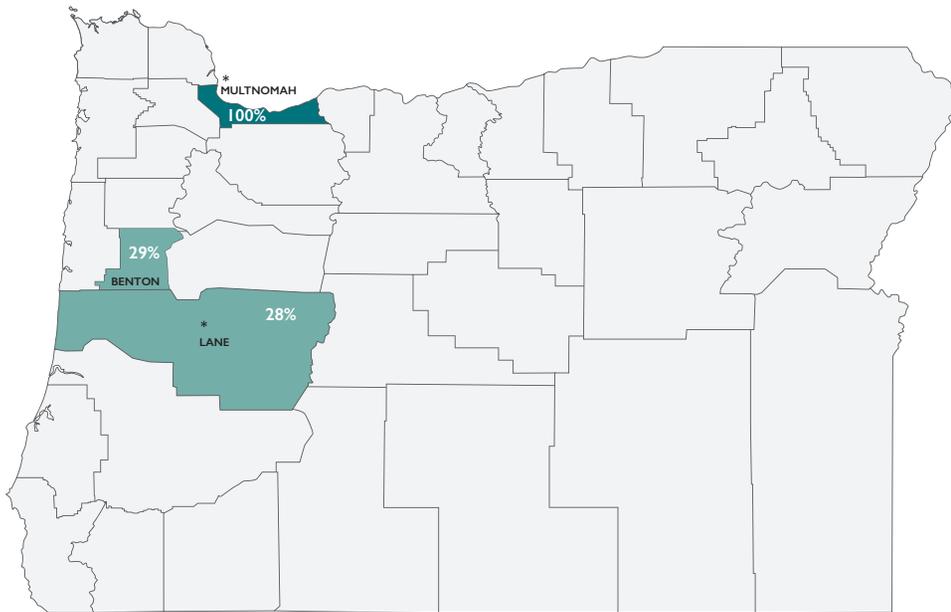


*Assessing community support first is recommended

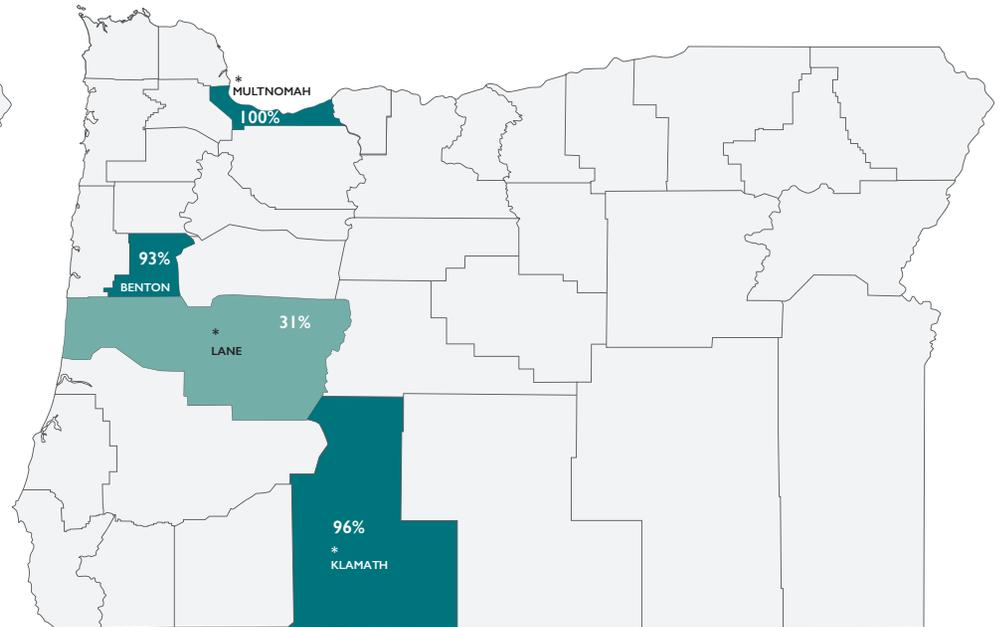
Figure 13: Tobacco Retail License Policy Coverage: Comparison PIT 1 & PIT2

The maps below compare the proportion of the county populations and the proportion of the state of Oregon’s population covered by tobacco retail licensure policies at point-in-time assessment 1 (October 2016) and point-in-time assessment 2 (June 2017).

Point-in-time Assessment 1: October 2016



Point-in-time Assessment 2: June 2017

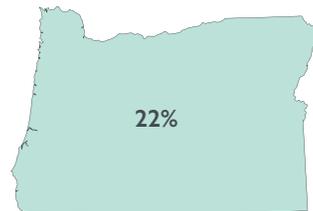


Legend:
County Population Coverage:

- 76 -100%
- 26 - 75%
- >26%
- No coverage

*SPArC Counties

State Population Coverage:



Legend:
County Population Coverage:

- 76 -100%
- 26 - 75%
- >26%
- No coverage

*SPArC Counties

State Population Coverage:

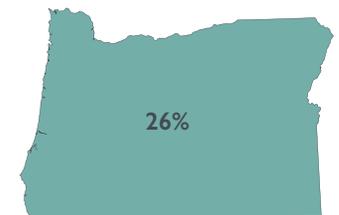
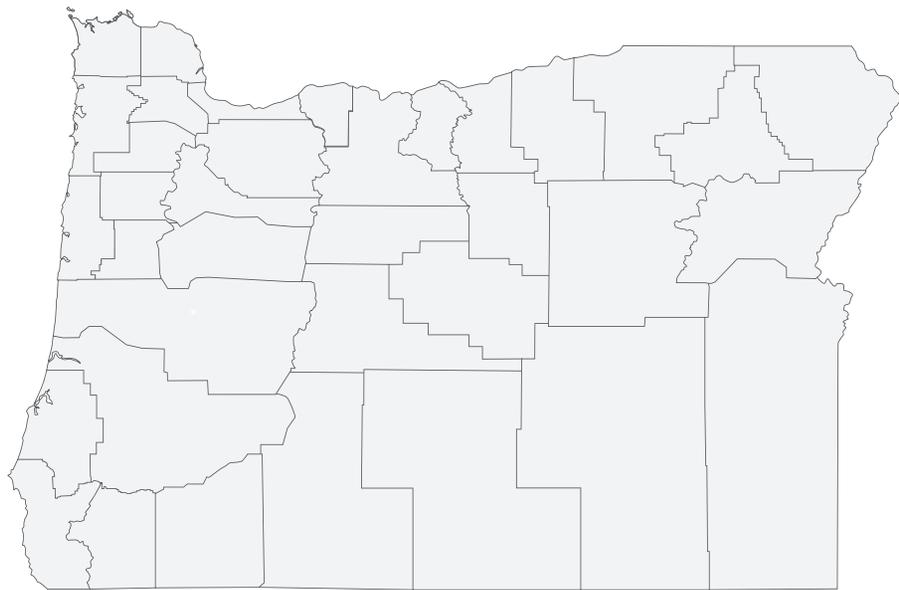


Figure 14: Tobacco 21 Policy Coverage: Comparison PIT 1 & PIT 2

The maps below compare the proportion of the county population and the proportion of the state of Oregon’s population covered by policies that raise the minimum legal sales age of tobacco products to 21 at point-in-time assessment 1 (October 2016) and point-in-time assessment 2 (June 2017). Oregon passed a statewide Tobacco 21 policy two months after point-in-time assessment 2 was conducted.

Point-in-time Assessment 1: October 2016



Point-in-time Assessment 2 (+ 2 months): August 2017



Legend:
County Population Coverage:

- 76 -100%
- 26 - 75%
- >26%
- No coverage

*SPArC Counties

State Population Coverage:



Changes from Point-in-time Assessment 1 to Point-in-time Assessment 2

At the tobacco retail policy initiative level

All tobacco retail policy initiatives (n=64)

- Local tobacco programs reported at PIT 2 that they were still working on 82% of the policy initiatives that they reported at PIT 1 (i.e., 64 comparable policy initiatives*)
- 41% of the comparable tobacco retail policy initiatives advanced one or more stages through the policy change process (see figure 15)
- Four local tobacco retail licensure policies were passed
- One local policy to raise the legal sales age of tobacco products to 21 was passed
- On average, local tobacco retail policy initiatives were at stage 3 (i.e., assess readiness for change) in PIT 1 and remained at stage 3 in PIT 2

Tobacco retail license (TRL) policy initiatives (n=44)

- Three new jurisdictions were working to implement a TRL policy from PIT 1 to PIT 2
- 39% of TRL policy initiatives advanced one

or more stages through the policy change process

- On average, local TRL policy initiatives were at stage 3 (i.e., assess readiness for change) in PIT 1 and stage 6 (i.e., draft policy and plan implementation) in PIT 2

At the local tobacco program level

- Over half (55%) of the local tobacco programs (n=29) had one or more policy initiatives that progressed one or more stages through the policy change process
- On average, local tobacco programs (n=29) made progress through one stage of the policy change process for their main policy strategy
- One fourth (28%) of the local tobacco programs (n=32) added a new policy strategy during the interval between PIT 1 and PIT 2
- Two thirds (63%) of the local tobacco programs with an undecided policy initiative at PIT 1 (n=8) declared that they were working on a best practice tobacco retail policy strategy at PIT 2

Five local tobacco retail policies have passed in Oregon. All of those policies have passed in counties that received SPArC funding in 2014 or 2016.

Table 8: Changes from PIT 1 to PIT 2 for 2016 SPArC funded programs compared to non-SPArC funded programs

SPArC Progress (n=7)		Non-SPArC Progress (n=22)
86%	Local tobacco programs that had one or more policy initiative that progressed one or more stages along the policy change process	37%
43%	Local tobacco programs that had more than one policy initiatives that progressed one or more stages along the policy change process	11%
2 stages	Local tobacco program average stages progressed through the policy change process for their main policy strategy	1 stage

Figure 15: Percent of Comparable Policy Initiatives Advanced from PIT 1 and PIT 2:

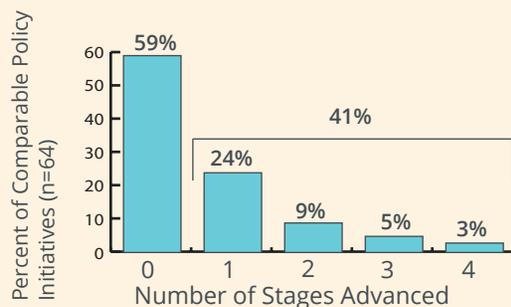
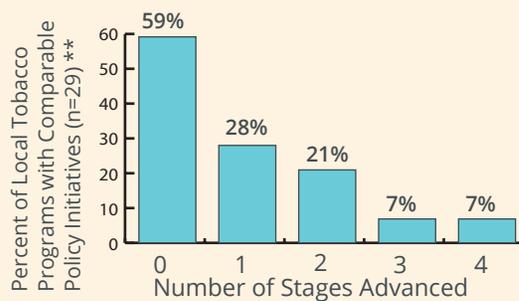


Figure 16: Percent of Local Tobacco Programs with Comparable Policy Initiatives that Advanced from PIT 1 and PIT 2:



*Comparable policy initiatives had to be defined as one of the following from PIT 1 to PIT 2:

- Same jurisdiction & same jurisdiction
- Same policy strategy & went from undecided jurisdiction to decided jurisdiction or decided jurisdiction to undecided jurisdiction
- Same jurisdiction & went from undecided policy strategy to decided policy strategy
- Undecided policy to decided policy & undecided jurisdiction to decided jurisdiction

**Percentages do not add to 100% because tobacco programs were working on multiple policy initiatives that advanced a different number of stages

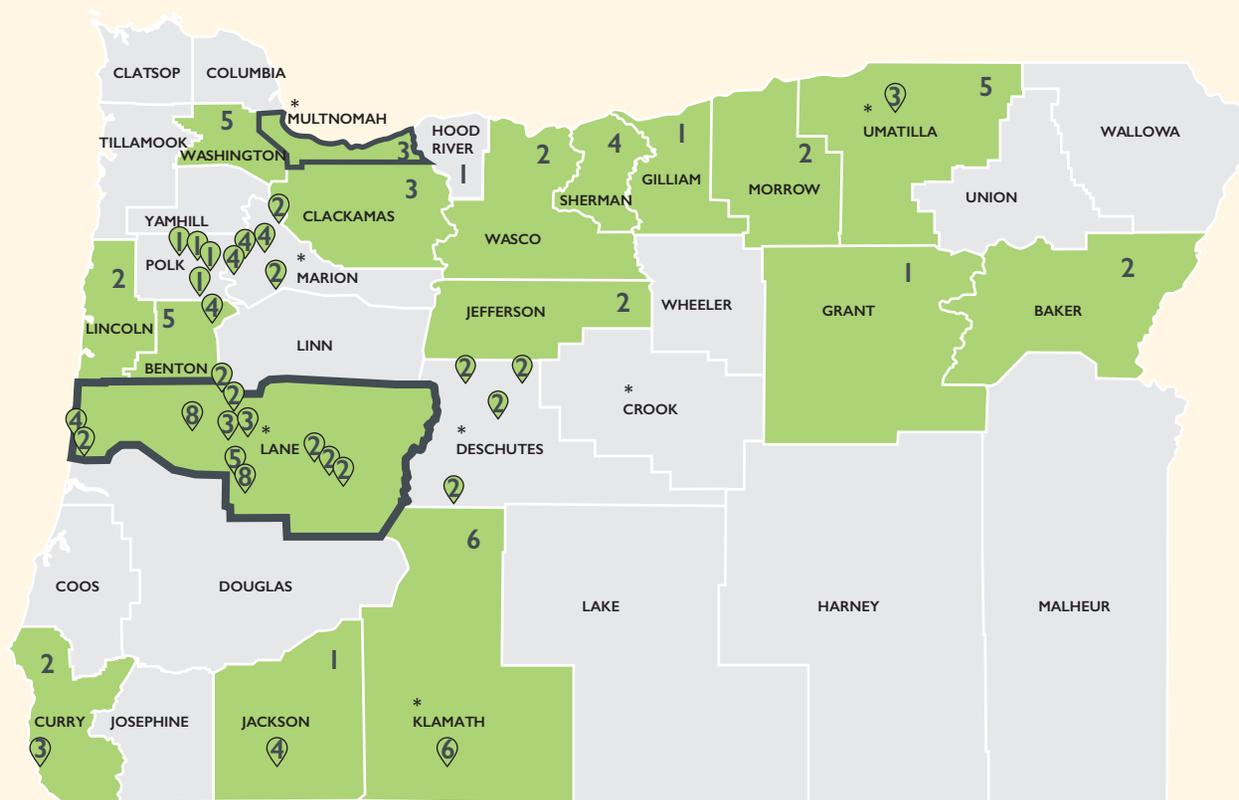
Point-in-time Assessments: Map Series

The following map series on pages 40 through 47 details the jurisdictions where tobacco retail policy activity occurred during the course of the evaluation. The series includes two maps for each policy type (TRL, T21, other, and undecided). The first map for each policy type provides information regarding policy activity in October 2016 from data collected in PIT 1. The second map for each policy type only shows counties with local tobacco programs with policy initiatives that advanced through the policy change process from PIT 1 to PIT 2.

Figure 17: Tobacco Retail License Policy Activity: October 2016

This map details the jurisdictions working to implement a tobacco retail license (TRL) policy and the stage of the policy change process for each policy initiative. Jurisdictions identified as working on TRL+ were working on a tobacco retail license policy that included additional policies other than raising the legal sales age of tobacco products to 21 (T21) such as zoning regulations, coupon restrictions, and flavor bans. Benton, Curry, and Multnomah Counties were working on countywide TRL+ policy initiatives. Curry, Deschutes, and Polk Counties were working on citywide TRL+ policy initiatives.

Tobacco Retail License Policy Activity: October 2016



- Policy Change Process Stage**
- 1- Identify The Problem
 - 2- Engage Community & Stakeholders
 - 3- Assess Readiness For Policy Change
 - 4- Community Outreach, Engagement, & Education
 - 5- Decision-maker Engagement
 - 6- Draft Policy & Plan Implementation
 - 7- Adopt Policy
 - 8- Implement Policy & Support Compliance
 - 9- Evaluate Impact

- Policy Initiatives**
- County-wide TRL /TRL+
 - Counties with TRL in place, working in stage 8 or 9
 - No policy/no data/confidential
 - City-wide TRL/TRL+
- * SPARC Counties

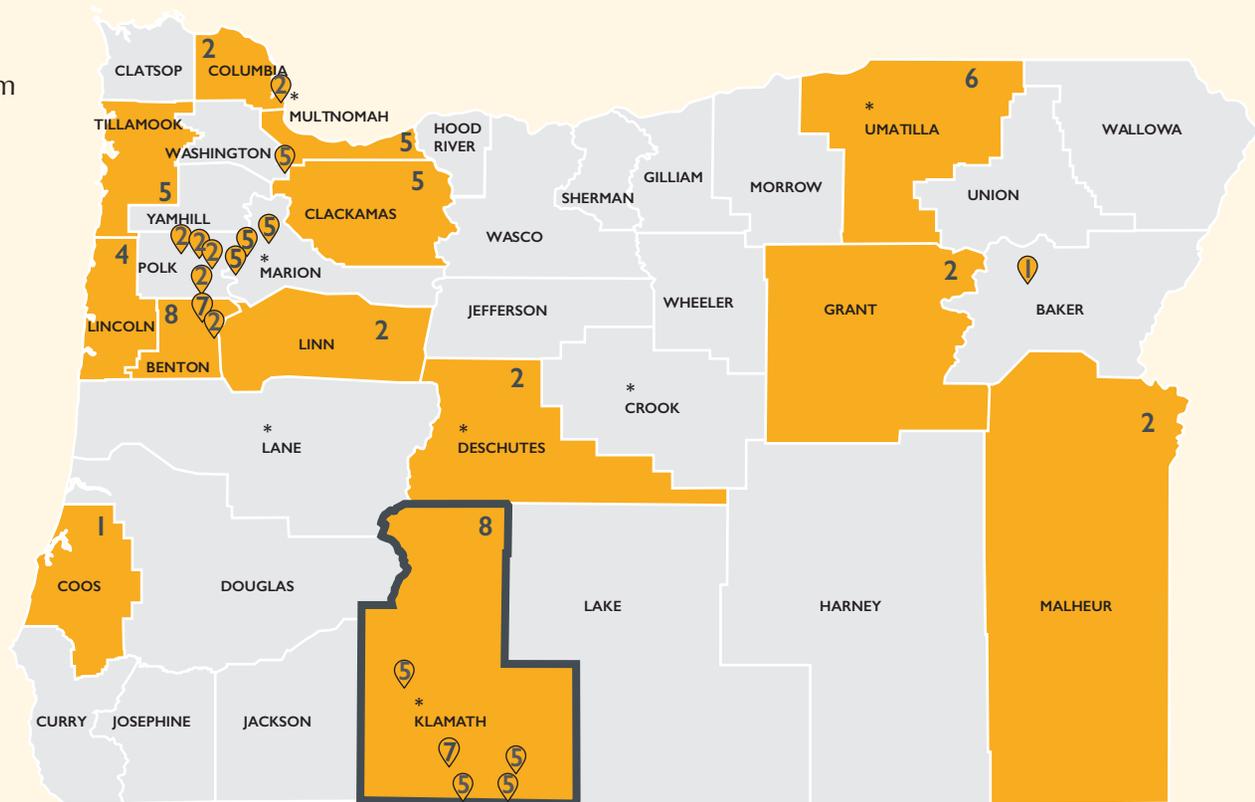
TRL

Figure 18: Advancements in Tobacco Retail License Policy Activity: October 2016-June 2017

This map only details the jurisdictions working to implement TRL policies **that made advancements** through the policy change process from PIT 1 to PIT 2. For example, Klamath County progressed from stage 6 to stage 8, passing a TRL policy from PIT 1 to PIT 2.

Malheur, Multnomah, and Tillmook Counties were working on countywide TRL+ policy initiatives.

Advancements in Tobacco Retail License Policy Activity: October 2016-June 2017



Policy Change Process Stage

- 1- Identify The Problem
- 2- Engage Community & Stakeholders
- 3- Assess Readiness For Policy Change
- 4- Community Outreach, Engagement, & Education
- 5- Decision-maker Engagement
- 6- Draft Policy & Plan Implementation
- 7- Adopt Policy
- 8- Implement Policy & Support Compliance
- 9- Evaluate Impact

Policy Initiatives

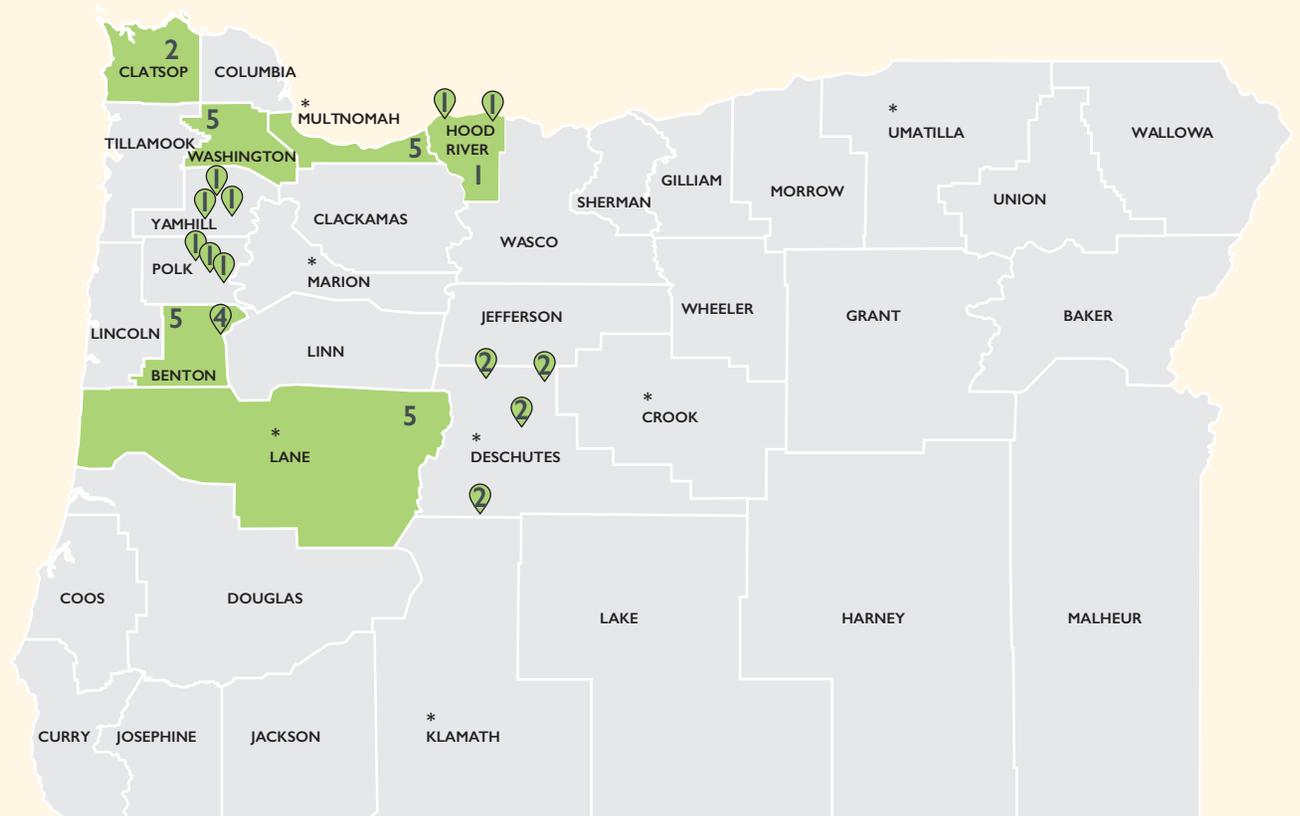
- County-wide TRL/TRL+
- Counties with TRL in place, working in stage 8 or 9
- No policy advancement/ no data/confidential
- City-wide TRL/TRL+

TRL

Figure 19: T21 Policy Activity: October 2016

This map details the jurisdictions working to implement a policy to restrict access of tobacco products to age 21 (T21) and shows the stage of policy change process for each policy initiative in October 2016. For example, Hood River County was working on a countywide T21 policy at stage 1 of the policy change process, and two cities within Hood River County were working on a citywide T21 policy at stage 1 of the policy change process.

T21 Policy Activity: October 2016



- Policy Change Process Stage**
- 1- Identify The Problem
 - 2- Engage Community & Stakeholders
 - 3- Assess Readiness For Policy Change
 - 4- Community Outreach, Engagement, & Education
 - 5- Decision-maker Engagement
 - 6- Draft Policy & Plan Implementation
 - 7- Adopt Policy
 - 8- Implement Policy & Support Compliance
 - 9- Evaluate Impact

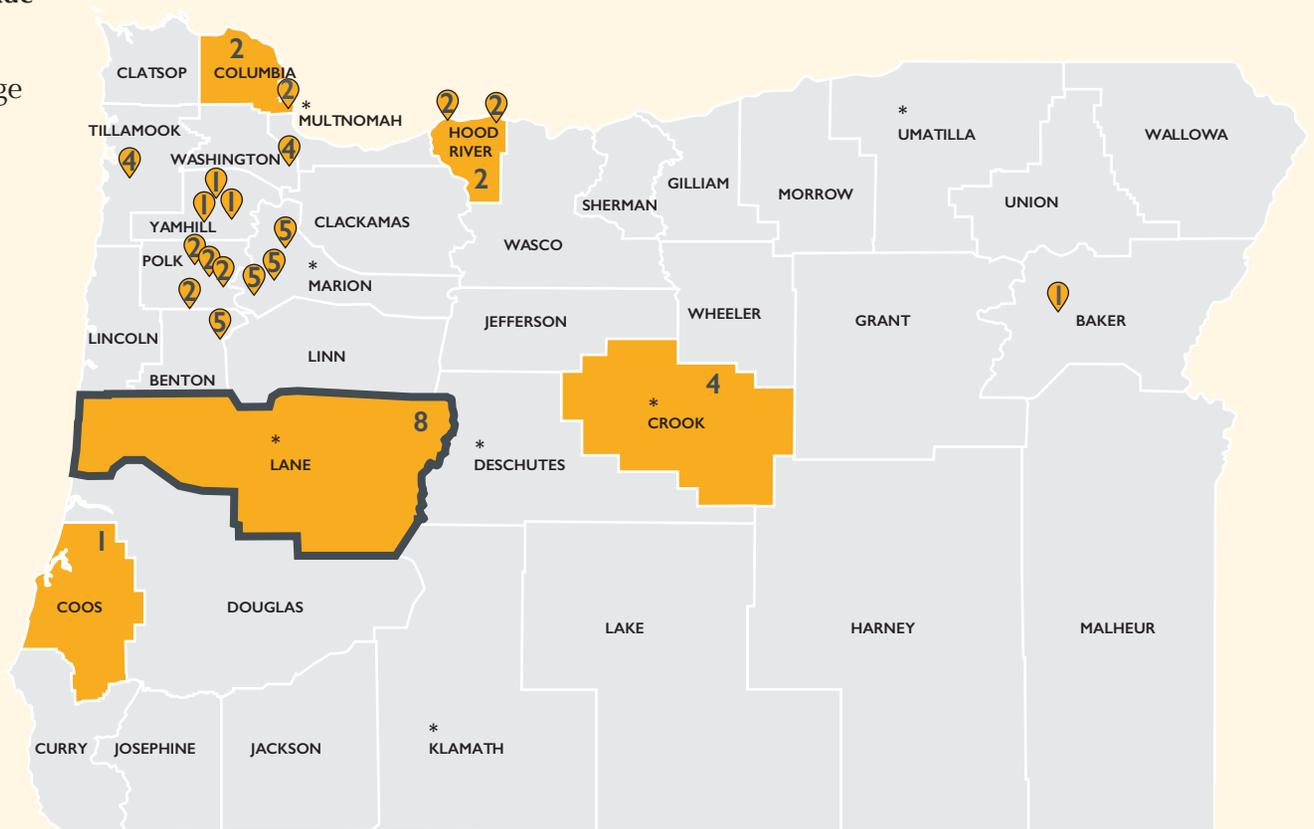
- Policy Initiatives**
- County-wide T21
 - Counties with TRL in place, working in stage 8 or 9
 - No policy advancement/ no data/confidential
 - City-wide T21

T21

Figure 20: Advancements in T21 Policy Activity: October 2016-June 2017

This map only details the jurisdictions working to implement T21 policies **that made advancements** through the policy change process from PIT 1 to PIT 2. For example, Lane County advanced from stage 5 to stage 8 passing a policy to raise the sales age of tobacco products to 21 countywide.

