Oregon Health Authority

final report

TOBACCO PREVENTION & EDUCATION PROGRAM EVALUATION

10|2021

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Tobacco Prevention & Education Program Evaluation Report

Acknowledgments

Rede Group produced this report on behalf of the Oregon Health Authority, Health Promotion and Chronic Disease Prevention Program in October of 2021. We want to acknowledge the many people who contributed to this assessment, including the TPEP Evaluation Advisory Group who provided invaluable feedback throughout the evaluation process and the TPEP coordinators who participated in interviews and focus groups.

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terminology

ACRONYMS:

ADPEP: Alcohol and Drug Prevention and Education Program
BOCC: Board of County Commissioners
CBO: Community Based Organization
CCO: Coordinated Care Organization
CDC: Centers for Disease Control and Prevention
COVID-19: Coronavirus disease 2019
CLHO: Coalition of Local Health Officials
EHR: Electronic Health Record
FQHC: Federally Qualified Health Center
HERC: Health Evidence Review Commission
HPCDP: Health Promotion and Chronic Disease Prevention
ICAA: Indoor Clean Air Act
IDS: Inhalant Delivery Systems
IGA: Intergovernmental Agreement
KEQ: Key Evaluation Question
LGBTQIA+: Umbrella acronym that includes: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and other sexual orientation and gender identities
LPHA: Local Public Health Authority
MCH: Maternal Child Health
MOU: Memorandum of understanding
OCHIN: Oregon Community Health Information Network
OHA: Oregon Health Authority
PCPM: Policy Change Process Model
RHEC: Regional Health Equity Coalitions
PSE: Policy, System, and Environmental
RFA: Request for Application
TA: Technical Assistance
TARA: Tobacco Alcohol Retail Assessment
TPEP: Tobacco Prevention and Education Program
TRL: Tobacco Retail License
WEMS: Workplace Exposure Monitoring System
WWE: Walk with Ease

DEFINITIONS:

Effective basic TRL policy (basic TRL):
Effective, basic tobacco retail licensure (TRL) means having meaningful fees and penalties that fully cover all program costs (e.g. administrative and enforcement costs), and escalating penalties that include the ability to suspend or revoke licenses for violations. It also includes enforcement of the policy.

Full - county-wide coverage:
The policy applies to all areas of the county including unincorporated areas and cities.

PURPOSE

The Rede Group conducted the 2019-21 Tobacco Prevention and Education Program (TPEP) evaluation on behalf of the Oregon Health Authority, Health Promotion and Chronic Disease Prevention Section (OHA, HPCDP). The TPEP evaluation focused on results of changes made to the TPEP local health department funding model in 2019, including:

- the impact of the tiered funding model on local policy and health systems change;
- the effect of state-to-local technical assistance; and
- local TPEP programs progress in developing partnerships outside of their local health department.

BACKGROUND

Guided by shared tobacco prevention values, a tiered funding model was developed by HPCDP in partnership with the Conference of Local Health Officials (CLHO) to advance tobacco prevention policy and systems change initiatives in communities with attention and focus on reducing tobacco-related health disparities. The TPEP tiered funding 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.

The model offered the flexibility to nimbly deliver resources to Local Public Health Authorities (LPHAs) based on resources available each biennium. The tiered funding model allowed LPHAs to opt in at the level of outcomes they had the capacity and community readiness to achieve, and incorporated policy and systems change approaches that had traditionally been funded through competitive grants. During the development of the model, several LPHAs were concerned that local tobacco prevention policy change could be challenging given organizational or political hurdles. In response, the tiered proposal included a fourth category, the Indoor Clean Air Act (ICAA) Response Tier, to ensure that LPHAs that opted out of expanded funding for tobacco prevention could still fulfill local duties and activities related to enforcing the ICAA as required by Oregon law.

OVERVIEW OF TIERS AND REQUIRED ACTIVITIES

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.

TIER 1: FOUNDATIONAL TOBACCO PREVENTION

Tier 1 provides funding to conduct local duties and activities related to enforcing the 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.

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.

TIER 3: ACCELERATING TOBACCO PREVENTION OUTCOMES

Tier 3 is for LPHAs that have demonstrated prior success by meeting six prerequisites outlined in the TPEP Request for Application (RFA) and are prepared to lead statewide mobilization to decrease the harms of tobacco.

Table 1: Program activities for TPEP funding tiers (2019-21)

Program Activities	ICAA Response Tier	Tier 1	Tier 2	Tier 3
Enforce the Oregon ICAA	✔	✔	✔	✔
One or more health systems change initiative		✔	✔	✔
Promote the use of the Oregon Tobacco Quit Line with health system partners and the public		✔	✔	✔
Collect information about local community cessation resources and provide this information to HPCDP and the regional CCO(s)		✔	✔	✔
Advance at least two evidence-based policy strategies (ICAA expansion, tobacco retail and/or tobacco-free gov't property)			✔	✔
Advance at least three evidence-based policy strategies (ICAA expansion, tobacco retail and/or tobacco-free gov't property)				✔

Table 1 shows the program activities required for each tier (excluding activities specific to monitoring & evaluation, communications, training & technical assistance, and Alcohol and Drug Prevention and Education Program (ADPEP) coordination and alignment).

Figure 2 on the following page maps the tier of funding each county selected in 2019. Seventy percent (n=33) of Oregon counties were in Tier 2 or 3 and worked to advance tobacco prevention policy. Wallowa County did not have an LPHA, and therefore, did not receive TPEP funding. During the 2019-21 biennium, two grantees changed tiers between reporting periods two and three: Lake County moved from Tier 1 to the ICAA Response Tier and Harney County moved from the ICAA Response Tier to Tier 1. In addition, Harney County moved to Tier 2 between reporting periods three and four. In the 2021-23 funding cycle, two TPEP programs opted into a tier level greater than they were during the 2019-21 and one TPEP program went from Tier 1 to the ICAA Response Tier.

Figure 1: Funding tier changes 2019-2021

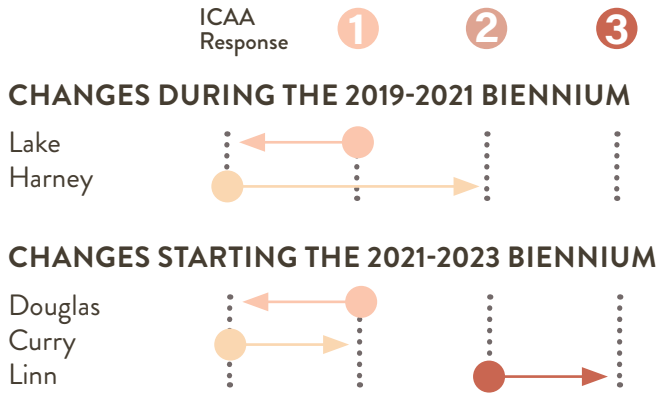
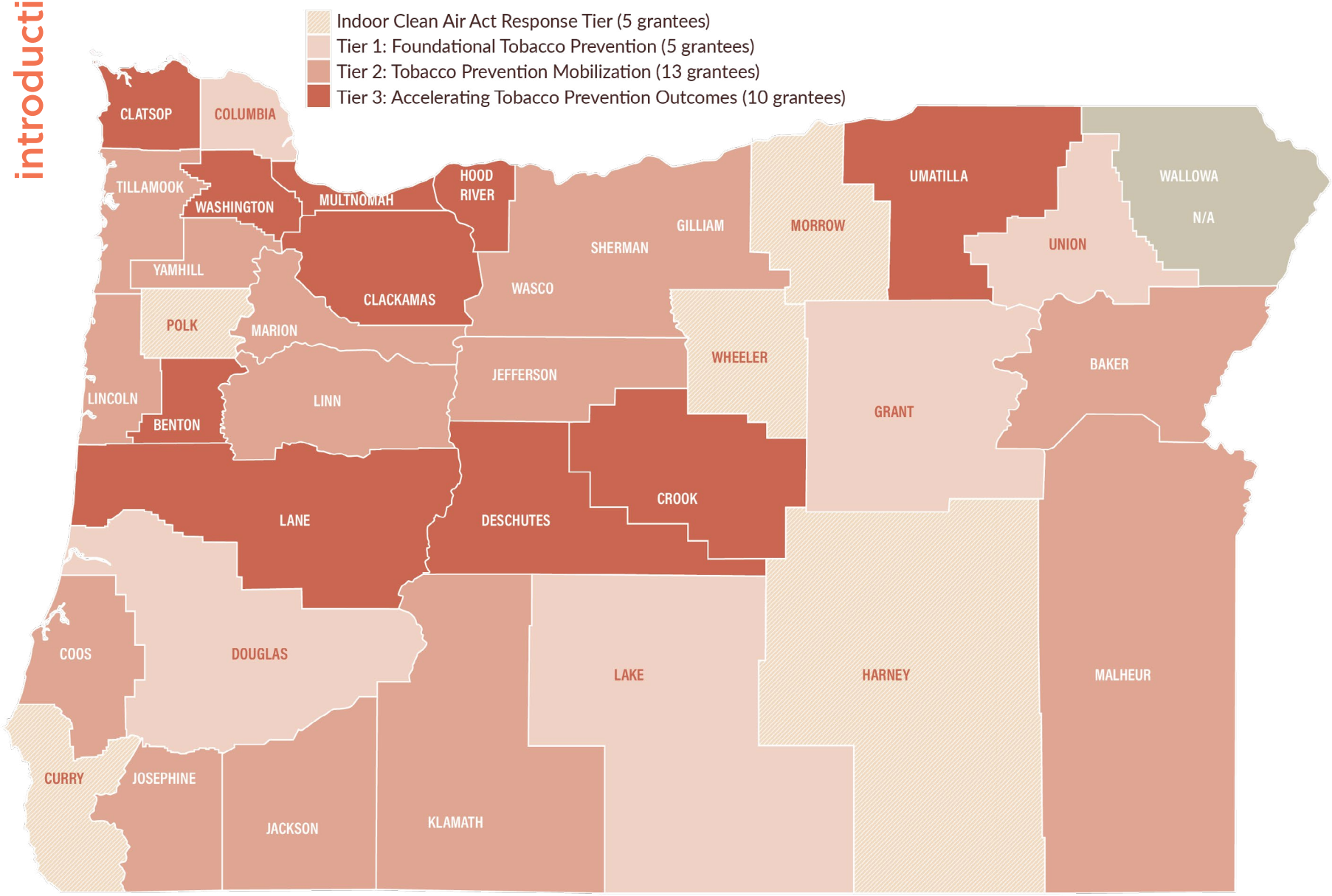


Figure 2: TPEP funding tiers (December 2019)



Note: Coos County did not provide reporting form data at period 1 (Dec. 2019) therefore, Rede incorporated data from reporting period 2 (June 2020).

METHODS

All 28 Tier 1-3 grantees provided data for the evaluation. Participation in evaluation activities was not part of the scope of work for ICAA Response Tier grantees. Rede gathered primary data for the evaluation through interviews (June-July 2021) and focus groups (August 2021) with TPEP grantees, and reviewed and analyzed quarterly grant monitoring reporting forms submitted by grantees to OHA. Reporting form data covered the following periods of time:

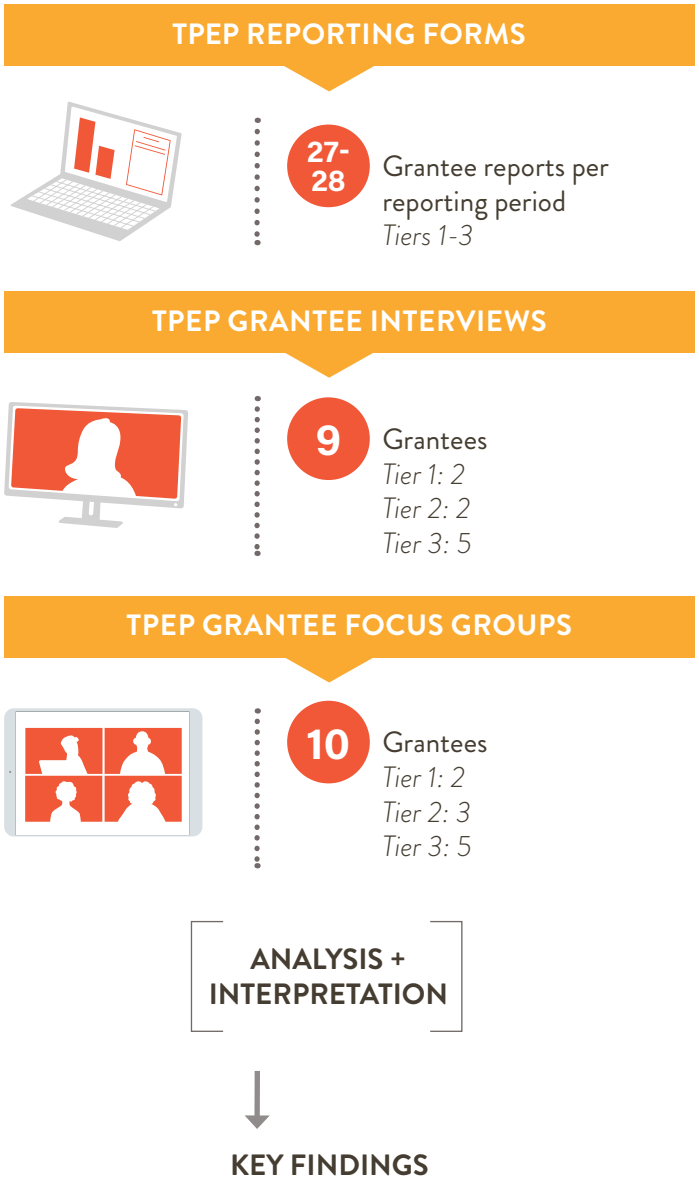
- Period 1: July-December 2019
- Period 2: January-June 2020
- Period 3: July-December 2020
- Period 4: January-June 2021

These methods informed evaluation results (see Methods Overview).

