DRAFT

Oregon
Health
Authority

Strategies for Policy and enviRonmental Change (SPArC)

FY 2017–2020

Indoor Clean Air Act (ICAA) Expansion

FY 2018–2020

Tobacco Retail

FY 2017–2020

EVALUATION REPORT

October 2019

ACKNOWLEDGMENTS

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ICAA Expansion: FY 2018–20

Tobacco Retail: FY 2017–20

DRAFT

Oregon
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EVALUATION SUMMARY

OCTOBER 2019

PROGRAM DESCRIPTION

The Tobacco Retail Evaluation (TRE), ICAA Expansion Evaluation (ICAAEE), and the Strategies for Policy And enviRonmental Change, Tobacco-Free (SPArC Tobacco-Free) Evaluation seek to develop a broader understanding of promising practices for tobacco prevention that will apply statewide.

The Oregon Tobacco Prevention and Education Program (TPEP), which is housed at the Oregon Health Authority (OHA), Health Promotion and Chronic Disease Prevention Section (HPCDP), funds county health departments to plan and implement evidence-based tobacco prevention programs. SPArC funding is allocated through a competitive process. Overall, the goals of both programs are to prevent tobacco use, promote smoke-free environments, reduce the influence of tobacco product marketing, and encourage tobacco users to quit through policy change.

The TRE, ICAAEE, and SPArC evaluations were developed in close consultation with groups of TPEP grantees and HPCDP staff. These groups, called User Panels, defined key evaluation questions, reviewed methods, and assisted with interpreting results.

SPArC & TPEP-Funded Counties

■ SPArC-funded counties
▤ TPEP-funded counties
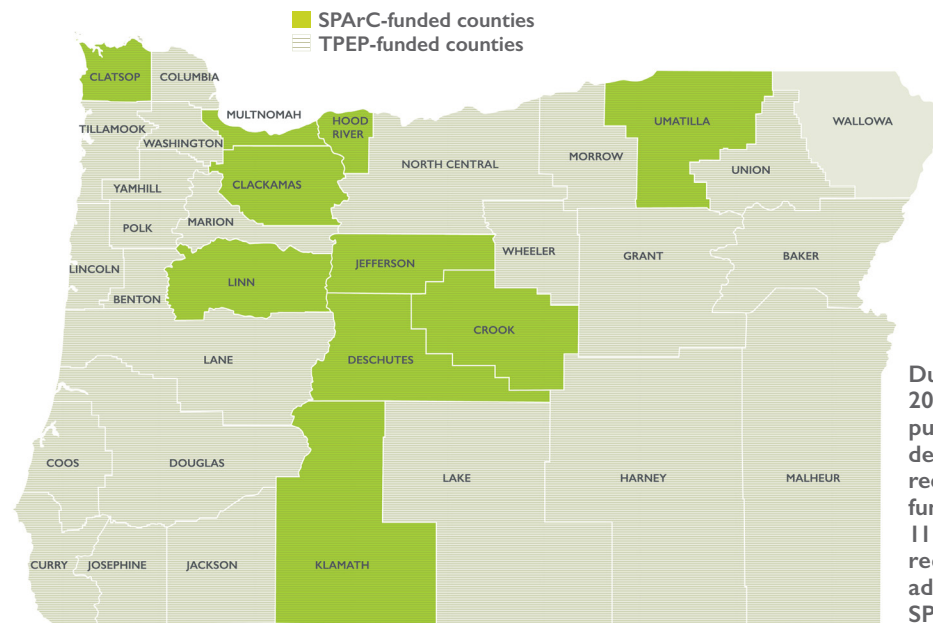
During 2018–2019, 32 local public health departments received TPEP funding, and 11 counties received additional SPArC funding.

6 Key elements for advancing tobacco retail policy identified

10 Tobacco policies passed since October 2016

63 Tobacco policy initiatives progressed since October 2016

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KEY EVALUATION QUESTIONS

1. What progress have local TPEP programs made in advancing tobacco retail and smokefree environments policies? What role, if any, did SPArC funding play in SPArC grantees' policy successes?

2. Since 2014, what long-term or lasting effects, if any, has SPArC funding had in local policy advancement?

3. Are there essential elements (i.e. funding, staff resources, community readiness, etc.) that communities must have in place to move tobacco retail policies forward?

4. What are the barriers to passing strong tobacco control policies? What are the barriers to developing political/ social will for policy change? How have counties overcome these barriers?

5. How are non-government and tribal government entities integrated into local tobacco policy work? What lessons can be learned about creating and maintaining active community partnerships for advancing tobacco prevention?

KEY FINDINGS

Progress in Advancing Tobacco Prevention Policy
TOBACCO RETAIL POLICY
Since October 2016:

> Seven tobacco retail policies have passed in: Benton County (unincorporated), Chiloquin, Corvallis, Klamath County (unincorporated), Klamath Falls, Lane County (unincorporated), and Philomath

> 39% (9/23) of TPEP grantees (excluding SPArC funded grantees) have had one or more tobacco retail policy initiatives that progressed

As of July 2019:

> Tobacco retail license policies are in place in four counties covering 26% of the Oregon population

ICAA EXPANSION POLICY
Since May 2018:

> Three ICAA expansion policies have passed in Philomath, McMinnville, and Eugene

> 30% (7/23) of TPEP grantees (excluding SPArC funded grantees) have had one or more ICAA expansion policy initiatives that progressed

SPArC Tobacco-Free Grant
POLICY PROGRESS
Since May 2018:

> 60% (6/10) of SPArC grantees have had one or more ICAA expansion policy initiatives that progressed

As of July 2019:

> 90% (9/10) of SPArC grantees have had one or more tobacco retail policies that progressed

> All four counties that currently have tobacco retail licensure in place received SPArC funding in one or more years prior to policy passage

Percentage of SPArC counties that have passed one or more tobacco retail or ICAA expansion policies since 2016:

> 100% (2/2) that received three years of SPArC funding

> 57% (4/7) that received two or more years of SPArC funding

> 35% (6/17) that received one or more years of SPArC funding or more years of SPArC funding

METHODS

TRE

Key Element Interviews
32 Tobacco retail experts interviewed

Community Leader Values Mini-Case Study Interviews
4 TPEP grantees studied

Retailer Assessment Statewide Overview
5 Retailer assessments

Four Policy Progress Point-in-Time Assessments
130 Surveys submitted by TPEP coordinators

ICAAEE

Two 28-Day Surveys
105 Surveys submitted by ADPEP & TPEP coordinators

Tools for Building Community Will
28 Tools collected from 12 grantees

SPArC

SPArC Budget/Expenditures Survey and Interviews
8 SPArC coordinators interviewed

SPArC Partner Survey
8/11 8 SPArC grantees and 11 SPArC partners interviewed

6 DRAFT KEY ELEMENTS

a companion tool for the Policy Change Process Model

FOR SUCCESSFUL TOBACCO RETAIL POLICY CHANGE AT THE LOCAL LEVEL

Thirty-two local tobacco programs with recent success in passing tobacco retail polices rated the level of importance of 20 policy change process factors such as agency capacity, additional funding, etc. The following six elements were rated as the most critical to their success.