Advancements in T21 Policy Activity: October 2016-June 2017



Policy Change Process Stage

- 1- Identify the Problem
- 2- Engage Community & Stakeholders
- 3- Assess Readiness for Policy Change
- 4- Community Outreach, Engagement, & Education
- 5- Decision-maker Engagement
- 6- Draft Policy & Plan Implementation
- 7- Adopt Policy
- 8- Implement Policy & Support Compliance
- 9- Evaluate Impact

Policy Initiatives

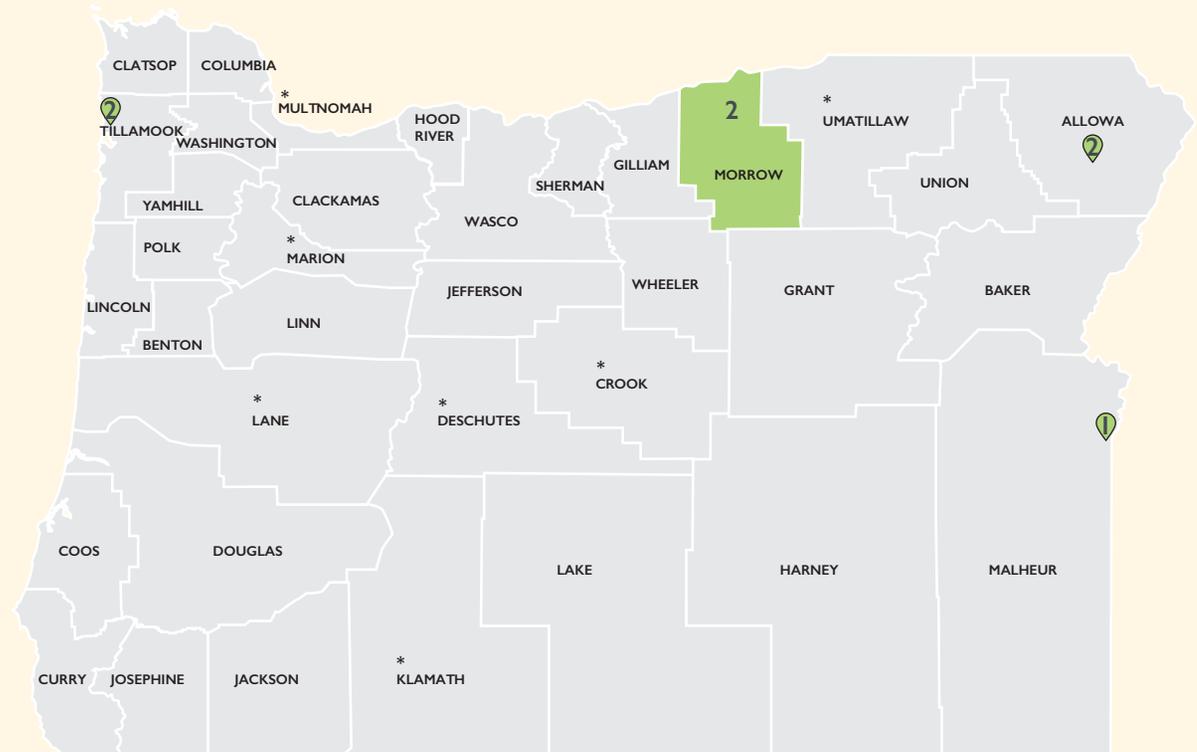
- Countywide T21
- Counties with T21 in place, working in stage 8 or 9
- No T21 policy advancement /no data/confidential
- Citywide T21

T21

Figure 21: Other Tobacco Retail Policy Activity: October 2016

This map details the jurisdictions working on tobacco retail activities other than TRL or T21 and shows the stage of policy change process for each initiative in October 2016.

Other Tobacco Retail Policy Activity: October 2016



Policy Change Process Stage

- 1- Identify the Problem
- 2- Engage Community & Stakeholders
- 3- Assess Readiness for Policy Change
- 4- Community Outreach, Engagement, & Education
- 5- Decision-maker Engagement
- 6- Draft Policy & Plan Implementation
- 7- Adopt Policy
- 8- Implement Policy & Support Compliance
- 9- Evaluate Impact

Policy Initiatives

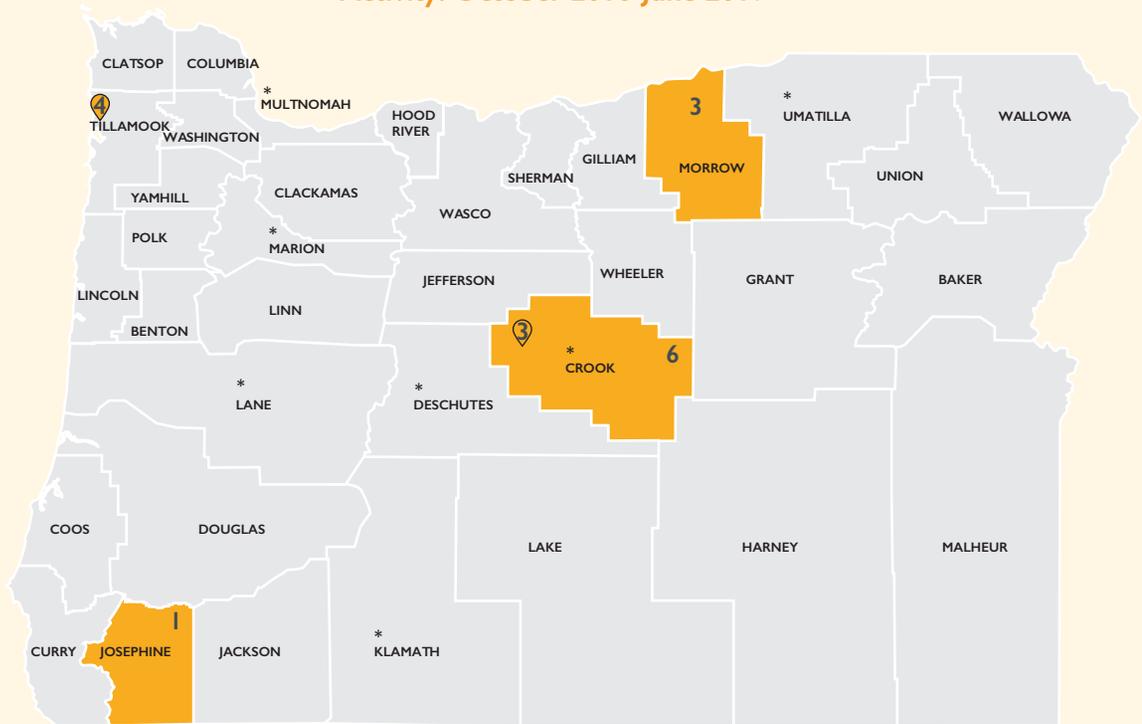
- Countywide
- No policy advancement /no data/confidential
- 📍 Citywide

Other

Figure 22: Advancements in Other Tobacco Retail Policy Activity: October 2016-June 2017

This map details the jurisdictions working on policy activities other than TRL or T21 that made advancements through the policy change process from PIT 1 to PIT 2.

Advancements in Other Tobacco Retail Policy Activity: October 2016-June 2017



Policy Change Process Stage

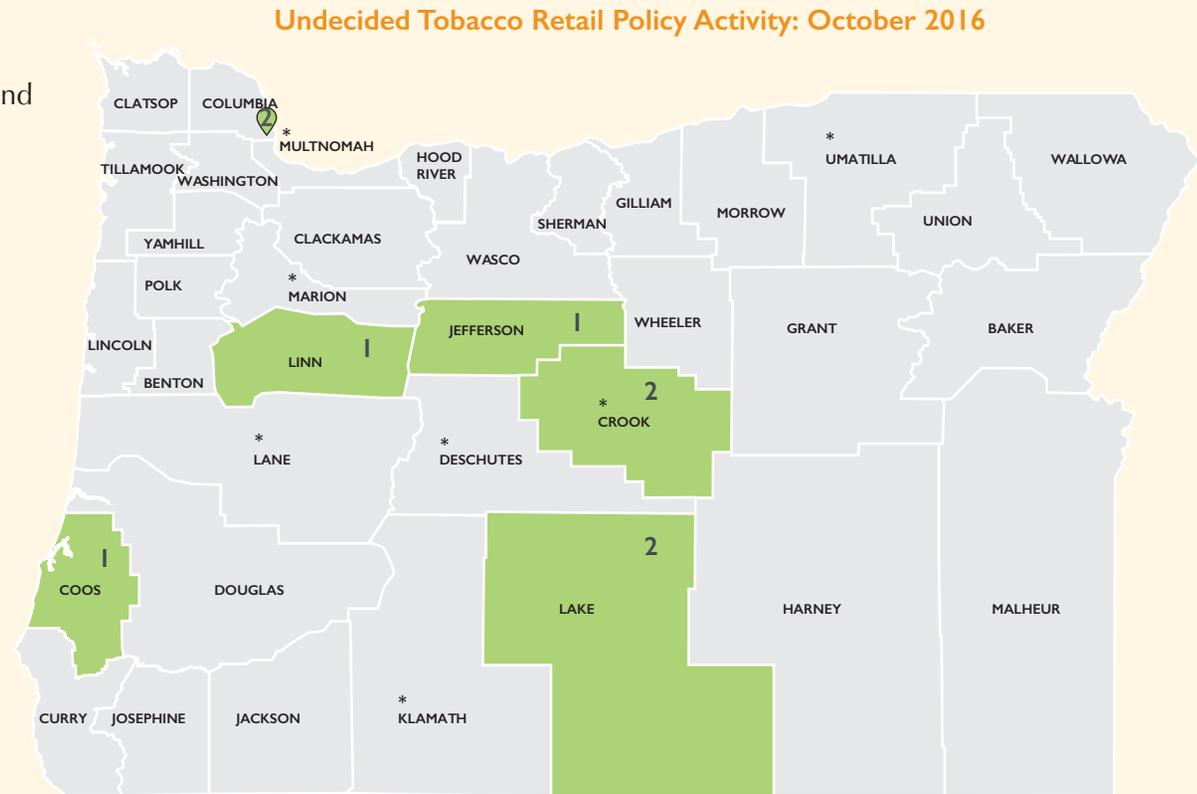
- 1- Identify the Problem
- 2- Engage Community & Stakeholders
- 3- Assess Readiness for Policy Change
- 4- Community Outreach, Engagement, & Education
- 5- Decision-maker Engagement
- 6- Draft Policy & Plan Implementation
- 7- Adopt Policy
- 8- Implement Policy & Support Compliance
- 9- Evaluate Impact

- Countywide
- No policy advancement /no data/confidential
- Citywide

Other

Figure 23: Undecided Tobacco Retail Policy Activity: October 2016

This map details the jurisdictions that are working on a tobacco retail policy activity that is undecided or yet to be determined and the stage of policy change process for each initiative in October 2016. These activities could potentially become TRL, T21, or another tobacco retail policy initiative.



Policy Change Process Stage

- 1- Identify the Problem
- 2- Engage Community & Stakeholders
- 3- Assess Readiness for Policy Change
- 4- Community Outreach, Engagement, & Education
- 5- Decision-maker Engagement
- 6- Draft Policy & Plan Implementation
- 7- Adopt Policy
- 8- Implement Policy & Support Compliance
- 9- Evaluate Impact

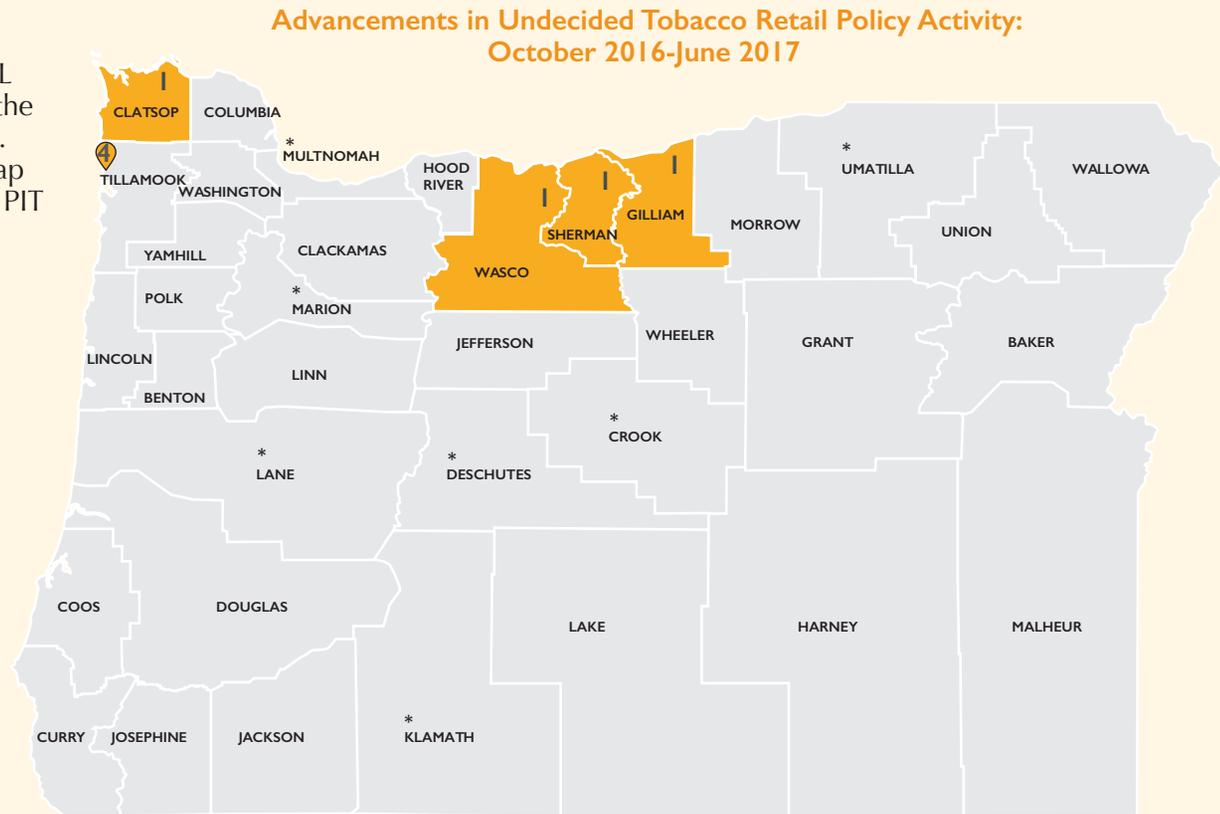
Policy Initiatives

- Countywide
- No policy advancement /no data/confidential
- Citywide

Undecided

Figure 24: Advancements in Undecided Tobacco Retail Policy Activity: October 2016-June 2017

This map only details the jurisdictions working on policy activities other than TRL or T21 **that made advancements** through the policy change process from PIT 1 to PIT 2. Each of the initiatives identified on this map are policy activities that were added from PIT 1 to PIT 2.



Policy Change Process Stage

- 1- Identify the Problem
- 2- Engage Community & Stakeholders
- 3- Assess Readiness for Policy Change
- 4- Community Outreach, Engagement, & Education
- 5- Decision-maker Engagement
- 6- Draft Policy & Plan Implementation
- 7- Adopt Policy
- 8- Implement Policy & Support Compliance
- 9- Evaluate Impact

Policy Initiatives

- Countywide
- No policy advancement /no data/confidential
- Citywide

Undecided

Findings: Progress in Advancing Tobacco Retail Policy

Focus Group Comments on Local Tobacco Program Tobacco Retail Policy Progress

Focus group participants, including local tobacco program coordinators (SPArC and Non-SPArC) and HPCDP staff & managers, were asked what they have seen as progress toward achieving tobacco retail policy goals and whether SPArC grantees had made greater progress toward achieving tobacco retail policies. Themes from the focus groups are summarized below.

All Local Program Coordinator Progress:

- Policies have passed and policies are on the verge of passing
- Momentum has been built from passing tobacco retail policies and has helped to pass additional policies
- Local tobacco program coordinators have engaged and educated their community and stakeholders
- Tobacco retail policy conversations have occurred at the local level all across the state
- In some jurisdictions decision makers and the community have made tobacco retail policy a priority. For example, putting tobacco retail policy in the Community Health Improvement Plan or identifying TRL as a long term goal in the community (Blue Zones Project)
- There has been progress across the state in both urban and rural communities
- OHA required all local tobacco program coordinators to work on tobacco retail policies
- Counties that have passed tobacco retail policies have shown up and testified to the state legislature and are seen as experts at the statewide level

- Progress across the state at every stage of the policy change process
- Discussions with their health & human services director and public health directors about tobacco retail policy efforts
- Local organizational agreement on legislative priorities for T21 and TRL
- Work session with county commissioners and city council about TRL
- Multiple jurisdictions working on TRL within a county
- Local tobacco program coordinator engagement with communities coalitions
- Identifying the location of tobacco retailers (GIS mapping)
- Building community support for tobacco retail policy
- Retailers willing to voluntarily post the Oregon Tobacco Quitline in their stores
- Local tobacco program coordinators giving clear and specific information regarding tobacco retail policy and changing the minds of decision makers

SPArC Coordinator Progress (compared to non-SPArC Coordinator Progress):

- Have had more policy movement
- Have moved faster through the policy process
- Are evaluating their work and being able to show what has worked to decision makers to move more policy work forward
- Funding allows them to spend time working on policy change in all their smaller jurisdictions
- More data collection efforts such as conducting interviews

.....
 “I think it’s really great that policies are passing or being introduced and people are having these conversations in communities all over the state.”

—HPCDP Manager, Focus Group

.....
 “It’s not just the I-5 corridor, but we’ve seen success in other areas. Klamath is a rural southern area and they’re getting movement and buy-in.”

—HPCDP Staff, Focus Group

.....
 “We have been in front of City Council and County Commissioners. We have basically guaranteed two, we have three commissioners, two of which who have said 100 percent yes to tobacco retail licensing. Then at the City Council they have said they would follow the county’s lead on whatever the county has voted on.”

—Local Tobacco Program Coordinator, Focus Group

.....
 “Our County has agreed our legislative priorities [are] T21, tobacco retail licensure, and starting an inhalant delivery system tax”

—Local Tobacco Program Coordinator, Focus Group

Findings: Challenges to Advancing Tobacco Retail Policy

Challenges to Advancing Tobacco Retail Environment Policy

This section details findings from evaluation activities that focused on understanding key challenges encountered by local tobacco programs in their tobacco retail policy work.

Focus Group Results

Most Significant Challenges Reported by Local Tobacco Program Coordinators

During focus group interviews local program coordinators identified the following significant challenges:

- Lack of buy-in from local elected officials and community leaders.
- Lack of local tobacco program coordinator knowledge and confidence about the topic of tobacco retail policy.
- Difficulty finding organizations or individuals in the community to champion the tobacco retail environment policy change.

Regarding the lack of local buy-in, focus group participants provided concrete examples of reasons that their leadership was less than supportive, including:

- A belief that the tobacco problem has been “solved” because tobacco use rates have been going down.
- A belief that educating children and teens is the answer to the tobacco problem.
- A pro-business environment and a reluctance to implement a fee structure for implementing policy.
- A belief that the State Legislature will pass necessary regulations, so that local efforts are not necessary.

Most Significant Challenges Reprted by HPCDP Staff and Mangers

HPCDP managers and staff agreed that local tobacco programs face significant challenges in navigating the local political environment and securing engagement from local officials. HPCDP staff also agreed that some local program coordinators might lack expertise in the subject matter and policy change process, leading to a lack of confidence in tackling the issue with persons in higher leadership positions. In addition, HPCDP staff opined that employee turnover at HPCDP and in local tobacco program coordinator positions has challenged the work of passing tobacco retail policies.

.....
“One of my setbacks has been a deficiency of knowledge. If I don’t have a solid understanding, the process won’t be productive. I have to understand what I’m selling before I can present it.”

—Local Program Coordinator

.....
“At the very beginning, we did not have any know-how on how to pass policy and that slowed our progress.”

—Local Program Coordinator

.....
“There’s such a wide range of some communities having more political will or readiness towards adopting these kinds of policies than others and that directly impacts [progress]. Some counties may say their staff can’t work on this [policy] pointblank.”

—HPCDP Staff

Reasons for Lack of Progress Between PIT 1 and PIT 2

20 out of 32 local programs did not advance more than one stage through the policy change process*. In follow-up interviews, local program coordinators were asked to provide information about why their policy initiative did not advance. In the first part of the telephone interview, local program coordinators were provided a list of multiple-choice options that might describe reasons for a lack of progress. Over a third (35%) of interviewees selected competing priorities as a reason for the lack of progress and 20% selected vacant TPEP or SPArC staff positions. Table 9 shows the reasons for lack of progress on tobacco retail policy initiatives and the percent of local tobacco program coordinators who indicated each reason.

Table 9: Reasons for Lack of Progress on Tobacco Retail Policy Initiatives

Reasons for Lack of Progress	Percent of Local Tobacco Program Coordinators (n=20)**
Competing priorities	35%
Vacancy in TPEP or SPArC position	20%
Lost a champion	15%
Change in health department leadership	5%
Don't know	5%
Other	75%

**Percentages do not add to 100% because local tobacco program coordinators were allowed to indicate multiple reasons for a lack of progress.

Most, 15 out of 20 local program tobacco coordinators selected “other” as one of the

reasons for a lack of progress and went on to explain conditions that led to the lack of progress.

Responses were reviewed and grouped into “political issues,” “in process,” or “other comments.”

Political Issues: These local tobacco program coordinators responded with issues in progressing in the policy changes due to political reasoning and issues:

- The public health department brought a proposal for TRL to the county Board of Commissioners, but it was voted down, in favor of seeing what the legislature would do (Clackamas).
- There was a historical issue between the City of Cascade Locks and Hood River County. The attempt to pass policies was defeated by Hood River County, and passed in Cascade Locks. We have not secured a champion (Hood River).
- Decision makers wanted to wait on state policy (Multnomah – T21 policy).
- We are still making political connections (Polk).
- We want to make sure the political climate is right; with the legislative session ending we will start moving forward (Washington).
- We have new commissioners and a new city council (Curry).

In Process: Local tobacco program coordinators provided reasons that demonstrate that they are in the process of making the policy change but have so far failed to do so:

- We are in our first year and just starting to work on this (Multnomah – TRL Policy).
- The pace of the process is slow, and we

- are waiting on the city council (Marion).
- I did not think I could implement it in less than 1 year, and am still in the process of presenting information about the policy (Yamhill).
- We progressed within a stage but did not advance to the next stage (Multnomah – TRL +).

Other: The following statements did not fit into any particular category:

- We had to start over. Eastern Oregon is slow and we had to start TRL even if the community wasn't ready to do so (Lake).
- We did not focus our priorities on tobacco retail policy for a few months (Douglas).
- We had to re-educate key partners (Jefferson).
- There was extreme discouragement in our county (Marion).
- We failed to engage stakeholders' interests (Wheeler).

* Given the relatively short time period between the two assessments, this finding is expected.

SPArC Tobacco-Free Grants

As noted earlier in this report, SPArC Tobacco Free counties were awarded additional funds (based on a competitive process) to accelerate their work in changing tobacco free retail environments. Grant award amounts ranged from \$64,000–\$260,000.

Policy progress and accomplishments for SPArC programs are reported in pages 49-50 of this report. The information below provides details about SPArC programs’ achievements, including policy advancements:

Crook County

- 13 community leaders, including representatives from law, law enforcement, health care, mental health, civic, retail, and youth sectors convened the Tobacco Workgroup to address the issue of tobacco retail policy.
- The Tobacco Workgroup met, one-on-one, with 88% of retailers who sell tobacco in Crook County to gather information about their attitudes related to tobacco retail policy and their beliefs about how various policies would affect their business.
- More than 750 people participated in educational community events hosted by the Tobacco Workgroup, in conjunction with Students Against Destructive Decisions (SADD).
- The Tobacco Workgroup shared results from tobacco retail outreach with County Commissioners. The Commission directed tobacco program staff to draft an ordinance requiring posting the Oregon Tobacco Quit Line information at the point of sale in all tobacco retail outlets. The Commission will hold public meetings about the ordinance in the coming months.

Deschutes County

- A task force of city and county leaders met over a nine-month period to thoroughly examine issues related to the tobacco retail environment and potential costs (to business) of passing a tobacco retail licensure policy. The group recommended that the county and cities pass tobacco retail license policies.
- The Tobacco Program facilitated outreach with 65 tobacco retailers in Deschutes County and did in-depth interviews with 19 retailers to gather information about their attitudes related to tobacco retail policy and their beliefs about how various policies would affect their business.
- Bend City Council voted 6 to 1 to support TRL in incorporated and unincorporated areas of Deschutes County.
- Presentations with the Sisters City Council and the La Pine City Council have been scheduled.

Klamath

- The Tobacco Program met, individually, with all known tobacco retailers in Klamath County to talk with them about tobacco policy and gather feedback about their attitudes related to tobacco retail policy and beliefs about how various policies would affect their business.
- The Tobacco Program met with the Klamath Falls City Council and the Klamath County Board of Commissioners to provide education about tobacco retail licensure policy and answer questions.
- The Klamath County Board of Commissioners passed a tobacco retail licensure policy covering unincorporated areas of the county and the City of Klamath Falls passed an ordinance for

the city. The population covered by both ordinances (combined) is approximately 63,000 of Klamath County’s 66,000 residents.

- The Tobacco Program developed an implementation system to support retailers and ensure compliance with the new policy.

Lane County

- In the winter of 2016, the City of Cottage Grove passed a Tobacco Retail Licensure (TRL) bill that substantially aligns with Lane County TRL.
- In the spring of 2017, Lane County implemented a countywide Tobacco 21 ordinance and later that spring the City of Cottage Grove passed a Tobacco 21 ordinance to amend city code to align with Lane County Tobacco 21.
- The Oregon Legislature passed a statewide Tobacco 21 bill in the summer of 2017, aligning the state’s tobacco prevention measures with Lane County. Increasing the minimum legal sale age for tobacco products to 21 years of age reduces tobacco initiation among youth and over time will lead to a 12% decrease in smoking prevalence¹⁴.

Marion County

- Conducted in-depth interviews with 16 community leaders and elected officials from five jurisdictions in order to gather information on the implementation of Tobacco Retail Licensure in jurisdictions throughout Marion County.
- The information gathered from meetings with elected officials throughout Marion County was compiled and reported to both the Silverton and Keizer City Councils, to

begin discussions on the potential Tobacco Retail Licensure policy options for Marion County jurisdictions.

Multnomah County

- Completed a multi-layered Environmental Scan of the schools in the Portland area. The scan included physical visits to schools with observations of proximity to tobacco retailers, tobacco use on school grounds, informal interviews with individuals about tobacco accessibility and tobacco related litter on school premises, and interviews with school administrators on school policies and their perspective on how tobacco use is impacting the lives of their students.
- Developed and implemented the SPARC Photo Project, in which youth took photographs in Portland neighborhoods that surround local high schools. This project was designed to leverage and support the work of funded partners in advancing the policy strategy of restricting retailer proximity to schools. These photos were used to develop a Heroes Video for the state's Smokefree Oregon campaign.
- Developed a T21 Health Equity Impact Assessment (HEIA) evaluating the equity implications of a Tobacco 21 policy. This assessment will help to advance the policy strategy for increasing the legal sales age of tobacco and nicotine products to 21.

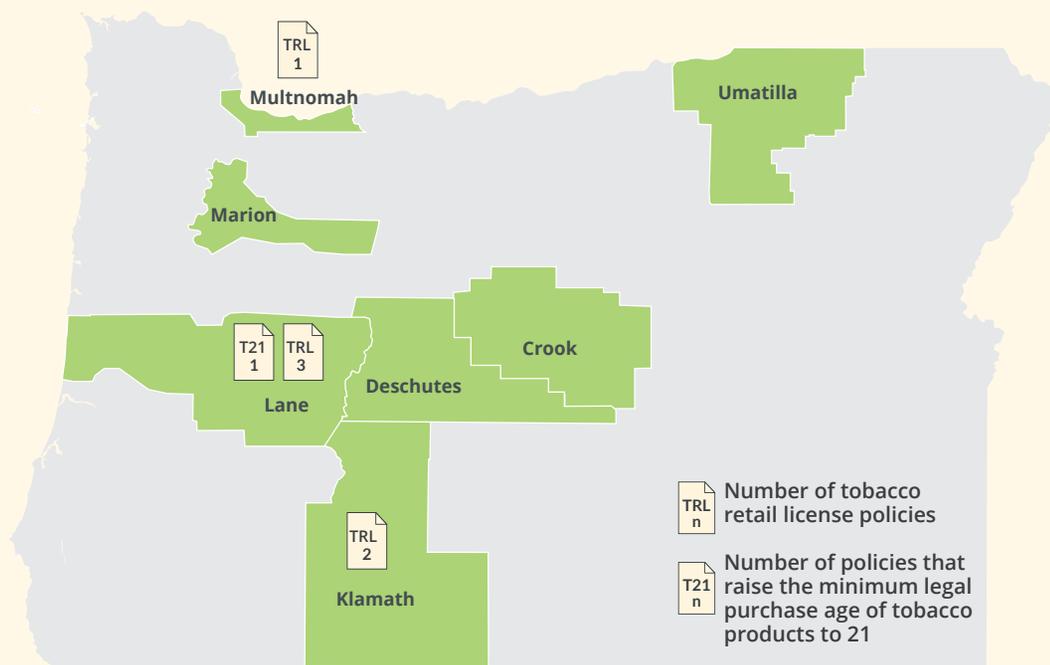
Umatilla County

- Assessed the need and readiness of the community for a Tobacco Retail Licensure law by conducting a community survey, which showed that 91% of people who use or used tobacco products in Umatilla County started at or before 18 years of age.