KEY EVALUATION QUESTIONS

1. What level of progress, if any, did Tier 1, 2, and 3 grantees make towards advancing health systems change, tobacco retail policy, ICAA expansion policy, and/or tobacco-free government property policy?
2. In what ways did technical assistance (TA) provided by HPCDP support advancing local work?
3. What types of partnerships (outside of TPEP and ADPEP) did TPEP programs engage in and how did their partnerships contribute to advancing their work?

METHODS OVERVIEW



LIMITATIONS

The primary limitation for this evaluation was the coronavirus disease 2019 (COVID-19) pandemic. Local and state health departments played an essential role in the COVID-19 response that took place during the course of this evaluation and had to prioritize this response, which resulted in delayed grantee engagement in the evaluation Advisory Group and limited capacity of grantees to participate in evaluation activities.

All local TPEP grantees reported challenges in advancing TPEP work due to COVID-19 on their reporting forms. The majority of grantees also reported that TPEP coordinators and support staff were reassigned by their LPHA to COVID-19 response work instead of their TPEP grant objectives.

Additionally, nearly all TPEP programs experienced a lack of community, stakeholder, and partner engagement due to the impact of COVID-19 in their communities. Many TPEP coordinators reported it was difficult transitioning to online engagement, troubles arose from technical difficulties, meetings were shortened, and policy change momentum slowed.

In April 2020, OHA suspended county-level Oregon ICAA activities due to COVID-19. This included administrative ICAA tasks, such as sending Initial Response Letters, processing citations, logging actions into the Workplace Exposure Monitoring System (WEMS), and conducting inspections. County-level administrative ICAA enforcement responsibilities gradually resumed in 2021, except for two counties that OHA still maintains coverage for. Twenty-seven counties resumed their administrative ICAA tasks in February 2021 and six in July 2021. Meanwhile, in-person inspections did not resume until the time of this report.

TPEP funds were not allowed to be used for COVID-19 response. Optional program plan and budget revisions were due July 31, 2020 to allow time to review prior budgets and get a necessary contract amendment, if needed.

TPEP EVALUATION ADVISORY GROUP ENGAGEMENT

The TPEP Evaluation Advisory Group was initially composed of nine HPCDP staff to provide TPEP program insight and expertise and to guide the evaluation to ensure integrity and use. Grantees were not included in the initial advisory group due to COVID-19 and lack of capacity. Beginning in Fall of 2020, Rede expanded the TPEP Evaluation Advisory Group to include TPEP grantees. The expanded Advisory Group was composed of four HPCDP staff (policy specialist, health promotion strategist, epidemiologist, and manager) and nine (geographically diverse) local programs representing Tiers 1, 2, and 3. Figure 3 shows which counties were represented on the Advisory Group (see Appendix A for a list of the initial and expanded Advisory Group members).

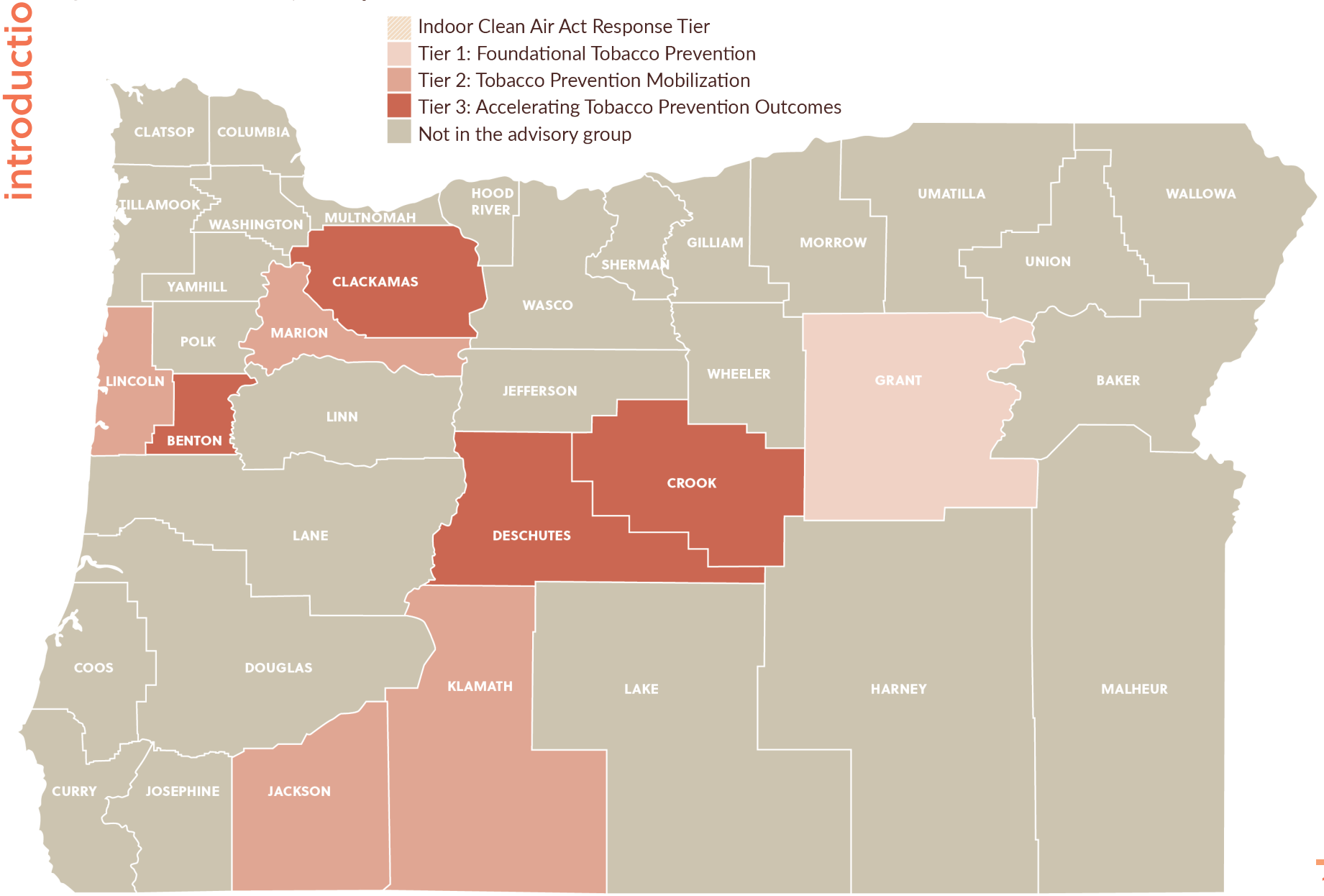
The Advisory Group:

- Provided feedback on draft data collection tools
- Tested surveys/interviews conducted with grantees
- Participated in data collection
- Reviewed preliminary results and provided feedback

THEORY OF CHANGE: OREGON TPEP FUNDING MODEL

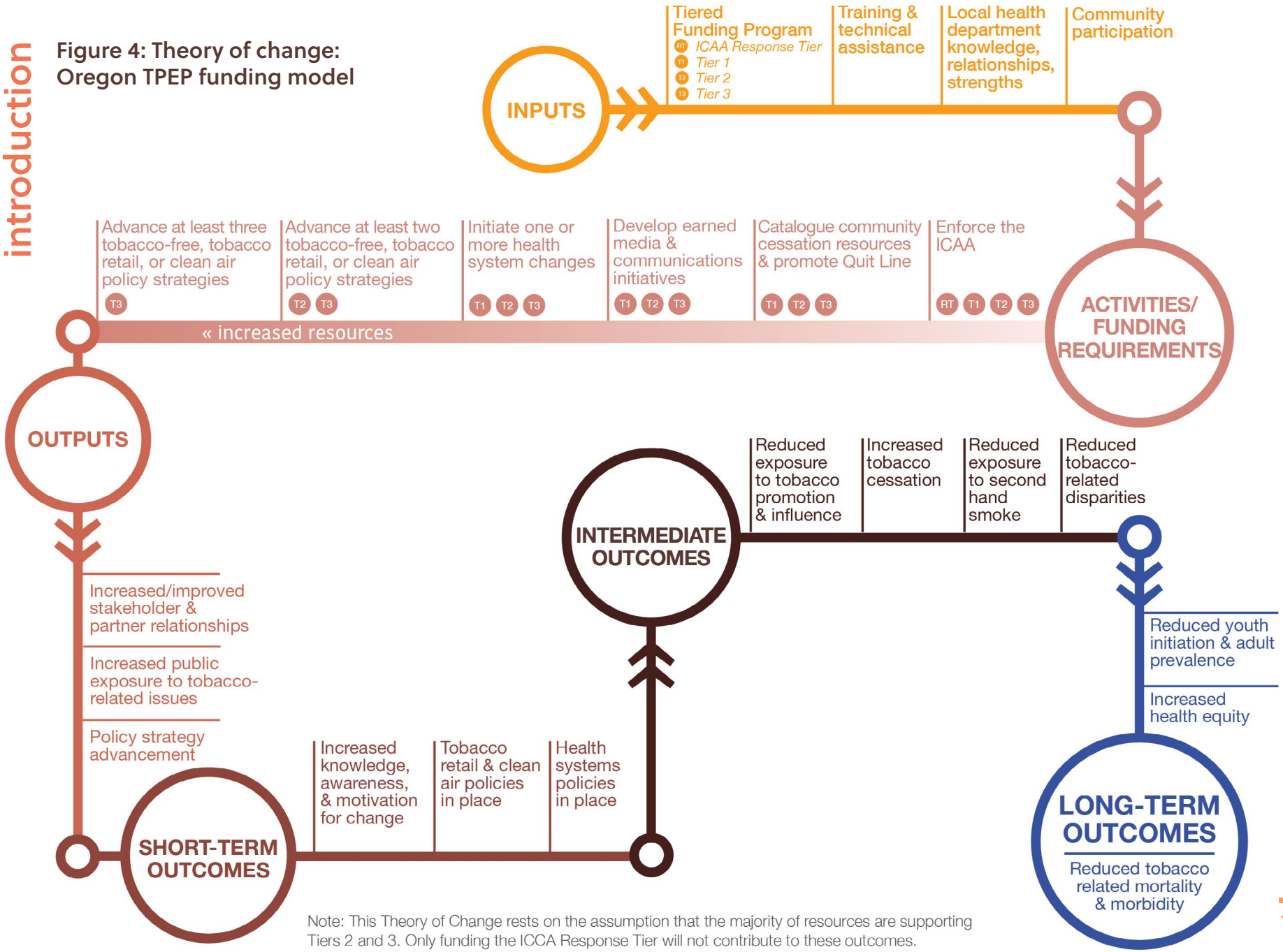
The theory of change for the Oregon TPEP funding model (see Figure 4) was developed through a collaborative process with the TPEP Evaluation Advisory Group and Rede. The model was designed to identify a common understanding of the inputs, activities, outputs, and outcomes of the TPEP funding model and was used as a tool to guide the evaluation process.

Figure 3: TPEP Advisory Group



Note: Four HPCDP staff members also participated in the TPEP Advisory Group.

Figure 4: Theory of change: Oregon TPEP funding model



Note: This Theory of Change rests on the assumption that the majority of resources are supporting Tiers 2 and 3. Only funding the ICCA Response Tier will not contribute to these outcomes.

KEY FINDINGS

- Feeling supported, connected, and knowledgeable was important to TPEP coordinators' progress
- With TA provided by HPCDP and HPCDP contractors, TPEP coordinators solved problems and collaborated with others to advance program goals
- TA gave TPEP coordinators resources to build their expertise around tobacco prevention, refine messaging and communication plans, and inform their audiences
- Twenty local and state tobacco prevention policies passed - an impressive number given that multiple circumstances (such as e-cigarette or vaping use-associated lung injury (EVALI), funding shifts, and the global pandemic) demanded attention during this time
- Two-thirds of grantees reported advancement through one or more stages of the Policy Change Process Model (PCPM) in at least one of their tobacco prevention policy strategies
- Two local health systems change strategies were implemented
- Three grantees went to a higher tier from the start of the 2019-21 biennium to the start of the 2021-23 biennium
- Building and reinforcing relationships was a key strategy in advancing TPEP goals
- Grantees found ways to deepen their understanding of and connection with community

POLICIES ADOPTED

Tier 2 and 3 grantees were required to work on passing tobacco prevention policies. TPEP reporting form data* revealed local jurisdictions passed a total of 17 tobacco prevention policies during the 2019-21 TPEP funding cycle; 58% (n=24) of Tier 2 or 3 TPEP grantees had one or more tobacco prevention policy pass within their county during the funding cycle. Grantees representing Tiers 1-3 had a policy pass in their county (one Tier 1, eight Tier 2, and six Tier 3). Most (65%, n=17) of local policies passed were new or expanded tobacco-free/smoke-free properties. In addition, 12% were ICAA expansion, 6% were tobacco retail, and 12% were other tobacco prevention policies. In addition to the local policy adoption, the state of Oregon adopted an increase in tobacco taxes, including adding an inhalant delivery system tax, a statewide tobacco retail license, and a policy prohibiting the remote sale of inhalant delivery systems. Despite the challenges faced by local and state health departments during the COVID-19 pandemic, TPEP programs were able to advance a number of tobacco prevention policies including a policy requiring all tobacco retailers in the state to obtain a license to sell tobacco products or inhalant delivery systems.

