

2019-2021 Tobacco Prevention Education Program (TPEP) Tiered Funding Model

About this model

1. This proposal aligns with Program Element 13 and incorporates the TPEP Accountability Metrics developed in 2018 in partnership with Conference of Local Health Officials (CLHO).
2. The model was developed with careful consideration of the 2018-2019 CLHO TPEP Funding Formula Workgroup recommendations, the Public Health Advisory Board funding principles, and the CLHO Funding Formula Checklist.
3. This proposal incorporates flexibility and clear expectations.
4. The flexibility of this model eliminates the need for competitive proposal processes.
5. Each tier includes a scope of work, biennial funding range and FTE recommendations, as well as sample objectives, activities, and deliverables.
6. Funding ranges within tiers will be determined based on proposed strategies, incorporation of a health equity lens, population, average number of ICAA complaints, and demonstrated success and capacity for advancement of tobacco policy and systems change strategies.
7. Local Public Health Authorities (LPHAs) will self-select into tiers, and confirmation is contingent on OHA's approval of submitted Program Plans. In certain circumstances, in consultation with OHA, an LPHA may negotiate moving up or down a tier during the biennium.

Oregon Indoor Clean Air Act (ICAA) Response Tier

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

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

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

Biennial funding range:

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

Examples of objectives	Examples of activities (derived from TPEP Accountability Metrics)	Examples deliverables and process measures
Fulfill all local duties and activities related to enforcing the Oregon Indoor Clean Air Act. Maintain timely communications with OHA.	Participate in OHA training on ICAA compliance, as needed. Educate businesses on ICAA compliance and regulatory changes. Provide feedback to OHA to aid in continuous quality improvement of ICAA processes and protocols.	Timely response to complaints of the ICAA, per delegation requirement and as outlined in the Workforce Exposure Monitoring Systems (WEMS) User Manual. Timely response and outreach to OHA as required to fulfill responsibilities. Documentation of program process to share information with the public, such as changes to the ICAA.

Tier 1: Foundational Tobacco Prevention

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

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

LPHAs are required to advance at least **one** of the following multisector systems change initiatives in collaboration with health systems (selection should be in addition to policy strategies chosen above):

- Develop closed-loop screening and referral systems, workflows, and/or protocols for tobacco cessation.
- Work with CCO to implement of at least one OHA-recommended multi-sector approaches for tobacco prevention:
 - CCO leadership for development of smoke-free policies in workplaces and public spaces.
 - CCO education of policy makers about the positive effects of raising the per-unit price of tobacco products.
 - CCO implementation of mass-reach communication interventions for evidence-based tobacco prevention.
 - CCO community engagement via LPHA to promote tobacco cessation, create tobacco-free places, and identify and eliminate tobacco-related disparities.
- Other proposed strategies

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

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

Examples of objectives	Examples of activities (derived from TPEP Accountability Metrics)	Examples deliverables and process measures
Includes ICAA Response Tier proposed objectives.	Includes activities from ICAA Response Tier.	Includes ICAA Response Tier deliverables and process measures.

Examples of objectives	Examples of activities (derived from TPEP Accountability Metrics)	Examples deliverables and process measures
<p>Identify local tobacco prevention policy goals through development of a policy-focused multi-year strategic plan (that aligns with or is a part of current county multi-year strategic plan or CHIP processes), including:</p> <ol style="list-style-type: none"> 1. Advancing local tobacco-free policy initiatives in the next biennium; 2. Identification of community partners, including communities most burdened by tobacco (<i>health equity</i>); 3. Identification of key health system partners. <p>Educate stakeholders on evidence-based best practices in tobacco prevention and control.</p> <p>Build capacity of health department to advance policy and implementation of health systems change initiatives.</p>	<p>Educate elected officials, internal leadership and community leaders about effective tobacco prevention for reducing the burden of disease, cost and other data about the harms of tobacco.</p> <p>Develop health system partnerships to promote effective cessation practices, including promotion of the Oregon Tobacco Quit Line.</p> <p>Continuous use of quantitative and qualitative data highlighting local disparities.</p> <p>Use earned and owned media to promote the Oregon Tobacco Quit Line.</p> <p><u>If requested by partners:</u> Implement tobacco, smoke and vape-free policies for all city and county properties (owned/managed).</p>	<p>Complete policy-focused four-year strategic plan for local tobacco prevention.</p> <p>Provide appropriate resources and accurate information to health system partners interested in improving cessation screening and referral processes.</p> <p>Complete basic communications planning tools and provide documentation of earned or owned media placement.</p>