- Developed an appropriate Tobacco Retail Licensure fee by assessing the number of retailers within county and city limits, staff time, and travel time.
- Developed and implemented strategies to get the Environmental Health Department on board with the planning of tobacco retail compliance check enforcement.
- Developed a Tobacco Retail Licensure implementation plan in conjunction with Morrow County and the Umatilla County Environmental Health Departments.

In addition to the accomplishments above, all SPARC coordinators worked on local evaluation projects to inform their policy process work. For more information about individual SPARC programs' evaluation plans and final evaluation questionnaires (see Appendix K & L).

Figure 25: Policies Passed by 2016 SPARC Grantees





CONCLUSIONS & RECOMMENDATIONS

Conclusions & Recommendations

Conclusion:

This evaluation identified seven elements that are likely to be critical in advancing local tobacco retail environment policy:

1. Legal and policy support;
2. An active coalition;
3. An ability to identify and frame the problem;
4. Local public health capacity and authority to build awareness, lead programs, or drive policy;
5. Political will;
6. Awareness among policy makers and others about the extent and impact of tobacco at the point-of-sale; and
7. Support of leadership within the agency.

Some elements, including advocacy support from state or national organizations, paid media support, and linking tobacco retail environment policy to other community/public health organizations were not identified as important in advancing tobacco retail environment policy work.

Recommendation:

In developing state and local strategies for advancing local tobacco retail environment policies, resources should be focused on items one through seven above.

Conclusion:

Local tobacco program coordinators experience a complex and diverse set of challenges to advancing tobacco retail policy strategies. This evaluation found some commonalities among counties including, not surprisingly, challenges in the political environment. Subject matter expertise and staff turnover are also noteworthy themes. Finally, a number of local tobacco program

coordinators indicated that they are not prioritizing tobacco retail environment work or that competing priorities prevented progress.

Recommendations:

Challenges in the political environment are a given for almost all effective tobacco control and prevention practices. Reasons for political challenges can vary from a lack of understanding to fundamental opposition. Clearly, some local tobacco programs have found ways to overcome these challenges and learning from their experiences may assist other local tobacco programs in overcoming similar challenges.

Local tobacco programs should continue to find ways to increase their mastery of the subject of tobacco retail environment policy change and spread expertise within (and among) local public health agencies. At the same time, HPCDP should consider ways to support these efforts.

Conclusion:

Local tobacco programs' focus on tobacco retail environment policy is resulting in gains toward policy adoption. Almost half (47%) of the local tobacco programs had one or more policy initiatives that progressed one or more stages along the policy change process between PIT 1 (October 2016) and PIT 2 (June 2018). Given the short period of time between assessments, this progress is noteworthy.

Recommendation:

Assuming the effort is similarly funded, no other major adjustments to overall program strategy (i.e. a focus on policy

change emphasizing a set of tobacco retail policy options that are likely to have the most effect) are necessary. Refinements at the local level to focus on critical tactical elements may be beneficial.

Conclusion:

Local tobacco programs that have had SPArC Tobacco-Free funding, in addition to TPEP Core funding, were far more likely to advance tobacco retail policies. The infusion of additional funding into these programs is likely to have contributed to those results. While some of the advancements were in geographic areas of the state that often lead the way in changing tobacco control policy, others were not. Thus, success cannot be attributed solely to the extant policy environment.

Recommendation:

To advance tobacco retail environment policy, tobacco control proponents should advocate for additional funding, to be awarded on a competitive basis, for targeted local efforts that replicate the SPArC model.

Conclusion:

The HPCDP Policy Change Process Model is an effective tool for measuring local progress on policy change initiatives.

Recommendation:

Continue using this tool to track and assess program progress implementing policy change initiatives.

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APPENDICES

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Tobacco Retail Evaluation User Panel Members

User Panelist	Title	Organization
Jamie Zentner	Program Planner	Clackamas County Public Health Department
Penny Pritchard	Tobacco Prevention & Education Program Coordinator	Deschutes County Health Services
Belinda Ballah	Hood River County Prevention Department Director, Certified Prevention Specialist	Hood River County Health Department
Christy Inskip	Tobacco Prevention & Education Program Coordinator	Lane County Public Health
Rebecca Wright	Tobacco Prevention Program Specialist	Multnomah County Health Department
Matthew Stevenson	Tobacco Prevention & Education Program Coordinator	Polk County Public Health
Cameron Larsen	Former SPArC Tobacco Coordinator	Umatilla County Public Health
Todd Beran	Former Community Programs Lead	Oregon Public Health Division
Kim La Croix	Former Policy Specialist	Oregon Public Health Division
Beth Vorderstrasse	Research Analyst	Oregon Public Health Division
Tara Weston	Policy Specialist	Oregon Public Health Division



Comprehensive Tobacco Retail & SPARC Tobacco-Free Evaluation Plan

August 2016

Evaluation Team:
The Rede Group
ELE Consulting, LLC
Bonnie Gee Yosick, LLC



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... PROGRAM DESCRIPTION ...

The Health Promotion and Chronic Disease Prevention Section (HPCDP) is approaching strategies in the tobacco retail environment through two mechanisms:

1. A statewide requirement in the regular annual funding stream (Core Tobacco Prevention and Education Program) that goes to all Local Public Health Authorities (LPHAs).
2. A special funding stream (SPARC Tobacco-Free) for seven counties to focus exclusively on tobacco retail policy advancement.

Since 1998, the State Tobacco Prevention and Education Program (TPEP) has funded all county LPHAs to advance tobacco control efforts in local communities. HPCDP refers to this funding mechanism as Core TPEP. Implementing tobacco retail policies is one of the priorities for Core TPEP.

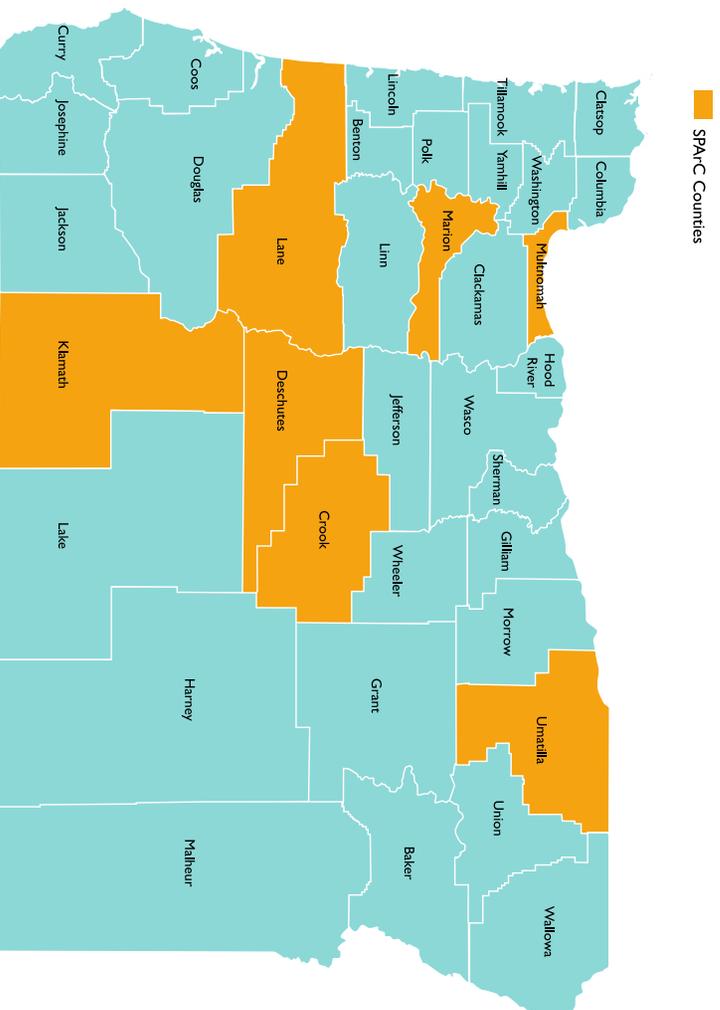
The Strategies for Policy and Environmental Change, Tobacco-free (SPARC Tobacco-Free) project represents the second time Oregon has designated Tobacco Master Settlement Agreement (TMSA) funds to tobacco prevention. The primary purpose of this funding opportunity is to advance policy, systems and environmental changes that reduce the influence of tobacco product marketing and promotion.

The Oregon Health Authority (OHA) has awarded TMSA funding to seven LPHAs to implement policy, systems and environmental tobacco prevention strategies designed to reduce the influence of tobacco in the retail environment and reduce tobacco use disparities in Oregon. These seven LPHAs will work with appropriate jurisdictions to adopt and implement one or more tobacco retail strategies rated as “recommended” by the Center for Public Health Science in the 2014 Point-of-Sale Strategies: A Tobacco Control Guide

(http://cphss.wustl.edu/Products/Documents/CPHSS_TCLC_2014_PointofSaleStrategies_1.pdf).

This map on the following page depicts counties that have SPARC funding + Core TPEP and counties with only Core TPEP funding.

Tobacco Retail Evaluation 2016-2017



Changing and implementing tobacco retail policies is a relatively new body of work for tobacco control programs both nationally and in Oregon. Thus, Oregon is in the initial stages of the initiative. TPEP grantees have been required to work on improving tobacco retail environments since fiscal year 2013. This effort began with a requirement for each county to conduct a thorough observational assessment of the local retail environment. Since then, counties have been working to improve conditions through engagement and policy. Two jurisdictions in Oregon, Lane and Multnomah Counties, have passed ordinances to establish tobacco licensure in 2014 and 2015 respectively.

COMPREHENSIVE STATEWIDE EVALUATION PLAN

... EVALUATION FRAMEWORK AND FOCUS ...

This evaluation will follow a utilization-focused evaluation framework. A group of primary intended users, called a user panel, has been engaged to work with the evaluation team to focus the evaluation, participate in designing the data collection and analytic methods, and assist with data interpretation and reporting. The user panel includes six TPEP grantees (SPARC and non-SPARC) and two HPDCP staff. Grantees are geographically diverse and are at different places along the continuum of tobacco retail policy change.

The focus of the Comprehensive Statewide Tobacco Retail Evaluation is to assemble data from all Oregon counties, including counties that do not appear to be making much progress in advancing a tobacco retail strategy in their communities, and develop a broader understanding of promising practices for tobacco retail prevention that will apply statewide.

Primary intended users of this evaluation are SPARC Tobacco-Free Grantees, Core TPEP grantees, and HPDCP.

This evaluation seeks to increase the understanding of factors that will lead to success in establishing effective local tobacco retail policies in all counties. Both SPARC and non-SPARC counties will participate in the evaluation. Oregon's tobacco retail policy programs are still in their initial stages; therefore, the evaluation is designed using systems thinking to capture and map complex systems dynamics and interdependencies and track emergent interconnections. This evaluation will also seek to provide consistent, timely evaluation products to HPDCP and grantees.

Three Pronged Approach

1. On-going Evaluation Feedback

Develop methods and tracking mechanisms quickly as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise.

2. Assemble and Analyze Information to Answer Three Key Evaluation Questions:

1. Are there essential elements (such as funding, staff resources, community readiness, or staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the most significant challenges to passing strong tobacco retail policies?
3. In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPARC grantees able to achieve more progress?

3. Individual SPARC Grantee Evaluations

As a part of this evaluation, the evaluation team has worked with each of the seven SPARC grantees to develop an individual evaluation plan. The draft individual evaluation plans are currently being finalized with grantees. The most recent draft evaluation plans are included at the end of this document.

... METHODS ...

On-going Evaluation Feedback

28-Day Rapid Response Survey & Report

The purpose of this evaluation method is to collect information from grantees to report and share findings quickly so those findings can be used in grantee's current and future work to implement tobacco retail policy.

This four-step process will be completed over the course of 28 days:

1. Develop the survey instrument
2. Collect survey responses
3. Analyze survey responses
4. Report survey findings

As a preparatory step in developing this evaluation plan, the evaluation team conducted one pilot test of this 28-day process (August 2016). A survey was sent to 34 TPEP grantees and 31 grantees responded within the eight-day time line. The user panel and Rede reviewed data and created a report, which was disseminated to grantees.

The evaluation team plans to conduct a series of four to five 28-Day Rapid Response Survey & Reports over the course of this year. Specific questions for the 28-Day Rapid Response Survey & Report will be determined as critical issues or questions emerge. The evaluation team will work with the user panel to identify critical issues and questions. Additionally, questions may be added to the 28-Day surveys to inform other evaluation questions.

Estimate of grantee time required for 28-Day Rapid Response Survey & Report

All grantees: 4 hours total

Key Evaluation Questions

Methods

KEQ1 — The evaluation team finds that the length of time (July 2016 – June 2017) for this evaluation is not sufficient to comprehensively determine what elements need to be in place in each community to facilitate policy advancement. This finding is because, as a whole, Oregon counties are in the beginning stages of advancing tobacco retail policy and those who are the furthest along in the process are possibly not representative of the larger group. However, this evaluation can accomplish three critical steps toward addressing KEQ1:

1. Gather "early indicator" information that, over time, can be built upon to answer this question more comprehensively
2. Establish a baseline for continued evaluation
3. Develop tools and methods that can be used in subsequent years to answer the question

Data Collection for KEQ1

Data sources: National experts, local-level tobacco program coordinators (mostly non-Oregon), all Oregon TPEP grantees, published literature, TRE User Panel, HPCDP records (items such as funding provided to communities), and possibly county level CRA results from 2014.

Data Collection Plan (in brief)

1. September/October 2016: Collect information from 5 to 7 national experts (individuals who have been successful in tobacco retail policy work) regarding what elements are critical to/necessary for local tobacco retail policy success. Key informants will include individuals from Oregon, other states, and national organizations.
 - a. Method: Interview (proposed)
2. September/October 2016: Collect information from 10 to 12 localities (individuals who have been successful in tobacco retail policy work) that have made significant progress in changing tobacco retail policies. Key informants will include individuals from Oregon as well as other states.
 - a. Method: Interview (proposed)
3. September 2016 & April 2017: Conduct two point-in-time (PIT) assessments with all TPEP grantees regarding their current status of policy change progress, using the HPCDP Policy Change Model, on each of their tobacco retail initiatives. The evaluation team will work to further refine and delineate Policy Change Model stages for the purposes of clarity in the survey instrument. Both surveys will have the same methods, questions and guidance.
 - First PIT assessment: September 2016. NOTE – this assessment *may* be part of a 28-day Rapid Response Survey & Report.
 - a. Method – electronic or pen and paper survey (proposed)
 - Second PIT assessment: April 2017
 - b. Method – electronic or pen and paper survey (proposed)
 - ⇒ Data from PIT surveys can be used for other purposes including technical assistance (TA), training, and establishing baseline for ongoing examination of the momentum/adoption curve for local TRP policy.
 - ⇒ Data from the PIT assessment can also be used to calculate a Retail Policy Activity Score (RPAS)¹

¹ The RPAS was developed by Policy in the Retail Environment (ASPIRE) project. The range of the RPAS is zero to 100.

A score of zero indicates that a state or locality reported no policies implemented and no planning going on for policy

4. Compare PIT 1 with PIT 2 to identify 12–15 communities with the most and least progress in advancing policy occurred (by jurisdiction level).
5. Collect information from grantees that worked with those jurisdictions (using a data collection tool that is informed by the data collected in one and two above) about factors that lead to success./were led to success or lack of progress.
 - a. Method: Interview (proposed)

Estimate of grantee time required for KEQ 1

All grantees: 3 hours

10 to 14 grantees selected for further inquiry: Additional 2 hours.

KEQ2 — The evaluation team will address this question conducting two structured group interviews with: one with 6-7 local program coordinators and one with 6-7 HPCCDP staff.

Data sources: Grantees and HPCCDP staff

Data Collection Plan

January 2017:

—Recruit 6-7 local program coordinators representing diverse geographies to participate in a structured interview.

—Recruit 6-7 HPCCDP staff to participate in a structured interview.

February 2017: Conduct interviews: During the structured interview grantees and HPCCDP staff will be asked a series of questions designed to gather information from participants about specific challenges they've encountered in retail policy work. Interviews will be recorded and transcribed.

Estimate of grantee time required for KEQ 2

6-7 grantees: 2-4 hours

KEQ3 — This question will be addressed through analyzing data collected from the PIT surveys for KEQ1.

April 2017: At the conclusion of the second PIT assessment the evaluation team will compare results from point one and point two to examine policy progress throughout the state.

work. See Center for Public Health Systems Science. Point-of-Sale Report to the Nation: Realizing the Power of States and Communities to Change the Tobacco Retail and Policy Landscape. St. Louis, MO: Center for Public Health Systems Science at the Brown School at Washington University in St. Louis and the National Cancer Institute, State and Community Tobacco Control Research Initiative, 2016.

Information Sources Overview

Table 1: Key Evaluation Question by Information Source

Source	KEQ 1 “Elements necessary for success”	KEQ 2 “Challenges”	KEQ 3 “Progress”	Ongoing evaluative feedback
28-Day Survey				X
National/local expert interviews	X			
PIT Assessments using Policy Change Model	X		X	
LPC Interviews	X	X	X	
Focus Groups with LPCs & HPCDP staff		X		

... ANALYSIS ...

The evaluation team will perform basic analyses of surveys and interview data using qualitative and quantitative analysis methods. The user panel will be involved in reviewing this basic analysis and further developing the analytic framework. Where appropriate, data and information from the individual SPARC evaluations will be included in analysis to add to the information. The user panel will also assist with interpreting results. Analyses will be conducted with a continuous emphasis on results that will be most useful for primary intended users.

... REPORTING & DISSEMINATION ...

- Each 28-Day Rapid Response Survey & Report will be summarized and quickly disseminated in a written report.
- The evaluation team will develop a written summary report with results and recommendations based on this evaluation.
- The report will include results from the Comprehensive Statewide Tobacco Retail and individual SPARC Tobacco-Free evaluations. In addition, Rede will develop individual evaluation reports for each SPARC project. Rede will consult the user panel for specific guidance on how to disseminate evaluation results.

... STEP BY STEP PLAN ...

This plan is accompanied by a detailed project plan see page 24.

Individual SPARC Evaluation Plans

CROOK COUNTY SPARC EVALUATION PLAN

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Crook County will be using SPARC funds to engage stakeholders and other community members. Crook County is holding community outreach events to attract community leaders in hopes that they will join their new coalition, which focuses on substance abuse prevention with one area of emphasis being tobacco retail licensure. Crook County intends to increase awareness about the need for tobacco retail licensure among coalition members, elected officials, and the general community. Crook County's goal is to have a drafted tobacco retail licensure policy that the community and elected officials support.

Potential Key Evaluation Questions:

1. Did awareness of tobacco retail policies increase among coalition members, elected officials, and community members? If so, to what extent?
2. Did support for tobacco retail policies increase among coalition members, elected officials, and community members? If so, to what extent?

Data Collection:

1. September 2016: Rede will work with Crook County to develop a plan for collecting information about activities that they are doing to increase awareness and support as well as a list of indicators to measure outcomes (indicators of success) from each activity. In this structure, the activities will be measured fairly objectively while the indicators might be subjective. For example, an activity might be: conduct a community forum; an indicator might be: how many people attended, or of the people who attended, how many people supported the policy concept, how many opposed, how many were neutral.
2. September 2016–April 2017: Crook County will collect and maintain information about activities and indicators.
3. April 2017: Rede will work with Crook County to analyze information collected and assess how much progress was achieved in increasing the awareness and support for tobacco retail policy.

Reporting:

Rede will work with Crook County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation:

Crook County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
3. What are the barriers to passing strong tobacco retail policies?

DESCHUTES COUNTY SPARC EVALUATION PLAN

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. A developmental evaluation process will be used for both assessments in order to provide real time feedback that will facilitate continuous policy development. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county. The Rede Group is both the contractor and the evaluator for Deschutes County SPARC.

Background and Project Goals:

This year Deschutes County will use SPARC funds to provide support for city and county officials to sit on Deschutes County's Tobacco Retail License (TRL) workgroup. The committee will be conducting a fiscal impact analysis to assess the financial implications if cities and the county were to pass a TRL ordinance. Deschutes County's goal is to complete the fiscal impact analysis and report their findings, along with an educational presentation on TRL, to key stakeholders within their jurisdictions. SPARC grant funds will also be used to interview thirty to forty tobacco retailers throughout Deschutes County who expressed an interest in participating in stakeholder interviews on the subject of TRL and other potential tobacco retail environment policies. The retailer interviews will be a follow-up to a recent assessment of the tobacco retail environment that was conducted using Drug -Free Communities funds. In addition to engaging stakeholders representing the business community and local government, Deschutes County will continue their outreach efforts to educate the community on the need for tobacco retail policy and to identify other champions and supporters of this work. Unlike most counties, Department of County Human Services (DCHS) administration did not wish to hire a temporary SPARC grant coordinator. SPARC coordination efforts are shared between the community health program manager, prevention supervisor, and TPEP coordinator. Also, DCHS used SPARC funds to hire a contractor, Rede Group, to facilitate the TRL workgroup and conduct key informant interviews with tobacco retailers.

Potential Key Evaluation Questions:

1. Did participation in the TRL workgroup increase the knowledge about tobacco retail issues among workgroup members?
2. Did participation in the TRL workgroup increase tobacco retail policy work among workgroup members? In what ways was the workgroup able to influence county and city TRL policies?
3. What are key lessons learned about the approach of convening the workgroup? In what ways, if any, did this approach advance the policy work? In what ways, if any, did this approach deter the policy work?

Methods, Data Collection, and Analysis:

Key Evaluation Questions 1 & 2

1. September 2016: Rede will work with Deschutes County to develop a pre-test for members of the TRL workgroup. The pre-test will measure their knowledge, beliefs, and attitudes regarding tobacco retail policies. Rede evaluation staff will administer the test.
2. January 2017–April 2017: At the conclusion of the workgroup process, Rede will administer a post-test. Rede staff will work with Deschutes County staff to analyze the pre- and post-test responses to assess differences in workgroup members' knowledge, attitudes, and beliefs around tobacco retail policies.

Key Evaluation Question 2 & 3

1. April 2017: Rede staff will conduct a structured group interview with Deschutes County staff to assess lessons learned about the efficacy of the workgroup process. Rede staff will perform qualitative analysis of the interview to identify lessons learned about the workgroup process.

Reporting:

Rede will work with Deschutes County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation

Deschutes County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

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The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the barriers to passing strong tobacco retail policies?

KLAMATH COUNTY SPARC EVALUATION PLAN

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Klamath County will use SPARC funds to engage stakeholders and continue meeting with commissioners and city council regarding tobacco retail licensure. In order to provide more accurate materials when meeting with decision makers, Klamath County plans to update the GIS map of their county's tobacco retailers. Klamath County will also work in coordination with the Blue Zones Project Tobacco & Smoking Policy Committee. The SPARC grant coordinator will be facilitating this 13 member committee which will be leading efforts to educate the community, engage decision makers and retailers, and set priorities for future tobacco retail licensure policy work. Klamath County would like to increase community support for TRL and pass a tobacco retail licensure policy at the county level by the end of the grant cycle.

Potential Key Evaluation Questions:

1. Have community and decision maker support for tobacco retail licensure increased in Klamath County?
2. Did Klamath County advance past the engaging stakeholders and assess readiness stage of the HPCDP Policy Change Process Model? If so, how far did they advance?
3. How much progress did Klamath County make toward passing a tobacco retail licensure ordinance?

Methods, Data Collection, and Analysis:

1. September 2016: Klamath County is currently tracking all TRL outreach activities and local media stories related to TRL. Rede will work with Klamath County to develop tools for monitoring the level of support indicated by stakeholders and decision makers in interactions with Klamath staff.
2. September 2016–April 2017: Klamath County will monitor levels of stakeholder/decision maker support using the tools developed in 1 above.
3. April 2017: Progress in advancing through the stages of the HPCDP Policy Change Model will be measured through the Comprehensive Tobacco Retail Evaluation, referenced below.

Reporting:

Rede will work with Klamath County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation:
Klamath County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
4. What are the barriers to passing strong tobacco retail policies ?

LANE COUNTY SPARC EVALUATION PLAN

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Lane County will use SPARC funds to focus on passing Tobacco 21, countywide, through the Board of Health's authority. Commissioners have expressed an interest in passing Tobacco 21, but they want to make sure community support is there prior to moving the policy process forward. Using SPARC grant funds, Lane County staff will hold six outreach events in targeted cities throughout the county with the goal being to educate the communities on Tobacco 21 and identify supporters/champions of the countywide policy. Lane County will not be discussing tobacco retail licensure at length during the outreach events because they believe this could have a negative impact on passing Tobacco 21. However, Lane County staff think the cities of Veneta and Creswell will adopt TRL policies by the end of the SPARC grant. TRL policy work was well underway with these cities as a result of work conducted during the first year of SPARC.

Potential Key Evaluation Questions:

1. How much progress has Lane County made toward achieving policy change in two policy initiatives?
 - a. How can we measure progress toward policy change?

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Methods & Data Collection, Analysis:

4. September 2016: Rede will work with Lane County to develop a continuum of milestones that are thought to be indicators of progress toward policy change:
 - a. Rede will perform a literature review to inform this list. (A preliminary review has identified limited resources in the published literature. Most studies explore *major* milestones and do not inform the issue at the level of detail that Lane County would like to understand.)
 - b. Milestones will align with the HPCDP Policy Change Model
5. September 2016: Using the milestones list, Rede will work with Lane County to develop a plan for collecting information about activities that Lane County is doing to achieve each milestone and a list of indicators of success for each activity. In this structure, the activities will be measured fairly objectively while the indicators might be subjective. For example, an activity might be: conduct a community forum; an indicator might be: how many people attended, or of the people who attended, how many people supported the policy concept, how many opposed, how many neutral.
6. September 2016–April 2017: Lane County will collect and catalog information about those activities and indicators.

7. April 2017: Rede will work with Lane County to analyze information collected and assess:

- a. How much progress was achieved?
- b. Were the milestones and indicators helpful as measurements toward policy change?

Reporting:

Rede will work with Lane County to develop a summary report outlining results of this evaluation.

Notes:

This evaluation plan may need to be scaled to fit the amount of time Lane County has for collecting and tracking information.

Comprehensive Statewide Tobacco Retail Evaluation:

Lane County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the barriers to passing strong tobacco retail policies?

MARION COUNTY SPARC EVALUATION PLAN

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Marion County will use SPARC funds to connect with approximately 40 city and county leaders to assess interest in various tobacco prevention policy options. Marion County will follow this outreach with a presentation at city council meetings in all cities that participate in the assessment in order to educate city councils and further ascertain support for tobacco retail policy change. Based on these efforts, staff will identify one city that has the potential to change local retail policies and provide support in making a policy change. Marion County hopes to work with a city that has a high number of retailers so that the reach of the policy will be greater.

Potential Key Evaluation Questions:

1. In what ways did the assessment processes (interviews and city council presentations) increase staff understanding of decision-maker readiness for tobacco policy overall?
 - a. In what ways was the information gleaned actionable? Was staff able to use the information to shape effective strategies for changing tobacco retail policies?
2. What milestones did Marion County achieve in their efforts to pass a policy in one or more jurisdictions?
 - a. What external factors/forces (such as elections, changes in budget, proposed state legislation, etc.) if any, led to major delays or course changes in the policy change process?
 - b. How did Marion County respond to external factors/forces that led to delays or changes in the planned course of action?

Methods, Data Collection, and Analysis:

Key Evaluation Question 1

1. Current–October 2016: Marion County and Rede Group are carefully documenting interactions with the 20 city and county leaders through the use of a standard interview tool and note taking protocols. All the interviews will be summarized in a report produced by Rede Group. Similarly, interactions with city councils at city council presentations will be documented.
2. May 2017: Rede will conduct an interview with Marion County staff to determine how staff used the information.