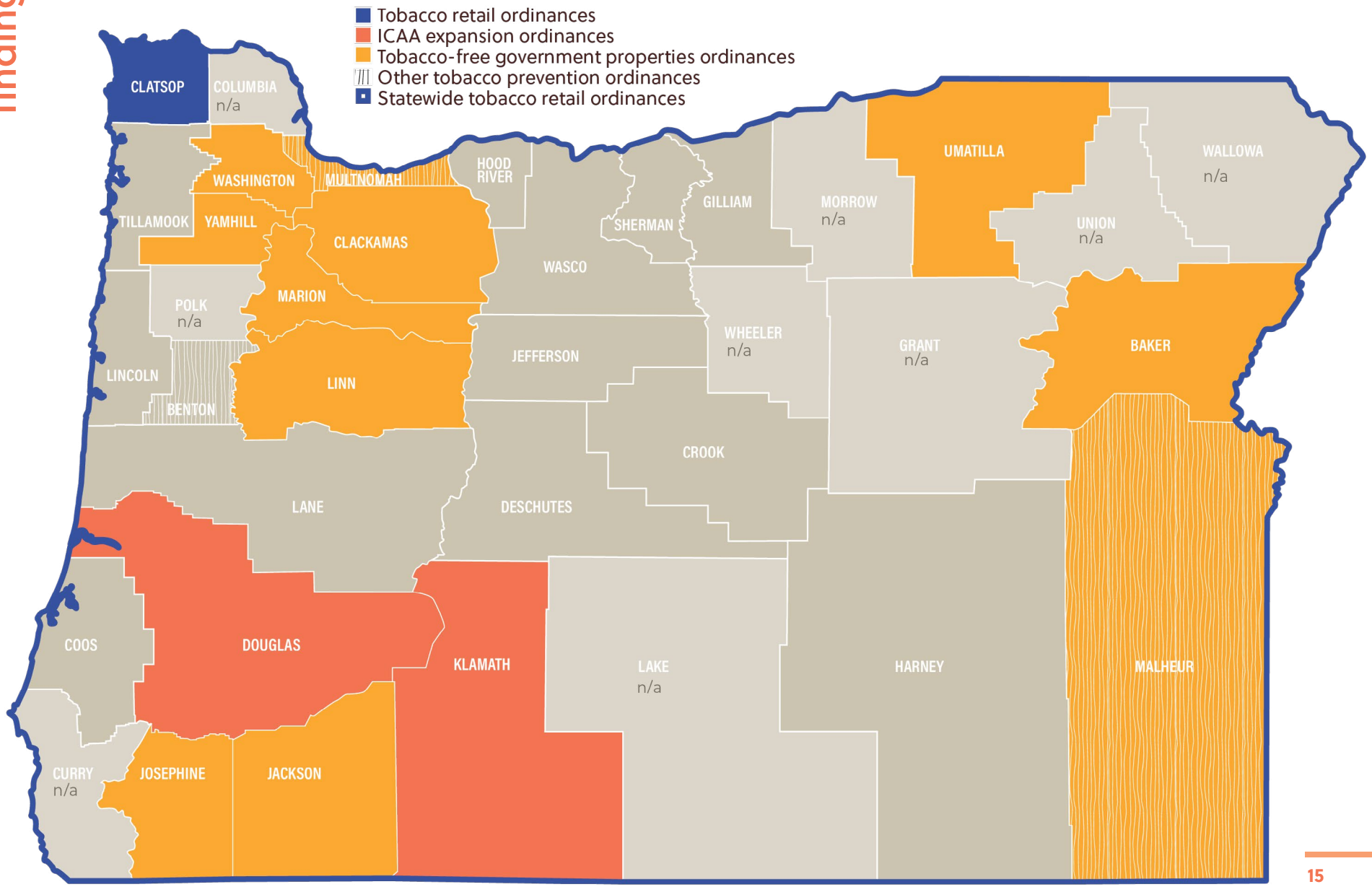
Table 2 on the following page lists each of the adopted policies and the map on page 15 displays the policies geographically.

**Reporting form data was supplemented with information from the HPCDP policy database.*

Table 2: Twenty tobacco prevention policies were adopted from July 2019-June 2021

County/State	Tier	Policy/Jurisdiction	Date	Policy Type
Baker County	2	Tobacco and Marijuana-free Baker County Health Deptartment	7/15/20	Tobacco-free govt properties
Benton County	3	Tobacco and Smoke-free Oregon State University Campus	9/1/19	Other
Clackamas County	3	Smoke and Vape-free Lake Oswego City Workplace	11/5/19	Tobacco-free govt properties
Clatsop County	3	Clatsop County Tobacco Retail License	1/8/20	Tobacco retail
Douglas County	1	Smoke-free Downtown Roseburg Events	10/12/20	ICAA expansion
Jackson County	2	Tobacco and Smoke-free Jackson County Health and Human Services	10/1/19	Tobacco-free govt properties
Josephine County	2	Tobacco-free Grant Pass policy amended to add vaping	9/18/19	Tobacco-free govt properties
Klamath County	2	Smoke-free Klamath Falls Downtown Events	10/7/19	ICAA expansion
Linn County	2	Tobacco-free Linn County Health Services Department Property	1/1/20	Tobacco-free govt properties
Malheur County	2	Smoke-free Ontario City Properties	10/3/19	Tobacco-free govt properties
Malheur County	2	Tobacco-free Facilities and Grounds at Stark Medical	9/6/19	Other
Marion County	2	Tobacco and Vape-free Woodburn City Parks	8/16/19	Tobacco-free govt properties
Multnomah County	3	Smoke-free Portland VA Medical Center Campus	10/1/19	Tobacco-free govt properties
Multnomah County	3	Smoke-free Rose Quarter Property	5/1/21	Other
Umatilla County	3	Tobacco-free Pendleton Parks	11/19/19	Tobacco-free govt properties
Washington County	3	Tobacco and Smoke-free Washington County Property	4/6/21	Tobacco-free govt properties
Yamhill County	2	Smoke-free Carlton City Parks	9/3/19	Tobacco-free govt properties
Oregon	n/a	Oregon Cigarette and Tobacco Tax Increase	11/3/2020	Tobacco retail
Oregon	n/a	Statewide Tobacco Retail License	3/31/21	Tobacco retail
Oregon	n/a	Prohibit Remote Sales of Inhalant Delivery Systems	5/26/21	Tobacco retail

Figure 5: Fifty-eight percent of Tier 2 and 3 grantees adopted a tobacco prevention policy from July 2019-June 2021

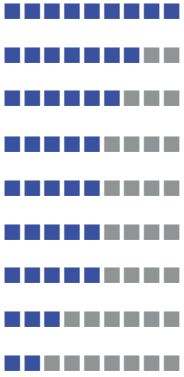


GRANTEE POLICY PROGRESS

The Advisory Group identified a need to expand the measure of policy progress to include actions other than passing policy or advancing through the stages of the Policy Change Process Model (PCPM). Between June and July 2021, Rede conducted interviews with nine TPEP coordinators representing Tiers 1-3 to learn more about the work they were able to accomplish amidst the COVID-19 pandemic. These interviews asked TPEP coordinators to describe their efforts toward advancing policy and health systems change based on their own definitions of progress.

TPEP coordinators defined progress in a variety of ways:

- Building and reinforcing relationships (9/9)
- Having the support of others (7/9)
- Doing the work (6/9)
- Giving presentations (5/9)
- Leveraging connections (5/9)
- Building program expertise (5/9)
- Gaining community engagement (5/9)
- Identifying barriers and pivoting (3/9)
- Meeting community needs (2/9)



All nine interviewees viewed building and reinforcing relationships as a significant part of progress toward TPEP goals. Examples of this included:

- Building relationships with a variety of partners (7/9)
- Connecting with the community or community members (4/9)
- Supporting their coalition work (2/9)
- Building relationships with politicians like local commissioners (1/9)

Building relationships also allowed TPEP coordinators to:

- Align values and set a foundation for future systems implementation (6/9)
- Establish champions of tobacco prevention and education work (2/9)

KEY QUOTES

"A big success is having those relationships and regardless of what topic it's on, it's doing something that's authentically creating an infrastructure that we can use."

—Grantee

Seven out of nine interviewees described the support demonstrated by partners, community members, and politicians as important to moving TPEP goals forward. Coordinators described receiving support from:

- Administrators and colleagues (4/7)
- County commissioners and city councilors (3/7)
- Partners, generally (2/7)

Six of nine interviewees highlighted the difficult-to-report incremental efforts that lead to policy and systems changes. "Doing the work" was a significant part of TPEP coordinators actions to move the dial forward during a challenging year dominated by a global pandemic. These efforts included:

- Doing the activities determined in their work plan (5/6)
- Engaging in written/verbal communications about TPEP-related work (2/6)

Five of nine interviewees identified the following as examples of progress:

- Giving presentations to community members, partners, commissioners/city councilors, and internal leadership.
- Leveraging connections from non-TPEP work. COVID-19 response efforts provided unique opportunities for outreach and connection among public health partners in different departments (i.e. vaccination coordination, mental health). Relationships with Coordinated Care Organizations (CCO(s)) and faith-based organizations were leveraged to extend reach.
- Building expertise around TPEP activities, policies, and work plans within their program. This included both maintaining program knowledge and engaging in professional development.
- Community members being knowledgeable and engaged in TPEP-related work. This included:
  - Engagement with tobacco cessation promotional materials
  - Authentic working relationships
  - Interest in and awareness of policy initiatives
  - Championing the cause by understanding the education and evidence behind it
  - Attending public conferences with a focus on tobacco prevention

Three out of nine interviewees described the ability to identify barriers and pivot as important components of progress.

Two of nine interviewees highlighted meeting community needs as making progress towards TPEP objectives.

KEY QUOTES

"Having the buy-in from my co-workers, having buy-in from my supervisor and the health and human services director and the public health manager, and just seeing all of them be just as passionate about this work and wanting to see it succeed, I think to me has been a huge accomplishment."

—Grantee

"We were about a month away from passing our tobacco retail license when COVID started and just had to put that on pause and adapt and we've been able to adapt, and I think that's part of our success is not continuing to push forward, but being reflective of what the community needs."

—Grantee

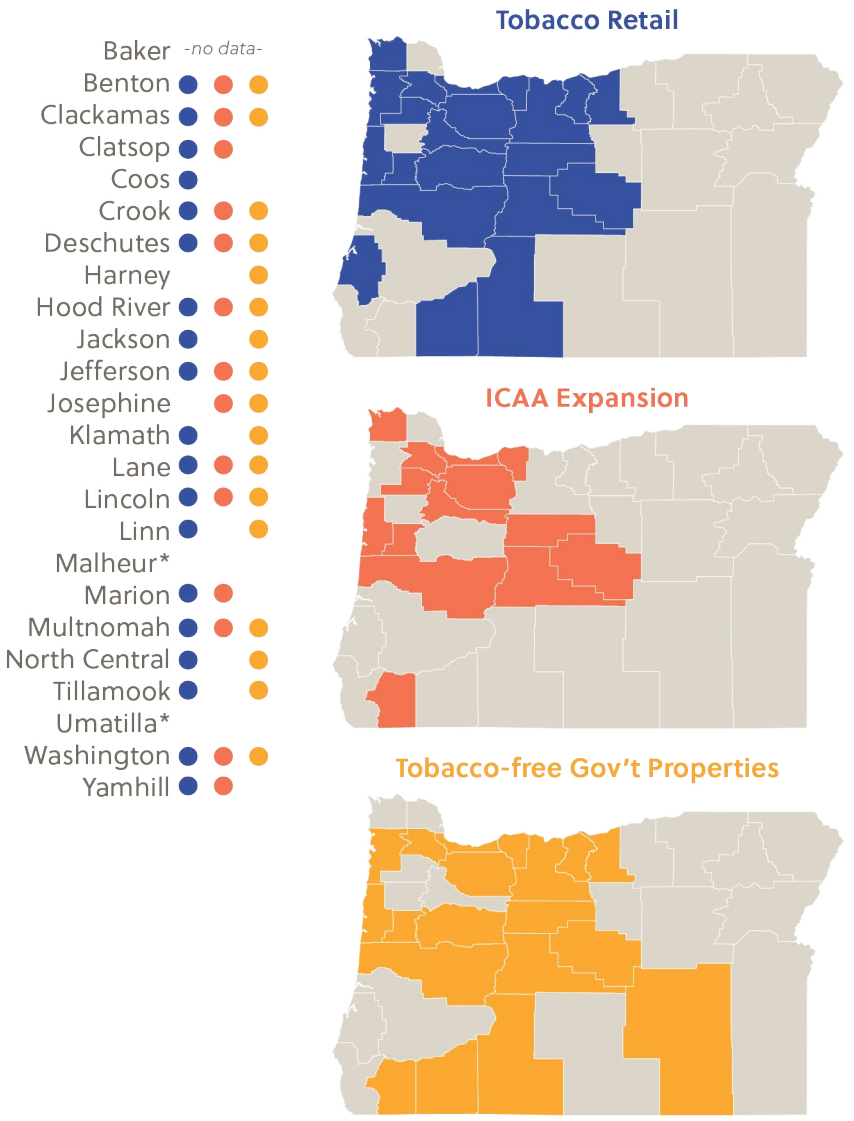
TOBACCO PREVENTION POLICY STRATEGIES: JUNE 2021

Figure 6 shows the type of tobacco prevention policy strategies each Tier 2 and 3 grantee worked on as of June 2021. Tier 2 grantees were required to advance at least two evidence-based policy strategies and Tier 3 grantees were required to advance at least three evidence-based policy strategies. Evidence-based policy strategies included ICAA expansion, tobacco retail, and tobacco-free government property policies.