ABILITY TO IDENTIFY & FRAME THE PROBLEM
Programs used local data to demonstrate the problem and the value of tobacco retail policy.

SUPPORT OF LEADERSHIP WITHIN YOUR AGENCY
Agency leaders endorsed *and* championed policy change. Their influence was essential to success.

AGENCY CAPACITY AND AUTHORITY TO BUILD AWARENESS, LEAD PROGRAMS, OR DRIVE POLICY
Public health agencies were instrumental with public relations and education around the problems in the tobacco retail environment. They also served as trusted local resources.

AN ACTIVE COALITION
Coalition models varied. Some programs worked with local, non-governmental advocates and strategic partners in an informal configuration while others worked with formally organized coalitions.

AWARENESS OF THE EXTENT & IMPACT OF TOBACCO IN THE RETAIL ENVIRONMENT
Programs educated policy makers at meetings and hearings using data and stories alongside the actual tobacco and vape products so that they could see and touch them firsthand.

LEGAL & POLICY SUPPORT
Programs worked with public health law centers and city or county attorneys to draft policies, giving policy makers confidence in the legal foundation of their work.

ABILITY TO IDENTIFY & FRAME THE PROBLEM

SUPPORT OF LEADERSHIP WITHIN YOUR AGENCY

AGENCY CAPACITY AND AUTHORITY TO BUILD AWARENESS, LEAD PROGRAMS, OR DRIVE POLICY

AN ACTIVE COALITION

AWARENESS OF THE EXTENT & IMPACT OF TOBACCO IN THE RETAIL ENVIRONMENT

POLITICAL WILL

LEGAL & POLICY SUPPORT
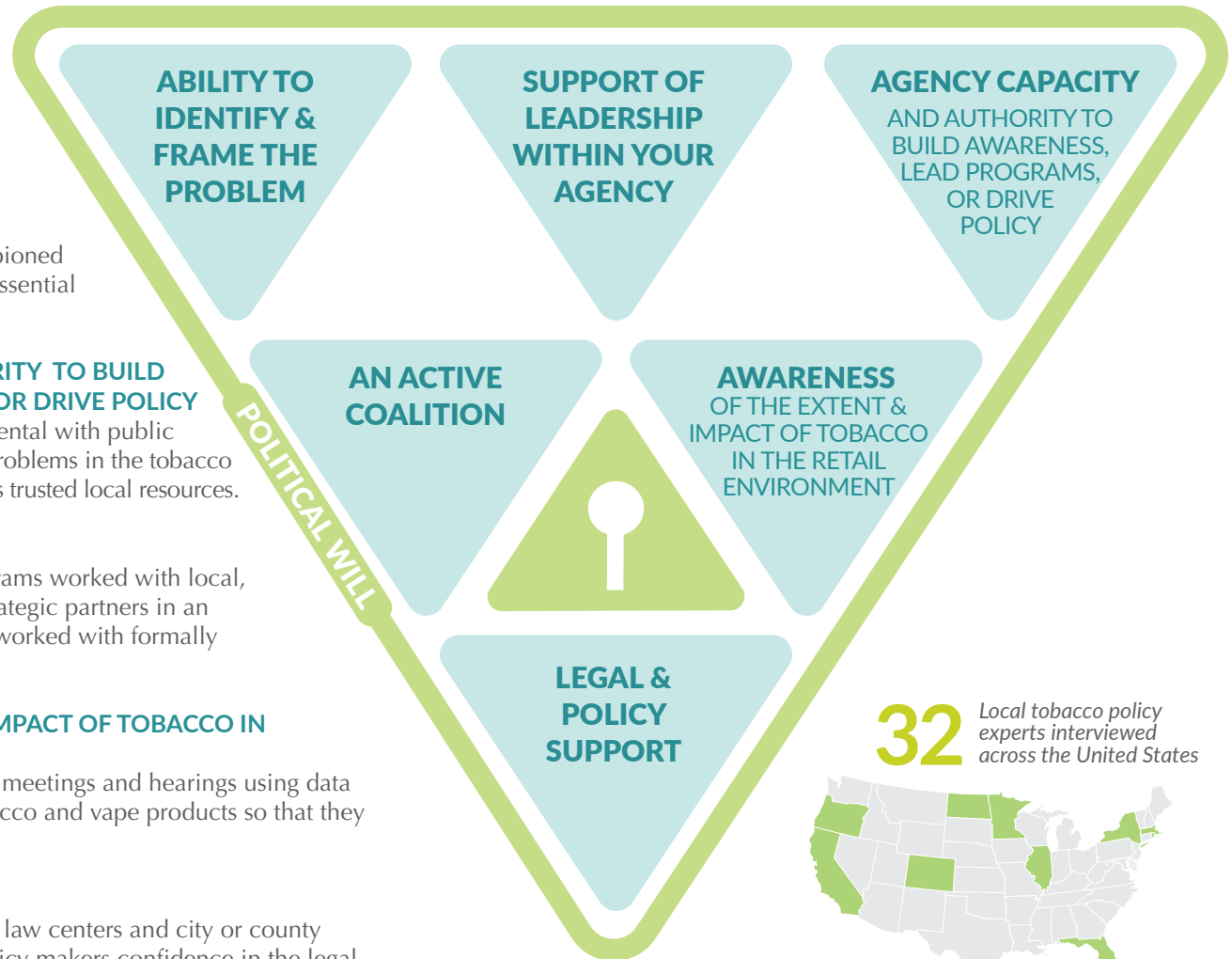
32 Local tobacco policy experts interviewed across the United States
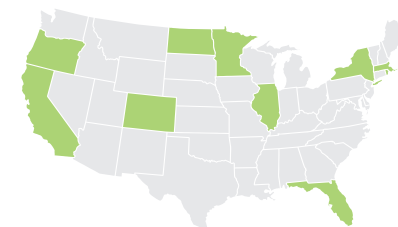
TRE Policy Initiatives Compared Across Points-in-Time

The chart below depicts the number of policy initiatives, types of policy strategies, and stages of policy change at TRE Point-in-Time Assessment (PIT) 1 and PIT 4, illustrating a general trend of progress across the stages of the policy change process.