Key Evaluation Question 2

1. September 2016–May 2017: Marion County staff will track and document milestones on a monthly basis. Rede will follow-up with Marion County to support documentation.
2. September 2016–May 2017: Marion County staff will track and document external factors/forces that precipitate major course changes in planned policy change activities.
3. May 2017: Rede will conduct an interview with Marion County staff to assess methods, strategies and tactics employed by Marion County to react to external factors/forces.

Reporting:

Rede will work with Marion County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation

Marion County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

3. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
4. What are the barriers to passing strong tobacco retail policies?

Multnomah County SPARC Evaluation Plan DRAFT

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

The Multnomah County Tobacco Control and Prevention Program will use 2015/16 SPARC funds to reduce tobacco use disparities and curb youth access to, and use of, tobacco and other nicotine products in Multnomah County. SPARC activities aim to advance the policy strategies of restricting retailer proximity to schools and increasing the minimum sales age of tobacco and other nicotine products to 21 years of age. A Health Equity Impact Assessment for T21 and an environmental scan and Photovoice Assessment for retailer proximity to schools will be developed, implemented, and used to inform the advancement of these two policy strategies. Draft policies for both strategies will be developed and presented to Multnomah County Board of County Commissioners and other community decision-makers. The Tobacco Control and Prevention Program seeks to evaluate the strategy of funding community partners to advance these identified policy goals.

Potential Key Evaluation Questions:

1. How did using a funded community-partner model impact the policy change progress?
2. What are the unintended consequences (positive and negative) of partnerships?

Data Collection:

1. January 2016: Rede will work with the Multnomah County SPARC user panel to develop a plan for collecting information evaluating the funded community partner model and its impact on policy change. This plan will include developing a list of key informants and developing an interview guide (including questions) for those discussions.
2. January –April 2017: Rede will interview key informants from Multnomah County, HPCDP, OHEA members, and other relevant community partners utilizing the interview guide developed with SPARC user panel members.
3. April 2017: Rede will work with Multnomah County to analyze information collected and assess in what ways, if any, the community partner model:
 - a) Helped to advance policy change?

- b) Created more equitable policies?
- c) Benefited community partners?

Reportings:

Rede will work with Multnomah County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation:

Multnomah County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the barriers to passing strong tobacco retail policies?

UMATILLA COUNTY SPARC EVALUATION PLAN

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Umatilla County will use SPARC funds to promote tobacco retail licensure within their four jurisdictions. Umatilla County's four jurisdictions are in different stages of readiness for tobacco retail licensure. Umatilla County will work on educating decision makers through meeting with city council members and presenting a draft policy to members of Pendleton's city staff. Umatilla County is planning on having a first reading at the Pendleton City Council by the end of February 2017.

Potential Key Evaluation Questions:

1. Did awareness of and support for tobacco retail policies increase among coalition members, elected officials, and community members?
2. Did Klamath County advance past the engaging stakeholders and assess readiness stage of the HPCDP Policy Change Process Model? If so, how far did they advance?
3. How much progress did Klamath County make toward passing a tobacco retail licensure ordinance?

Data Collection:

8. September 2016: Rede will work with Umatilla County to develop a plan for collecting information about activities that they are doing to increase awareness and support as well as a list of indicators to measure outcomes (indicators of success) from each activity. In this structure, the activities will be measured fairly objectively while the indicators might be subjective. For example, an activity might be: conduct a decision maker interview; an indicator might be: decision maker support for the policy concept (opposed, neutral, supportive).
9. September 2016–April 2017: Umatilla County will collect and maintain information about those activities and indicators.
10. April 2017: Rede will work with Umatilla County to analyze information collected and assess how much progress was achieved in increasing the awareness and support for tobacco retail policy.

Reporting:

Rede will work with Umatilla County to develop a summary report outlining results of this evaluation.

Comprehensive Tobacco Retail Evaluation:

Umattilla County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

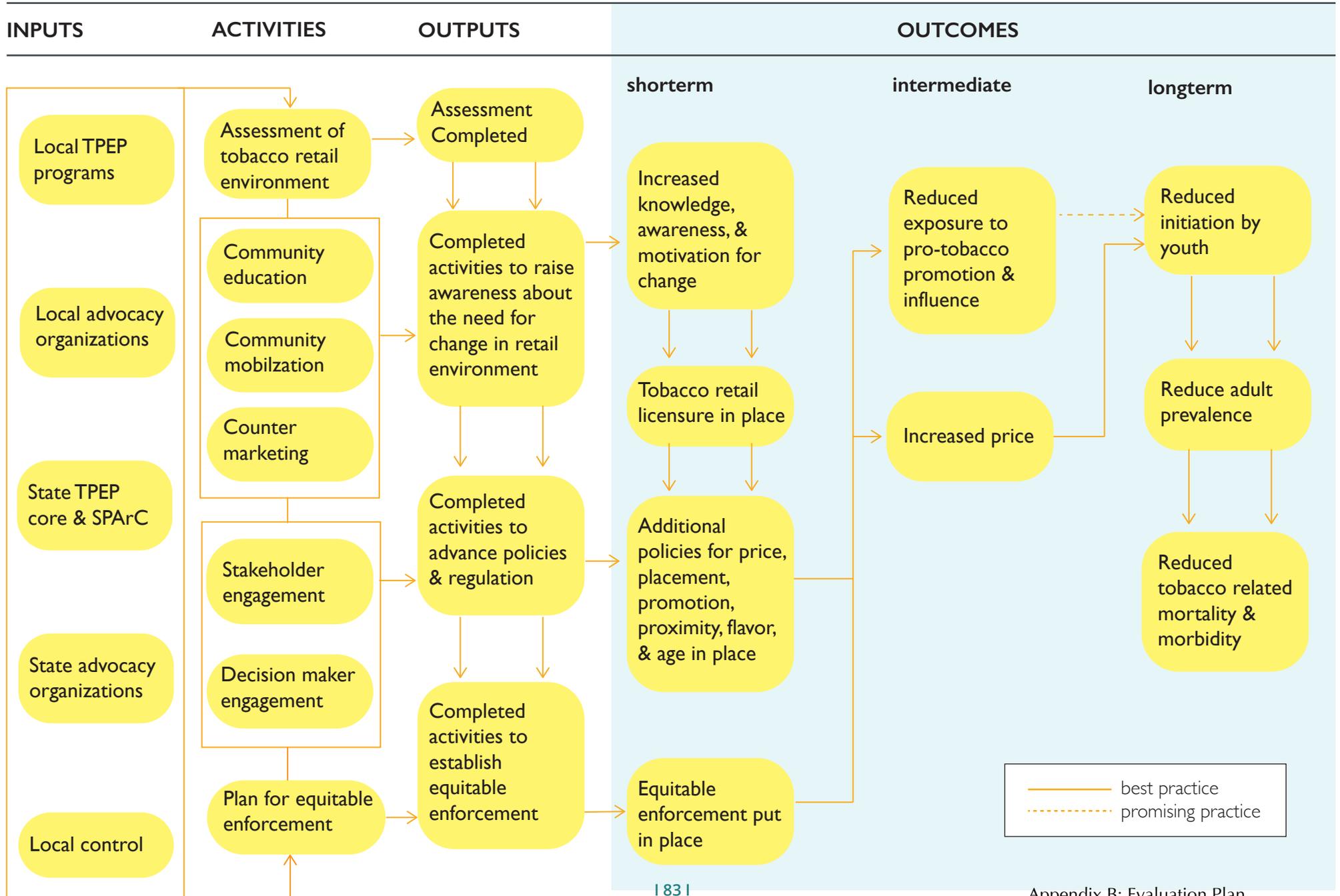
Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the barriers to passing strong tobacco retail policies?

Appendices

Appendix A: Tobacco Retail Policy Logic Model23
Appendix B: TRE Project Plan.....24

Tobacco Retail Policies



Appendix A: Project Plan

Tobacco Retail Evaluation (TRE)

LEGEND

- Active task
- Complete task
- Tentative Dates
- Milestone Dates
- Duration of the Entire Project
- Duration of a Group of Tasks (DARK GREY)
- Complete Group of Tasks (BLACK)
- Line Connecting Tasks = Dependent Tasks

1. Project Management

- 1.1 Finalize detailed project plan and project work breakdown structure
- 1.2 Empanel a TRE User Panel
- 1.3 Convene and conduct the 1st in-person User Panel meeting
- 1.4 Convene and conduct the 2nd in-person User Panel meeting
 - 1.4.1 Schedule meeting
 - 1.4.2 Prep for meeting
 - 1.4.3 Facilitate & attend meeting
 - 1.4.4 Post meeting documentation developed and submitted to UP
- 1.5 Convene and conduct 1-2 additional User Panel meetings
- 1.6 Ongoing meetings and communication with OHA

2. Step-by-step Evaluation Plan

- 2.1 Comprehensive Statewide Retail Evaluation/SPArC TF Evaluation

3. SPArC Grantees Training and TA Plan

- 3.1 Develop an evaluation planning template for SPArC Grantees
- 3.2 In-person meetings with all seven SPArC grantees
- 3.3 Comprehensive evaluation training and technical assistance plan
- 3.4 In-person Meetings with HPCDP staff

4. TA and Training to SPArC Grantees

- 4.1 "All Grantee" TRE kickoff meeting
- 4.2 "All Grantee" Training meeting
 - 4.2.1 Plan meeting
 - 4.2.2 Facilitate & attend meeting
- 4.3 Provide in-person, on-site coaching with SPArC Grantees
 - 4.3.1 Schedule meetings
 - 4.3.2 Conduct meetings (two visits per grantee)

5. Interim Evaluation report

- 5.1 Interim evaluation report detailing progress toward benchmarks

6. Evaluation Activities: On-going

6.1 Data collection

6.1.1 National/local expert interviews

- Interview 5-7 national experts
- Interview 10-12 localities

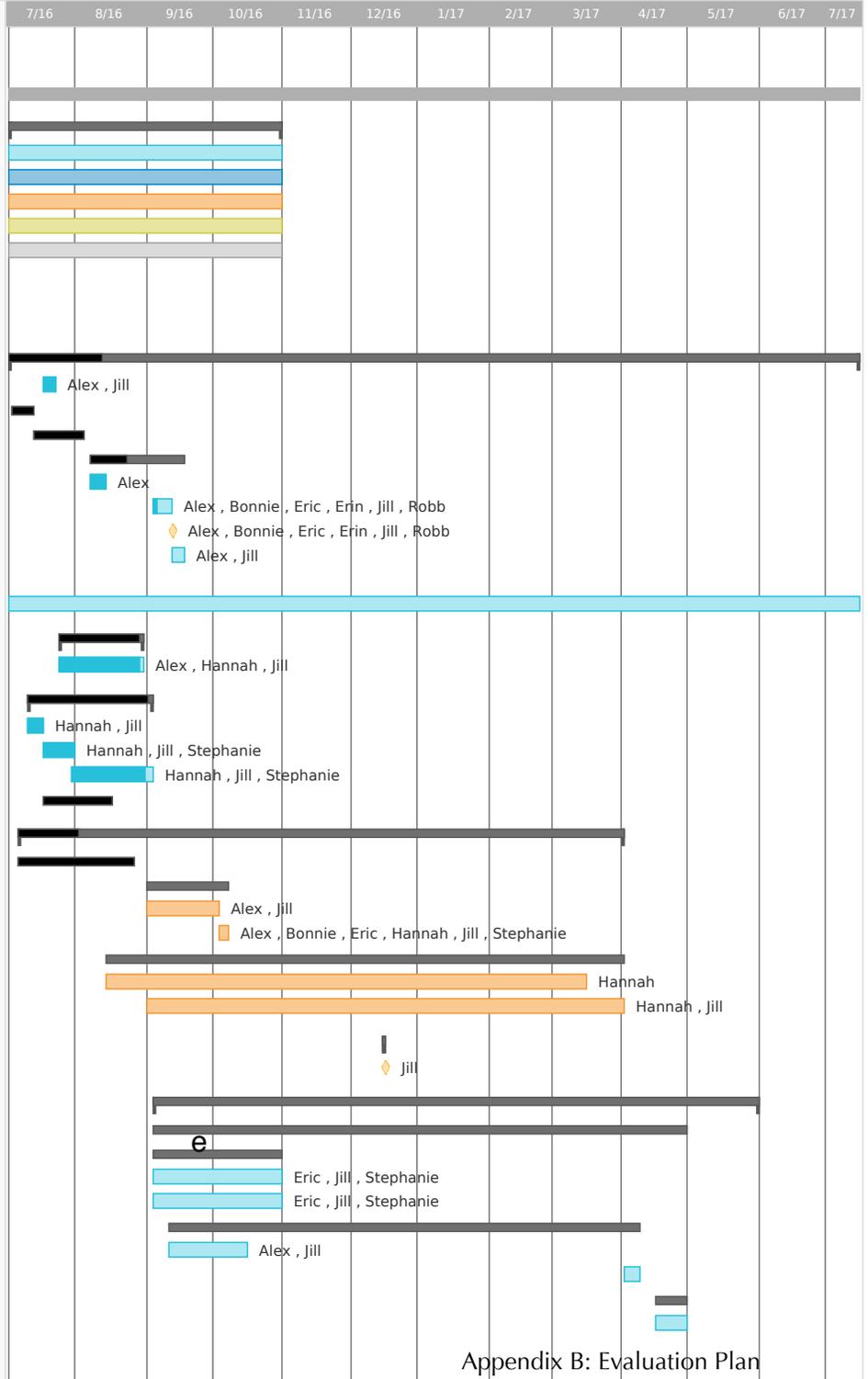
6.1.2 PIT Assessments using Policy Change Model

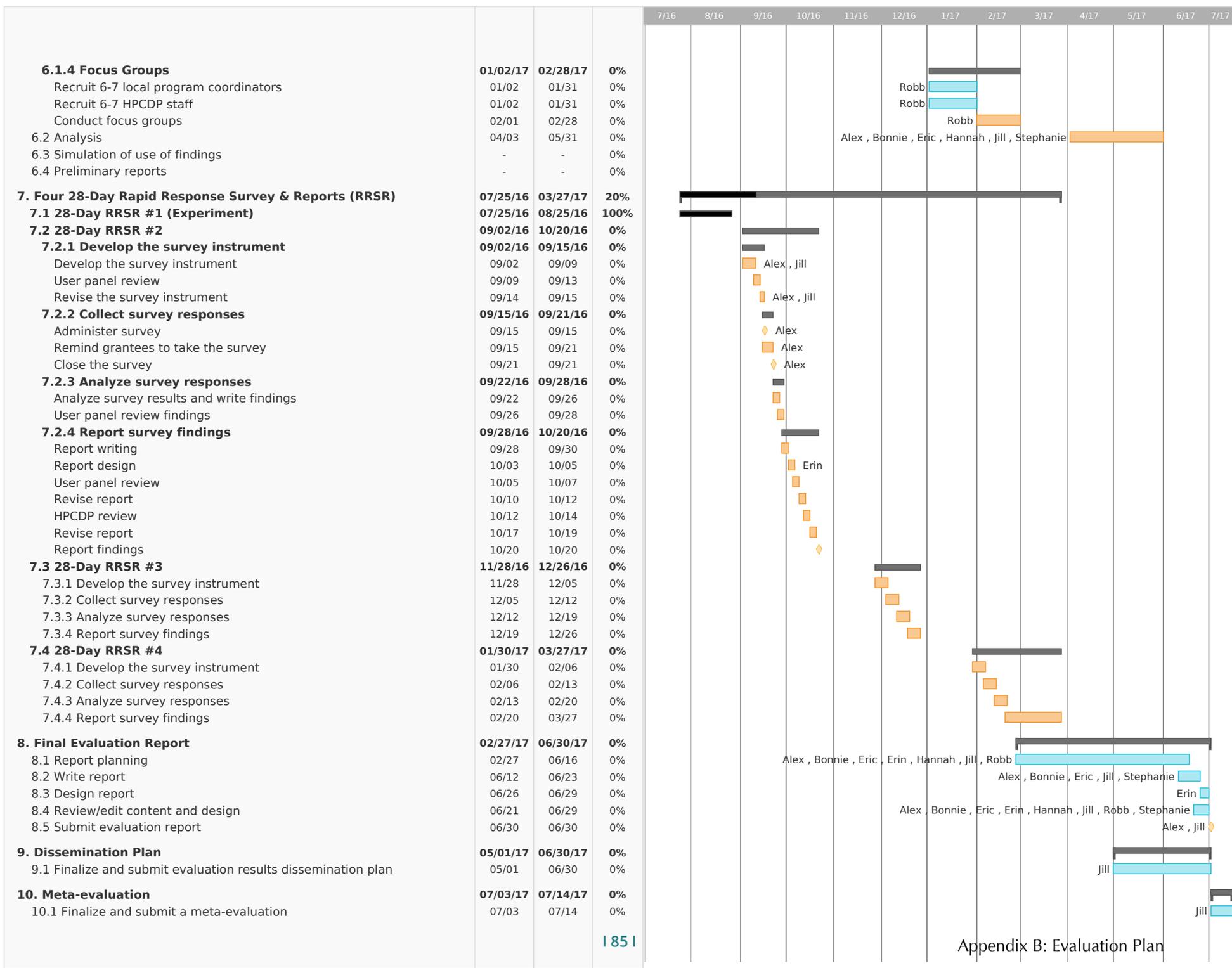
- PIT assessment #1
- PIT assessment #2

6.1.3 LPC Interviews

- Interview 12-15 grantees that had the most and least progress

start	end	10%
07/01/16	10/31/16	0%
07/01	10/31	0%
07/01	10/31	0%
07/01	10/31	0%
07/01	10/31	0%
07/01	10/31	0%
-	-	0%
-	-	0%
-	-	0%
07/01/16	07/14/17	11%
07/18	07/21	100%
07/04/16	07/12/16	100%
07/13/16	08/03/16	100%
08/08/16	09/16/16	39%
08/08	08/12	100%
09/05	09/12	20%
09/12	09/12	0%
09/13	09/16	0%
-	-	0%
07/01	07/14	0%
07/25/16	08/30/16	95%
07/25	08/30	95%
07/11/16	09/02/16	96%
07/11	07/15	100%
07/18	07/29	100%
07/29	09/02	90%
07/18/16	08/16/16	100%
07/06/16	03/31/17	10%
07/06/16	08/25/16	100%
09/01/16	10/06/16	0%
09/01	10/03	0%
10/04	10/06	0%
08/15/16	03/31/17	0%
08/15	03/15	0%
09/01	03/31	0%
12/15/16	12/15/16	0%
12/15	12/15	0%
09/05/16	05/31/17	0%
09/05/16	04/28/17	0%
09/05/16	10/31/16	0%
09/05	10/31	0%
09/05	10/31	0%
09/12/16	04/07/17	0%
09/12	10/14	0%
04/03	04/07	0%
04/17/17	04/28/17	0%
04/17	04/28	0%





Tobacco Retail Evaluation Expert Interview Guide

Introduction

Hello, my name is [interviewer name] with the Rede Group. As you know from recent email correspondence, we are evaluating two of the Oregon Health Authority's funding and programmatic approaches to tobacco point-of-sale strategies.

You were identified as someone who can help us understand the policy change process, and this interview will ask questions about that process. The interview will take approximately 20 minutes. Is this still a good time to talk?

If yes, continue.

If no, reschedule.

If you have questions about this interview, or about the Oregon Health Authority tobacco point-of-sale strategies, I can give you contact information for people you can get in touch with.

Do you have any questions for me? May we continue with the interview?

Questions Version 1: [If the interviewee has not previously submitted a ranked table of elements]

[National experts]

Can you think about some local tobacco point-of-sale policies that you have been involved in passing and list the ones that come to mind?

As you answer the following questions I would like you to consider elements that contributed to the passing of those policies.

[Local experts]

Can you think of one local tobacco point-of-sale policy that you have been involved in passing that is either the most recent or the most comprehensive?

As you answer the following questions I would like you to consider elements that contributed to the passing of that policy.

[National & local experts] Did you receive the table of elements related to advancing tobacco point-of-sale policy in my previous email?

Please rate each element on a scale from 1-5 identifying, *from your perspective*, the level of importance for each element in passing the tobacco point-of-sale policy.

[Lead the interviewee through the ranking of each element]

Now for each element that you indicated as “Extremely Important” please tell me why that element was important in passing or advancing the tobacco point-of-sale policy.

[Ask about each element rated as 5]

Now I would like to look at the element you indicated as “Not Important” or “Slightly Important”, do you have anything to say about why it was not important in passing the tobacco point-of-sale policy?

[Ask about each element ranked a 1 or 2]

Tobacco Point-of-sale Policy: Elements Necessary for Success

Element	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important	Comments
Leadership and Policy Climate						
1. Support of leadership within your agency.	1	2	3	4	5	
2. Agency capacity and authority to build awareness, lead programs, or drive policy.	1	2	3	4	5	
3. Political will (for example, policy maker interest in point-of-sale policies, or in addressing tobacco or public health issues).	1	2	3	4	5	
4. Community will (for example, community member interest in point-of-sale policies, or in addressing tobacco or public health issues).	1	2	3	4	5	
Information and Evaluation						
5. An ability to identify and frame the problem (for example, data collection methods, tools, advice for presenting data from the retail environment and policies).	1	2	3	4	5	
6. An assessment of local/state readiness for policy change (including access to decision-makers and local polling data).	1	2	3	4	5	
7. Evidence of the impacts or effectiveness of point-of-sale policies for decreasing tobacco use rates.	1	2	3	4	5	

8. Case studies (for example, best practices and success stories from other states or communities, or examples and models for future progress and implementation).	1	2	3	4	5	
Resources						
9. Funding for:	1	2	3	4	5	
a. Additional staff or contractors						
b. Paid media	1	2	3	4	5	
c. Other, please specify						
d. [Ask this question but do not ask them to rank] Describe the level of funding you have to work with, whether you received any additional funding for tobacco control, and whether you received resources other than funding.	1	2	3	4	5	
Collaboration						
10. An active coalition (key individuals linked across government, academia, media, NGOs and advocacy groups, business).	1	2	3	4	5	
11. Advocacy support from state or national organizations.	1	2	3	4	5	
12. Engaged youth.	1	2	3	4	5	
Communication						
13. Awareness among policy makers, the public, or others about the extent and impacts of tobacco at the point-of-sale.	1	2	3	4	5	
14. Linking point-of-sale strategies to other priority community or public health issues.	1	2	3	4	5	
15. Persuasive communication carried by earned or paid media.	1	2	3	4	5	
Technical Assistance						
16. [For local experts only] Technical assistance or coaching from the state health department.	1	2	3	4	5	
17. Legal and policy support (for example, assistance from legal staff to draft model policies, interpret existing laws, and find legal precedence or potential challenges).	1	2	3	4	5	
Other						
18. External force(s) as catalyst(s) of change (for example, timing related to a legislative session, something that happened in the community outside the control of those working on tobacco issues, etc.).	1	2	3	4	5	

Finally, is there anything else you would like to mention that will help us understand the essential elements that communities must have in place to move tobacco point-of-sale policies forward?

Thank you for your time today.

Questions Version 2: [If the interviewee has previously submitted a ranked table of elements, prepopulate the table below with their rankings for each element]

I would like to take a look at the table of tobacco point-of-sale elements that you ranked and emailed back to me.

For each element indicated as “Extremely Important” please tell me why that element was important in passing or advancing the tobacco point-of-sale policy.

[Ask about each element ranked as 5]

Now I would like to look at the element you indicated as “Not Important” or “Slightly Important” do you have anything to say about why it was not important in passing or advancing the tobacco point-of-sale policy.

[Ask about each element ranked a 1 or 2]

Tobacco Point-of-sale Policy: Elements Necessary for Success

Element	Rank	Comments
Leadership and Policy Climate		
1. Support of leadership within your agency.		
2. Agency capacity and authority to build awareness, lead programs, or drive policy.		
3. Political will (for example, policy maker interest in point-of-sale policies, or in addressing tobacco or public health issues).		
4. Community will (for example, community member interest in point-of-sale policies, or in addressing tobacco or public health issues).		
Information and Evaluation		
5. An ability to identify and frame the problem (for example, data collection methods, tools, advice for presenting data from the retail environment and policies).		
6. An assessment of local/state readiness for policy change (including access to decision-makers and local polling data).		

7. Evidence of the impacts or effectiveness of point-of-sale policies for decreasing tobacco use rates.		
8. Case studies (for example, best practices and success stories from other states or communities, or examples and models for future progress and implementation).		
Resources		
9. Funding for:		
a. Additional staff or contractors		
b. Paid media		
c. Other, please specify		
d. Describe the level of funding you have to work with, whether you received any additional funding for tobacco control, and whether you received resources other than funding.		
Collaboration		
10. An active coalition (key individuals linked across government, academia, media, NGOs and advocacy groups, business).		
11. Advocacy support from state or national organizations.		
12. Engaged youth.		
Communication		
13. Awareness among policy makers, the public, or others about the extent and impacts of tobacco at the point-of-sale.		
14. Linking point-of-sale strategies to other priority community or public health issues.		
15. Persuasive communication carried by earned or paid media.		
Technical Assistance		
16. [For local experts only] Technical assistance or coaching from the state health department.		
17. Legal and policy support (for example, assistance from legal staff to draft model policies, interpret existing laws, and find legal precedence or potential challenges).		
Other		
18. External force(s) as catalyst(s) of change (for example, timing related to a legislative session, something that happened in the community outside the control of those working on tobacco issues, etc.).		

Finally, is there anything else you would like to mention that will help us understand the essential elements that communities must have in place to move tobacco point-of-sale policies forward?

Thank you for your time today.

Tobacco Retail Evaluation Focus Group Interview Guide

Local Tobacco Program Coordinators Interview Guide:

Introduction:

Thank you for agreeing to help us with this project. We appreciate your willingness to share your time and expertise.

The purpose of this interview is to gather information, insights and experiences from you related to challenges local tobacco programs face in changing tobacco point of sale policies.

I am Robb Hutson and I will be moderating this discussion. Alex will be taking notes. We will be taping our discussion. We are taping this because we don't want to miss any comments. There will not be any names attached to the comments in the report. Moreover, the Rede Group will not use this recording for *any* purpose other than developing the report.

What you say here is confidential. If you have *any* questions about this interview or the project after we leave, you can call, or you can talk to Alex or me.

As we discuss topics, I will start the conversation out with a question, but after that I will only jump in to get us back on track if you've gotten off the topic, or to bring up something we are interested in that you have not covered. Please be as concrete as possible. Try to give specific answers, not just theoretical... These questions are all about local policy change.

We are interested in hearing your opinions, thoughts and experiences, how you remember them. Feel free to disagree with what others have said or give another opinion; the more different ideas we hear, the more information we will have to work with.

We will finish our group by 2:30 at the latest and I will let you know when we are near the end of our time. If you have to use the restroom, feel free to do so.

I am going to make every effort to keep the discussion focused and within our time frame. If too much time is being spent on one question or topic, I may move the conversation along so we can cover all the questions.

Are there any questions before we begin?

First, let's start with some terminology – Are all of you familiar with Policy Change Process Model? [HANDOUT MODEL]. For the purposes of this discussion, “progress in policy change”, means advancing through the stages of the policy change model to achieve TRL goals.

I understand that there are two somewhat distinct grant programs; CORE TPEP and SPArC. As we go through this today, if you could identify yourself as a SPArC grantee that would be great. We do have a specific SPArC question at the end.

1. What are some of the things that you see as progress toward accomplishing TRL goals? (Keeping in mind the PCM)
2. What do you think have been the largest internal challenges/barriers to moving TRL policies forward at the local level? (By internal I mean internal to the public health system e.g. tpep grantees/county health departments and HPCDP/state health department)

Prompt if not heard:
funding, staff resources, change in local leadership, staff training, TA

3. What do you think have been the largest external challenges/barriers to moving TRL policies forward at the local level?

Prompt if not heard:
Community readiness, change in local community leadership

4. Of the barriers we have discussed, what are the most significant challenges to moving along the PCM continuum?
5. For counties that have made progress what has been different? If they have had to overcome challenges, what have they done to overcome those we talked about?
6. Are there lessons learned from the counties that have made progress, applicable or transferable to other counties?
7. In your opinion, have SPArC grantees made more progress toward achieving TRL goals than other grantees?

Now, I would like to shift gears to talk about some aspects of the Tobacco Retail Evaluation.

8. Are you familiar with any materials, such as data or reports created by or trainings/meetings convened or facilitated through the Tobacco Retail Evaluation?
Prompt only if necessary:
28-Day report “Engaging Retailers”
28-Day report “Preemption”
PIT report
Kick-off Meeting last summer
Session at Place Matters

9. How, if at all, have you used these materials to support your work at HPCDP.

HPCDP Staff & Managers Interview Guide:

Introduction:

Thank you for agreeing to help us with this project. We appreciate your willingness to share your time and expertise.