Among Tier 2 and Tier 3 grantees:

- 19 (90%, n=21) reported working on a tobacco retail policy strategy
- 14 (67%, n=21) reported working on an ICAA expansion policy
- 17 (81%, n=21) reported working on a tobacco-free government property

Figure 6: Tobacco prevention policy strategies June 2021 (Tier 2 and 3 grantees)



**Policy strategy not identified at reporting period 4 due to no capacity for TPEP work due to COVID-19 response.*

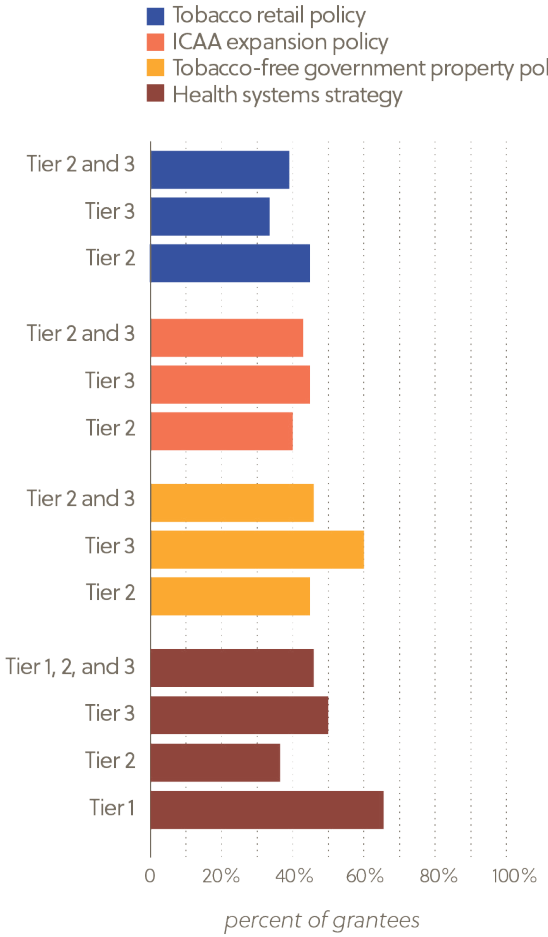
PROGRESS THROUGH THE POLICY CHANGE PROCESS MODEL

TPEP grantees identified the stage of change of each of their tobacco prevention policy and health systems change strategies at each reporting period using the PCPM (see Appendix B). Figure 7 charts the percent of grantees that progressed through one or more stages of the PCPM from reporting period 1 to period 4 by strategy.

Most Tier 2 and 3 grantees, 68% percent (n=19), made progress through one or more stages of policy change from reporting period 1 (Dec. 2019) to period 4 (Jun. 2021) on at least one of their policy strategies and 46% of Tier 1-3 grantees (n=24) made progress on their health systems change strategy.

The percentage of grantees who advanced through the PCPM was nearly consistent across tobacco prevention strategies, ranging between 39% and 47% of Tier 2 and 3 grantees. In addition to looking at progress across strategies, Figure 7 also compares progress across tiers. The percent of Tier 2 and 3 grantees who made progress through the PCPM was similar, with 78% (n=9) of Tier 2 and 67% (n=9) of Tier 3 grantees having progressed through one or more stages of the PCPM on one or more policy strategy. The percent of grantees making progress on their health systems strategy varied more across tiers, with Tier 1 having the greatest proportion (67%, n=3) of grantees making progress.

Figure 7: Progress through the PCPM was fairly consistent across policy strategies and grantee tier



TOBACCO RETAIL STRATEGIES

Tier 2-3 grantees were required to work on a tobacco retail strategy to advance an effective basic tobacco retail license ordinance (unless one was already in place) that covers the entire county, including incorporated cities (countywide coverage). As of June 2021, over half (58%) of grantees were working on advancing TRL only without any additional retail strategies identified. In addition to TRL, some (26%) grantees reported advancing policies to restrict outlet density through zoning ordinance requirements (e.g., restricting the proximity of tobacco outlets near places where children frequent or capping the number of retail licenses) and others (21%) reported working on policy to prohibit the sale of all flavored tobacco products and inhalant delivery systems (including menthol).

Figure 8 shows the percent of grantees at each stage of policy change for their retail strategy at reporting period 1 and 4. At reporting period 4, grantees were working across many stages of the PCPM. Policy advancement was shown by fewer grantees working in the preliminary stages 1-5 and an increase in grantees working at stages 6-8 at reporting period 4. The maps and bar chart in Figure 9 display the tobacco retail policy strategy each grantee was working on, percent of grantees working in each strategy, and jurisdictions that have adopted a tobacco retail license policy as of June 2021.

Note: No grantees identified that they were evaluating the impact of a tobacco retail or ICAA expansion policy strategy. This could be partially due to grantees advancing additional plug-in policies such as flavor ban or outlet density or working in an additional jurisdiction once they have passed a tobacco retail license policy. Rede recommends modifications to the HPCDP grantee reporting form to capture policies that have passed that are being evaluated.

Figure 8: More grantees were drafting, adopting, and implementing tobacco retail policies by the end of the biennium

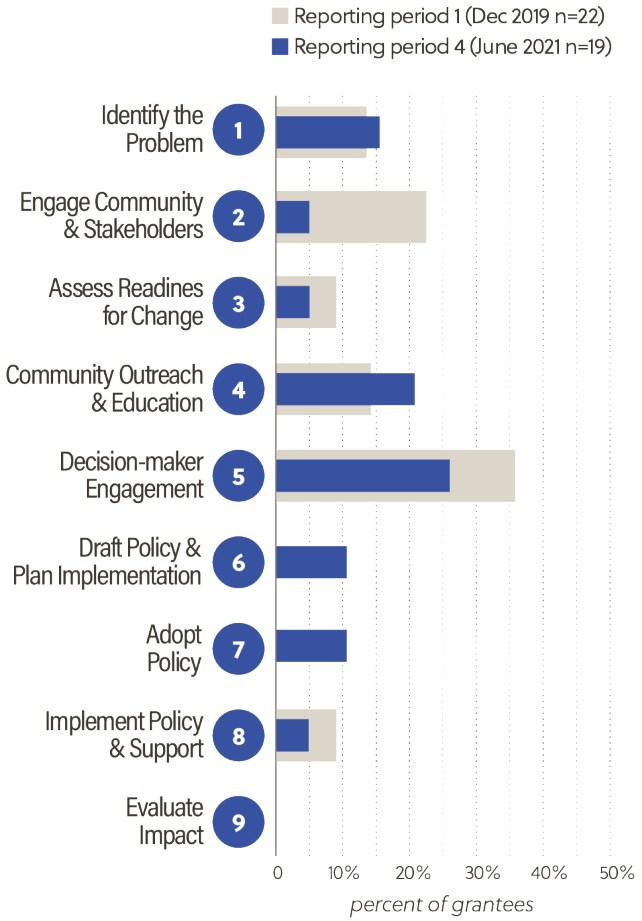
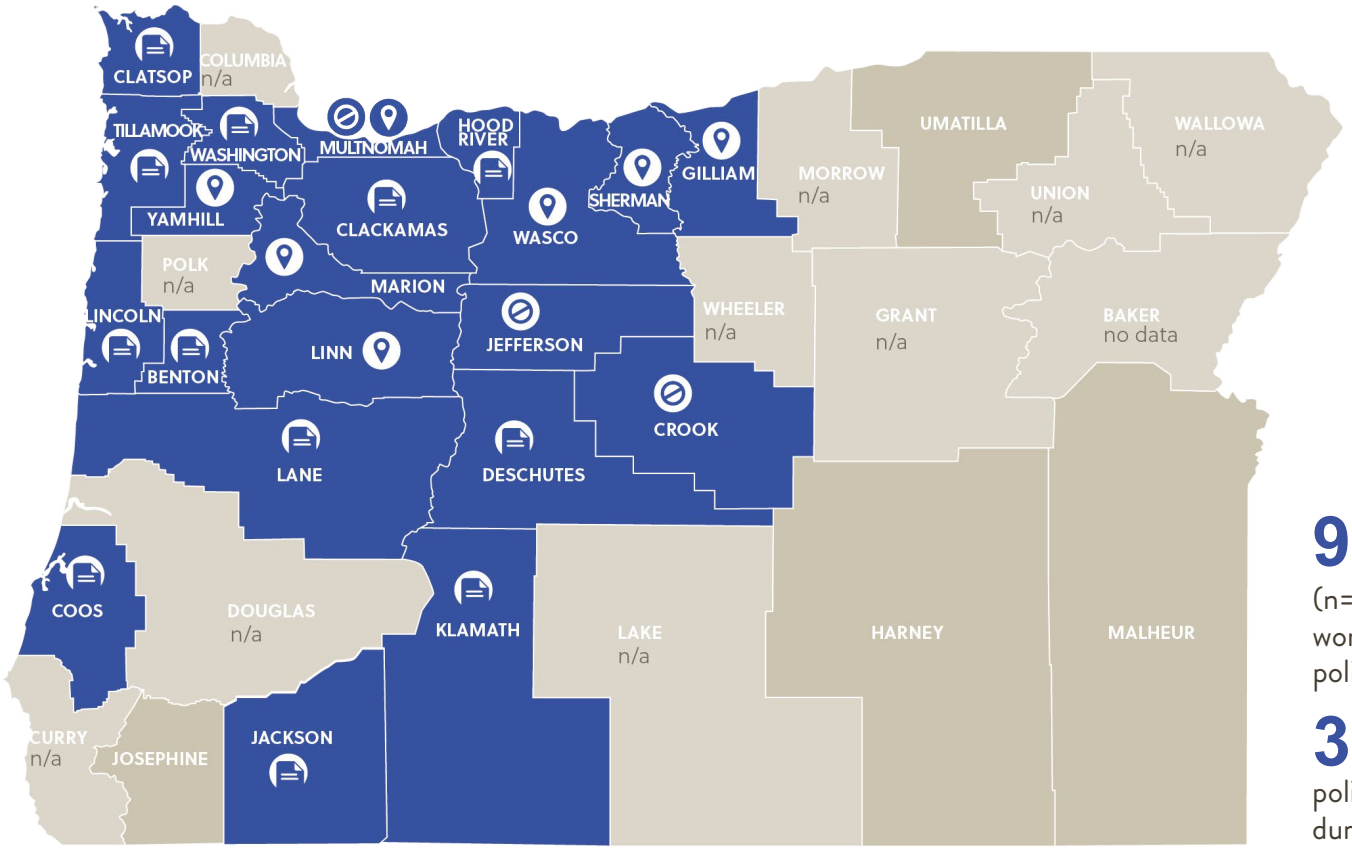


Figure 9: Tobacco retail policy strategy overview (June 2021)



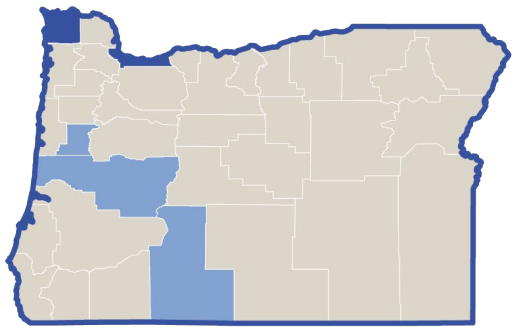
90%

(n=21) of grantees reported working on a tobacco retail policy strategy

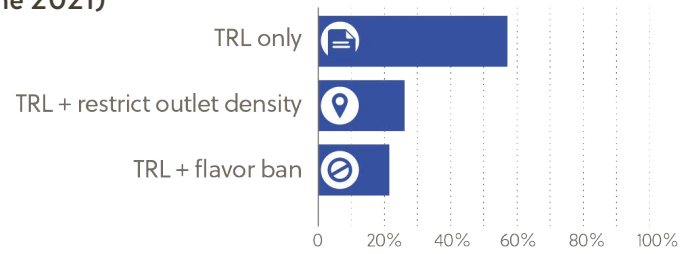
3

policies adopted adopted during the biennium

Tobacco Retail License Policies in Place (June 2021)



- full - countywide coverage
- partial - unincorporated areas + some city coverage
- Statewide coverage



percent of grantees working on strategy (n=19)

Table 3: Tobacco retail policies adopted (July 2019-June 2021)

Jurisdiction	Policy	Date Enacted
Clatsop County	Clatsop County Tobacco Retail License	1/8/20
Oregon	Prohibit Remote Sales of Inhalant Delivery Systems	5/26/21
Oregon	Statewide Tobacco Retail License	3/31/21

TOBACCO RETAIL POLICY STRATEGY SUCCESSES:

- Developed and strengthened partner relationships
- Identified and supported tobacco policy champions
- Drafted policy
- Gained support from decision makers
- Presented to decision makers
- Presented to partners
- Shared social media posts
- Supported state TRL

PARTNERS ENGAGED IN TOBACCO RETAIL POLICY STRATEGIES:

- Decision makers
- Health care organizations
- Faith leaders
- Local coalitions/committees/workgroups
- Local tobacco retailers/other businesses
- Oregon Partners for Tobacco Prevention
- Other county departments/staff
- Regional Health Equity Coalitions
- Youth advocates/organizations

ICAA EXPANSION STRATEGIES

The Oregon ICAA creates smoke-free public places and places of employment with the intent of protecting the health of employees and the public. The ICAA applies to smoking, vaporizing and aerosolizing of inhalants in and around public places and places of employment. Smoking, vaporizing, and aerosolizing of inhalants is also prohibited within 10 feet of all entrances (including stairs), exits (including stairs), and accessibility ramps that lead to and from an entrance or exit, windows that open, and air-intake vents.