The decrease in the overall number of policy initiatives from 77 in PIT 1 to 56 in PIT 4 is a reflection of statewide passage of the T21 policy initiative in 2018.

Stage 9 Evaluate Impact — ⊞4
Stage 8 Implement Policy — ⊞4 | ⊞6
Stage 7 Adopt Policy
Stage 6 Draft Policy — ⊞2 | ⊞
Stage 5 Engage Decision-makers — 3 ⊞4 | ⬆3 ⊞13
Stage 4 Community Outreach — 2 ⊞7 | ⊞ o2
Stage 3 Assess Readiness — ⬆ ⊞5 | ⬆2 ⊞7 o
Stage 2 Engage Stakeholders — ⊞20 o3 2 | ⊞8 o2
Stage 1 Identify Problem — 7 ⊞6 o2 | ⊞4

PIT 1: October 2016 — 77 Policy Initiatives
T21 Passes Statewide 2018
PIT 4: July 2019 — 56 Policy Initiatives
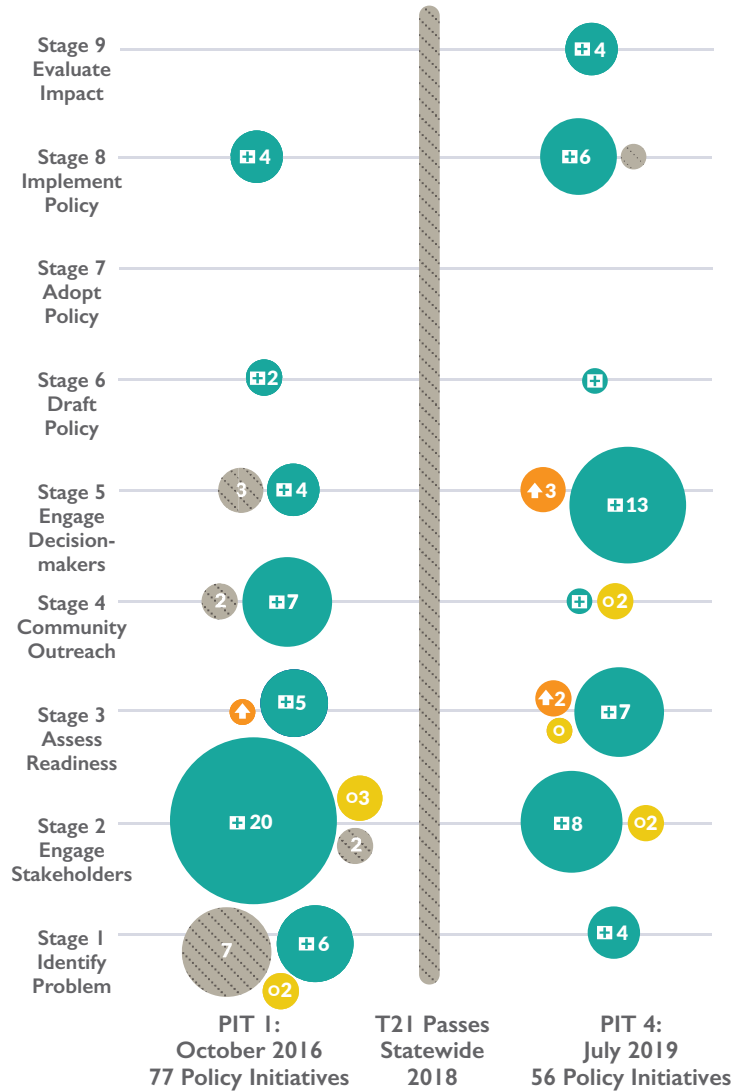
Policy strategy:

⊞ Implement TRL or TRL plus an additional retail policy
⬤ Tobacco 21
⬆ TRL strengthening retail policy (restrict retail proximity, flavor ban, etc.)
o Other tobacco retail policies

ICAA Expansion Policy Initiatives by Point-in-Time

The chart below depicts the total number of policy initiatives at each stage of the policy change process and at ICAAEE PIT 1 and PIT 2.

This chart does not depict individual policy initiatives or types of policy strategies across points-in-time.

PIT 1 / PIT 2

Number of policies (y-axis: 0 to 20)

Stage 1: PIT 1 = 15, PIT 2 = 6
Stage 2: PIT 1 = 6, PIT 2 = 20
Stage 3: PIT 1 = 14, PIT 2 = 5
Stage 4: PIT 1 = 4, PIT 2 = 1
Stage 5: PIT 1 = 2, PIT 2 = 2
Stage 6: PIT 1 = 3, PIT 2 = 4
Stage 7:
Stage 8: PIT 1 = 4, PIT 2 = 3
Stage 9: PIT 2 = 4
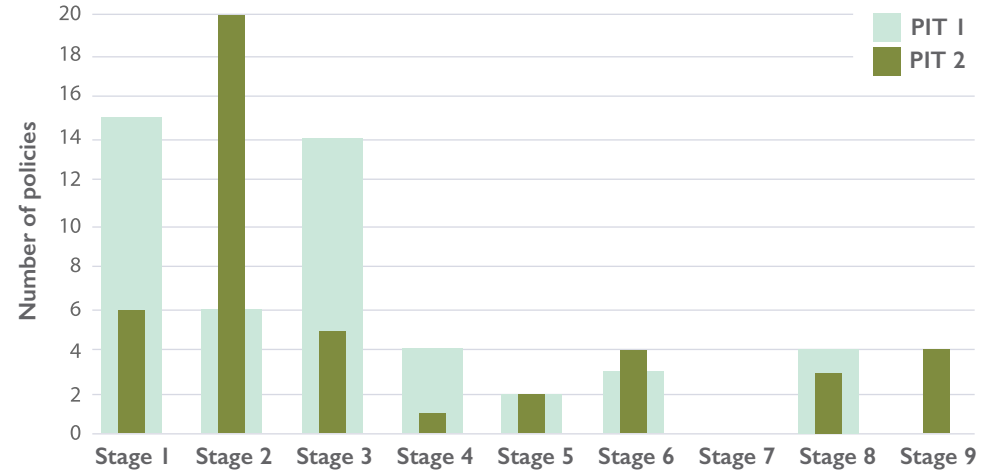
CONCLUSIONS

> Since 2016, progress in local tobacco policy change has been steady, with numerous local policies passing across the state and the passage of a statewide minimum sales law.