Tier 2: Tobacco Prevention Mobilization

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

Scope of work: Tier 2 provides funding to advance at least **two** priority policy strategy areas, selected by local program from a menu of options: Tobacco Retail Licensure (TRL), Indoor Clean Air Act (ICAA) expansion, or tobacco-free government properties. The program must also choose at least **one** multisector systems change initiative in collaboration with health systems partners. LPHAs have the flexibility to select relevant evidence-based policy options based on political and community readiness.

LPHAs are required to advance at least **two** evidence-based policy strategies from the following list based on CDC Best Practices for Comprehensive Tobacco Control Programs:

- **Tobacco retail licensure and one priority tobacco retail prevention policy** listed below:
 - Prohibit the sale of flavored tobacco products
 - Increase the cost of tobacco through non-tax approaches (e.g. price promotion prohibitions)
 - Restrict outlet density through zoning, distance requirements (e.g. restrict the proximity of tobacco outlets near places where children frequent, cap the number of retailers)
 - Restrict the sale of tobacco in pharmacies
 - Other proposed strategies
- **Expansion of the Indoor Clean Air Act**
 - Advance jurisdiction-wide smoke and vape-free policies (e.g. local ordinances) for public places to prohibit businesses that allow indoor smoking or expose employees to secondhand smoke, including certified smoke shops or cigar bars.
 - Advance jurisdiction-wide smoke and vape-free policies (e.g. local ordinances) for public places to prohibit future businesses from exposing the public or employees to secondhand smoke or vapor, including potential cannabis use establishments.
 - Advance jurisdiction-wide smoke and vape-free policies (e.g. local ordinances) including outdoor dining, other service areas, or construction sites
 - Advance jurisdiction-wide ordinance to extending the prohibition of smoking beyond the current 10 foot from entrances, exits, or windows.
 - Other proposed strategies
- **Tobacco-free government properties**
 - Advance policies that establish tobacco-free county or city agencies or other regional government campuses (identified in the workplan) inclusive of prohibitions on inhalant delivery systems.

LPHAs are required to advance at least **one** of multi-sector systems change initiatives in collaboration with health systems described in Tier 1):

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

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

Examples of objectives	Examples of activities (derived from TPEP Accountability Metrics)	Examples deliverables and process measures
<p>Includes ICAA Response Tier and Tier 1 proposed objectives.</p> <p>Mobilization and advancement for policy and systems change.</p> <p>Implement two (2) policy change strategies.</p> <p>Engage health system partners in multisector initiative(s) for tobacco prevention.</p>	<p>Includes activities from ICAA Response Tier and Tier 1.</p> <p>Demonstrate executive leadership support of proposed local strategies and statewide coordinated tobacco prevention program and policies.</p> <p>Develop policy strategies using processes that engage variety of perspectives from those most burdened by tobacco including representatives of racial and ethnic minorities, Medicaid users, LGBTQ communities, people living with disabilities including mental health and substance use challenges. (<i>health equity</i>)</p> <p>Mobilize community leaders in support of selected tobacco prevention strategies.</p>	<p>Includes ICAA Response Tier and Tier 1 deliverables and process measures.</p> <p>Strategic engagement plan and reported outcomes of continued engagement and education of local decision-makers.</p> <p>Developed and implemented strategic communications plan for each priority policy area, including participation in local and statewide media campaigns.</p> <p>Participated in Policy Leadership Institutes hosted by PHD.</p> <p>Engaged partners in policy and systems change strategies toward specific evidence-based tobacco prevention objectives.</p> <p>Passed policies.</p>