TPEP grantees reported working on a variety of policy strategies to expand the Oregon ICAA in their local jurisdictions. The greatest number of grantees (36%, n=14) were working on a policy to establish smoke-free downtown/corridors. One grantee was reported working on multiple ICAA expansion strategies. See Figure 11 for details.

ICAA expansion policy strategies were at varying stages of the policy change process with all strategies in stages 1-6 as shown in Figure 10. ICAA expansion strategies remained in similar stages of the PCPM throughout the biennium with incremental progress shown by an increase in grantees at stages 4-6 at reporting period 4 and fewer grantees reporting at stages 1-3.

Figure 10: ICAA expansion policy strategies remained in similar stages of policy change throughout the biennium

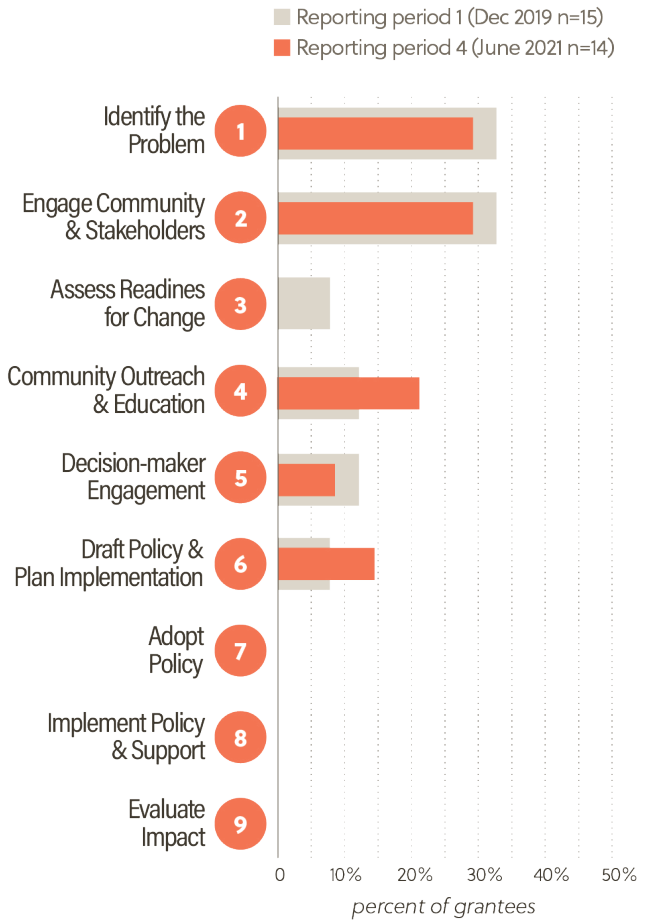
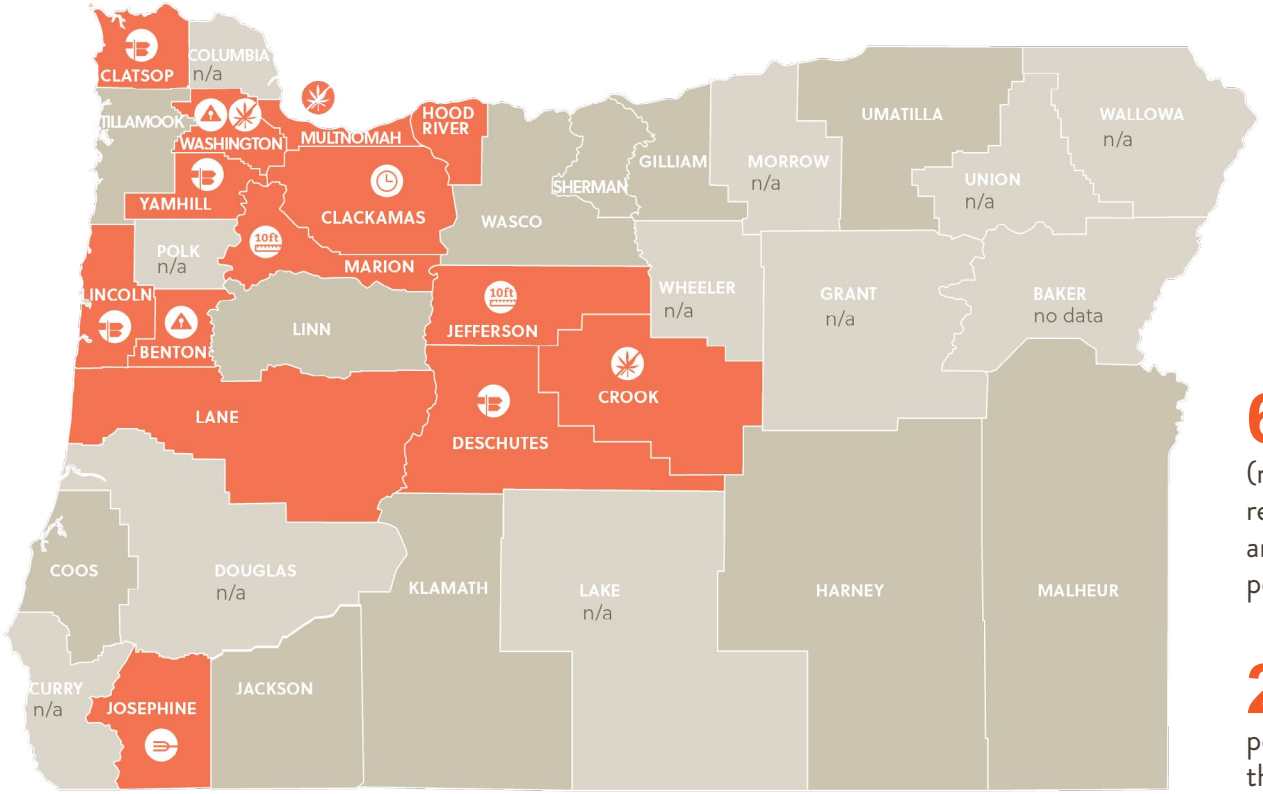


Figure 11: ICAA policy strategy overview (June 2021)



67%
(n=21) of grantees reported working on an ICAA expansion policy strategy

2
polices adopted during the biennium

Table 4: ICAA expansion policies adopted from July 2019 - June 2021

Jurisdiction	Policy	Date Enacted
Douglas County	Smoke-free Downtown Roseburg Events	10/12/20
Klamath County	Smoke-free Klamath Falls Downtown Events	10/7/19

ICAA EXPANSION POLICY STRATEGY SUCCESSES:

- Presented data to decision makers/business association
- Trained a youth liaison to present benefits of smoke-free downtown at city council meeting
- Some private businesses agreed to implement their own 25 foot rule policy
- Data collection completed with 100% response rate
- All businesses assessed want to have smoke-free outdoor dining areas
- Supported statewide legislation
- Strong leadership buy-in
- Strengthened relationships with key city decision makers and staff to lay a foundation for future collaboration

PARTNERS ENGAGED IN ICAA EXPANSION STRATEGIES:

- ADPEP
- Local businesses/business associations
- Decision makers
- City manager
- Coalitions/committees
- Community Based Organizations (CBOs)
- Parks departments

TOBACCO-FREE GOVERNMENT PROPERTY STRATEGIES

The majority of Tier 2-3 grantees (81%, n=21) reported working to advance policies that establish smoke- and tobacco-free county or city agencies or other regional government campuses inclusive of prohibitions on inhalant delivery systems and cannabis products (Figure 13). The types of tobacco-free government property strategies included tobacco-free county properties (35% of grantees, n=17), tobacco-free city properties (35%), tobacco-free section/building/entity of government properties (18%), and tobacco-free parks (18%). Two grantees were working on multiple policies types and one grantee did not specify their policy type.

Grantee tobacco-free government property policy strategies were identified at nearly all stages of the PCPM as seen in Figure 12. Policy progress is evident by fewer grantees in stage 1 and more grantees at stage 2 and stage 4 at reporting period 4 compared to reporting period 1.

Figure 12: Tobacco-free government property policies progressed from stage 1 during the biennium

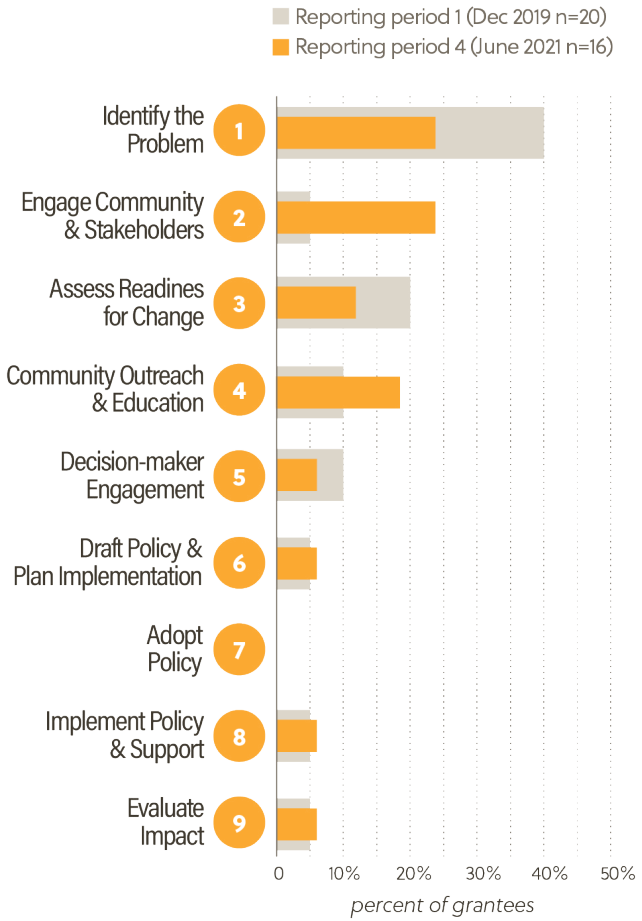
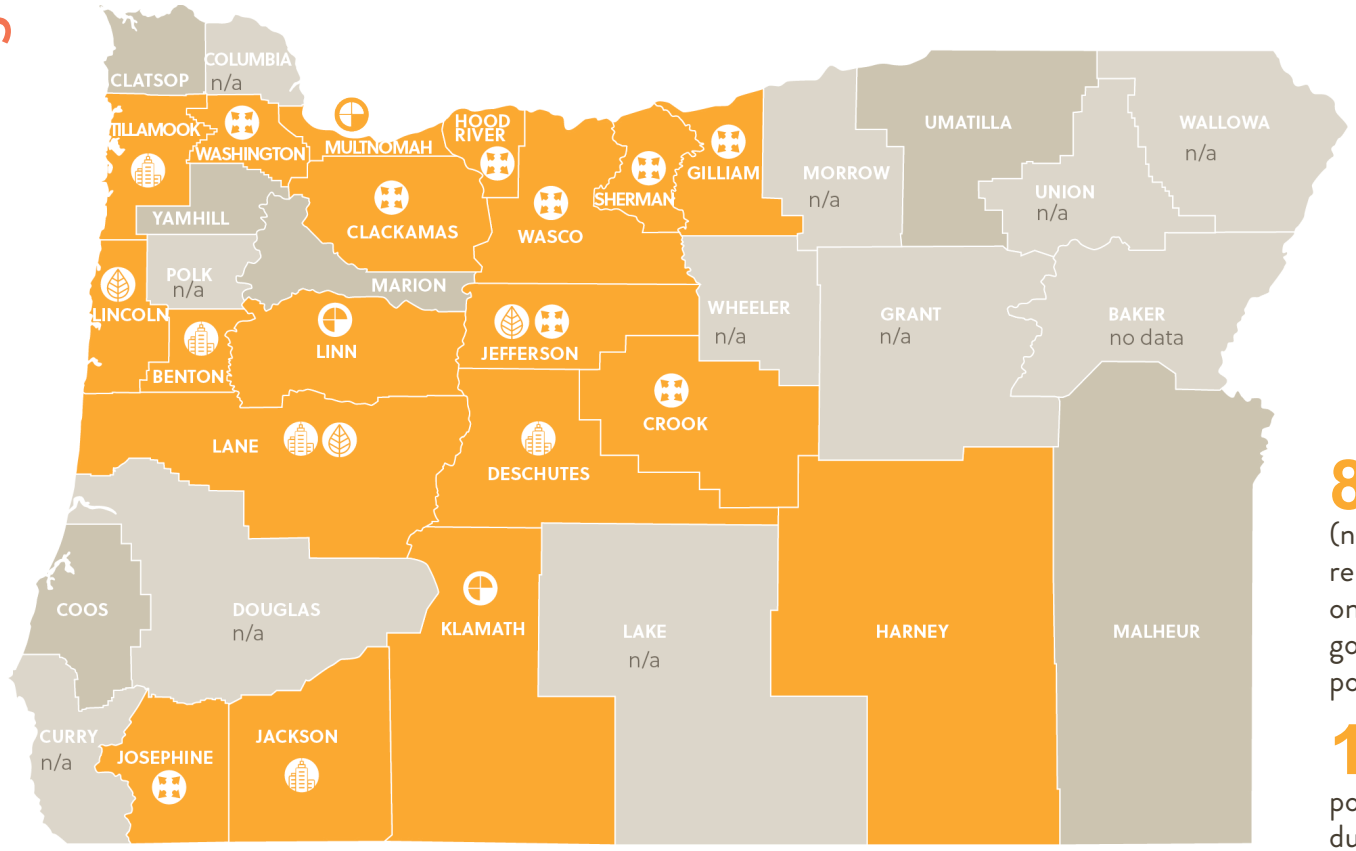