> TPEP Programs with SPArC funding experienced more success in passing local tobacco policy. These programs advanced and passed more policies than counties with basic TPEP funding only.

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INTRODUCTION

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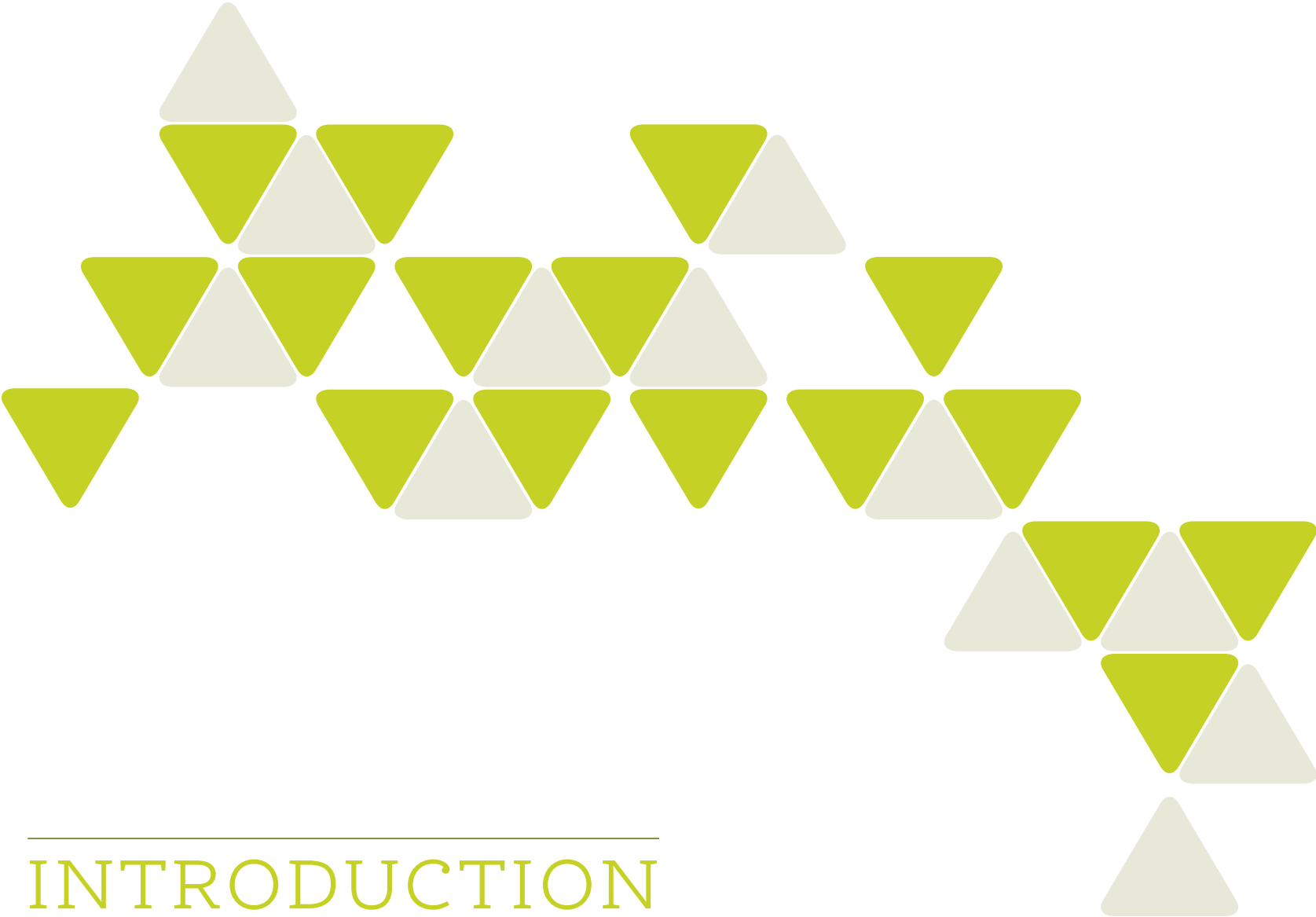
Figure 1: Policy Change Process Model

The Policy Change Process Model, which was developed by local tobacco program coordinators and HPCDP in 2014, outlines nine stages of policy change from initiation to evaluation.

Continuously evaluate throughout the **process:**

☑ Check progress
☑ Reinforce positives
☑ Identify improvements
☑ Refine strategy

COORDINATION

COMMUNICATION

COLLABORATION

1. Identify and frame the problem

2. Engage community & stakeholders

3. Assess readiness for policy change

Is there political will?

Is there community support?

no maybe

no

yes*

yes

4. Public education

5. Decision-maker education

6. Draft policy & plan implementation

7. Adopt policy

8. Implement policy & support compliance

9. Evaluate impact

*Assessing community support first is recommended

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 (Basic TPEP). Implementing tobacco retail and Indoor Clean Air Act (ICAA) expansion policies are two of the priorities of Basic 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 address the changing retail environment to limit the influence of tobacco and protect and strengthen jurisdictional clean indoor air policies.

Local tobacco programs have been required to work on improving tobacco retail environments since the 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 implement tobacco retail policies and have been instructed by the Oregon Health Authority (OHA) to focus on working with appropriate jurisdictions to adopt and implement tobacco retail strategies "recommended" by the Center for Public Health Systems Science in the 2014 "Point-of-Sale Strategies: a Tobacco Control Guide."[1] The Tobacco Retail Policies Logic Model developed during the beginning stages of the evaluation is shown on page 12.

In 2017, the OHA's Public Health Division (OHA-PHD) Health Promotion and Chronic Disease Prevention (HPCDP) Section prioritized strategies to strengthen and expand the ICAA through the statewide required annual funding stream, Basic TPEP. The ICAA protects nearly every Oregonian from the health risks of secondhand smoke. The ICAA, also known as the Smokefree Workplace Law, prohibits smoking in the workplace, in indoor public places, and within 10 feet of all entrances, exits, windows that open, air-intake vents, and accessibility ramps that lead to and from an entrance or exit.