Tier 3: Accelerating Tobacco Prevention Outcomes

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

Scope of work: Tier 3 programs implement Program Element 13 in all **three** priority strategy areas – TRL, ICAA expansion, tobacco-free government properties (identified in submitted workplans) – as well as at least **one** multisector initiative for tobacco prevention in collaboration with health systems. LPHAs will have opportunities to propose community-tailored strategies within the four priority areas listed above.

LPHAs must have completed at least **six of the ten** following prerequisites within the prior two biennia to qualify for Tier 3:

Proposed Tier 3 prerequisites:

- ☐ **Required:** Formal statement of support from Board of County Commissioners or high-level executive leadership to prioritize advancing and passing TRL and/or ICAA expansion
- ☐ Leveraged funding commitment from CCO or foundation partner for tobacco prevention
- ☐ Tobacco prevention ordinance passed by government within the last three years (updated policy may count as well; examples include strengthening to include all tobacco products or removing exemptions)
- ☐ Comprehensive county tobacco-free policy in place
- ☐ Demonstrated health system partnerships (e.g. MOU in place, funding agreement, or other current initiative) for tobacco prevention
- ☐ Evidence of convening and funding partners representing communities most burdened by tobacco in pursuit of priority tobacco prevention strategies (*health equity*)
- ☐ Demonstrated implementation of communications strategy, including earned media, to support tobacco prevention objective(s) in the previous biennium (2017-2019)
- ☐ Evidence of shared regional strategy and collaboration in pursuit of priority tobacco prevention strategies
- ☐ Evidence of local public health accreditation
- ☐ Evidence of participating in the statewide conversation around strengthening the ICAA or establishing TRL (i.e. LPHA or Board of Commissioners testifying during legislative session)

Program Element alignment: Full program element

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

Examples of objectives	Examples of activities (derived from TPEP Accountability Metrics)	Example deliverables and process measures
<p>Includes ICAA Response Tier, Tier 1 and Tier 2 proposed objectives.</p> <p>Implement all three policy change strategies (TRL, ICAA expansion, TF properties).</p> <p>Leadership of statewide movement for tobacco prevention.</p>	<p>Includes activities from ICAA Response Tier, Tier 1 and Tier 2.</p> <p>Establish and/or expand TRL and related retail policies, such as bans on flavored tobacco, discounts, pharmacy sales, etc.</p> <p>Collaborate with other counties to develop a regional tobacco prevention strategy.</p> <p>Funding community partners disproportionately impacted by tobacco (<i>health equity</i>).</p> <p>Engage the local Coordinated Care Organization(s) to invest in evidence-based tobacco prevention, such as health communication campaigns.</p> <p>Mobilize local decisionmakers and stakeholders to support and participate in local and statewide conversations about the tobacco retail environment and clean indoor air policy.</p> <p>Share best practices and lessons learned with Tier 1 and/or Tier 2 grantees.</p>	<p>Includes ICAA Response Tier, Tier 1 and Tier 2 deliverables and process measures.</p> <p>Meet at least one additional Tier 3 benchmark by the end of the project period.</p> <p>Reported outcomes of continued engagement with and education of local decision-makers.</p> <p>Developed and implemented strategic engagement plan, with a focus on mobilizing communities disproportionately affected by tobacco (<i>health equity</i>).</p> <p>Achieve partner investment in health communications campaigns and report number of partners engaged, amount of investment, and number of media impressions.</p> <p>Demonstrated leadership and commitment to informally mentor grantees in other tiers to boost statewide tobacco prevention efforts.</p>