Figure 13: Tobacco-free government property policy strategy overview



81%
(n=21) of grantees reported working on a tobacco-free government property policy

11
policies adopted during the biennium

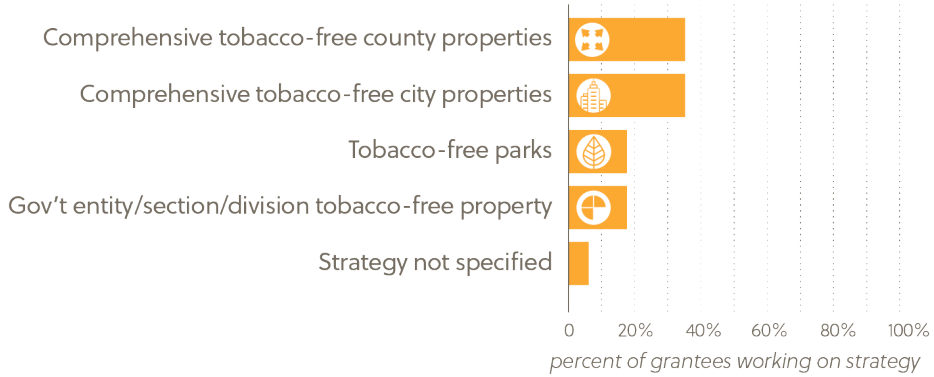


Table 5: Tobacco-free government property policies adopted from July 2019 - June 2021

Jurisdiction	Policy	Date Enacted
Baker County	Tobacco- and Marijuana-Free Baker County Health Department	7/15/20
Clackamas County	Smoke-free City of Lake Oswego Buildings	11/5/19
Jackson County	Tobacco- and Smoke-free Jackson County Health and Human Services Property	10/1/19
Josephine County	Added Vaping to Tobacco- and Smoke-free Grant Pass City Code	9/18/19
Linn County	Tobacco Free Property Policy for Health Services Department	1/1/20
Malheur County	Smoke-free City Properties	10/3/19
Marion County	Tobacco-, Smoke- and Inhalant Delivery-free Woodburn City Parks	8/16/19
Multnomah County	Smoke-free Portland Veterans Affairs Campus	10/1/19
Umatilla County	Permanent status for Tobacco-free Pendleton Parks Policy	11/19/19
Washington County	Tobacco and Smoke-free County Property	4/6/21
Yamhill County	Smoke-free Carlton City Parks	9/3/19

TOBACCO-FREE GOVERNMENT PROPERTY POLICY STRATEGY SUCCESSES:

- Developed and strengthened partner relationships
- Drafted policies
- Evaluated tobacco-free properties policy
- Met with decision makers
- Passed policy
- Presented to community coalition
- Provided technical assistance in implementing tobacco-free policy
- Provided tobacco 101 presentations

PARTNERS ENGAGED IN TOBACCO-FREE GOVERNMENT PROPERTY POLICY STRATEGIES:

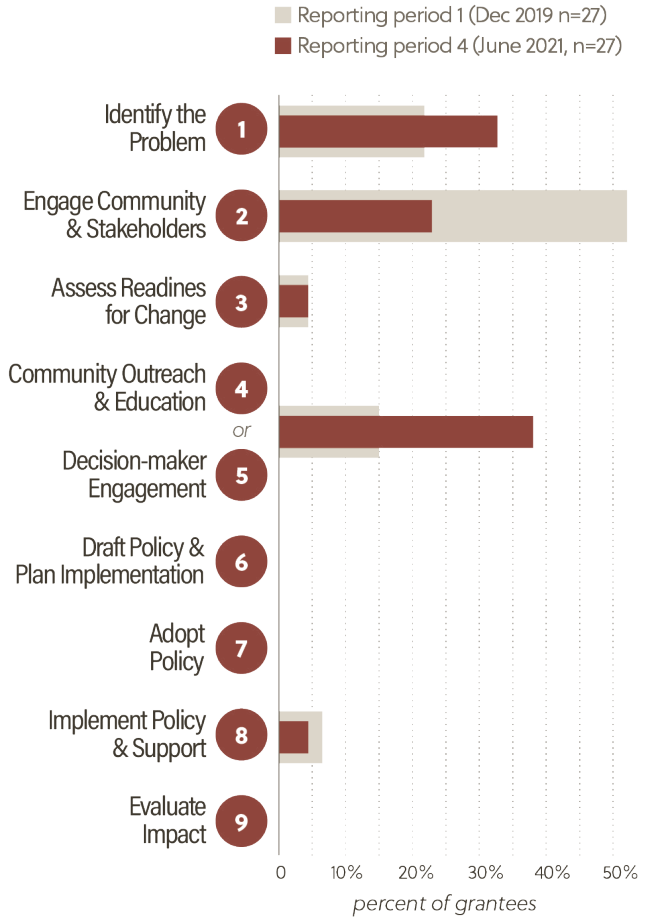
- ADPEP/TPEP
- Business owners
- Coalitions
- Decision makers
- Other county offices/staff
- Schools/youth organizations

HEALTH SYSTEMS CHANGE INITIATIVE STRATEGIES

Tier 1-3 grantees were required to work on at least one health systems change initiative. These initiatives fell into one of two strategic categories, namely: improving tobacco cessation and implementing multi-sector interventions. During reporting period 4, 80% (n=25) of grantees identified their health systems strategy as assisting health system partners to develop and implement sustainable closed-loop screening and referral systems and 52% reported working with community partners, health system partners, or other stakeholders to improve cessation screening and closed-loop referral processes during the reporting period (Jan.-Jun. 2021). Some grantees (16%), reported working on a health systems strategy with CCO(s) to implement a multisector approach for tobacco prevention. Although few grantees reported a health system strategy in collaboration with their local CCO(s), 40% reported working with their CCO(s) to implement multisector approach for tobacco prevention during the reporting period (Jan.-Jun. 2021).

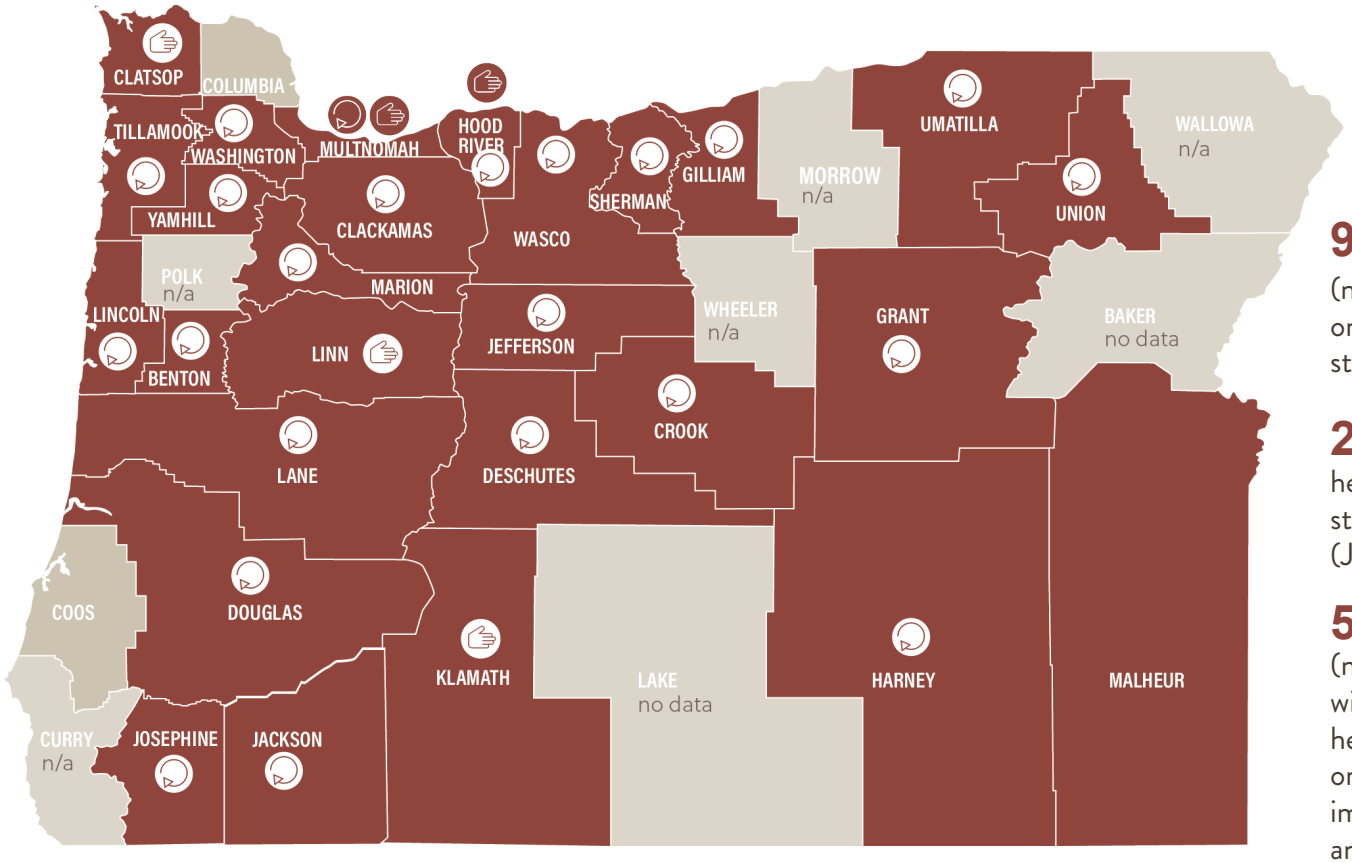
At reporting period 4, nearly all grantees (96%) reporting being in stages 1-5 of policy change process model. Although 46% of grantees made progress through one or more stage of change from reporting period 1 to 4 (see Figure 7), Figure 14 shows that the policy/systems change process is not linear, with some grantees moving forward through stages and some grantees regressing through stages between reporting period 1 and 4. Overall, most grantees health systems change strategies remained in the initial stages of policy change from reporting period 1 to 4.

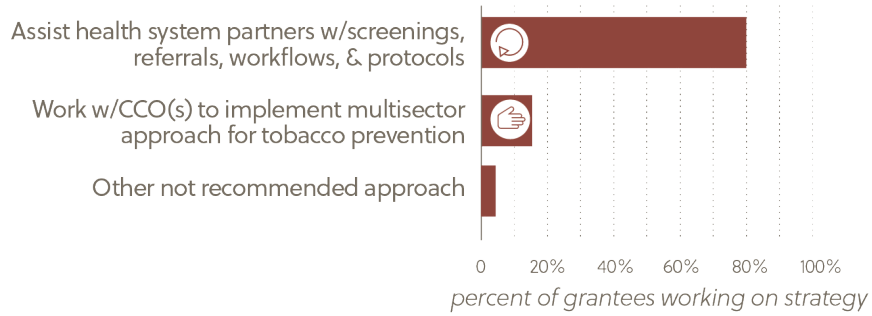
Figure 14: Most health systems change strategies remained in the initial stages of policy change during the biennium



*Reporting form data for health systems change initiatives combined stage 4 (community outreach & education) and stage 5 (decision-maker engagement).