In 2018, OHA awarded SPArC funding to eight local tobacco programs to implement policy, systems, and environmental tobacco prevention strategies designed to reduce the influence of tobacco in the retail environment, reduce tobacco use disparities, and expand local indoor clean air protections in Oregon.

In 2016, HPCDP contracted with with the Rede Group to provide consultation and support in evaluating TPEP and SPArC program efforts. The Rede Group's evaluation team for the project included Eric Einspruch of ELE Consulting, LLC.

notes:
1. Center for Public Health System Science in the 2014 Point-of-Sale Strategies: a Tobacco Control Guide. Retrieved from: https://www.publichealthlawcenter.org/sites/default/files/resources/tclc-guide-pos-policy-WashU-2014.pdf

PURPOSE

The ICAA Expansion Evaluation (ICAAEE), Tobacco Retail Evaluation (TRE), and SPArC Evaluation were 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 TPEP 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 for the TRE (TRE User Panel) and the ICAAEE (ICAAEE 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 primary intended users of this evaluation are local TPEP coordinators and HPCDP. The primary intended use of the ICAAEE, TRE, and SPArC Evaluation is to develop a broader understanding of promising practices for tobacco prevention that will apply statewide. This understanding emerges from data the evaluation team assembled from all Oregon LPHAs including LPHAs that do not appear to be making much progress in advancing a tobacco prevention strategy in their communities.

The evaluation sought to increase the understanding of essential elements that will lead to success in establishing effective local tobacco retail and ICAA expansion policies in all counties in Oregon. Both SPArC and non-SPArC counties participated in the evaluation. Oregon's tobacco retail policy and ICAA expansion policy programs are still in their initial stages; therefore, the evaluation was 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 purpose of this document is to report the findings from the 2018-2019 ICAAEE, TRE, and SPArC Evaluation. Following this introduction, the authors describe the evaluation methods and present findings from the evaluation.

The map on the following page shows counties that received SPArC and Basic TPEP funding and counties that only received Basic TPEP funding. The key evaluation questions, identified through the utilization-focused evaluation engagement process, are listed on pages 10-11.

Figure 2: SPArC & TPEP-Funded Counties

Legend:
- SPArC-funded counties
- TPEP-funded counties

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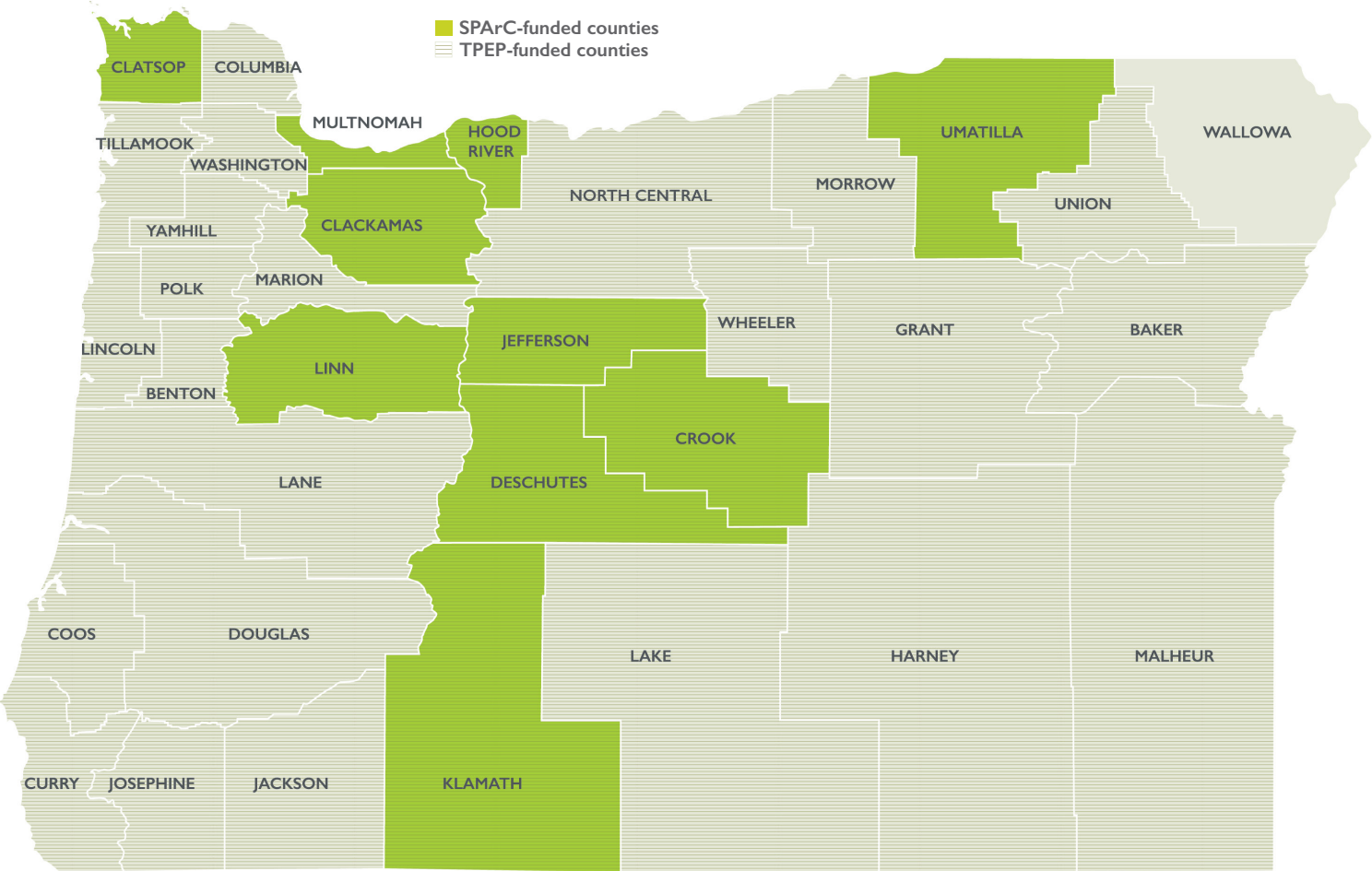
KEY EVALUATION QUESTIONS

ICAA Expansion Evaluation Key Evaluation Questions:

1. What is the "current" status of local efforts to change ICAA expansion policy? What progress will be made by June 2019?

