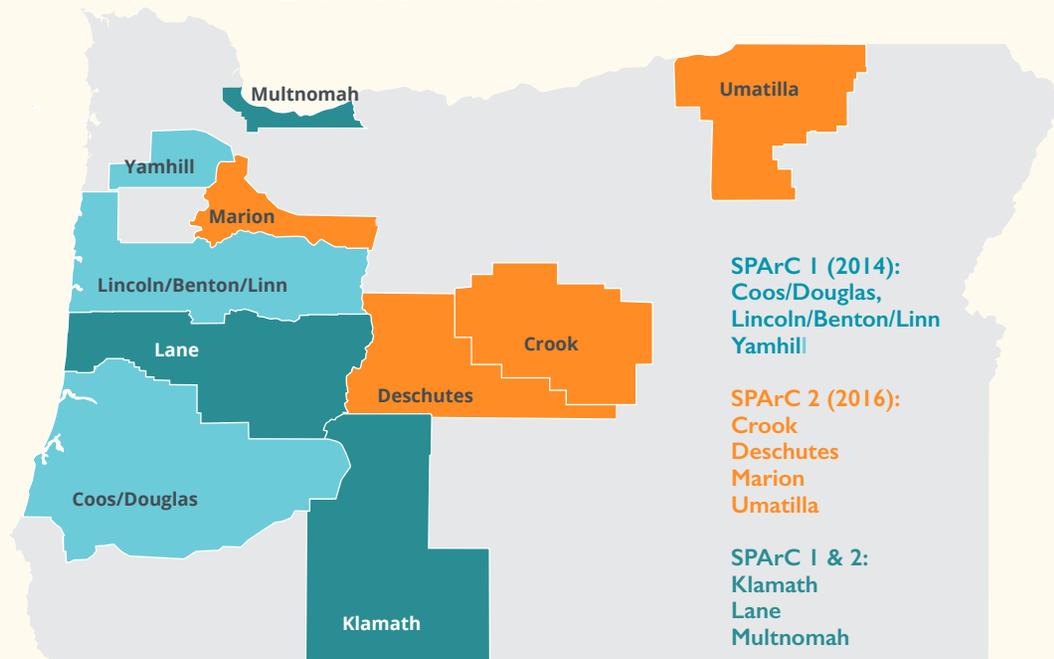


Issue Brief: SPArC Grants and Tobacco Retail Policy

July 2017



2014 & 2016 SPArC Grantees



2014 & 2016 SPArC Grants

- SPArC grantees were encouraged to work with their local Coordinated Care Organizations, Regional Health Equity Coalitions, Tribes, and other community organizations representing local populations disproportionately impacted by tobacco products to implement recommendations from the Centers for Disease Control and Prevention Best-Practices for Tobacco Control.
- In 2014, six projects were funded serving nine counties.
- In 2016, seven projects were funded serving seven counties. SPArC 2 funding was focused on tobacco prevention and control in the retail environment.

+ All grantees with both SPArC 1 & 2 funding passed best-practice tobacco retail policies

+ SPArC grantees had more advancements through the policy change process* on more policies (per county) than non-SPArC counties