Figure 15: Health systems change initiatives strategy overview (June 2021)





93%
(n=27) reported working on a health systems change strategy (June 2021)

2
health systems change strategies implemented (July 2019-June 2021)

52%
(n=25) reported working with community partners, health system partners, or other stakeholders to improve cessation screening and closed-loop referral processes (Jan.-Jun. 2021)

40%
(n=25) reported working with CCO(s) to implement multisector approach for tobacco prevention (Jan.-Jun. 2021)

Table 6: Health systems changes adopted from July 2019 - June 2021

County	Health systems change
Klamath	Cessation messaging sent via CCO text messaging system
Tillamook	Tillamook County Community Health Centers improved a closed loop referral system for tobacco cessation

WORK DONE WITH COMMUNITY PARTNERS, HEALTH SYSTEM PARTNERS, OR OTHER STAKEHOLDERS TO IMPROVE CESSATION SCREENING AND CLOSED-LOOP REFERRAL PROCESSES

- Helped create TPEP grantee Behavioral Health System Strategy Connections workgroup
- Provided TA with Quit Line and other cessation resources to agency Behavioral Health staff
- Met with the adult behavioral health team to present, discuss, and explore the closed-loop referral process
- Provided additional education and tips on talking to behavioral health clients about smoking and cessation
- Received funding for tobacco cessation specialist from CCO
- Updated tobacco cessation training for dental providers
- Partnered with Local Community Advisory Council members, High Country Health and Wellness, and Harney District Hospital family care providers
- Collected data from perinatal health care providers and Maternal and Child Health (MCH) program providers to map out the workflow of tobacco screening and referral processes
- Developed policy options focused on aligning the OCHIN-Epic closed loop e-referral to the Quit Line
- Developed training videos for LPHA staff on the perinatal tobacco cessation initiative, the importance of universal tobacco screening, the Oregon Quit Line, and how to use the Oregon Community Health Information Network (OCHIN) - Epic closed loop e-referral
- Developed evaluation plan on policy options to reach perinatal populations
- Met with CCO to discuss cessation options
- Partnered with Blue Zones Project tobacco prevention committee to identify PSE change strategies
- Identified Federally Qualified Health Centers (FQHCs) in tri-county area
- Identified existing resources to support FQHCs in implementation of closed loop referral systems
- Identified existing resources to support culturally specific cessation interventions
- Provided sample protocols and implementation plans to FQHCs to implement/improve systemization of brief interventions for tobacco cessation
- Engaged and assessed readiness for change within different departments of the health center

WORK DONE WITH CCO(S)

- Met with the Manager of Community Care Coordination and the Behavioral Health Director of InterCommunity Health Network CCO to discuss process for closed loop referrals to smoking cessation programs
- Collaboration with our regional CCO (PacificSource) to develop partnerships with two regional health providers (Mid-Columbia Medical Center and One Community Health) to increase tobacco cessation efforts
- Attended regional meetings to integrate cessation into other health system reform strategies
- Met with CCO to discuss health equity approach to providing cessation services via Electronic Health Records (EHRs)
- Met with CCO to evaluate feasibility of implementing closed loop referral system
- Coordinated a Quit Line direct mail campaign to Moda Health plan members
- Met with regional group of CCO to discuss closed loop referral

HEALTH SYSTEMS CHANGE SUCCESSES:

- Increased the visibility for tobacco issues in the perinatal population and its role as an indicator for other behavioral health concerns
- Built interest with clinical, dental, behavioral health and public health managers to improve and increase referrals to tobacco cessation services
- Identified support, interest, and needs of the behavioral health department staff and among department directors
- Strengthened partnerships with community health organizations to create closed looped referral system
- Built relationships with dental care providers
- Implemented social media campaign
- Identified support from community organizations
- Garnered buy in from administration to support health system strategy
- Expanded partnerships between the TPEP and MCH Program staff across three LPHAs
- Submitted a funding proposal
- Expanded the understanding and importance of tobacco screening, documentation, and referral processes for perinatal populations
- Compiled a handover resource which documents resources, research, assessments and findings
- Met with county's EHR project manager
- Shared updated Quit Line forms
- Continued to work with Cascade Health Alliance and Healthy Klamath to implement a new smoking cessation referral program
- Established virtual programming for health education programs, including Freedom From Smoking
- Drafted memorandum of understandings (MOUs) between Samaritan Health Services and agencies delivering health education programs
- Completed Place Matters
- Signed an intergovernmental agreement between County Public Health and OHA to implement referrals
- Met with Epic Specialist to prepare for rollout of the closed-loop e-referral
- Built clinical partnerships
- Connect Oregon referral platform was implemented

TPEP PARTNERSHIPS

Building collaborative partnerships is important to increase community capacity, amplify the community's voice, and leverage diverse skills and expertise to sustain change in tobacco prevention. TPEP grantees were encouraged by HPCDP to authentically engage and work with community organizations and members most impacted by tobacco industry targeting. Although there are many ways to operationalize community engagement, HPCDP encourages the following principles to guide community engagement

- Value and prioritize lived experience and community voice
- Commit to full transparency and accountability
- Acknowledge that there are institutional, systemic, and structural barriers that perpetuate inequities which have silenced the voice of the community over time
- Commit to co-creation and co-ownership of solutions

To learn about the types of partnership TPEP programs engaged in and how those partnerships contributed to their work, Rede conducted focus groups and individual interviews with TPEP programs between June-August, 2021. Summaries of common themes from those conversations are summarized, below.

TPEP grantees reported working with a variety of key partners, including:

- CBOs/coalitions/committees/groups (10/10)
  Serving a specific population (6/8)
  - Latinx (5/10)
  - Youth (3/10)
  - LGBTQIA+ (2/10)
  - Tribal (2/10)

  With a specific focus (8/10)
  - Prevention (4/10)
  - Equity (3/10)
  - Health (3/10)
  - Trauma-informed care (1/10)
- CCO(s) (5/10)
- Health care/behavioral health care (4/10)
- Other TPEP grantees (4/10)
- Schools/school districts (4/10)
- OHA (3/10)

KEY QUOTES

"We have very strong ties to the Health Department and within the Public Health Division. We are not siloed from the rest of public health as it's developing as a unit or as the division in the County. We have very strong internal relationships and balance that with pretty strong external relationships with community-based organizations."

—Grantee

- City/county government leaders (2/10)
- ADPEP grantees (2/10)
- Contractors (1/10)
- National advocacy organizations such as American Cancer Society, Cancer Action Network, and Tobacco Control Leadership Center (1/10)
- Organizations that have established a tobacco-free policy (1/10)
- Other health department programs/divisions (1/10)

Grantees identified most of their TPEP partnerships to be:

- In the community, outside of the health department and county government (6/10)
- Within the county government, but from a different (non-health) department (4/10)
- Within the local health department, but focused on another health issue (2/10)
- Other health departments/TPEP programs in the region (1/10)

Note: ratios do not add to 100% because two interviews identified multiple response options

TPEP coordinates chose to partner with these entities to streamline their work, provide prevention expertise, receive information from partners, and for opportunities to leverage connections. Additionally, the partnerships contributed to advancing TPEP objectives by:

- Assisting with messaging to community members
- Building trust within the community
- Extending reach/impact through aligned objectives
- Giving access to an audience, diverse stakeholders, and additional partnerships
- Offering historical knowledge
- Providing testimony to Board of County Commissioners (BOCC)
- Providing funding
- Sharing information

KEY QUOTES

"The CBOs represent the people who are disproportionately affected by tobacco industry targeting and other barriers to getting help for quitting tobacco. These organizations are really the connectors to the community members."

—Grantee

"When we want to do a youth project or need feedback from that particular age group we have a direct line to a bunch of youth [through our partnership] who are very willing to get involved on a project. They assisted in making a youth oriented tobacco cessation resource flyer. Having their voice and having them say, 'I like this, I want to know that' was extremely helpful."

—Grantee

TPEP coordinators described their role in partnerships as:

- Connecting partners to other county resources in addition to tobacco prevention
- Convening, facilitating, funding
- Ensuring the community is aware of county resources available (funding, information, data, TA, support, etc.) and providing resources
- Gathering information about community priorities
- Having regular communication and maintaining relationships with partners
- Identifying commonalities between partners to move the work forward
- Providing mutual support
- Staying informed of community organization work that can connect or provide inroads for tobacco prevention
- Supporting tobacco cessation

EXPECTATION OF PARTNERSHIPS IN TPEP WORK

This evaluation focused on non-governmental partnerships in tobacco prevention, although interview data revealed that TPEP programs highly value their relationships with other TPEP programs. Four out of ten TPEP coordinators described another TPEP program as a key partner despite interviewers asking for key partners outside of other TPEP programs. One TPEP coordinator described:

"The two strategies that we are doing in partnership with [other TPEP programs] have been really incredible and have created very good relationships between these three programs, which are part of a region that hasn't had a lot of continuity in the past, or the strength of relationships hasn't necessarily been there. That means [the three counties] bring together, to one table, all of the relationships and partnerships that we individually have in our areas, and I think that creates a really strong regional effort and then could lead eventually to even better regional approaches to tobacco prevention."

—Grantee

KEY QUOTES

"Being a good steward of the resources at the county. Making sure that CBOs understand what we can offer. I'm making sure that there's transparency and communication so that they know what's available and can reach out and ask and request help or request resources."

—Grantee

"My role is to get the education, get the data on smoking rates, do any of the legwork research, [share] what other counties have done and how that's been successful, what hasn't been successful. And provide that information as best as I can."

—Grantee

TPEP coordinators described entities they would like to develop partnerships with:

- Local governmental leaders (BOCC and City Council) (5/10)
- CBOs serving minority populations (Asian, Black, Latinx) (4/10)
- School districts (3/10)
- Businesses (chamber of commerce and tobacco retailers) (2/10)
- Hospitals (2/10)
- CCO(s) (1/10)
- Faith community (1/10)
- Justice department (1/10)
- National organizations (1/10)
- Tobacco prevention coalition (1/10)

TPEP coordinators identified a few barriers in developing and maintaining partnerships. These included:

- A challenging key player (city manager, individual leading cessation classes) who impeded the work
- Chain of command required to partner with governmental leaders
- Contracting with partners due to state requirements
- Frequent turnover among partners
- Limited capacity of TPEP coordinator and partners to engage in tobacco prevention work during COVID-19
- Overburdened equity partners
- Partners wanting to work with the public health director rather than a program coordinator

KEY QUOTES

"I would love to see TPEP having a better partnership with some of our CBOs serving minority populations. The problem we have is they are asked to participate in everything because there's one organization or maybe two. They're tasked with their own goals, objectives, and mission...they're just tapped. They've been asked to be on every board that exists, they have been very tokenized. It's never a partnership, it's usually an ask. I don't want to come into a relationship and it will be more one-sided."

—Grantee

"Public health staff just can't go directly to the elected official, it's through our public health director and through the public in government affairs and then the formal introduction. It's unfortunately not a straight shot to those we want to speak with."

—Grantee

TECHNICAL ASSISTANCE

Between June and July 2021, Rede conducted interviews with nine TPEP coordinators representing Tiers 1-3 to learn more about their experiences with TA and training through HPCDP and HPCDP contractors. Overall, TA provided tangible resources, knowledge, and collaboration opportunities to TPEP coordinators across the state.

TA supported work in a variety of ways:

- Problem solving and collaboration 
- Building internal program knowledge 
- Providing communications expertise 
- Providing resources to share with external audiences 

Eight out of nine interviewees said that TA provided problem solving and collaboration support.

Seven out of nine interviewees identified TA support that built their internal program knowledge and understanding of TPEP-related procedures and systems, and use of technology. This support came in the form of:

- Updates from the state or other grantees
- Trainings
- Webinars

Six out of nine TPEP coordinators noted TA support for messaging, social media, and communications. Specific call-outs were made to:

- Metropolitan Group
- Counter Tools
- Smoke-free Oregon's social media resources
- HPCDP assistance with mass media and direct mail campaigns, and communication plans

KEY QUOTES

"It takes a community and a village to do those policy changes that ultimately change a system. And so any time I'm working on whatever project I'm working on, I always try and tap into my network of colleagues who I know have specific skills or experiences with how to do this work. And so whether it's a flyer, whether it's just clarifying some questions, whether it's getting some technical assistance on an ordinance, any feedback that I can get has helped with the success of the TPEP program here in [our] county."

—Grantee

Three out of nine interviewees shared resources with their stakeholders that were received via technical assistance from HPCDP and/or a HPCDP contractor, including:

- The Smoke-free Oregon website - Spanish version
- Tobacco Retail Equity information
- Research, flyers, and infographics

Interviewees identified the following unmet technical assistance needs:

- Advocacy training - how to understand the technical side of writing ordinances and communicating with decision makers
- Advanced social media analytics and targeting (i.e. targeted cessation ads)
- Advancing TPEP objectives remotely
- Social media toolkit (i.e. advanced access to social media graphics)
- In-depth policy updates
- Navigating public health and politics - discussion around policy development/ implementation in a wide range of political environments
- Onboarding training on general state of TPEP and/or ADPEP
- How to access technical assistance from HPCDP and HPCDP contractors

KEY QUOTES

"While I was in the middle of this pandemic and trying to figure out this work, and as I was planning my engagement with my community, I wanted to ensure that there is a connection between tobacco use and COVID, and that it would be of the benefit to the community to quit for many obvious reasons. And so it was nice to have some resource that helped to explain that because a lot of the research was new."

—Grantee

TRAINING + TECHNICAL ASSISTANCE RECEIVED FROM HCPDP OR HPCDP CONTRACTORS

TPEP grantees were asked to describe the TA and training(s) received from HPCDP during each reporting period. The information provided below are cumulative lists of all the TA and training grantees reported receiving during the 2019-21 biennium.