2. How are local programs navigating around/through internal/external challenges to advance their policy goals?

3. How are local programs building community will for passing ICAA expansion policies?

Tobacco Retail Evaluation 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? Are the essential elements different for rural vs. urban communities?

2. What are the barriers to passing strong tobacco retail policies? What are the barriers to obtaining political and social will for policy change? What has worked for counties that have overcome barriers related to political and social will?

3. In what ways have TPEP grantees made progress toward adopting tobacco retail policies? Have SPArC grantees continued to make more progress? If so, what factors enabled them to make more progress? Is there a difference in the amount of progress made by rural vs. urban communities?

SPArC Evaluation Key Evaluation Questions:

1. By July 2019, have SPArC-funded programs made progress in advancing policy? If so, have SPArC-funded programs made more progress than non-SPArC programs? If so, what factors enabled SPArC grantees to make progress?

2. What role did SPArC funding play in SPArC grantees' policy successes?

3. Since 2014, what long-term or lasting effects, if any, has SPArC funding had in local policy advancement?

4. Are there specific programmatic or environmental elements, such as an active coalition or support from agency leadership, that are most important for success in passing local tobacco control policies?

5. How are non-government and tribal government entities engaged and integrated into local tobacco policy work? What lessons can be learned about creating and maintaining active community partnerships for advancing tobacco prevention?

6. In what ways, if any, has OHA structured local TPEP grants to realize success in advancing policy, systems, and environmental change? What changes, if any, should be considered in the structure of local programs to further advance policy, systems, and environmental change?

7. What leads to local health departments or other fundable entities applying for opportunities like SPArC funding? For those that did not apply, what factors led to that decision?

Figure 3: Tobacco Retail Policies Logic Model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES

shorterm   **intermediate**   **longterm**

INPUTS
- Local TPEP programs
- Local advocacy organizations
- State TPEP core & SPArC
- State advocacy organizations
- Local control

ACTIVITIES
- Assessment of tobacco retail environment
- Community education
- Community mobilization
- Counter marketing
- Stakeholder engagement
- Decision maker engagement
- Plan for equitable enforcement

OUTPUTS
- Assessment Completed
- Completed activities to raise awareness about the need for change in retail environment
- Completed activities to advance policies & regulation
- Completed activities to establish equitable enforcement

OUTCOMES

shorterm:
- Increased knowledge, awareness, & motivation for change
- Tobacco retail licensure in place
- Additional policies for price, placement, promotion, proximity, flavor, & age in place
- Equitable enforcement put in place

intermediate:
- Reduced exposure to pro-tobacco promotion & influence
- Increased price

longterm:
- Reduced initiation by youth
- Reduce adult prevalence
- Reduced tobacco related mortality & morbidity

Legend:
— best practice
┈┈ promising practice

EVALUATION METHODS

STAKEHOLDER ENGAGEMENT

Stakeholder engagement was a strong focus of the TRE, ICAAEE, and SPArC Evaluation. The evaluation team worked closely with HPCDP to develop the TRE and ICAAEE User Panels (see appendicies A and B). Each panel was made up of a small group of primary intended users. The TRE User Panel included two HPCDP staff and five local tobacco program coordinators: one each from Clackamas, Columbia, Marion, Multnomah, and Umatilla Counties. The ICAAEE User Panel included two HPCDP staff and four local tobacco program coordinators: one each from Columbia, Jefferson, Lane, and Multnomah (replacing a previous Clackamas County member halfway through the evaluation) Counties. The TRE and ICAAEE User Panels guided each 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 three times (twice in person and once via videoconference) and the ICAAEE User Panel met three times (all in person) to collaborate on shaping and executing the evaluation. The TRE and ICAAEE User Panels also reviewed project documents and provided written feedback. With the exception of two members who left their positions (and therefore the User Panel) before the conclusion of the project, all User Panel members participated throughout the entire evaluation.

User Panel participants were selected based on the following criteria:

> Interested in understanding and improving policy practices for tobacco retail or smokefree spaces

> Knowledgeable about tobacco prevention, in general, and, specifically, retail strategies or smokefree workplace policy (ideally, 1.5 years or more working in tobacco prevention)

> Open to critical reflection, learning, and dialogue

> Actively engaged in policy change related to either tobacco retail or smokefree spaces, specifically closing loopholes in the Oregon ICAA

> Representative of diversity among grantees through the geography and population size of their county

> Available for interaction throughout the evaluation process (timeframe: February 2018 – June 2019)

- Participate in three to four in-person meetings of three to five hours each (travel paid for by Rede Group)

- Participate in three to four one-hour phone/ video conferences

- Complete reading and additional assignments related to the evaluation (approximately 3 hours per month)

User Panel participants 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

SPArC program participants

TRE User Panel members, ICAAEE User Panel Members, SPArC grantees, and HPCDP were engaged and provided feedback in the SPArC evaluation process in a less formal role than the TRE and ICAAEE User Panels established for the other two evaluations. In October 2018, SPArC grantees, TRE and ICAAEE User Panel members, and HPDCP were invited to attend an in-person SPArC kick-off meeting to discuss the evaluation focus, purpose, methods, and key evaluation questions. Twenty-four local tobacco program coordinators and HPCDP staff contributed to the development of the SPArC evaluation plan during this meeting. In February 2019, SPArC coordinators attended a webinar to review the finalized key evaluation questions, methods, and timeline of the project. An in-person meeting occurred in June 2019 during which SPArC grantees were gathered together to share key accomplishments, challenges, lessons learned, and next steps in their policy work. Select evaluation results were shared by the evaluation team during this meeting, and an evaluation debrief to inform the meta-evaluation was conducted through three small group interviews.

All local tobacco program participants

The larger group of all local tobacco program coordinators was also engaged in the evaluation. The evaluation team, TRE User Panel, and ICAAEE User Panel communicated and sought feedback from all local tobacco program coordinators via email, webinars, interviews, and surveys. In January 2018, all local tobacco program coordinators were invited to attend an evaluation kick-off webinar to review TRE Phase 1 results and learn about the TRE Phase 2 evaluation plan and provide feedback. Twenty-eight local tobacco program coordinators attended the kick-off meeting.

Coordinators participated in two 28-Day Rapid Response Surveys and four point-in-time (PIT) assessment surveys throughout the evaluation. Tobacco program coordinators were invited to participate in six webinars during the course of the evaluation as depicted in Figure 4.