The purpose of this interview is to gather information, insights and experiences from you related to challenges local tobacco programs face in changing tobacco point of sale policies.

I am Robb Hutson and I will be moderating this discussion. Alex will be recording this discussion and taking notes. We are taping this discussion because we don't want to miss any comments. There will not be any names attached to the comments in the report. Moreover, the Rede Group will not use this recording for *any* purpose other than developing the report.

What you say here is confidential. If you have *any* questions about this interview or the project after we leave, you can call, or you can talk to Alex or me.

As we discuss topics, I will start the conversation out with a question, but after that I will only jump in to get us back on track if you've gotten off the topic, or to bring up something we are interested in that you have not covered. Please be as concrete as possible. Try to give specific answers, not just theoretical... These questions are all about local policy change.

We are interested in hearing your opinions, thoughts and experiences, how you remember them. Feel free to disagree with what others have said or give another opinion; the more different ideas we hear, the more information we will have to work with.

We will finish our group by 10:30 at the latest and I will let you know when we are near the end of our time. If you have to use the restroom, feel free to do so.

I am going to make every effort to keep the discussion focused and within our time frame. If too much time is being spent on one question or topic, I may move the conversation along so we can cover all the questions.

Are there any questions before we begin?

First, let's start with some terminology – Are all of you familiar with Policy Change Process Model? [HANDOUT MODEL]. For the purposes of this discussion, “progress in policy change”, means advancing through the stages of the policy change model to achieve TRL goals.

I understand that you have two somewhat distinct grant programs; CORE TPEP and SPARC. In responding to the first few questions, please consider all grantees. Toward the end of

this interview, we will talk about SPARC Grantees and their progress, specifically. That doesn't mean that you can't talk about it as we go through each question. I just want to let you know that we will have a little focus on that at the end.

1. From what you know about local grantee work, what are some of the things that you see as progress toward accomplishing TRL goals? (Keeping in mind the PCM)
2. What do you think have been the largest internal challenges/barriers to moving TRL policies forward at the local level? (By internal I mean internal to the public health system e.g. TPEP grantees/county health departments and HPCDP/state health department)

Prompt if not heard
funding, staff resources, change in local leadership, staff training, TA

3. What do you think have been the largest external challenges/barriers to moving TRL policies forward at the local level?

Prompt if not heard:
Community readiness, change in local community leadership

4. Of the barriers we have discussed, what are the most significant challenges to moving along the PCM continuum?
5. For counties that have made progress what has been different? If they have had to overcome challenges, what have they done to overcome those we talked about?
6. Are there lessons learned from the counties that have made progress, applicable or transferable to other counties?
7. In your opinion, have SPARC grantees made more progress toward achieving TRL goals than other grantees?

Now, I would like to shift gears to talk about some aspects of the Tobacco Retail Evaluation.

8. Are you familiar with any materials, such as data or reports created by or trainings/meetings convened or facilitated through the Tobacco Retail Evaluation?
Prompt only if necessary:
28-Day report "Engaging Retailers"
28-Day report "Preemption"
PIT report
Kick-off Meeting last summer
Session at Place Matters

- 9: How, if at all, have you used these materials to support your work at HPCDP.

Tobacco Retail Evaluation Point-in-time Assessment Instrument

In this survey, you will be asked to estimate your current stage within the Policy Change Process Model for each of your Tobacco Retail Policy Strategies

Instructions:

1. Carefully review the Policy Change Process Model and expanded descriptions.
2. On the following page, fill out a separate table for each jurisdiction for which you have begun work on a tobacco retail policy strategy. This should include work being done with SPaRC Tobacco-Free Funding and Core TPEP. Each County Tobacco Program should submit one response.
In each table you will:
 - a. List the jurisdiction (city or county-wide)
 - b. List the type of policy (i.e., Tobacco 21, Tobacco Retail Licensure, etc.)
 - c. Write a brief description of the activities in that jurisdiction
 - d. List a milestone that has made the greatest impact
 - e. Estimate your current stage in policy change process using the HPCDP Policy Change Process Model and expanded descriptions
3. In estimating your current stage, think about how you are spending most of your time when working on that particular policy effort. The policy change process is rarely linear and it is quite possible to be working on multiple stages at the same time; if that's the case, determining where most of your time is spent can help identify your current stage.
4. If you have not yet identified policy goals for specific jurisdictions, indicate that in section b. of the first table.
5. If you want assistance with any part of this survey, please contact Alex McFerrin at 503-764-9696 or alex.mcferrin@redegroup.co

Example Table:

a. Jurisdiction (specify a city or county-wide): <u>Happyville County (County-wide)</u>	
b. Tobacco Retail Policy Strategy: <u>Tobacco Retail License</u>	
<p>c. Briefly describe three activities you have completed in the last three months or are currently undertaking to advance policy strategies in this jurisdiction:</p> <ul style="list-style-type: none"> ▪ Shared a presentation with the public health department about the importance of the tobacco retail environment. Asked for ideas of who might support this policy Happyville ▪ Talked with the former Mayor of Happyville about TRL to see if she would be a supporter/champion and she agreed. ▪ Talked to Happyville Urban League, and Positive Youth Center to hear their ideas and get their support — shared information with them about tobacco retail environment. 	<p>e. Indicate a <u>single</u> stage in the Policy Change Process Model where you are currently spending most of your time and effort on the policy strategy listed above:</p> <p><input type="checkbox"/> 1. Identify and Frame the Problem</p> <p><input checked="" type="checkbox"/> 2. Engage Key Stakeholders and Community Groups * Select stage 2 only if you are primarily focused on initial outreach to stakeholders</p> <p><input type="checkbox"/> 3. Assess Readiness for Policy Change</p> <p><input type="checkbox"/> 4. Community Outreach, Engagement, and Education</p> <p><input type="checkbox"/> 5. Decision-Maker Engagement and Education</p> <p><input type="checkbox"/> 6. Draft Policy and Plan Implementation</p> <p><input type="checkbox"/> 7. Adopt Policy</p> <p><input type="checkbox"/> 8. Implement Policy and Support Compliance</p> <p><input type="checkbox"/> 9. Evaluate Impact</p>
<p>d. Please list one milestone you have achieved in the last three months that has made the greatest impact on your tobacco retail policy strategy?</p> <p>Getting support from the former Mayor.</p>	

Tobacco Retail Evaluation Point-in-time Assessment

County: _____

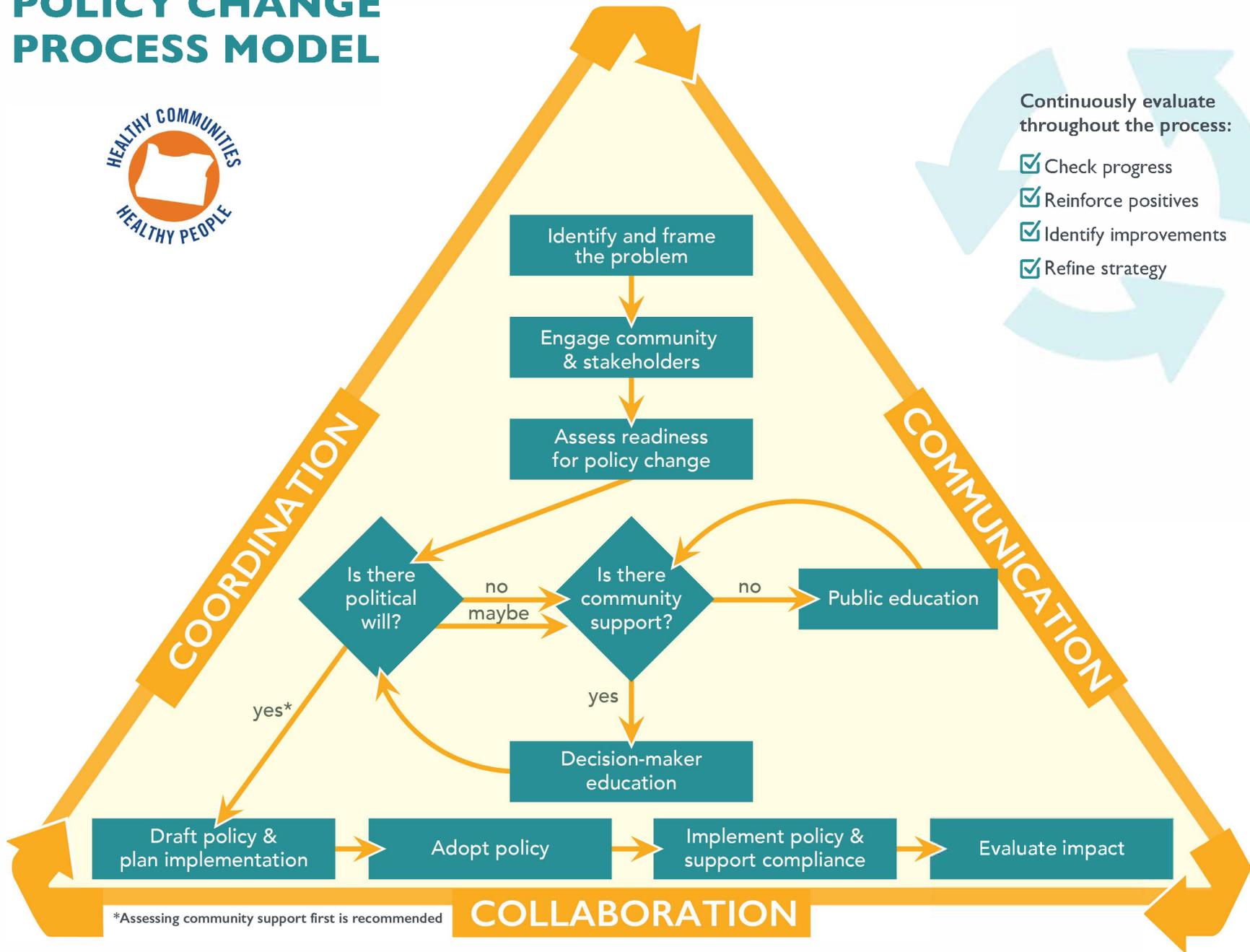
a. Jurisdiction (specify a city or county-wide):	
b. Tobacco Retail Policy Strategy:	
c. Briefly describe three activities you have completed in the last three months or are currently undertaking to advance policy strategies in this jurisdiction: <ul style="list-style-type: none"> ▪ ▪ ▪ 	e. Indicate a <u>single</u> stage in the Policy Change Process Model where you are currently spending most of your time and effort on the policy strategy listed above: <ul style="list-style-type: none"> <input type="checkbox"/> 1. Identify and Frame the Problem <input type="checkbox"/> 2. Engage Key Stakeholders and Community Groups * Select stage 2 only if you are primarily focused on initial outreach to stakeholders <input type="checkbox"/> 3. Assess Readiness for Policy Change <input type="checkbox"/> 4. Community Outreach, Engagement, and Education <input type="checkbox"/> 5. Decision-Maker Engagement and Education <input type="checkbox"/> 6. Draft Policy and Plan Implementation <input type="checkbox"/> 7. Adopt Policy <input type="checkbox"/> 8. Implement Policy and Support Compliance <input type="checkbox"/> 9. Evaluate Impact
d. Please list one milestone you have achieved in the last three months that has made the greatest impact on your tobacco retail policy strategy?	

Note: If you double right click the boxes in section e. of the tables you will be able to change the box from “Not Checked” to “Checked”

a. Jurisdiction (specify a city or county-wide):	
b. Tobacco Retail Policy Strategy:	
c. Briefly describe three activities you have completed in the last three months or are currently undertaking to advance policy strategies in this jurisdiction:	e. Indicate a <u>single</u> stage in the Policy Change Process Model where you are currently spending most of your time and effort on the policy strategy listed above:
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POLICY CHANGE PROCESS MODEL



*Assessing community support first is recommended

Policy Change Process Model Descriptions

The following descriptions are expanded from the HPCDP Policy Change Process Model

1. Identify and Frame the Problem

Identify, define and quantify the public health need and the policy solution.

- Define, assess and frame the problem using the most current and relevant information available. This activity includes conducting a local retail environment evaluation.
- Assess current policies to identify gaps and necessary improvements. This step includes gathering current ordinances, policies and state laws to gain a thorough understanding of what laws are in place related to the tobacco retail environment in your community. With this information, you can identify where improvement should be considered.
- Synthesize evidence about effective public health policy options. This step includes working with HPCDP and other national organizations to review the literature about policies that are likely to affect a change in tobacco use and are legally advisable.
- Define policy solution. In this step, the local program identifies which policy solutions are most appropriate given the information gathered in previous steps. This step also includes carefully articulating (framing) why the policy solution is necessary and using data from the local retail evaluation, along with other data, to describe and frame the problem.

2. Engage Key Stakeholders and Community Groups

Identify and reach out to select organizations and individuals with a stake/interest in the policy change. In this stage, you are working to identify a diverse group of *potentially influential* organizations and individuals *who support tobacco retail environment change* as a way to decrease tobacco use. This group of key stakeholders may be small. During this step, connecting with key pro-health community groups to hear perspectives and gather information may also happen.

- Network, build and/or maintain relationships.
- Assess and resolve concerns. Throughout the policy change process, it is critical to be listening for concerns and questions and to respond through research and thoughtful consideration.
- Find champions and supporters. This step involves finding people who are respected by decision makers and who are motivated/willing to speak for the policy change.
- Develop a diverse coalition. It is important to identify organizations and individuals who represent different sectors of the community such as the business sector (consider a retailer who supports the policy), the education sector, or the non-profit/health advocacy sector.
- Build consensus for the chosen course of action among the group of key stakeholders. In this step, key stakeholders should specify exactly which policy options will address the problem and identify deal-breakers. Deal-breakers are amendments to an ordinance that may happen during the "Draft Policy" or "Adopt Policy" stages or policy adoption stage that weaken it to the point that it is no longer a good policy. For example, adding an amendment to a Tobacco Retail Licensure ordinance limiting it to covering only neighborhoods with a higher median income. Prior to policy drafting and policy adoption, it's important to have agreement on what types of amendments would be acceptable and what would not.

Note: While decision/policy makers are often key stakeholders, they are rarely involved at this stage. If you are engaging decision makers through assessing their interest or level of support for the policy, then you have advanced to the next stage.

3. Assess Readiness for Policy Change

Assess if there are political will and community support for policy change and understand where there may be opposition to the policy change.

- Assess community support for policy change. This step involves gathering information from community level surveys, polls, media studies, etc. to gauge overall community awareness of and support for the policy.
- Identify the broader group of stakeholders and assess their support for policy change through informational interviews, focus groups and polls/surveys; reach out to county commissioners and city leaders to hear their opinions. This step may also include outreach to tobacco retailers. In this step you often ask people you're talking with questions like, "who do you think will support this policy?" and "who do you think might oppose it?"
- Collect and review actions and successes from other jurisdictions.
- Estimate the health, fiscal, administrative, legal, social and political implications. If you haven't already connected with agencies who would be involved in implementing and enforcing a tobacco retail law, then this step will likely be an opportunity to build relationships with those agencies and individuals. As experts in enforcement, they are critical to success.

4. Community Outreach, Engagement, and Education

- Develop a cohesive education plan that incorporates multiple methods of outreach.
- Use information gained from assessments to create effective messages.
- Conduct meetings, events, presentations and other types of outreach, including media when appropriate. In this step, you may conduct education and outreach with tobacco retailers.

Note: It is often tempting to "jump" in with community education at the very beginning of a process; however, education will be far more effective if it is grounded in all the assessments and information gathering that has happened in stages 1- 3.

5. Decision-Maker Engagement and Education

- Engage with decision-makers about the public health need and policy solution. During this step, public health provides decision-makers with information and options for changing policy to improve population health. It involves listening to decision-maker priorities and providing fact-based information to build the case for necessary change.
- Reach out to decision-makers through champions and networks. In this step, public health provides advocates and champions with fact-based information to assist them in their interactions with decision-makers.
- Identify, research and resolve concerns. Decision-makers will need answers to very specific questions such as how much enforcement will cost or who will be affected and what information or assurances do they need before they can make a decision. Be prepared to methodically answer questions and resolve concerns.
- Track support and its change over time.

6. Draft Policy and Plan Implementation

Draft the best possible policy, given political and other constraints.

- Clarify agency process for drafting and proposing policy. Every public health department has a slightly different way of developing and drafting policy language and processes can differ greatly. In this step, you will likely work with your supervisor to understand how your program approaches this task.
- Identify resources, such as a model policy, and examples from other jurisdictions.
- Plan a policy review process that incorporates legal and policy expertise.
- Monitor the policy drafting process. In this step, a local program coordinator may assist other government officials, such as a county attorney or city

administrator, with national and state resources that can exemplify well-crafted policy language. A local program coordinator might also shepherd a policy draft through various stages of a drafting process.

- Develop a plan to implement, monitor and evaluate the policy (e.g., develop budgets, rules, procedures, materials).
- Plan for equitable enforcement. Meet with community members to understand enforcement issues and the needs of specific communities. Plan for translating materials into different languages where appropriate. If you plan to conduct compliance checks, create a plan to equally distribute them throughout the jurisdiction so that they are not concentrated in any particular neighborhood.
- Create a communication plan for policy roll out. A communication plan could include direct communication with affected businesses and community education through media.
- Develop a timeline that allows businesses to make necessary arrangements (such as filing paperwork, paying fees, reconfiguring product placement, or training staff) to comply with the policy.
- Work with other entities (such as enforcement officers or business license departments) on structural and programmatic adjustments to assist with effective implementation.

7. Adopt Policy

Work with policy makers to formally adopt the policy.

- Plan for public comment to support the policy. Alert coalition members and the public with timely accurate information about all opportunities to comment on the proposed policy. Assist coalition members to develop testimony and comments (when appropriate).
- Provide information to decision-makers.
- Count votes before the actual vote. This step involves asking or estimating how many decision-makers are likely to support or oppose the policy. This can be done by talking to advocates who have asked decision-makers about their opinion on the policy or talking directly to decision-makers. Either way, it's important to have some sense of how decision-makers may vote prior to a public hearing.
- Anticipate possible last-minute amendments.

8. Implement Policy and Support Compliance

Communicate policy change with all affected audiences.

- Implement the communication plan developed in the “Draft Policy and Plan Implementation” stage.
- Develop administrative regulations such as rules, if necessary. Often laws and public policies require a government agency to develop policies and procedures for administering the policy. This is usually a formal process.
- Redesign environments to support effective implementation and compliance.
- Monitor implementation.

9. Evaluate Impact

Evaluate the impact of the policy change.

- Track the implementation process (Is the policy and plan functioning as intended?). This step often involves establishing and maintaining records such as numbers of compliance checks or violations, locations of retail outlets, etc. Keep in mind that the policy will be in place for many years, so establishing a record keeping system that can be easily transferred to new employees is essential.
- Monitor policy/systems/environmental change.
- Take appropriate action to address evaluation results. For example, if evaluation results show numerous repeated violations in a certain neighborhood, then you might conduct educational visits with each retailer to assist them with compliance.

- Evaluate the effectiveness of the policy change process. For example, what lessons learned can be gleaned from your policy change process? What would you do differently in future policy change projects? What would you do the same?
- Incorporate evaluation findings into future planning.
- Evaluate equitable enforcement.



Point-in-time Assessment 1

Tobacco products are cheap, readily available and easy to get, and heavily promoted and marketed in stores. This makes it difficult for current smokers to stop and promotes tobacco use to Oregon's youth. The Health Promotion and Chronic Disease Prevention (HPCDP) Section is approaching strategies in the tobacco retail environment through two mechanisms. The first strategy is a statewide requirement in the regular annual funding stream (Core Tobacco Prevention and Education Program or TPEP) that goes to all Local Public Health Authorities. The second strategy is a special funding stream (SPArC Tobacco-Free) for seven counties to focus exclusively on tobacco retail policy advancement. The Tobacco Retail Evaluation (TRE) supports this work through ongoing systematic assessment and reporting. The TRE is guided by a small panel (TRE user panel) of Oregon tobacco control practitioners and facilitated by the Rede Group.

TRE
Tobacco Retail
Evaluation

Introduction

All Local Health Departments in Oregon are working to change the retail environment to decrease youth initiation to tobacco and support individuals who are attempting to quit tobacco. Health departments are engaging in supporting best practice policy strategies such as raising the legal age of purchase of tobacco to 21 (T21), tobacco retail licensure (TRL) or other policy options such as tobacco retailer density or restricting price discounts.

To understand these efforts, two point-in-time (PIT) assessments are being conducted as a component of the Tobacco Retail Evaluation. The first was conducted in October 2016 and the second will be conducted in June 2017. The purpose of the assessment is for each TPEP/SPArC grantee to identify their current status of policy change progress, using the HPCDP Policy Change Process Model (PCPM) for each of their tobacco retail policy initiatives. The

PCPM was created as a model to implement tobacco policy. Near the conclusion of the evaluation (July 2017) results from the two assessments will be compared to examine progress over time.

Key Findings

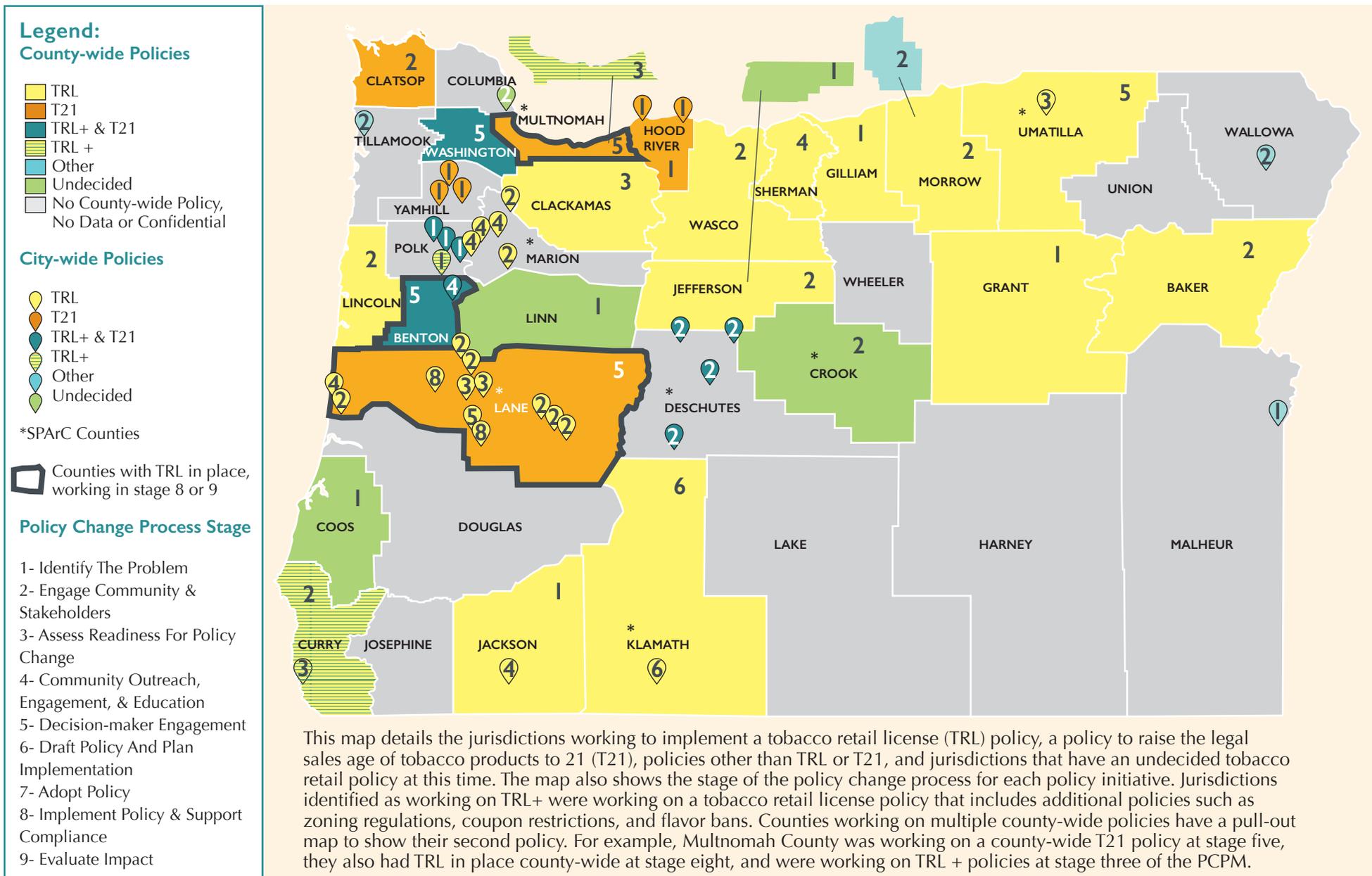
- Most policy initiatives (63%) involved a tobacco retail license (TRL).
- Nearly a third of policy initiatives (28%) involved raising the legal sales age of tobacco products to 21 (T21).
- 10% of policy initiatives involved both raising the sales age of tobacco products to 21 as well as implementing a tobacco retail license.
- A small percentage of counties (11%) are still deciding which policy initiatives to pursue.
- 8% of policy initiatives were policies other than TRL or T21.

78
Tobacco point-of-sale policy
initiatives underway in

67
jurisdictions in Oregon

This brief report is intended to provide relevant, timely information to individuals and organizations working on tobacco retail strategies in Oregon. For more information about this report contact Alex McFerrin, at The Rede Group: 503-764-9696
Alex.mcferrin@redegroup.co

Tobacco Retail Activities Map: October 2016



*2016 The Rede Group. For more information, contact Alex McFerrin at The Rede Group: 503-764-9696 Alex.mcferrin@redegroup.co

Conclusions

As of October 2016:

+ In Oregon, there were 67 jurisdictions working to implement one or more tobacco retail policy.

+ Most of the tobacco retail policy initiatives (63%) were tobacco retail license policies.

+ Nearly half of policy initiatives (40%) were in the “Engage community & stakeholders” stage of the PCPM.

+ 26% of policy initiatives indicated that they were working to implement a tobacco retail license and were spending most of their efforts engaging the community & stakeholders.

+ The majority of Oregon counties (67%) were working on a county-wide tobacco retail policy initiative. Four of those counties were working on multiple county-wide policy initiatives.

+ 17% of policy initiatives were in stages five, six, or eight of the PCPM.

+ SPArC grantees were further along the policy change process for their policy initiatives than non-SPArC grantees.

Methods

All TPEP/SPArC grantees were asked to complete a PIT Assessment. In the assessment, grantees indicated the current stage of the PCPM for each of their tobacco retail policy initiatives.

For the purpose of the evaluation, a separate policy initiative was counted for each type of policy within a jurisdiction. For example, two policy initiatives were identified for a grantee that was working on a county-wide tobacco retail license policy as well as a county-wide policy to raise the minimum legal sales age of tobacco to 21. A separate policy initiative was also counted for each jurisdiction in which the same type of policy was being implemented. For example, a tobacco retail license policy county-wide would count as one policy initiative, and a tobacco retail license policy in a city within that county was counted as a separate policy initiative. Some grantees listed a policy package such as implementing a tobacco retail license and raising the minimum legal sales age of tobacco to 21; policy packages were counted as a single policy initiative, even though they may include multiple policies.

33 grantees completed a PIT Assessment. Individual PIT data were sent to grantees for verification to assure accuracy in reporting.

*This is a point-in-time assessment that follows a three-step process.

The process includes:

1. Collect assessments of each tobacco retail policy initiative from TPEP/SPArC grantees using the HPCDP Policy Change Process Model (PCPM)
2. Analyze assessment responses
3. Report assessment findings

The purpose of this assessment is to collect information from grantees regarding their progress in the policy change process and to report and share findings quickly so those findings can be used in grantees current and future work to implement tobacco retail policy.

Rede group plans to conduct a series of two point-in-time assessments that will contribute to an examination of the policy change process over time and inform the larger Tobacco Retail Evaluation.



Local Tobacco Program Coordinator Survey Instrument

Grantee:

Jurisdiction:

Tobacco Retail Policy Strategy:

PIT 1 PCPM Stage:

PIT 2 PCPM Stage:

Part 1 Instructions: Please rate each element that was in place in order to advance your tobacco retail policy strategy (listed above). If any of the elements listed below were not in place during the advancement of the policy strategy indicate “N/A rather than ranking the element.