Grantees reported attending various HPCDP hosted training, webinars, and calls including:

- 2017-25 Strategic Plan Webinar
- 2020 Oregon Student Health Survey Webinar
- Appropriate Use of Public Funds Training
- Finding, Using, and Requesting Data Support Webinar
- Grantee and Contractors Meeting
- Legislative Update Calls
- Oregon Tobacco Retail Health Equity Project: Promoting Healthier Communities
- Pharmacist Prescribing Tobacco Cessation Medication Presentation
- Public Use of Cannabis and Indoor Clean Air Webinar
- Regional Support Network Meetings
- Smokefree Oregon Movement Building Training
- Tobacco Prevention Policy Calls
- TPEP Coordinator Orientation
- TPEP RFA/Budget Webinars
- Vaping and Adolescents Webinar
- What's New in Supporting Oregonians with Disabilities to be Tobacco Free

Grantees reported receiving assistance in the following areas:

- Adjustments to TPEP plan timelines
- Assistance regarding smoke-free parks
- Assistance with WEMS complaints
- Clarification on ICAA regulations
- Closed loop referrals
- Communications campaign evaluation
- Convening regional Walk With Ease (WWE) partners
- How to approach leaders
- Local county data
- Pharmacy promotion pilot program
- Quit Line services for pregnant people
- Reframing cannabis health impact assessment
- Support on addressing flavor ban
- Support with TRL
- Survey development
- Tobacco-free campus policies
- TPEP communication plan

Grantees reported receiving TA and training from HPCDP contractors in the following areas:

Metropolitan Group:

- Assistance on furthering communication plan
- Ballot Measure 108 check-in
- Cessation campaign distribution
- Development of one-pagers
- Federal Drug Administration's Proposed Ban on Menthol Tobacco Products
- OHA/Met group TA kick off call
- Reviewed legislative testimony
- Script for radio ads
- Signage and printing for promotional quitline resources
- Smokefree Oregon website
- Spanish language media prep call
- Tackling Tobacco Through Non-Traditional Partnerships webinar
- TRL messaging

Counter Tools:

- Equitable Enforcement in Tobacco Control
- Envisioning a Commercial Tobacco-Free Future
- Four Core: Overview Of 4 Major Data Resources For Your Local Tobacco Prevention And Control Work
- Getting "Unstuck": Working Towards your Tobacco Prevention Goals in Challenging Times webinar
- One-on-one TRL training
- Power mapping
- TRL Think Tank

Coraggio:

- Listening sessions to help design a technical assistance program for health systems change work
- Support on Sustainable Relationships for Community Health 2021 grant with health system partners (charter/ MOU development, funding model and matrix)

Grantees also reported participation in evaluation Advisory Groups (Tobacco Alcohol Retail Assessment (TARA), TPEP, Smokefree Oregon), Oregon Public Health Association conference, Oregon Coordinated Care Organizations conference, Tobacco Prevention Conference, Public Health Marijuana Summit, CLHO Legislative Lunch and Learn, and the Oregon Partners for Tobacco Prevention calls. Additionally, grantees reported participation in many training webinars from organizations such as the Prevention Technology Transfer Center, Rescue Agency, National Behavioral Health Agency for Tobacco and Cancer Control, Action on Smoking & Health, American Cancer Society, the Public Health Law Center, Legal Resource Center for Public Health Policy, Northwest Center for Public Health Practice, ClearWay, Substance Abuse and Mental Health Services Administration, Center for the Application of Substance Abuse Technologies, and Community Anti-Drug Coalitions of America.

appendix

A. TPEP Evaluation Advisory Group members
B. Policy Change Process Model
C. Progress and TA interview guide
D. Partnership focus group guide

appendix A

LIST OF ADVISORY GROUP MEMBERS:

Initial Advisory Group Members (OHA only) – July-Oct. 2020

name	position at OHA
Steven Fiala	Evaluation and Surveillance Lead
Karen Girard*	HPCDP Section Manager (former)
Sarah Hargand	Surveillance and Evaluation Systems Lead
Ilana Kurtzig	Policy Specialist
Luci Longoria	Manager, State Policy, Systems and Environmental Change
Derek Smith	Tobacco Policy Specialist
Ashley Thirstrup	Manager, Community Policy, Systems and Environmental Change
Charina Walker	Community Program Liaison
Sarah Wylie	Health Promotion Strategist

**Left the advisory group in Summer 2020*

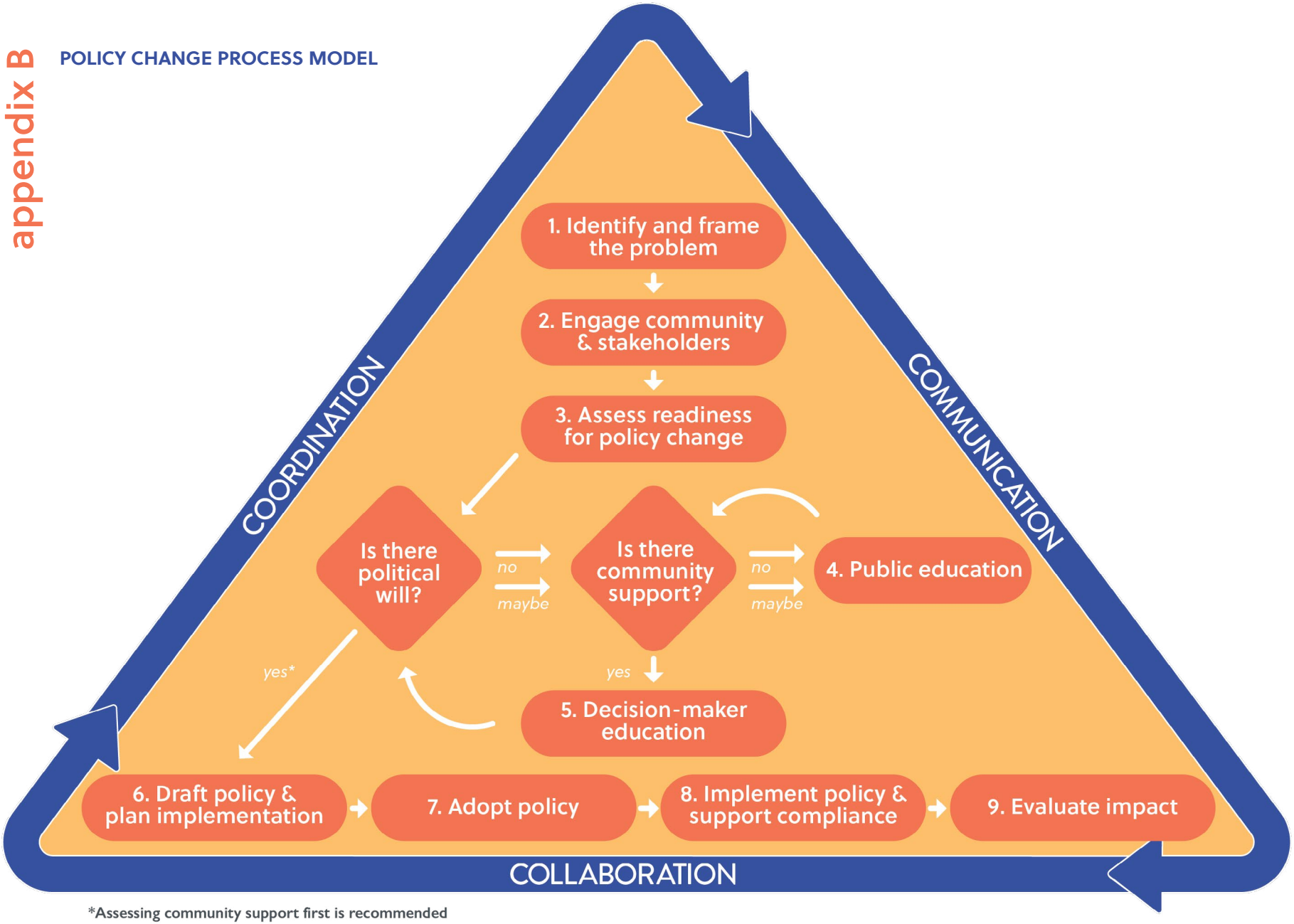
Expanded Advisory Group Members (OHA and TPEP grantees) – Nov. 2020-Sept. 2021

name	organization
Andy Chuinard	Benton County
Jamie Zentner	Clackamas County
Katie Plumb	Crook County
Karen Ard	Deschutes County
Russ Comer	Grant County
Sharon Coryell	HPCDP
Derek Smith	HPCDP
Rebecca Garza	HPCDP
Krista Murphy	Jackson County
Miranda Hill	Klamath County
Jennifer Little	Klamath County
Aimee Snyder	Lincoln County
Margaret MacNamara	Marion County
Ashley Thirstrup	HPCDP

***Left the advisory group in Spring 2021*

appendix B

POLICY CHANGE PROCESS MODEL



*Assessing community support first is recommended

appendix C

TPEP GRANTEE INTERVIEW GUIDE

INTRODUCTION

Thank you so much for taking the time to speak with me today. As you know, Rede Group is conducting the 2019-21 TPEP Evaluation on behalf of the Oregon Health Authority, Health Promotion and Chronic Disease Prevention Section. Information from this interview will inform the evaluation results related to TPEP program policy and health systems change advancements, and technical assistance and training.

The interview should take about 30 minutes or less. We will be taking notes and recording the interview today. The recording will not be shared with anyone outside of the Rede Group and will only be used as a reference to verify information in our notes and for the accuracy of reporting.

- Do you mind if we record the interview?
- Do you have any questions for me before we begin?
- Could you first each state your name and position?

QUESTIONS: POLICY/HEALTH SYSTEMS CHANGE PROGRESS

First we would like to hear about any accomplishments or progress you have made over the last year in your program goals and objectives. We understand that COVID-19 has dramatically changed the way you are able to do your TPEP work, and are curious how you have been able to find opportunities to continue your work.

1. In what ways have you been able to work on TPEP activities in the past three months?
2. In the 2019-2021 biennium, TPEP Tier 1 through 3 work plans were focused on policy/health systems change (although policy initiatives took a backseat to COVID). When you think of advancing policy and health systems change, how do you define progress?
3. (Promt: How do you know if you are making progress towards policy and health systems change?)
4. [If interviewees define progress narrowly (such as passing policy or advancing through a stage of the PCPM), use this question.] Other than progress, how would you define success in policy and health systems work?
5. Given your definition of progress, what progress have you had in advancing policy and health system change strategies since July 2019?
6. Is there anything else about policy progress or health systems change you would like to share before we move on to talk about TA?

QUESTIONS: TECHNICAL ASSISTANCE

Now we are going to talk about your experiences with technical assistance and training through HPCDP and HPCDP contractors.

1. According to your TPEP reporting form submitted to HPCDP in winter 2021, you received the following technical assistance and training from HPCDP or a HPCDP contractor. For each opportunity, please describe a little bit about how that technical assistance or training supported your work. [fill in from report]
2. How did HPCDP or HPCDP contractor TA (listed in the previous question) support policy or system change progress? (please be as specific as possible) Do you have anything to add related to how TA supported policy progress or systems change?
3. Over the last biennium, were there technical assistance or training needs that you had that weren't met? Please describe.
4. Is there anything else you would like to share about technical assistance or training from HPCDP or HPCDP contractors?

appendix D

PARTNERSHIP INTERVIEW GUIDE

Thank you for agreeing to participate in this focus group about TPEP partnerships. My name is XXX, and I am joined by XXX. We work for the Rede Group, a company that does strategic planning, research, and evaluation for nonprofit and public sector organizations. I'm going to moderate this discussion today and XXX will be supporting facilitation. I'm first going to go over a few details before we start.

A focus group is a gathering of deliberately selected people brought together to participate in a planned discussion intended to elicit information and feedback about a particular topic. The Oregon Health Authority, Health Promotion and Chronic Disease Section has contracted Rede to conduct the 2019-21 TPEP Evaluation. The evaluation focuses on the outcomes of the tiered funding model, policy and health systems work, state-to-local technical assistance, and non-governmental partnerships. Evaluation results will be used to inform future program decisions. Our main purpose today in this group is to learn from you about the role of partnerships in your TPEP work.

We will be recording this discussion and taking notes to accurately capture all of your comments. There will be no names attached to any comments in the report and Rede will not use this recording for any purpose other than developing the report. The recording will not be made available to anyone outside of the Rede Group and that includes our client, OHA. Do we have your permission to record this focus group discussion?

We'd like you all to keep your cameras on for the entire session. This will help us keep a realistic environment, as we typically meet for focus groups in person. Since this is a remote session, make sure that you are in a private place with no interruptions.

If you have any questions about this process or this project after today, please don't hesitate to reach out to us. I want to let you know that today we will focus on your experiences, and to that end, I will ask you to only share your experiences and beliefs and not speak on behalf of others. If you agree with what someone says, speak up, rather than nodding your head or gesturing in some other way. This helps us capture agreement in our notes.

In order to move the conversation along, I may need to interrupt or redirect conversation. And that's not to be rude. We just want to make sure that we get to all the questions we have to go over. I also may ask folks if they have anything to add to make sure that everyone has an opportunity to participate. If you don't, that's fine. But if you do, please take that opportunity.

Thank you all. Do you have any questions before we begin?

Before we start with our set of questions, could each of you please state your name, county, and length of time in your current position?

Please respond to the following questions thinking about your current partnerships. For this conversation we'd like you to think about your partners that are external to your health department, partnerships outside of TPEP and ADPEP.

1. Think about 2-3 key partnerships over the past two years for your TPEP program. For each partner, consider the following questions:

- Describe who your partners are
- What is your role in these partnerships?

- Why are these partnerships important to you/your work?
  - Which members of your local community have you been able to engage with as a result of your partnerships?
- Why do you consider these as key partners for your program? (What value are they adding to your TPEP work? What value are you adding to their work?)
- Why did you choose to partner with these organizations/ individuals? (or something about how the partnership began?)
- How have the partnerships changed or evolved over time?

2. Think about 1-2 partnerships you wish you had for your TPEP program. For each partner, consider the following questions:

- Why do you want to build a relationship with this partner/these partners?
- What are the barriers to building a relationship with this partner/these partners?
- What have you tried and why do you think it didn't work?

3. (Poll) Reflecting on all of your partnership work, would you say that most of your partnerships would be categorized as:

a. Within the local health department, but focused on another health issue
b. Within the County government, but from a different (non-health) department
c. In the community, outside of the health department and County government
d. Other

4. Tell us about three things that have shaped your understanding about the role of partnerships in your work? (Role = reason/purpose for partnerships)

5. As a program coordinator in your health department, what do you think is "expected of you" in terms of developing and maintaining partnerships? Where do these expectations come from?

6. (Possible) How do these expectations match the reality of your work/experience in partnership development?

7. (Possible) How have expectations to advance "health equity" (either in your own organization or from funders like the state TPEP) informed the partnerships you have developed or that you would like to develop?

Thank you for your time and attention today. Findings from focus groups will be shared in the evaluation report submitted to HPCDP in Sept. 2021.