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Figure 4: Evaluation Webinars

TRE Start-Up	ICAAEE 28-Day Survey Results		ICAAEE PIT 1 Results	ICAAEE PIT 2 Instructions
● JAN 2018	● APR 2018	● MAY 2018	● DEC 2018	● MAY 2019
		ICAAEE PIT 1 Instructions	TRE PIT 3 Results	
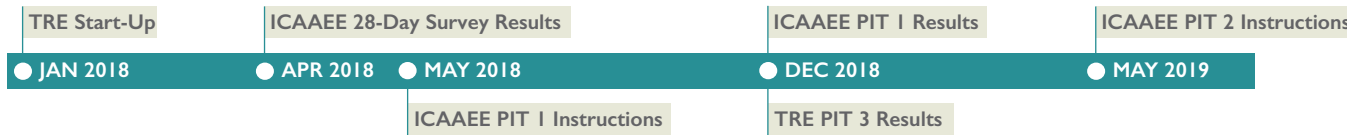
Figure 5: SPArC & User Panel Counties

EVALUATION METHODS - 16

Figure 6: Methods At-a-Glance

TRE   ICAAEE   SPArC

Key Element Interviews

32 *Tobacco retail experts interviewed*

Community Leader Values Mini-Case Study Interviews

4 *TPEP grantees studied*

Retailer Assessment Statewide Overview

5 *Retailer assessments*

Four Policy Progress Point-in-Time Assessments

130 *Surveys submitted by TPEP coordinators*

Two 28-Day Surveys

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Tools for Building Community Will

28 *Tools collected from 12 grantees*

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8 *SPArC coordinators interviewed*

SPArC Partner Survey

8/11

8 SPArC grantees and 11 SPArC partners interviewed
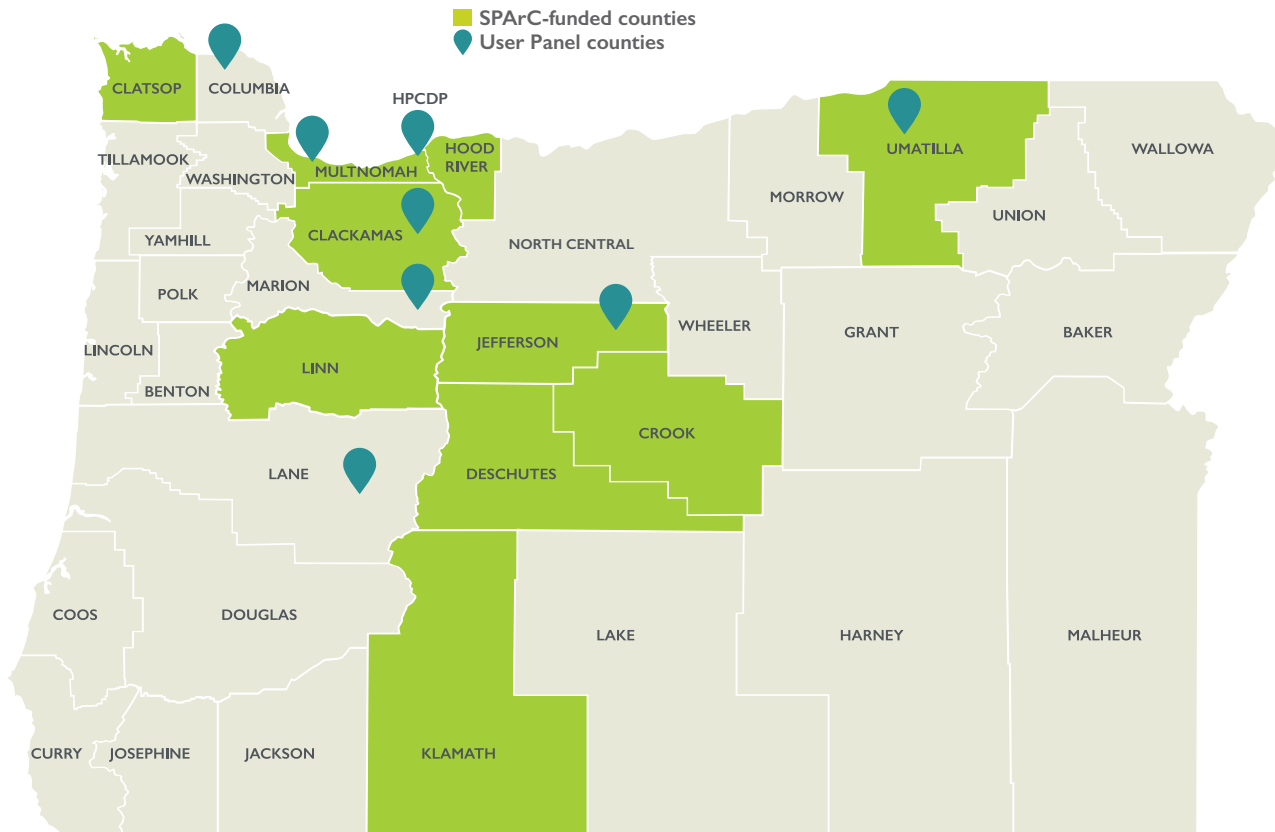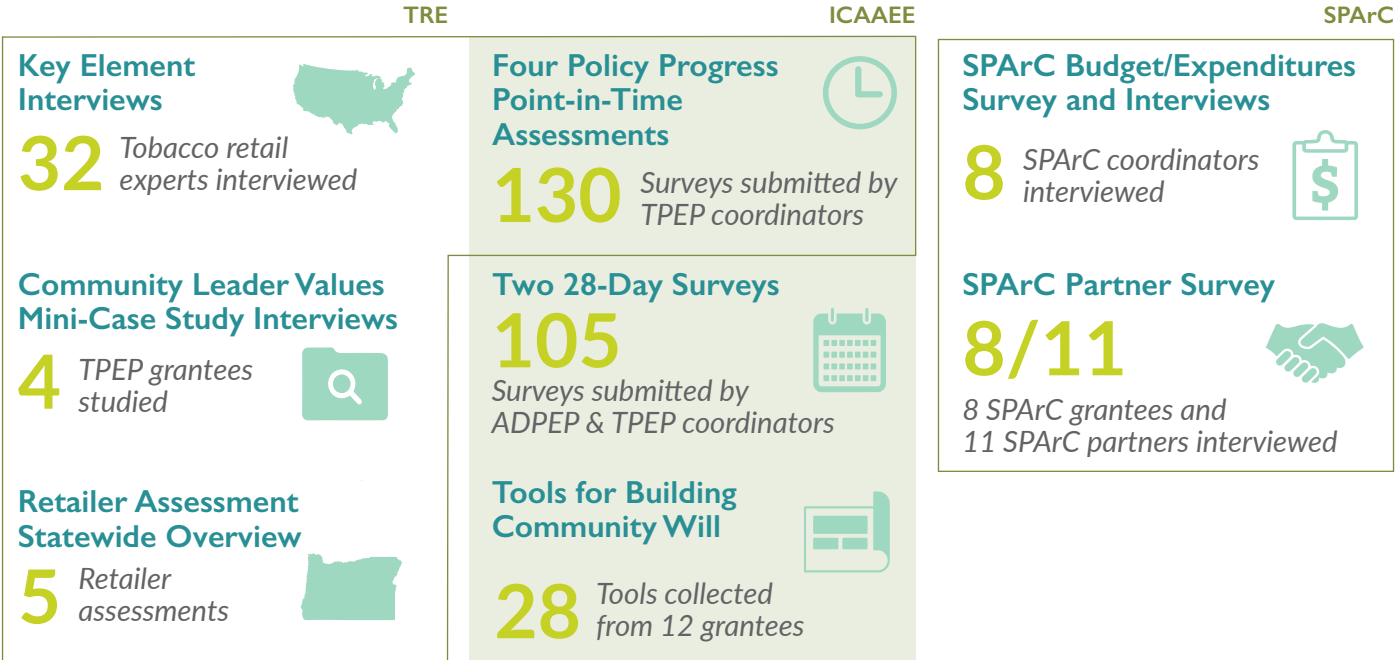
DETAILED METHODS