Tobacco Point-of-sale Policy: Elements Necessary for Success

Element	N/A	Not Important	Slightly Important	Moderately Important	Very Important	Extremely Important
Leadership and Policy Climate						
1. Support of leadership within your agency.		1	2	3	4	5
2. Agency capacity and authority to build awareness, lead programs, or drive policy.		1	2	3	4	5
3. Political will (for example, policy maker interest in point-of-sale policies, or in addressing tobacco or public health issues).		1	2	3	4	5
4. Community will (for example, community member interest in point-of-sale policies, or in addressing tobacco or public health issues).		1	2	3	4	5
Information and Evaluation						
5. An ability to identify and frame the problem (for example, data collection methods, tools, advice for presenting data from the retail environment and policies).		1	2	3	4	5
6. An assessment of local/state readiness for policy change (including access to decision-makers and local polling data).		1	2	3	4	5
7. Evidence of the impacts or effectiveness of point-of-sale policies for decreasing tobacco use rates.		1	2	3	4	5
8. Case studies (for example, best practices and success stories from other states or communities, or examples and models for future progress and implementation).		1	2	3	4	5
Resources						
9. Funding for:		1	2	3	4	5
a. Additional staff or contractors		1	2	3	4	5
b. Paid media		1	2	3	4	5
c. Other, please specify		1	2	3	4	5
Collaboration						
10. An active coalition (key individuals linked across government, academia, media, NGOs and		1	2	3	4	5

advocacy groups, business).						
11. Advocacy support from state or national organizations.		1	2	3	4	5
12. Engaged youth.		1	2	3	4	5
Communication						
13. Awareness among policy makers, the public, or others about the extent and impacts of tobacco at the point-of-sale.		1	2	3	4	5
14. Linking point-of-sale strategies to other priority community or public health issues.		1	2	3	4	5
15. Persuasive communication carried by earned or paid media.		1	2	3	4	5
Technical Assistance						
16. Technical assistance or coaching from the state health department.		1	2	3	4	5
17. Legal and policy support (for example, assistance from legal staff to draft model policies, interpret existing laws, and find legal precedence or potential challenges).		1	2	3	4	5
Other						
18. External force(s) as catalyst(s) of change (for example, timing related to a legislative session, something that happened in the community outside the control of those working on tobacco issues, etc.).		1	2	3	4	5
19. Other elements (if any) not included in the above list, please describe:		1	2	3	4	5

Part 2 Instructions: Of the elements listed in Part 1 of the survey please identify the top five most important elements that were in place during the advancement of the policy listed above. Then rank the top five elements with 1 being the most important and 5 being the least important among the top five elements.

- 1.
- 2.
- 3.
- 4.
- 5.

If you have any questions, please contact Alex McFerrin at alex.mcferrin@redegroup.co or 503-764-9696.

Tobacco Retail Evaluation Local Tobacco Program Coordinator Interview Guide

Local Tobacco Program:

Interviewee Name:

Hello, my name is [your name] with the Rede Group. I have a coworker on the line with me as well taking notes. Thank you for taking the time to participate in a brief interview to verify the data collected from the Tobacco Retail Evaluation Point-in-time Assessment. Do you have any questions before we begin?

Questions

1. [Question for all interviewees - Describe the policy strategy, jurisdiction, and PCPM stage indicated in PIT 2 Then ask,] “Are these data correct?”
 - a. If yes, repeat for all policy initiatives
 - b. If no, ask about and record changes then repeat for all policy initiatives
2. If a **policy strategy** has changed from PIT 1 to PIT 2 (completely different or a variation on original strategy)
 - We have noticed that the policy strategy your county is working on has changed from PIT 1 to PIT 2. Given the following multiple-choice options please indicate the reason for the change in policy strategy from PIT 1 to PIT 2. I will read through the entire list of options and then ask you to identify your answer, I am happy to restate or clarify the options.
 1. Lost or gained a champion
 2. Political compromise was deemed necessary
 3. Change in health department leadership or redirected by your boss
 4. Saw an opportunity for advancement with a different policy strategy
 5. Community or policy maker assessment lead to changes in priorities
 6. Direction from key stakeholders
 7. Other, please explain in two to three sentences
 8. Don't know, please explain in two to three sentences
3. If the **jurisdiction** in which the policy strategy is being implemented has changed from PIT 1 to PIT 2:
 - We have noticed that the jurisdiction you are working in to implement your policy strategy has changed from PIT 1 to PIT 2. Given the following multiple-choice options please indicate the reason for the change in jurisdiction from PIT 1 to PIT 2.
 1. Political compromise was deemed necessary
 2. Ran out of time

3. Rebalance of workload based on an opportunity in another jurisdiction
 4. Direction from key stakeholders
 5. Other, please explain in two to three sentences
 6. Don't know, please explain in two to three sentences
4. [If one or more policy strategy or jurisdictions was **added** from PIT 1 to PIT 2:]

We have noticed that your county has added one or more policy strategy or jurisdiction that you are working in from PIT 1 to PIT 2. Given the following multiple-choice options please indicate the reason for increasing the number of policy strategies or jurisdictions that you are working in.

 1. Saw an opportunity for advancement with another policy strategy
 2. Direction from key stakeholders
 3. Other, please explain
 4. Don't know, please explain in two to three sentences
5. [If one or more policy strategy or jurisdiction was **removed** from PIT 1 to PIT 2:]

We have noticed that your county has removed one or more policy strategy or jurisdiction that you are working in from PIT 1 to PIT 2. Given the following multiple-choice options please indicate the reason for decreasing the number of policy strategies or jurisdictions that you are working in.

 1. Lost a champion
 2. Political compromise was deemed necessary
 3. Change in health department leadership
 4. Ran out of time
 5. Community or policy maker assessment lead to changes in priorities
 6. Other, please explain
 7. Don't know, please explain in two to three sentences
6. [If the local tobacco program received **one point or less** for advancement from PIT 1 to PIT 2 or indicated "**no activity**" to advance the policy strategy in PIT 2:]

Given the following multiple-choice questions please indicate the reason for lack of progress in the policy change process or lack of activity to advance policy strategies since October 2016.

 1. Vacant TPEP position
 2. Competing priorities
 3. Lost a champion
 4. Change in health department leadership
 5. Other, please explain
 6. Don't know, please explain in two to three sentences

7. [Question for all interviewees] Over the course of this year Rede has developed and delivered several reports about tobacco retail policy. Do you recall having seen any of these reports?

- a. Yes
- b. No

[If yes,] Have you used any of the reports?

- a. Yes
- b. No

Thank you for your time today.

If you have any questions about the Point-in-time Survey or the Tobacco Retail Evaluation you may contact Alex McFerrin at alex.mcferrin@redegroup.co or 503-674-9696.

Introduction

Thank you for participating in this survey evaluation on tobacco retailer engagement. This is a rapid response evaluation that will follow a four-step process, each step sequentially completed within seven days.

- 1. Create the survey instrument**
- 2. Collect survey responses**
- 3. Analyze survey responses**
- 4. Report survey findings**

The purpose of this evaluation is to collect information from grantees, reporting and sharing findings quickly so those findings can be used in grantees current and future work to engage tobacco retailers. It is not expected that retailer engagement would be right for all grantees at this point. We know that all grantees have completed a local retail assessment and realize that grantees are at a variety of stages in their tobacco retail policy work and some grantees may have done more or less work than others on this topic.

The survey should take approximately 20 minutes to complete.

If you have any trouble completing the survey or have any questions about the survey please call or email Alex McFerrin.

**Alex McFerrin
Rede Group Associate
503-764-9696
alex.mcferrin@redegroup.co**

For the purposes of this survey, tobacco retailer engagement means efforts to contact or gather information from retailers in an effort to make policy, systems or environmental changes in the retail environment, such as tobacco retail licensure.

Examples of engagement:

1. Key informant interviews with tobacco retailers
2. Listening sessions for retailers
3. Other assessments that ask about awareness or level of interest in policy change. These are only a few examples. There may be many other ways you have engaged with your local retailers regarding policy change.

* 1. Have you attempted to start the process of engaging tobacco retailers?

- Yes, I have started the process of engaging retailers, but only for my local retail assessment
- Yes, I have started the process of engaging retailers beyond my local retail assessment either through direct contact or other outreach tactics
- No

* 2. Did your required local retail assessment lead to any further engagement opportunities? Please explain.

* 3. Did your required local retail assessment lead to any further engagement opportunities? Please explain.

* 4. What have you done toward engaging tobacco retailers beyond your previously required local retail assessment?

* 5. What prompted you to begin working to engage tobacco retailers?

* 6. What have you found worked well to engage tobacco retailers?

* 7. What has not worked well in your efforts?

* 8. What advice would you give to others working on tobacco retailer engagement?

* 9. If you have not done any work to engage tobacco retailers or have only worked with retailers on your retail assessment, are you planning to begin engaging tobacco retailers or begin to engage retailers beyond your local retail assessment?

Yes

No

* 10. What is your plan to begin working to engage retailers on this topic?

* 11. What challenges have you faced to begin or further your work to engage retailers?

* 12. If you do not plan on working on retailer engagement in the future, what are the reasons?

Thank you for participating in the survey. If you have created any materials for retailer engagement and would like to share your work with other grantees, please attach documents in an email addressed to Rede Group associate Alex McFerrin at alex.mcferrin@redegroup.co.

Introduction

Thank you for participating in this survey on state preemption of local authority to pass tobacco retail environment ordinances.

This survey will be used to identify grantees' level of understanding around preemption, what grantees are currently doing related to preemption, and what grantees need to better understand and address preemption.

The survey should take approximately 10 minutes to complete. Please complete one survey per local health department. This survey should be completed by the Tobacco Program Coordinator or SPARC Coordinator. Please complete the survey by Monday, December 19. [Note: we understand that with holidays, some grantees may need extra time to complete this survey. Please contact Alex McFerrin if you require more time to complete this survey, have any trouble completing the survey, or have any questions.]

**Alex McFerrin
Rede Group Associate
503-764-9696
alex.mcferrin@redegroup.co**

Your responses to this survey will be held confidential by The Rede Group.

* 1. How well do you understand preemption and why it is an important tobacco control issue?

- Very well. I can easily explain it to others
- Somewhat well. I know what the term means but I am not confident that I could explain it to others
- A little bit, but not very well
- Not at all

* 2. Have you taken steps to educate others in your organization or community about preemption?

Yes

No

28-Day Rapid Response Survey and Report: Addressing Preemption

* 3. What types of things are you doing to address preemption? (Check all that apply)

- Talking to administrators and others in my organization about preemption
- Talking to coalition members about preemption
- Sharing information about the effects of preemption through emails and other written communication
- Working to share information about preemption with Board of County Commissioners or other elected officials
- Staying abreast of preemption trends, including preemption happening on tobacco or other public health issues in Oregon or other states
- Equipping leaders in my organization to testify about preemption during legislative hearings
- Other (please specify)

* 4. Which of the following would best describe your reasons for not taking steps to educate others about preemption (Check all that apply)

- Lack of time or resources
- I don't feel this is an important issue
- It is not a priority issue for my leadership
- I am not sure how to raise the issue or frame the discussion
- Others in my community are leading efforts to address preemption
- Other (please specify)

* 5. If you have talked with others about preemption, what are some key talking points you have used to explain preemption? (Please share as much detail as you can)

Do you have examples of successful efforts/activities you've undertaken to educate others about preemption? Or, examples of things you've tried that were less than successful? If so, please share examples here:

6. List successful efforts/activities here:

7. List less successful efforts/activities here:

* 8. What, if anything, do you need to educate others about preemption? (Such as a fact sheet, training, technical assistance, etc.)

* 9. Don't worry! You're in good company. Preemption is not an everyday term, but it is one that comes up often in public health. Preemption occurs when a "higher" level of government eliminates or limits the authority of a "lower" level of government to regulate a certain issue. Preemption is an important issue for tobacco control. Would you like to learn more about preemption?

Yes

No

28-Day Rapid Response Survey and Report: Addressing Preemption

* 10. Please provide your name so that a member of the HPCDP team can contact you to share information with you about preemption.

Please list your email address and county below. Your information will be held confidential by the Rede Group.

* 11. Email Address:

* 12. County:

28-Day Rapid Response Survey and Report: Addressing Preemption

Thank you so much for taking this survey. Your feedback is valued. Please be on the lookout for a report in mid-January with results from this survey.

This is a rapid response survey & report that follows a four-step process completed over the course of 28-days.

1. Create the survey instrument
2. Collect survey responses
3. Analyze survey responses
4. Report survey findings

The purpose of this evaluation is to collect information from grantees and to report and share findings quickly so that findings can be used in grantees' current and future work.

Introduction

Thank you for participating in this survey on effective strategies for partner engagement to advance tobacco retail environment policy work.

Please complete only one survey per local health department. This survey should be completed by the Tobacco Prevention & Education Program (TPEP) Coordinator or the Strategies for Policy and Environmental Change (SPARC) Coordinator. Please complete the survey by Wednesday, May 3. Your responses to this survey will be kept confidential.

The survey should take approximately 20 minutes to complete. You may contact Alex McFerrin if you have questions or any trouble completing the survey.

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Partner Engagement

For the purpose of this survey, the term “partner engagement” refers to strategic work with external organizations (outside one’s own Public Health Department) to accomplish tobacco retail environment policy strategies. Strategic partner engagement may take different forms including task forces, coalitions, and informally structured groups of partners. Strategic partner engagement differs from public or community engagement in that partner engagement typically happens with a smaller group of organizations who:

- Have a stake in the policy issue at hand;
- Represent trusted, respected, or important voices in the community;
- Provide policy input (especially around health equity);
- Offer tactical advice; and
- Actively work to accomplish the objective, frequently taking on activities, such as lobbying, that may be more appropriate for non-governmental organizations.

Strategic partners have a desire to reduce tobacco use and are involved in multiple aspects of the policy initiative, often from start to finish.

Survey Questions

This section includes questions about the form or structure of your partner engagement for tobacco retail environment policy work:

* Which statement best describes the current form or structure of your partner engagement for tobacco retail environment policy work? (Select only one)

- We are engaging partners through a tobacco prevention coalition.
- We are engaging partners through working with a community coalition(s) whose mission is broader than tobacco prevention.
- We have identified partners and engage with them, specifically on the issue of tobacco retail environment policy, in a structured group with regular meetings, regular communication, and feedback mechanisms.
- We have identified partners and engage with them through informal methods such as requests for input, only when an issue is immediate, or calls to action only when necessary.
- Other (please describe in the text box below)

Other:

Survey Questions

* Please briefly describe the structure of the tobacco coalition? (For example, what is the leadership/governance model? Who are the member organizations? What is the mechanism for communication?)

* Please briefly describe your role in the coalition.

Survey Questions

* Please list (by name) and briefly describe the coalition(s) you are working with on tobacco retail environment policy strategies. For each coalition listed, include the coalition goals or mission. (Note: if coalition information is available online, you can include a link to a coalition page rather than writing a description here.)

* For each of the coalitions listed in Question 4 above, provide a brief description of your role in the coalition(s).

Survey Questions

* How did you make decisions about which partners to engage? (For example, did you engage organizations based on a power-mapping exercise, because they have shown an interest in the issue in the past, brought an important perspective to the table, brought an important skill to the table, etc.?)

Survey Questions

This section includes questions about the function of your partnerships.

The following questions describe activities and ask you to identify the extent of partner engagement using the following scale.

Scale:

0- Not applicable because we have not yet reached this stage in our tobacco retail environment policy work

1- No engagement – For example, partners were not engaged in these types of activities

2- Limited engagement – For example, TPEP provided updates to partners via email or verbal updates, either regularly or when something noteworthy was happening

3- Some engagement – For example, TPEP communicated with partners as described in item number 2 above and has two-way communication whereby partners are encouraged to connect and participate

4- Moderate engagement – For example, TPEP collaborated with partners to develop strategies and tactics for these types of activities and/or partners were involved as messengers or spokesperson and TPEP engaged with partners in some of the ways included in elements from number 2 and 3 above

5- High engagement – For example, TPEP engaged with partners in ways that include elements from numbers 2, 3, and 4 above and TPEP worked with partners to share decision-making for these types of activities

For each item, please select the option that best describes the extent of your partner engagement that has occurred or is underway

* Activity: Assessments to identify and frame the problem

* Activity: Consulting and advising on policy change process tactics and timing

* Activity: Reviewing policy concepts to identify potential issues such as unintended consequences

* Activity: Talking with decision makers to understand their position or to advocate for policy change

* Activity: Assisting with public education (including media efforts) through educating others at community meetings or acting as a media spokesperson

* Activity: Consulting or advising on implementation and enforcement

* Activity: Organizing and/or providing testimony at public meetings

* Activity: Assisting with evaluation

* Activity: Youth engagement in any of the above activities

Activity: Other (please describe in the text box below)

Other Activity:

Survey Questions

* In what ways, if any, has engaging partners improved or enhanced your work on tobacco retail environment policy strategies? (Please be specific and use examples where appropriate)

* What challenges, if any, have you encountered with engaging partners in your tobacco retail environment policy strategies?

Conclusion

Thank you for completing this survey. We value your feedback. Please be on the lookout for a report at the end of May with results from this survey.

This is a Rapid Response Survey & Report that follows a four-step process completed over the course of 28-days:

1. Create the survey instrument
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3. Analyze survey responses
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THANK YOU



28-Day Rapid Response Survey & Report: Tobacco Retailer Engagement

Tobacco products are cheap, readily available and easy to get, and are heavily promoted and marketed in stores. This makes it difficult for current smokers to stop and promotes tobacco use to Oregon's youth. The Health Promotion and Chronic Disease Prevention Section is approaching strategies in the tobacco retail environment through two mechanisms. The first is a statewide requirement in the regular annual funding stream (Core Tobacco Prevention and Education Program or TPEP) that goes to all Local Public Health Authorities. The second strategy is a special funding stream (SPArC Tobacco-Free) for seven counties to focus exclusively on tobacco retail policy advancement. The Tobacco Retail Evaluation (TRE) supports this work through ongoing systematic assessment and reporting. The TRE is guided by a small panel (TRE user panel) of Oregon tobacco control practitioners and facilitated by the Rede Group.

TRE
Tobacco Retail
Evaluation

Introduction

Retailer Engagement

Retailer engagement is an important consideration for local tobacco programs working to change the tobacco retail environment. As entities that will be directly affected by any policy change, retailers are clearly important stakeholders. Retailer engagement is a broad term encompassing any number of activities ranging from education to collaboration.

Questions about Retailer Engagement

Oregon TPEP and SPArC Tobacco-Free grantees want to better understand how best to interface with retailers.

Rede worked with the TRE user panel to conduct this 28-Day Rapid Response Survey and Report* to gather information and perspectives from TPEP and SPArC Tobacco-Free Grantees about their experiences with tobacco retailer engagement. In August 2016 Rede conducted this brief survey, which received responses from 31 of the 34 TPEP/SPArC grantees.

9 out of 30

grantees are currently engaging retailers

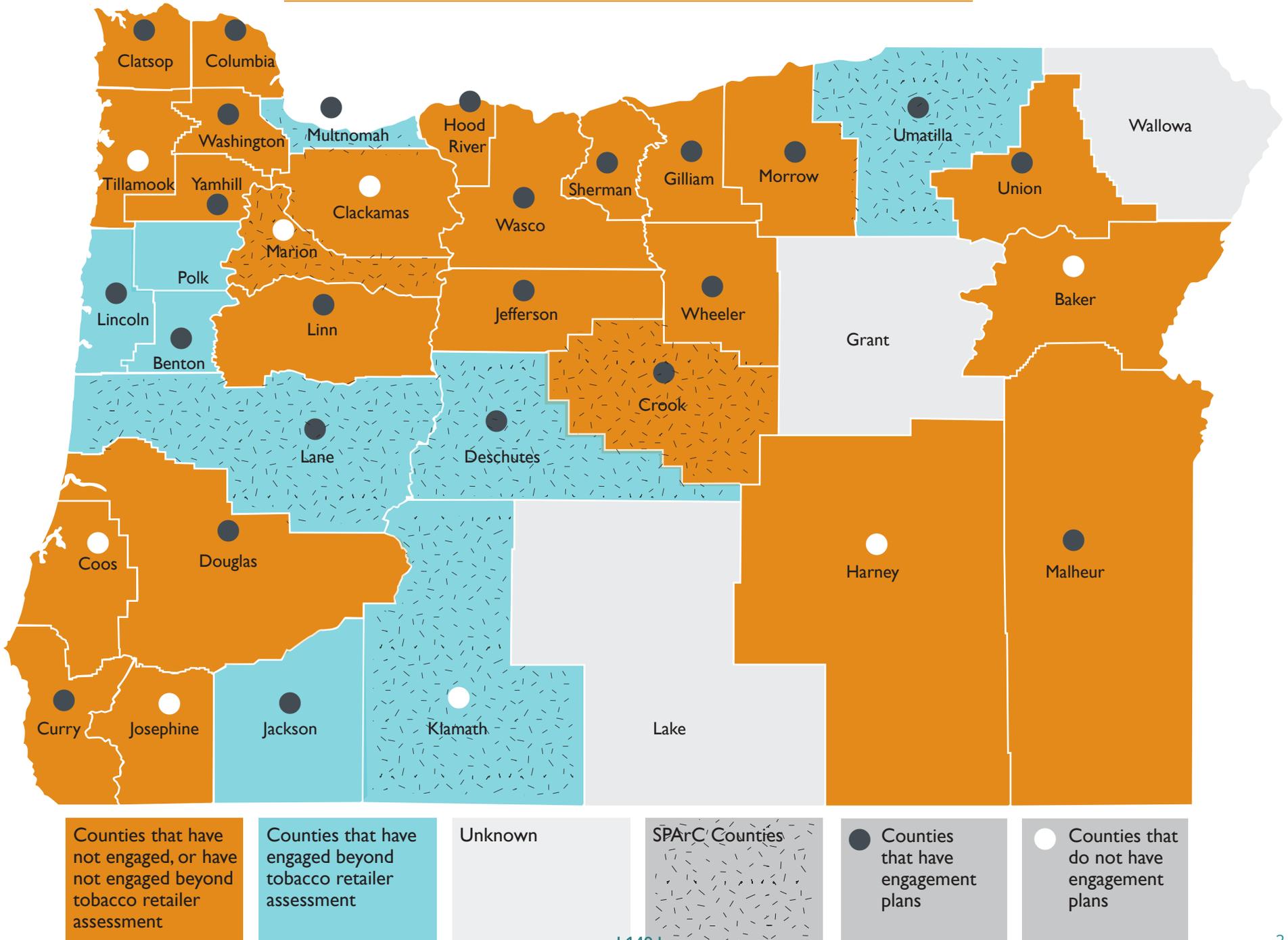
22 out of 30

grantees plan to engage retailers

5 out of 7

SPArC grantees are currently engaging retailers

Tobacco Retailer Engagement Attempts and Plans August 2016



Findings

+ Most grantees feel that retailer engagement is important and plan to engage retailers this year.

+ Many grantees expressed uncertainty about the best approaches or strategies for engaging retailers. Six respondents are at the planning stage and are unsure of where to begin the work.

+ Nine respondents described that their local retail assessment did not lead to further retailer engagement opportunities.

+ One out of five respondents said this work was not feasible due to time and budget constraints.

Respondents cited the following reasons for engaging retailers:

- To engage those affected by the efforts, make them feel included, and convey that their opinion is well regarded.
- Recognized a need to inform, train, or build more relationships with tobacco retailers.
- The retail assessment and TPEP workplan
- Requested by Board of Commissioners.

Respondents cited the following reasons for not engaging retailers:

- Board of Commissioners or other decision makers do not support retailer engagement.
- Other pressing priorities in their workplan.
- The work has already been done.
- Lack of interest in the community.
- Retailer engagement will be a slow process.

Grantees cited a variety of strategies to engage retailers

- Use the new federal requirements for electronic devices as an opportunity to start discussions.
- Conduct Key informant interviews with retailers.
- Mail information to retailers.
- Visit tobacco retailers to gain their input on tobacco retail licensure, learn how much retailers may be willing to pay for a license, how much push back we may have when trying to pass an ordinance and their overall feelings about licensing.
- Attend meetings and have conversations with Chamber of Commerce to gain support.
- Develop a community based committee (that includes tobacco retailers) to discuss Tobacco Retailer Licensure (TRL) and other tobacco prevention strategies.
- Increase awareness of flavored tobacco targeted to youth.
- Engage retailers in and around the city targeted for retail policy intervention.
- Engage local youth groups.

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“Gather and gauge retailer support before heading to the Board of Commissioners.”

—Grantee

.....

“Know that while you may be able to influence some retailers, you will not change all of their minds.”

—Grantee

.....

“If you can get a local retailer champion, use them to influence other retailers.”

—Grantee

Advice from Grantees

Advice from grantees who have already engaged tobacco retailers:

What has worked:

- Frame retailer engagement efforts around youth tobacco prevention using evidence from Synar and FDA inspections.
- Consider one-on-one engagement versus a forum type setting to have more control and avoid media presence.
- Know that retailer engagement may not always be necessary or appropriate.
- Decision makers often want to see that the businesses most impacted are aware of the work and potentially are part of the process.
- A countywide mailing moved the process from the stage of assessment to increasing awareness, providing education and technical support as needed. It allowed for a friendly exchange of information instead of being seen as the government taking away our rights.
- Send prior communication to retail store managers/owners via email, letter or phone call before going into the store to give them a heads up about the retail assessment or other activities and how the data will be used.
- Find champions and listen to their feedback.
- Be friendly, open, and honest. Be understanding that this is a business regulation but that it is a necessary business regulation because some retailers are not following the law (most retailers know this and agree with this).

- Support retailers to conduct outreach and education to other retailers on this topic.
- Speak with retailers in person.
- Educate community members on a variety of tobacco topics so that retailers do not feel targeted.
- Include retailer representation in the decision making process.

What hasn't worked:

- Not engaging retailers.
- Not having a solid enforcement plan in place.
- Staff turnover.
- Internal disagreements on the topic.
- Showing up in retail stores unannounced.

.....

“Send prior communication to retail store owners via email, letter, or phone before going into the store to give them a heads up about the retail assessment and how the data will be used.”

Conclusions

- + **Retailer engagement is an important aspect of tobacco retail policy work.**
- + **Local TPEP programs should use caution and strategic thinking with respect to the timing and approach.**
- + **Local TPEP programs should be realistic about retailers willingness to support tobacco retail policy.**
- + **HPCDP should assist counties with technical assistance and tools for developing approaches and strategies for retailer engagement.**

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Rede group plans to conduct a series of four or five 28-Day Rapid Response Survey and Reports on various topics that will contribute to and inform the larger Tobacco Retail Evaluation.





28-Day Rapid Response Survey & Report: Addressing Preemption

Tobacco products are cheap, readily available, and heavily marketed in stores. This makes it difficult for current smokers to stop and promotes tobacco use to Oregon's youth. The Health Promotion and Chronic Disease Prevention Section is approaching strategies in the tobacco retail environment through two mechanisms. The first is a statewide requirement in the regular annual funding stream (Core Tobacco Prevention and Education Program or TPEP) that goes to all Local Public Health Authorities. The second strategy is a special funding stream (SPArC Tobacco-Free) for seven counties to focus exclusively on tobacco retail policy advancement. The Tobacco Retail Evaluation (TRE) supports this work through ongoing systematic assessment and reporting. The TRE is guided by a small panel (TRE user panel) of Oregon tobacco control practitioners and facilitated by the Rede Group.

TRE
Tobacco Retail
Evaluation

Introduction

“Preemption occurs when a “higher” level of government eliminates or limits the authority of a “lower” level of government to regulate a certain issue.”

—Tobacco Control Legal Consortium

A broad consensus exists among public health experts that preemption is detrimental to tobacco control efforts.¹ Based on the threat of preemption of local tobacco point of sale policies in Oregon, The Tobacco Retail Evaluation user panel wanted to know more about Tobacco Prevention and Education Program Grantees' understanding about and needs around preemption.

Questions about Preemption

Rede worked with the TRE user panel to conduct this 28-Day Rapid Response Survey and Report* to gather information and perspectives from TPEP and SPArC Tobacco-Free Grantees about their level of understanding about preemption and their experiences educating others about preemption. In December 2016, Rede conducted this brief survey, which received responses from 32 of the 34 TPEP/SPArC grantees.

44%

of grantees understand preemption and why it is an important tobacco control issue very well and can easily explain it to others.

56%

of grantees indicated less confidence about their understanding of preemption.

61%

of grantees have taken steps to educate others in their organization or community about preemption.

¹ Tobacco Control Legal Consortium (2014). Why Preemption is Bad for Tobacco Control [Fact Sheet]. Retrieved from <http://publichealthlawcenter.org/sites/default/files/resources/tclc-fs-why-preemption-bad-tobacco-control-2014.pdf>

Findings

+ The majority of grantees (56%) either do not understand preemption or do not feel their understanding is sufficient to allow them to confidently explain preemption to others.