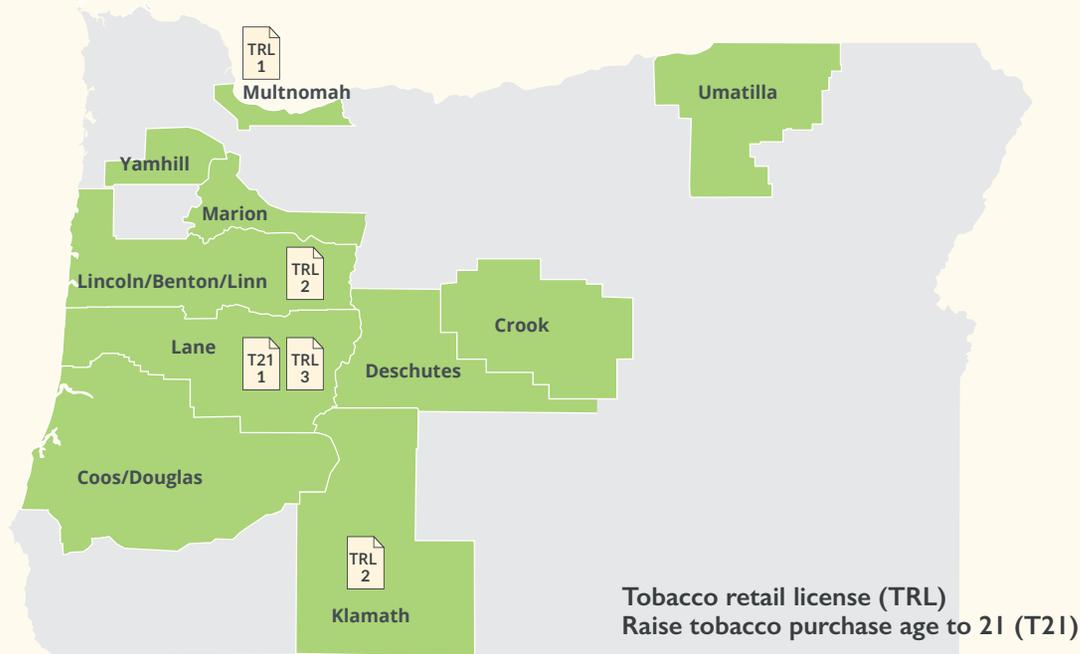
+ Grantees who have never received SPArC funding have not passed tobacco retail policies and are (on average) at the very initial stages of the policy change process

Background

In 2014 and 2016, the Oregon Health Authority provided competitive funding opportunities to local health departments (LHDs) to advance tobacco prevention policy, systems, and environmental change. This funding opportunity, called Strategies for Policy And enviRonmental Change (SPArC) Tobacco-Free was intended to complement, build upon, or accelerate, but not duplicate, the current local health department tobacco prevention work.

This report focuses on SPArC grantees' achievement in the area of tobacco prevention in the retail environment.

All Tobacco Retail Policies Passed Were In SPArC Project Counties



The following tables compare policy progress in SPArC funded counties with non SPArC funded counties:

ever = Counties that received SPArC funding in either cycle,

SPArC 2 = Counties that received grants in the grant cycle focused on the tobacco retail environment, and

never = Counties that have never received SPArC funding.

LHDs that have passed one or more tobacco retail policy:

	percent of LHDs
ever (n=13)	31%
SPArC 2 (n=7)	43%
never (n=21)	0%

Average progress through the policy change process* made by each LHD on their main policy strategy:

	average stages progressed
ever (n=13)	1 stage
SPArC 2 (n=7)	2 stages
never (n=16)	1 stages

LHDs that had engaged tobacco retailers (beyond the required tobacco retailer assessment):

	percent of LHDs
ever (n=13)	46%
SPArC 2 (n=7)	57%
never (n=17)	12%

LHDs that had taken steps to educate others in their organization or community about preemption:

	percent of LHDs
ever (n=11)	62%
SPArC 2 (n=7)	86%
never (n=20)	69%

Average current stage of policy strategies as of June 2017:

	policy strategy stage
ever (n=13)	stage 4
SPArC 2 (n=7)	stage 5
never (n=20)	stage 2

LHDs that had engaged partners through a tobacco coalition or community coalition whose mission is broader than tobacco prevention:

	percent of LHDs
ever (n=13)	38%
SPArC 2 (n=7)	57%
never (n=18)	56%

*Policy Change Process

The HPCDP Policy Change Process Model includes eight stages for changing local policy. TPEP Grantees use this model to guide their work and evaluate progress on various local policy initiatives. The eight stages are: 1. Identify & frame the problem, 2. Engage stakeholders & community, 3. Assess readiness for policy change, 4. Reach out and educate, 5. Draft policy & plan for implementation, 6. Adopt policy, 7. Implement policy, and 8. Evaluate impact.