+ Over half, (61%) of grantees have taken steps to educate others in their organization or community about preemption.

+ Of the 39% (12) of grantees who have not taken steps to educate others about preemption, (67%) say they have not done so due to a lack of time or resources and half (50%) have not done so because they are not sure how to raise the issue or frame the discussion.

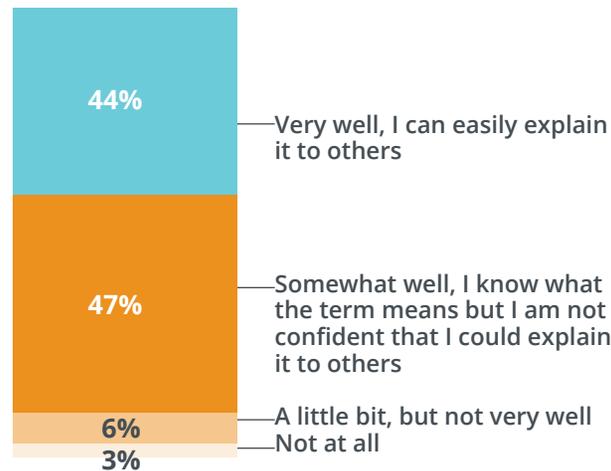
Note: Responses to this question do not add to 100% because grantees could choose multiple responses.

+ Most grantees (84%) thought it would be helpful to have a fact sheet with talking points about preemption to help them educate others about the topic.

+ Many grantees (39%) would find it helpful to attend a training or webinar about preemption to help them to educate others about the topic.

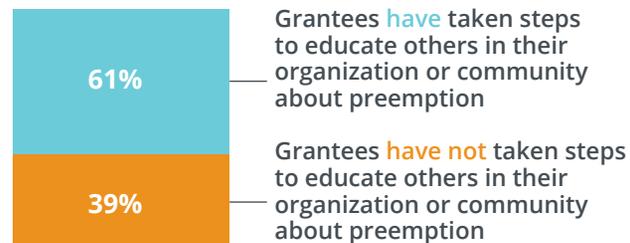
Grantees Level of Understanding About Preemption

Grantees indicated the following level of understanding about preemption: (n=32)



Grantees Educating Others About Preemption

Grantees responded in the following way regarding educating others in their organizations about preemption: (n=31)



“Preemption reduces local control, it undermines our ability to protect the health of our community by preventing the passage of strong policies. Preemptive state or federal law can invalidate many local tobacco control policies that represent years of efforts at the local level.”

—Grantee

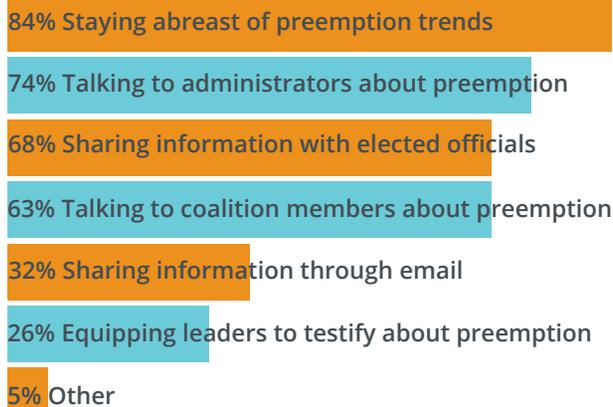
“I had conversations with public health staff and prevention task force members about preemption, some were not aware this existed and were glad to be educated about it.”

—Grantee

Findings Continued

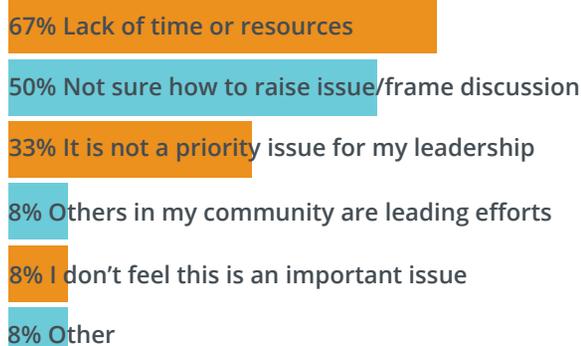
Ways Grantees are Addressing Preemption

Grantees indicated the following ways they are addressing preemption:
(n=19)



Reasons Grantees are not Taking Steps to Educate Others About Preemption

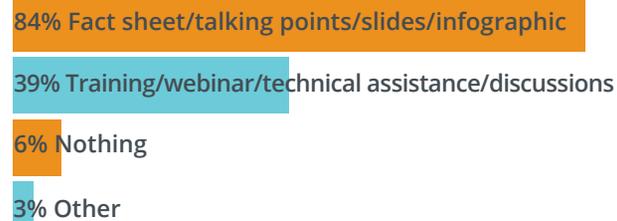
Grantees indicated the following reasons for not taking steps to educate others about preemption:
(n=12)



Note: Responses to some questions do not add to 100% because grantees could choose multiple responses.

Tools Grantees Need to Educate Others About Preemption:

Grantees indicated the following tools needed to educate others about preemption:
(n=31)



“Preemption hurts localities because what is needed in one place is not exactly what is needed in another. For example, what happens and what is needed in Portland is very different than what is happening and what is needed in rural Oregon.”

—Grantee

Advice from Grantees

Key Talking Points Grantees Have Used to Explain Preemption:

- Preemption potentially removes local control and ability to respond to community needs. Preemption prevents a more local level of government from strengthening a law passed by a less local level of government.
- The tobacco industry uses preemption as a tactic to weaken local level tobacco policies to prevent themselves from losing business and profits.
- Preemption has negatively affected tobacco control in Oregon, for example, preemption of local authorities to pass stronger laws restricting tobacco vending machines or to pass local tobacco taxes.
- Refer or provide others with preemption resources such as:

[Why Preemption is Bad for Tobacco Control by the Tobacco Control Legal Consortium.](#)

Advice from Grantees Continued

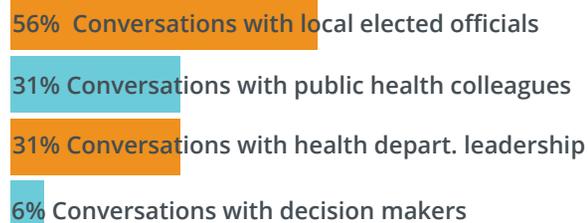
Key Talking Points Used by Grantees to Explain Preemption:

(n=17)



Successful Efforts/Activities Grantees Have Undertaken to Educate Others:

(n=16)



Challenges Grantees Have Faced In An Effort To Educate Others About Preemption:

- Not having access to county commissioners to discuss preemption.
- Preemption discussions with non-cooperative community partners, key stakeholders, decision makers, or the local judge.
- Local decision makers' ideas that the state should address tobacco policy and they are fine with the cookie-cutter, blanket policy. History of preemption on other policy work has deflated enthusiasm of some decision makers to move forward and get so far but then having to "throw it out."

Conclusions

+ Some grantees need more time, resources, and education on how to raise the issue or frame the discussion about preemption to educate others in their organization or community about preemption.

+ Grantees had the greatest success educating others about preemption when they talked to various audiences (i.e. decision makers, public health staff and leadership, city attorney, county planning groups, other city staff).

+ Grantees tend to speak more broadly about how preemption will affect local efforts.

Recommendations

HPCDP, with support from the TRE user panel and findings from the 28-day survey, should:

+ Develop a fact sheet that can be used by TPEP Coordinators to educate administrators and decision-makers about preemption.

+ Offer training to TPEP Coordinators about preemption and provide recommendations for how they should be addressing preemption in their work.

+ Provide stronger guidance on whom grantees should be educating about preemption and how they should educate them about preemption.

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Rede group plans to conduct a series of four or five 28-Day Rapid Response Survey and Reports on various topics that will contribute to and inform the larger Tobacco Retail Evaluation.





28-Day Rapid Response Survey & Report: Effective Use of Strategic Partnerships

Tobacco products are cheap, readily available, and heavily marketed in stores. This promotes tobacco use to Oregon's youth and makes it difficult for current smokers to stop. The Health Promotion and Chronic Disease Prevention Section is approaching strategies in the tobacco retail environment through two mechanisms. The first is a statewide requirement in the regular annual funding stream (core Tobacco Prevention and Education Program or TPEP) awarded to all Local Public Health Authorities. The second strategy is a special funding stream (SPArC Tobacco-Free) for select counties to focus exclusively on tobacco retail policy advancement. The Tobacco Retail Evaluation (TRE) supports this work through ongoing systematic assessment and reporting. The TRE is guided by a small panel (TRE user panel) of Oregon tobacco control practitioners and facilitated by the Rede Group.

TRE
Tobacco Retail
Evaluation

Introduction

Strategic Partnerships

Identifying and engaging partners is the foundation for effective policy change processes. Partner engagement can help ensure that sectors of the community, with a stake in improving health, have equal access to the policy change process. Strategic partner engagement may take different forms, including task forces, coalitions, and informally structured groups of partners. Strategic partner engagement differs from public or community engagement in that partner engagement typically happens with a smaller group of organizations who:

- Have a stake in the policy issue at hand;
- Represent trusted, respected, or important voices in the community;
- Provide policy input (especially around Health Equity);
- Offer tactical advice; and

- Actively work to accomplish the objective, frequently taking on activities, such as lobbying, that may be more appropriate for non-governmental organizations.

Strategic partners have a desire to reduce tobacco use and are involved in multiple aspects of the policy initiative, often from start to finish.

Questions about Strategic Partnerships

Rede worked with the TRE user panel to conduct this 28-Day Rapid Response Survey and Report* to gather information and perspectives from **TPEP and SPArC Tobacco-Free Grantees** about their level of **engagement with strategic partners**. In May 2017, Rede conducted this survey, which received responses from 31 of the 34 (91%) TPEP and SPArC grantees.

58%

of respondents have engaged partners through a tobacco coalition or community coalition whose mission is broader than tobacco prevention

52%

of respondents have engaged partners in talking with decision makers about policy change

26%

of respondents have a leadership role on a coalition

Findings

Grantees Worked with the Following Types of Coalitions

- Drug-free communities coalitions (and in at least one instance a subgroup of the coalition dedicated to tobacco prevention) (26%)
- Local Coordinated Care Organizations (CCOs) or an advisory group associated with the CCO (16%)
- Regional Health Equity coalitions (10%)
- Community partners/coalitions focused on “healthy lifestyles,” “making the healthy choice the easy choice where we live, work, learn and play,” or “policy, systems, and environmental change” (10%)
- Tobacco prevention coalitions (6%)
- A coalition that is an offshoot of a local alcohol/drug rehabilitation organization (3%)

How Grantees Decided Which Partners to Engage

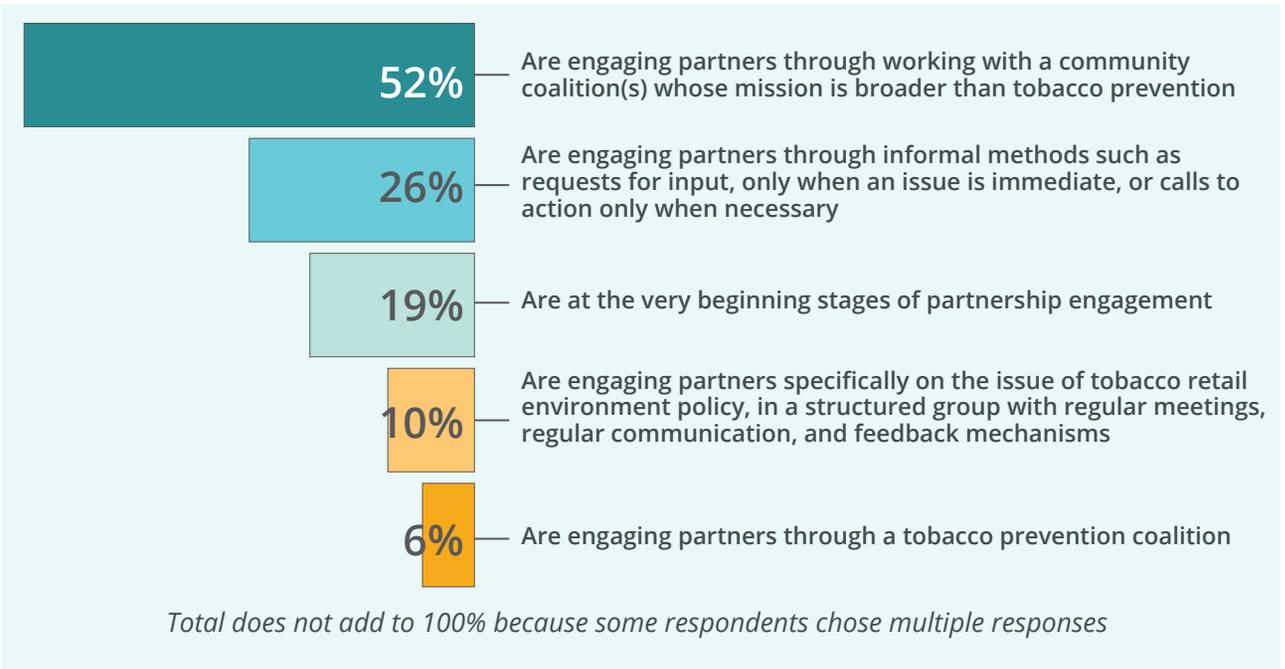
Grantees engaged:

- Individuals and organizations that had shown interest or shared similar goals for tobacco control efforts (29%)
- Partners they worked with in the past (10%)
- Based on identification of key decision makers, established coalitions, or leadership groups (10%)
- Based on audience or power mapping (6%)

Benefits to Engaging Partners in Tobacco Retail Environment Policy Strategies

- 65% realized benefits from partner engagement such as:
 - Providing expertise about their communities (25%)
 - Playing a key role in influencing decision makers (20%)
 - Communicating the issue to a larger audience (20%)

Structure of Partner Engagement for Tobacco Retail Environment Policy Work (n=31)



- Other benefits (15%)
- Identifying additional supporters (15%)
- Taking on time consuming activities such as surveying retailers (5%)
- 19% have not engaged
- 16% have not realized benefits

Challenges to Engaging Partners in Tobacco Retail Environment Policy Strategies

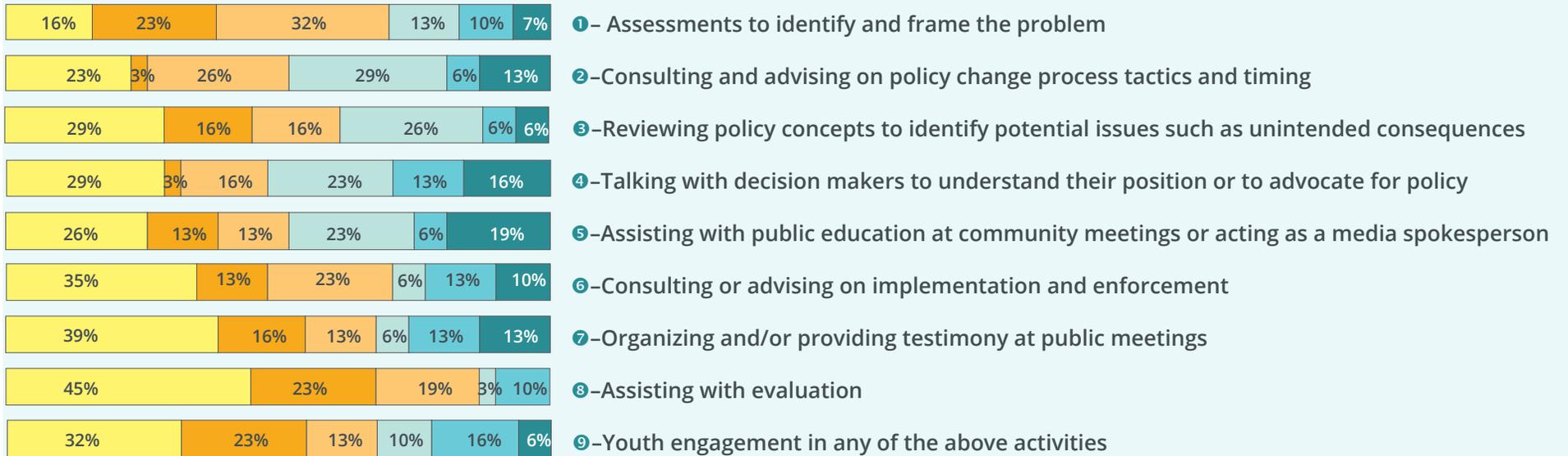
- A belief that the community does not see tobacco retail policies as a priority (33%)
- Finding that partners are hesitant due to potential political repercussions (23%)
- Difficulty finding the right partners, keeping them engaged, educating partners, and finding the time to meet (23%)
- Partners’ concern about policy enforcement (6%)

“The policies would not have passed and would be less effective without partner engagement.”

—Grantee

Findings

Extent of Partner Engagement (n=31) Grantees were asked to rate their level of partner engagement in the following nine activities.



Key

- Not applicable – Have not yet reached this stage
- No engagement – Partners were not engaged in these types of activities
- Limited engagement – TPEP provided updates to partners via email or verbal updates, either regularly or when something noteworthy was happening
- Some engagement – TPEP has two-way communication whereby partners are encouraged to connect and participate
- Moderate engagement – TPEP collaborated with partners to develop strategies and tactics for these types of activities and/or partners were involved as messengers or spokespeople
- High engagement – TPEP worked with partners to share decision-making for the types of activities listed in the above engagement levels

The following grantees indicated a high level of engagement in one or more of the above activities. Consider contacting your peers in the following counties to learn about their engagement efforts in specific activities:

Benton	5	7							
Clatsop	5	9							
Crook	1								
Deschutes	2	3	6						
Jefferson	5								
Klamath	4	7							
Lane	2	4	5	6	7				
Multnomah	1	2	3	4	5	6	7	9	
Tillamook	2	4	5						

High Engagement

Grantees who are further along the policy change process, (past stage four - community outreach, engagement, & education (n=7)) are more likely to have high engagement with partners in the following activities than grantees who are not as far along in the process:

- Talking with decision makers to understand their position or to advocate for policy (11 times more likely)

- Consulting or advising on implementation and enforcement (6 times more likely)
- Assisting with public education (4 times more likely)
- Assessments to identify and frame the problem (3 times more likely)
- Reviewing policy concepts to identify potential issues (3 times more likely)
- Identified partners for the specific purpose of working on tobacco retail policy together (2 times more likely)

Insights from Grantees

- Engaged partners are necessary to successful policy work
- In assessment of retailers, having partner involvement has helped us to be received better by retailers
- Partners are willing to adapt to change if they have education on how it will help their overall health or the health of their employees
- Engaging with partners helps to better understand each local community and how best to approach the decision makers
- Engaging partners helps to identify supporters of TRL policy change
- Engaging partners is really the best/only way to move TRL policies ahead
- The policies would not have passed without partner engagement and policies would be less effective without partner input and engagement

“We have seen a significant need for education around the tobacco retail environment, its impact on tobacco use, and policy best practices to address it.”

—Grantee

Recommendations

How TPEP Grantees Can Use Information from this Report

- + **Paying particular attention to the categories in the chart on page 3, think about ways to increase or improve partner engagement. Reach out to peers that practice high engagement to learn more about their activities and experiences.**
- + **Share this information with partners as a way to further discussions about partner engagement in tobacco retail policy.**
- + **Join the TRE webinar to hear more about these findings from Rede and the User Panel.**
- + **Use results from the survey to inform a discussion with your Regional Support Network. (If you would like to see how your region’s partner engagement compares to the rest of the state contact Rede to request a specific report).**
- + **Share information with health department leadership to plan/strategize partner engagement.**

“Engaging with partners helps us to better understand each local community and how best to approach the decision makers.”

—Grantee

How HPCDP Can Use Information from this Report

- + **Continue to offer grantees tools and support to enhance skills in partnership building.**

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This report is the third in a series of 28-Day Rapid Response Survey and Reports that Rede Group has conducted on various topics that contribute to and inform the larger Tobacco Retail Evaluation.



SPARC Grantee Final Evaluation Questionnaires

Crook County SPARC Grantee Final Evaluation Questionnaire

Suggested approach to completing this questionnaire

Review your interim report. In responding to questions about activities, milestones, etc. there is no need to re-state items that were on your interim report, unless they have changed.

Remember that SPARC funds provide a boost to core TPEP activities; therefore it may be useful to think about these question in that context.

Questions

1. Accomplishment and Milestones:
 - a. List three to five key accomplishments or milestones achieved through your SPARC Project this year and the month in which they were accomplished.
 - September 2016 - Creation of the tobacco workgroup as part of the Crook County Community Coalition(C4) . The workgroup is made up of 13 members representing a variety of sectors including law, law enforcement, health care, mental health, civic, retail and youth. The workgroup chose to focus on tobacco cessation and educating the public about preventing youth tobacco use.
 - From January 2017-March 2017 the tobacco workgroup conducted interviews with 21 out of 24 known retailers in Crook County. We asked about the willingness of retailers to post Quitline information at point of sale voluntarily, and if they felt a law requiring posting the Quitline would affect their business. 18 out of 21 said they would be willing to post it voluntarily, and 19 out of 21 said it would not affect their business. We also asked about other tobacco retail policies to shape future policy planning efforts.
 - June 2016 - Hiring of local high school student Jennifer Roth as tobacco youth liaison.
 - The Tobacco Workgroup in conjunction with Students Against Destructive Decisions (SADD) put on a variety of event and presentations to foster political good will, recruit members to the workgroup, and educate the community. More than 750 people total participated in the events. These events also received media attention through social media as well as earned media.
 - November 2016 - Great American Smokeout- Article in the paper, all three major retailers participated.
 - March 2017 – Kick Butts Day event at Crook County High School.
- Used as tool for SADD recruitment.

April –May 2017 – SADD presents to Crook County Middle School, Rotary, Sorptomist, and County Court regarding tobacco use and how the tobacco industry targets youth.

May 2017 - Popsicles in the Park – Article in the paper, County Judge participated.

May 2017 - C4 hosted Eric Brodel from the Preventing Tobacco Addiction Foundation at an existing community education series to talk about Tobacco 21 and TRL. County Commissioner and City Counselor attended.

- May of 2017 -The information collected in the retail interviews was presented to county commissioners in a work session. County commissioners asked that we write a draft ordinance for posting the quitline at point of sale. They also requested we bring it before County Court and Prineville City Council, and we are scheduled to do that June 13th, 2017.

2. Outputs/Outcomes:*

- a. How will youth be affected by these accomplishments? (Please be concrete, including youth population reach)SADD is now an established club in the Crook County high school which serves over 600 students. There are plans to expand it to the middle school, and hire another high school youth to continue the work done by the Tobacco Youth Liaison.
- b. How will communities of color or other groups experiencing health disparities be affected by these accomplishments? (Please be concrete, including specific population reach)The tobacco workgroup has representation from leaders and members of the mental health population. As the work of the workgroup continues, there will be a focus on what can be done to support cessation for this population. If the ordinance for posting the Quitline at point of sale passes, this will have equal impact on all tobacco users including those that are disproportionately affected by tobacco use.
- c. How will the general population in your county or communities where your work was focused be affected by these accomplishments? (Please be concrete, including population reach)If we are able to pass quitline posting at both the county and city level, we will be able to reach all 24 of the known tobacco retailers in the community, and therefore effect a significant portion of the 22,570 residents.
- d. Other outputs or outcomes resultant from the key accomplishments/ milestones achieved.

3. Challenges:

- a. List 1-3 challenges you experienced in implementing your SPARC Project

* Reference the attached logic model

Coalition work is challenging and time consuming. It is hard to find the right people to bring to the table.

Our political climate and frontier culture makes policy change slow and arduous. Choices about strategy have to be made based upon how they might perceive by the community and the leaders of the community.

4. Lessons Learned:

- a. What were the two most important lessons you learned this year about advancing tobacco retail policy?

Community education is effective, but it takes time and patience. Asking questions and genuinely listening to others is a great way to open doors.

5. What's next for this project? How will the work be continued or sustained?
TPEP will continue on with TRP and coalition work. SADD will also continue to be supported.
6. Is there anything else you'd like to say about your SPARC project?

Deschutes County SPARC Grantee Final Evaluation Questionnaire

Suggested approach to completing this questionnaire

Review your interim report. In responding to questions about activities, milestones, etc. there is no need to re-state items that were on your interim report, unless they have changed.

Remember that SPARC funds provide a boost to core TPEP activities; therefore it may be useful to think about these question in that context.

Questions

1. Accomplishment and Milestones:
 - a. List three to five key accomplishments or milestones achieved through your SPARC Project this year and the month in which they were accomplished.
 - i. **Deschutes County was able to choose a strategy to engage decision makers that met the needs of the political climate which was a great addition to bolstering the retail work being done by TPEP.**
 - ii. **Bend City Council voted 6-1 to support TRL in incorporated and unincorporated areas of Deschutes County.**
 - iii. **A presentation with the Sisters City Council and the La Pine City Council have been scheduled.**
2. Outputs/Outcomes: *
 - a. How will youth be affected by these accomplishments? (Please be concrete, including youth population reach). **This depends on if TRL is passed and what policies (i.e. flavor ban, proximity to schools, etc.) is included.**
 - b. How will communities of color or other groups experiencing health disparities be affected by these accomplishments? (Please be concrete, including specific population reach) **This depends on if TRL is passed and what policies (i.e. price promotions, flavor ban, proximity to schools, etc.) is included.**
 - c. How will the general population in your county or communities where your work was focused be affected by these accomplishments? (Please be concrete, including population reach). **If TRL passes, tobacco retailers will have better access to training resources for their employees. Businesses will also have to apply for a license and pay a fee.**
 - d. Other outputs or outcomes resultant from the key accomplishments/ milestones achieved. **There were 2-3 potential key champions for tobacco prevention identified on the Bend City Council including the Mayor. Several well respected medical entities wrote letters of support to the BOCC in**

* Reference the attached logic model

support of TRL. Media was earned with the local news station about TRL and TPEP coordinator and health department director were interviewed by the Bend Bulletin regarding TRL.

3. Challenges:
 - a. List 1-3 challenges you experienced in implementing your SPARC Project
 - i. **Deschutes County does not typically hire temporary staff for grants so contacting is our only option to increase capacity to perform the work.**
4. Lessons Learned:
 - a. What were the two most important lessons you learned this year about advancing tobacco retail policy?
 - i. **It really helps to have an elected official as a key champion.**
5. What's next for this project? How will the work be continued or sustained?
 - i. **The sustainability and continuation of the work will lie within the TPEP program. For example, we would like to interview elected officials from Bend, Redmond, Sisters, and La Pine after presenting to them to gage their readiness on other tobacco policies (i.e. flavor ban, price promotions ban, etc.)**
6. Is there anything else you'd like to say about your SPARC project?
 - i. **Having the SPARC grant was a great addition to supporting TPEP's retail efforts.**

Klamath County SPARC Grantee Final Evaluation Questionnaire

Suggested approach to completing this questionnaire

Review your interim report. In responding to questions about activities, milestones, etc. there is no need to re-state items that were on your interim report, unless they have changed.

Remember that SPARC funds provide a boost to core TPEP activities; therefore it may be useful to think about these question in that context.

Questions

1. Accomplishment and Milestones:
 - a. List three to five key accomplishments or milestones achieved through your SPARC Project this year and the month in which they were accomplished.
 - Interviewed retailers to get feedback on a TRL ordinance
 - Created a “TRL task force” to help with TRL ground work.
 - Educated booster clubs (school) about the importance of TRL
 - Held work sessions for TRL at both the Klamath Falls City Council and the Klamath County Board of Commissioners
 - Passed TRL in unincorporated Klamath County
2. Outputs/Outcomes:
 - a. How will youth be affected by these accomplishments? (Please be concrete, including youth population reach)
 - The goal of TRL in Klamath County is to reduce youth access to tobacco. With frequent inspections and strict enforcement, Klamath County Public Health hopes to reduce youth access to tobacco, therefore reducing tobacco use among this age group as well.
 - b. How will communities of color or other groups experiencing health disparities be affected by these accomplishments? (Please be concrete, including specific population reach)
 - At this moment, communities of color and other groups experiencing health disparities will not be affected by TRL. If tobacco retailers choose to reflect the cost of the licensing fee in their tobacco products, then low income populations will be affected, as they may not be able to afford (as many) tobacco products as a result of a price increase.

* Reference the attached logic model

Lane County SPARC Grantee Final Evaluation Questionnaire

Suggested approach to completing this questionnaire

Review your interim report. In responding to questions about activities, milestones, etc. there is no need to re-state items that were on your interim report, unless they have changed.

Remember that SPARC funds provide a boost to core TPEP activities; therefore it may be useful to think about these question in that context.

Questions

1. Accomplishment and Milestones:
 - a. List three to five key accomplishments or milestones achieved through your SPARC Project this year and the month in which they were accomplished.
 - i. On February 8, 2016, the City of Cottage Grove passed a TRL that substantially aligns with Lane County TRL.
 - ii. On April 13, 2017, Lane County implemented countywide Tobacco 21.
 - iii. On May 8, 2017, the City of Cottage Grove passed a Tobacco 21 ordinance to amend City code to align with Lane County Tobacco 21.
2. Outputs/Outcomes:
 - a. How will youth be affected by these accomplishments? (Please be concrete, including youth population reach)
 - i. More youth will quit nicotine and tobacco products, leading to a lower prevalence among youth, and fewer youth will initiate countywide, which will also contribute to a reduction of the prevalence over time.
 - b. How will communities of color or other groups experiencing health disparities be affected by these accomplishments? (Please be concrete, including specific population reach)
 - i. People with low incomes and people living in rural areas will especially be benefited since Tobacco 21 is countywide and TRL is in Cottage Grove and Veneta, both rural areas.
 - c. How will the general population in your county or communities where your work was focused be affected by these accomplishments? (Please be concrete, including population reach)
 - i. More young adults will quit nicotine and tobacco products, leading to a lower prevalence; and over time, as fewer youth initiate, the overall prevalence will decrease among adults. Additionally, as fewer people

* Reference the attached logic model

adding the price discount ban back into TRL, then work on banning all flavors, including menthol, and other end game retail strategies.

6. Is there anything else you'd like to say about your SPArC project?
 - a. SPArC funding did help facilitate and boost the movement of tobacco retail policy in the county, mostly by providing additional staff to do all the work.

Marion County SPARC Grantee Final Evaluation Questionnaire

Suggested approach to completing this questionnaire

Review your interim report. In responding to questions about activities, milestones, etc. there is no need to re-state items that were on your interim report, unless they have changed.

Remember that SPARC funds provide a boost to core TPEP activities; therefore it may be useful to think about these question in that context.

Questions

1. Accomplishment and Milestones:
 - a. List three to five key accomplishments or milestones achieved through your SPARC Project this year and the month in which they were accomplished.
 - i. Completed interviews with 16 decision makers from five jurisdictions – September 2016
 - ii. Created summary of all interviews for presentations – November 2016
 - iii. Presented summary of findings and potential policy options to Silverton City Council – March 2017
 - iv. Presented summary of findings and potential policy options to Keizer City Council – March 2017
2. Outputs/Outcomes: *
 - a. How will youth be affected by these accomplishments? (Please be concrete, including youth population reach)
 - i. If we are successful in instituting a Tobacco Retail License policy in Salem, Keizer, and Silverton we would expect lower their sales to minors rates of 13%, 56%, and 0% (according to 2015 State Inspections) respectively.
 - b. How will communities of color or other groups experiencing health disparities be affected by these accomplishments? (Please be concrete, including specific population reach)
 - i. We have not done any specific population targeting. All of our policy proposals would be instituted jurisdiction-wide.
 - c. How will the general population in your county or communities where your work was focused be affected by these accomplishments? (Please be concrete, including population reach)
 - i. The general population could expect see a long term decrease in tobacco addiction.

* Reference the attached logic model

- d. Other outputs or outcomes resultant from the key accomplishments/ milestones achieved.
 - If one or more jurisdictions implements a Tobacco Retail License policy, we could expect other jurisdictions to show an interest in pursuing a similar policy.
3. Challenges:
 - a. List 1-3 challenges you experienced in implementing your SPARC Project
 - i. We originally planned to interview more than 20 Mayors and city councilors from eight jurisdictions, but only ended up getting 16 interviews from five jurisdictions, perhaps because the interview period was over the summer, when some smaller jurisdictions are not as active.
 - ii. Of the jurisdictions we interviewed, two did not have enough councilors or mayors participating (two and one, respectively) to merit a presentation to their decision making bodies, so only three jurisdictions out of the goal of eight will receive policy option presentations.
 - iii. Staffing changes at HPCDP and at Marion County delayed our creation of a strategic media plan, which as planned would have rolled out during the SPARC grant period, perhaps allowing for a policy to be passed during the grant period.
4. Lessons Learned:
 - a. What were the two most important lessons you learned this year about advancing tobacco retail policy?
 - i. We learned that the summer before an election is a bad time to do interviews, because not only are people less available, but there is the chance that the decision maker could lose their seat or choose not to run, and the interview will not be an accurate reflection of the City Council.
 - ii. Some jurisdictions are simply uninterested in being leaders – even when presented with arguments that may work elsewhere (youth access, sales to minors, outdoor spaces, etc.). They may need other local jurisdictions to lead the way, or may not ever join unless forced at the state level.
5. What's next for this project? How will the work be continued or sustained?
 - a. Since we asked a variety of questions in our decision maker interviews, we feel we have a much better base of knowledge on a variety of tobacco issues and the positions of several jurisdictions. We can now move forward on a number of policy issues in a number of jurisdictions. We may also use the interview tool on jurisdictions that did not participate in our initial interview period.

6. Is there anything else you'd like to say about your SPARC project?
 - a. A longer grant period would provide an opportunity to do more interviews with decision makers and community partners to create a greater base of community support. As is, it feels a bit rushed.

Multnomah County SPARC Grantee Final Evaluation Questionnaire

Accomplishment and Milestones

List three to five key accomplishments or milestones achieved through your SPARC Project this year and the month in which they were accomplished:

1. Through funded partnership with Oregon Health Equity Alliance contractor, Upstream Public Health, and their subcontractors (Oregon Latino Health Coalition, Asian Health & Service Center, Unite Oregon, and Urban League of Portland,) the Multnomah County (MultCo) SPARC Project completed a multi-layered Environmental Scan of the following schools: Cleveland High School, David Douglas High School, Jefferson High School, Franklin High School, and Cesar Chavez K-8 School. The scan included physical visits to schools with observations of proximity to tobacco retailers; informal interviews with individuals about tobacco accessibility and tobacco related litter on school premises, tobacco use on school grounds; and interviews with school administrators on school policies and their perspective on how tobacco use is impacting the lives of their students. (March 2017)
2. Multnomah County SPARC Project developed and implemented the SPARC Photo Project designed to leverage and support the work of funded partners in advancing the policy strategy of restricting retailer proximity to schools. Eleven youth participants from the Multnomah Youth Commission and Highland Christian Church took photographs in Portland neighborhoods surrounding Madison High School, Roosevelt High School, Parkrose High School, HB Lee Middle School, David Douglas High School and Gresham High School. (November 2016). Photo Project products include:
 - a. SPARC Photo Project Story Map (May 2017)
 - b. A six page SPARC Photo Project Youth Engagement Report documenting the project process (June 2017)
 - c. SPARC Photo Project Video (June 2017)
 - d. Oregon Health Authority media contractor, Coates Kokes, developed two short videos using MultCo SPARC Photo Project raw data and footage from the Data Party. One video will be released as a Heroes Video for the state's Smokefree Oregon campaign and the other is being used during the 20th Anniversary of TPEP celebrations (June 2017)
3. To advance the policy strategy of increasing the legal sales age of tobacco and

nicotine products to 21 (T21), MultCo SPARC staff supported funded partner Upstream Public Health and their subcontractor, NAYA Family Center, in developing a T21 Health Equity Impact Assessment (HEIA) evaluating the equity implications of a T21 policy. HEIA products include:

- a. 8 page T21 HEIA Community Report (June 2017)
- b. 45 page full HEIA Report (June 2017)

Outputs/Outcomes

How will youth be affected by these accomplishments? (Please be concrete, including youth population reach) How will communities of color or other groups experiencing health disparities be affected by these accomplishments? (Please be concrete, including specific population reach)

How will the general population in your county or communities where your work was focused be affected by these accomplishments? (Please be concrete, including population reach)

1. Environmental Scan: Forty-one students and two school administrators were interviewed. Scan results were shared with the Oregon Health Equity Alliance membership which represents 33 community organizations in the Tri-County region of Clackamas, Washington and Multnomah counties whose adult and youth populations face health inequities. The Environmental Scan will contribute to raising the awareness of decision-makers and community organizations representing and serving communities of color in Multnomah County about the problem of tobacco and nicotine retailers near schools. It may contribute to reducing tobacco use disparities in Multnomah County and curbing youth access to and use of tobacco and other nicotine products.

2. SPARC Photo Project: Through their engagement, youth participants are influencing decision-makers in Multnomah County and statewide. Their voices are being heard locally, regionally, and nationally in conversations around curbing youth access to and use of tobacco and other nicotine products. Youth participants gained research experience, developed leadership skills, and expanded their knowledge and expertise in tobacco prevention and advocacy. During this project, the Highland Haven Youth Group were recognized by the Multnomah County Board of County Commissioners and awarded the Multnomah County 2017 Public Health Heroes Award for Young Heroes. Furthermore, three SPARC Photo Project participants from Highland Haven applied for the truth campaign National Summit for Youth

Activism and were accepted (3 of 97 other youth nationwide) to participate. SPARC Project staff supported the application process. Highland Youth will attend an intensive weeklong summer training program where they will learn about effective activism strategies, approaches to community engagement, traditional and new media outreach, and organizing through the lens of social justice. Participants commit to train at least 100 of their peers within the next 12 months supported by Truth Initiative representatives who offer ongoing training and assistance. The reach is difficult to accurately quantify. The Photo Project is raising awareness among decision-makers and community organizations representing and serving communities of color in Multnomah County about the problem of tobacco and nicotine retailers near schools. It may contribute to reducing tobacco use disparities in Multnomah County and curbing youth access to and use of tobacco and other nicotine products.

3. T21 Health Equity Impact Assessment: T21 Health Equity Impact Assessment (HEIA) by NAYYA (Native American Youth Association) Family Center and staff from the former Upstream Public Health full and community reports will be distributed to decision-makers and community organizations regionally and statewide. NAYYA partners and collaborates with numerous organizations serving people of color in Multnomah County. American Indian/Alaska Native (AI/AN) have the highest prevalence of cigarette smoking compared to all other racial/ethnic groups in the United States. 40,000 Native people live in Portland, the 9th largest urban Indian community in the United States. The T21 Health Equity Impact Assessment will be used to educate decision-makers and community organizations representing and serving AI/AN and other communities of color in Multnomah County about the policy strategy of raising the legal sales age of tobacco to 21. It will also contribute to the state and national conversation around T21. It may contribute to reducing tobacco use disparities in Multnomah County and curbing youth access to and use of tobacco and other nicotine products. The Multnomah County T21 HEIA recommendations will contribute to T21 policy conversations statewide and nationally and will likely impact populations beyond Multnomah County that are experiencing health disparities related to tobacco use.

Other outputs or outcomes resulting from the key accomplishments/ milestones achieved.

Multnomah County SPARC Project staff supported Multnomah County Health Department leadership in presenting T21 as a policy option, twice to the MultCo Board of County Commissioners (BOCC) and during one BOCC staff meeting dedicated to exploration of T21.

Challenges

List 1-3 challenges you experienced in implementing your SPARC Project.

1. Multnomah County delays in finalizing contracts with community partners
2. Funded community partner organizational instability

Lessons Learned

What were the two most important lessons you learned this year about advancing tobacco retail policy?

1. Because funding community partners brings together a wide range of stakeholders to consider equitable tobacco policies, critical community perspectives that may not be in perfect alignment with funder-held understandings of the policy options can be recognized and investigated.
2. Because funding community partners brings together a wide range of stakeholders to consider and advocate for tobacco policies that are equitable, stronger policy initiatives that have community buy-in and support can be advanced.
3. Because funding community partners brings together a wide range of stakeholders to consider and advocate for equitable tobacco policies, communications around tobacco control and prevention policy initiatives and opportunities for engagement have a far broader reach than could be accomplished by local public health without community partnership.

What's next for this project? How will the work be continued or sustained?

1. The MultCo Tobacco Control and Prevention Program (TCP) will maintain and build on community partnerships developed and/or strengthened through SPARC Project work.
 - TCP will support community partners in bringing T21 HEIA recommendations to Multnomah County leadership.
 - TCP will reach out to SPARC funded community partners to announce future job opportunities for Youth Inspectors when those positions become available

- TCPP will continue to engage SPArC funded community partners in policy change conversations around T21 and restricting tobacco retail outlets near schools
- 2. TCPP will continue dissemination of SPArC products.
- 3. TCPP will work with Multnomah County Health Department Communications staff to develop a MultCo webpage to house SPArC products.

Umatilla County SPARC Grantee Final Report Questionnaire

Suggested approach to completing this questionnaire

Review your interim report. In responding to questions about activities, milestones, etc. there is no need to re-state items that were on your interim report, unless they have changed.

Remember that SPARC funds provide a boost to core TPEP activities; therefore it may be useful to think about these question in that context.

Questions

1. Accomplishment and Milestones:
 - a. List three to five key accomplishments or milestones achieved through your SPARC Project this year and the month in which they were accomplished.
 - i. Re-assessed the license fee by using changelab Solutions and taking in consideration the number of retailers in county and city limits, staff time, travel time. (May 2017)
 - ii. Getting Environmental Health Department onboard with the planning of compliance check enforcement. (May 2017)
 - iii. Learning about HealthSpace software and how feasible it can be for the Health Department Staff to track license fees, renews and violations. (May 2017)
 - iv. Included Morrow County in the TRL process and plan of implementation with Umatilla County Environmental Health Department. (May 2017)
2. Outputs/Outcomes:
 - a. How will youth be affected by these accomplishments? (Please be concrete, including youth population reach)

Based on the community survey we have conducted, it has shown that 91% of the people that used/use tobacco products started at 18 and younger. Moving forward in our efforts towards tobacco retail policy will limit youth access to tobacco products.
 - b. How will communities of color or other groups experiencing health disparities be affected by these accomplishments? (Please be concrete, including specific population reach)

¹ Reference the attached logic model

SPARC Evaluation Plans

Crook County SPARC Evaluation Plan

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Crook County will be using SPARC funds to engage stakeholders and other community members. Crook County is holding community outreach events to attract community leaders in hopes that they will join their new coalition, which focuses on substance abuse prevention with one area of emphasis being tobacco retail licensure. Crook County intends to increase awareness about the need for tobacco retail licensure among coalition members, elected officials, and the general community. Crook County's goal is to have a drafted tobacco retail licensure policy that the community and elected officials support.

Potential Key Evaluation Questions:

1. Did awareness of tobacco retail policies increase among coalition members, elected officials, and community members? If so, to what extent?
2. Did support for tobacco retail policies increase among coalition members, elected officials, and community members? If so, to what extent?

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Data Collection:

1. September 2016: Rede will work with Crook County to develop a plan for collecting information about activities that they are doing to increase awareness and support as well as a list of indicators to measure outcomes (indicators of success) from each activity. In this structure, the activities will be measured fairly objectively while the indicators might be subjective. For example, an activity might be: conduct a community forum; an indicator might be: how many people attended, or of the people who attended, how many people supported the policy concept, how many opposed, how many were neutral.
2. September 2016–April 2017: Crook County will collect and maintain information about activities and indicators.
3. April 2017: Rede will work with Crook County to analyze information collected and assess how much progress was achieved in increasing the awareness and support for tobacco retail policy.

Reporting:

Rede will work with Crook County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation:

Crook County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the most significant challenges to passing strong tobacco retail policies?
3. In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPArC grantees able to achieve more progress?

Deschutes County SPARC Evaluation Plan

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. A developmental evaluation process will be used for both assessments in order to provide real time feedback that will facilitate continuous policy development. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county. The Rede Group is both the contractor and the evaluator for Deschutes County SPARC.

Background and Project Goals:

This year Deschutes County will use SPARC funds to provide support for city and county officials to sit on Deschutes County's Tobacco Retail License (TRL) workgroup. The committee will be conducting a fiscal impact analysis to assess the financial implications if cities and the county were to pass a TRL ordinance. Deschutes County's goal is to complete the fiscal impact analysis and report their findings, along with an educational presentation on TRL, to key stakeholders within their jurisdictions. SPARC grant funds will also be used to interview thirty to forty tobacco retailers throughout Deschutes County who expressed an interest in participating in stakeholder interviews on the subject of TRL and other potential tobacco retail environment policies. The retailer interviews will be a follow-up to a recent assessment of the tobacco retail environment that was conducted using Drug-Free Communities funds. In addition to engaging stakeholders representing the business community and local government, Deschutes County will continue their outreach efforts to educate the community on the need for tobacco retail policy and to identify other champions and supporters of this work. Unlike most counties, Department of County Human Services (DCHS) administration did not wish to hire a temporary SPARC grant coordinator. SPARC coordination efforts are shared between the community health program manager, prevention supervisor, and TPEP coordinator. Also, DCHS used SPARC funds to hire a contractor, Rede Group, to facilitate the TRL workgroup and conduct key informant interviews with tobacco retailers.

Potential Key Evaluation Questions:

1. Did participation in the TRL workgroup increase the knowledge about tobacco retail issues among workgroup members?
2. Did participation in the TRL workgroup increase tobacco retail policy work among workgroup members? In what ways was the workgroup able to influence county and city TRL policies?

3. What are key lessons learned about the approach of convening the workgroup? In what ways, if any, did this approach advance the policy work? In what ways, if any, did this approach deter the policy work?

Methods, Data Collection, and Analysis:

Key Evaluation Questions 1 & 2

1. September 2016: Rede will work with Deschutes County to develop a pre-test for members of the TRL workgroup. The pre-test will measure their knowledge, beliefs, and attitudes regarding tobacco retail policies. Rede evaluation staff will administer the test.
2. January 2017–April 2017: At the conclusion of the workgroup process, Rede will administer a post-test. Rede staff will work with Deschutes County staff to analyze the pre- and post-test responses to assess differences in workgroup members' knowledge, attitudes, and beliefs around tobacco retail policies.

Key Evaluation Question 2 & 3

1. June 2017: Rede staff will conduct a structured group interview with Deschutes County staff to assess lessons learned about the efficacy of the workgroup process. Management staff will be interviewed in a group interview and program staff (Penny) will be interviewed in an individual interview.
2. Rede staff will schedule and conduct phone calls, to take place approximately every 6 weeks, with Deschutes County program staff to discuss and document milestones and external factors/forces that have affected policy change process work.
3. Rede staff will perform qualitative analysis of the interview to identify lessons learned about the workgroup process.

Reporting:

Rede will work with Deschutes County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation

Deschutes County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must

- have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the most significant challenges to passing strong tobacco retail policies?
 3. In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPArC grantees able to achieve more progress?

Klamath County SPARC Evaluation Plan

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Klamath County will use SPARC funds to engage stakeholders and continue meeting with commissioners and city council regarding tobacco retail licensure. In order to provide more accurate materials when meeting with decision makers, Klamath County plans to update the GIS map of their county's tobacco retailers. Klamath County will also work in coordination with the Blue Zones Project Tobacco & Smoking Policy Committee. The SPARC grant coordinator will be facilitating this 13 member committee which will be leading efforts to educate the community, engage decision makers and retailers, and set priorities for future tobacco retail licensure policy work. Klamath County would like to increase community support for TRL and pass a tobacco retail licensure policy at the county level by the end of the grant cycle.

Potential Key Evaluation Questions:

1. Have community and decision maker support for tobacco retail licensure increased in Klamath County?
2. Did Klamath County advance past the engaging stakeholders and assess readiness stage of the HPCCDP Policy Change Process Model? If so, how far did they advance?
3. Did Klamath County attempt to pass a tobacco retail licensure ordinance?

Methods, Data Collection, and Analysis:

1. September 2016: Klamath County is currently tracking all TRL outreach activities and local media stories related to TRL. Rede will work with Klamath County to develop tools for monitoring the level of support indicated by stakeholders and decision makers in interactions with Klamath staff.
2. September 2016–April 2017: Klamath County will monitor levels of stakeholder/decision maker support using the tools developed in 1 above.
3. September 2016: Progress in advancing through the stages of the HPCCDP Policy Change Model will be measured through the Comprehensive Tobacco Retail Evaluation, referenced below.

Reporting:

Rede will work with Klamath County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation:

Klamath County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
4. What are the barriers to passing strong tobacco retail policies?

Lane County SPARC Evaluation Plan

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Lane County will use SPARC funds to focus on passing Tobacco 21, countywide, through the Board of Health’s authority. Commissioners have expressed an interest in passing Tobacco 21, but they want to make sure community support is there prior to moving the policy process forward. Using SPARC grant funds, Lane County staff will hold six outreach events in targeted cities throughout the county with the goal being to educate the communities on Tobacco 21 and identify supporters/champions of the countywide policy. Lane County will not be discussing tobacco retail licensure at length during the outreach events because they believe this could have a negative impact on passing Tobacco 21. However, Lane County staff think the cities of Veneta and Creswell will adopt TRL policies by the end of the SPARC grant. TRL policy work was well underway with these cities as a result of work conducted during the first year of SPARC.

Potential Key Evaluation Questions:

1. How much progress has Lane County made toward achieving policy change in two policy initiatives?
 - a. How can we measure progress toward policy change?

Methods & Data Collection, Analysis:

1. September 2016: Rede will work with Lane County to develop a continuum of milestones that are thought to be indicators of progress toward policy change:
 - a. Rede will perform a literature review to inform this list. (A preliminary review has identified limited resources in the published literature. Most studies explore *major* milestones and do not inform the issue at the level of detail that Lane County would like to understand.)
 - b. Milestones will align with the HPCDP Policy Change Model
2. September 2016: Using the milestones list, Rede will work with Lane County to develop a plan for collecting information about activities that Lane County is doing to achieve each milestone and a list of indicators of success for each activity. In this structure, the activities will be measured fairly objectively while the indicators might be subjective. For example, an activity might be: conduct a community forum; an indicator might be: how many people attended, or of the

- people who attended, how many people supported the policy concept, how many opposed, how many neutral.
3. September 2016–April 2017: Lane County will collect and catalog information about those activities and indicators.
 4. April 2017: Rede will work with Lane County to analyze information collected and assess:
 - a. How much progress was achieved?
 - b. Were the milestones and indicators helpful as measurements toward policy change?

Reportings:

Rede will work with Lane County to develop a summary report outlining results of this evaluation.

Notes:

This evaluation plan may need to be scaled to fit the amount of time Lane County has for collecting and tracking information.

Comprehensive Statewide Tobacco Retail Evaluation:

Lane County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the barriers to passing strong tobacco retail policies?
3. What are the most significant challenges to passing strong tobacco retail policies?
4. In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPARC grantees able to achieve more progress?

Marion County SPARC Evaluation Plan

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Marion County will use SPARC funds to connect with approximately 40 city and county leaders to assess interest in various tobacco prevention policy options. Marion County will follow this outreach with a presentation at city council meetings in all cities that participate in the assessment in order to educate city councils and further ascertain support for tobacco retail policy change. Based on these efforts, staff will identify one city that has the potential to change local retail policies and provide support in making a policy change. Marion County hopes to work with a city that has a high number of retailers so that the reach of the policy will be greater.

Potential Key Evaluation Questions:

1. In what ways did the assessment processes (interviews and city council presentations) increase staff understanding of decision-maker readiness for tobacco policy overall?
 - a. In what ways was the information gleaned actionable? Was staff able to use the information to shape effective strategies for changing tobacco retail policies?
2. What milestones did Marion County achieve in their efforts to pass a policy in one or more jurisdictions?
 - a. What external factors/forces (such as elections, changes in budget, proposed state legislation, etc.) if any, led to major delays or course changes in the policy change process?
 - b. How did Marion County respond to external factors/forces that led to delays or changes in the planned course of action?

Methods, Data Collection, and Analysis:

Key Evaluation Question 1

1. Current–October 2016: Marion County and Rede Group are carefully documenting interactions with the 20 city and county leaders through the use of a standard interview tool and note taking protocols. All the interviews will be

summarized in a report produced by Rede Group. Similarly, interactions with city councils at city council presentations will be documented.

2. March 2017: Rede will conduct an interview with Marion County staff to determine how staff used the information.

Key Evaluation Question 2

1. September 2016–May 2017: Marion County staff will track and document milestones on a monthly basis. Rede will schedule and conduct brief interviews (every six to eight weeks, starting January 2017) with Marion County staff to support documentation.
2. September 2016–May 2017: Marion County staff will track and document external factors/forces that precipitate major course changes in planned policy change activities. Rede will schedule and conduct brief interviews (every six to eight weeks, starting January 2017) with Marion County staff to support documentation.

Reporting:

Rede will work with Marion County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation

Marion County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

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The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a series of 28-day surveys and reports.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the most significant challenges to passing strong tobacco retail policies?
3. In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPARC grantees able to achieve more progress?

Multnomah County SPARC Evaluation Plan

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

The Multnomah County Tobacco Control and Prevention Program will use 2015/16 SPARC funds to reduce tobacco use disparities and curb youth access to, and use of, tobacco and other nicotine products in Multnomah County. SPARC activities aim to advance the policy strategies of restricting retailer proximity to schools and increasing the minimum sales age of tobacco and other nicotine products to 21 years of age. A Health Equity Impact Assessment for T21 and an environmental scan and PhotoVoice Assessment for retailer proximity to schools will be developed, implemented, and used to inform the advancement of these two policy strategies. Draft policies for both strategies will be developed and presented to Multnomah County Board of County Commissioners and other community decision-makers. The Tobacco Control and Prevention Program seeks to evaluate the strategy of funding community partners to advance these identified policy goals.

Potential Key Evaluation Questions:

1. How has Multnomah County's practice of providing funding to community partners for tobacco retail policy work impacted policy change progress?
2. Are there essential elements that Multnomah County Environmental Health Dept./Local Public Health must have in place to fund and partner with community organizations in the advancement of tobacco policy strategies? If there are essential elements, what are they?

Data Collection:

To be determined

Reportings:

Rede will work with Multnomah County to develop a summary report outlining results of this evaluation.

Comprehensive Statewide Tobacco Retail Evaluation:

Multnomah County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the most significant challenges to passing strong tobacco retail policies?
3. In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPARC grantees able to achieve more progress?

Umatilla County SPARC Evaluation Plan

The Tobacco Retail Evaluation comprises two assessments, an individual SPARC evaluation for each of the 7 SPARC counties and a comprehensive, statewide evaluation encompassing all 36 counties in Oregon. The individual SPARC evaluation and comprehensive evaluation will have some overlap, but the individual SPARC evaluation is designed to meet the evaluation needs of each individual SPARC county.

Background and Project Goals:

This year Umatilla County will use SPARC funds to promote tobacco retail licensure within their four jurisdictions. Umatilla County's four jurisdictions are in different stages of readiness for tobacco retail licensure. Umatilla County will work on educating decision makers through meeting with city council members and presenting a draft policy to members of Pendleton's city staff. Umatilla County is planning on having a first reading at the Pendleton City Council by the end of February 2017.

Potential Key Evaluation Questions:

1. Did awareness of and support for tobacco retail policies increase among coalition members, elected officials, and community members?
2. Did Umatilla County advance past the engaging stakeholders and assess readiness stage of the HPCDP Policy Change Process Model? If so, how far did they advance?
3. How much progress did Umatilla County make toward passing a tobacco retail licensure ordinance?

Data Collection:

1. September 2016: Rede will work with Umatilla County to develop a plan for collecting information about activities that they are doing to increase awareness and support as well as a list of indicators to measure outcomes (indicators of success) from each activity. In this structure, the activities will be measured fairly objectively while the indicators might be subjective. For example, an activity might be: conduct a decision maker interview; an indicator might be: decision maker support for the policy concept (opposed, neutral, supportive).
2. September 2016–April 2017: Umatilla County will collect and maintain information about those activities and indicators.
3. April 2017: Rede will work with Umatilla County to analyze information collected and assess how much progress was achieved in increasing the awareness and support for tobacco retail policy.

Reporting:

Rede will work with Umatilla County to develop a summary report outlining results of this evaluation.

Comprehensive Tobacco Retail Evaluation:

Umatilla County will provide local level information to inform the Comprehensive Tobacco Retail Evaluation.

The comprehensive evaluation is focused on the following:

On-going Evaluation Feedback

Quickly develop methods and tracking mechanisms as outcomes emerge and respond, in a timely fashion, to critical questions or issues that arise throughout the fiscal year. This will mostly be accomplished through a 28-day survey and report.

Key Evaluation Questions

1. Are there essential elements (such as funding, staff resources, community readiness, staff training and technical assistance) that communities must have in place to move tobacco retail policies forward? If there are essential elements, what are they?
2. What are the most significant challenges to passing strong tobacco retail policies?
3. In what ways did TPEP grantees make progress toward adopting tobacco retail policies? Were SPARC grantees able to achieve more progress?