Evaluation Plan & Design

In consultation with the TRE User Panel, ICAAEE User Panel, and HPCDP, the evaluation team developed an evaluation plan for each of the three evaluations to address their respective key evaluation questions (see appendicies C-E). The evaluation combined various methods to address the key evaluation questions and provide specific evaluation reports to local programs. Figure 6 on page 17 offers an overview of evaluation activities designed to address evaluation questions and goals. Detailed methods for each evaluation are described in the following pages.

Detailed Methods: Key Element Interviews

INSTRUMENT DEVELOPMENT

During TRE Phase 1, the evaluation team reviewed relevant literature regarding the policy change process and, informed by the policy process frameworks, policy change models, and resources about elements necessary to support policy change uncovered in the literature review, assembled a list of 20 elements that could contribute to policy change. These elements are listed on page 26.

The evaluation team developed an interview guide (see Appendix F) that incorporated the list of 18 potential elements and a rating scale from one to five (1=not important, 2=slightly important, 3=moderately important, 4=very important, and 5=extremely important) to identify the level of importance of each element to passing tobacco retail policy. The interview guide included additional open-ended questions for interviewees to elaborate on the elements they ranked most and least important.

DATA COLLECTION

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

> Recent (within two years) success in best practice tobacco retail environment policy change (i.e., a tobacco retail license policy or other plug-in policy such as tobacco flavor restrictions) in a locality where they were integrally involved in leading the effort

> Geographic diversity

Policies raising the legal sales age of tobacco products to 21 were excluded from consideration due to differences discovered during TRE Phase 1 in how these policies were implemented.

Conducting Interviews: Between June 2018 and November 2018, the evaluation team conducted telephone interviews with 12 local experts who had been successful in passing tobacco retail policies. Interviewees included individuals from California, Colorado, New York, Oregon, and Rhode Island. In March 2019, following initiation of the SPArC Evaluation, the evaluation team conducted seven more interviews with local policy experts from Colorado, Florida, New York, and North Dakota. All interviews in TRE Phase 2 were recorded and transcribed. One additional interview, conducted during the end of TRE Phase 1 but not previously reported, was also included in this data set. A complete list of interviewees can be found in Appendix G.

The purpose of the interviews was to obtain the experts' 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. Ten local experts rated elements based on their experience passing a tobacco retail license, three on a policy prohibiting pharmacy sales, three on zoning limitations, one on a policy banning the sale of flavored tobacco products, one on electronic nicotine delivery system retail license, one on a policy banning mobile tobacco vending, and one on a policy capping the number of tobacco retailers and restricting use of coupons. With that policy in mind, interviewees were asked to rate the list of elements on the scale from one to five indicating, from their perspective, the level of importance for each element in their tobacco point-of-sale policy efforts. 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 and qualitative analyses were performed on data from the expert interview ratings of essential elements in TRE Phase 2. Element ratings were entered into an Excel spreadsheet and analyzed to identify the elements with the highest ratings across interviews. Interview transcripts were hand coded and analyzed for themes and important narratives. Data from 32 interviews with local policy experts conducted

during TRE Phases 1 and 2 were then aggregated and analyzed. Results of this analysis were used to develop a companion tool to HPCDP's Policy Change Process Model (PCPM) (see appendix H).

STRENGTHS & LIMITATIONS
The primary strengths of the expert interviews were that a new instrument based on the existing literature was created, information was obtained from local experts, and key elements for making progress on the policy change process were identified. A primary limitation of this data collection activity was the relatively small sample size (other experts may have different perceptions) and that it focused largely on one topic (tobacco retail licensure). A wide range in local population existed among jurisdictions interviewed, and differences in population and political structure among jurisdictions may impact key elements for policy change. Some experts interviewed were instrumental in passing more than one policy in more than one jurisdiction, and while interviewees were asked to focus on one specific policy success, their responses may have necessarily focused on more than one.

Detailed Methods:
Tobacco Retail Assessments
DATA COLLECTION
The evaluation team generated a list of five local tobacco programs in Oregon that had conducted an assessment of tobacco retailers in their community in the past year. Tobacco retail assessment tools and results (see appendix I) were gathered from coordinators and HPCDP through email and catalogued.

ANALYSIS

Retailer assessment tools and results were reviewed for comparability across data sets to determine if counties used the same or related questions in their assessments. Assessment results from similar questions were combined in aggregate across retailer assessments. The aggregate survey results and overarching themes of retailer attitudes and beliefs are summarized in this report.

STRENGTHS & LIMITATIONS

The primary strength of this data set is the geographic diversity of the counties conducting retail assessments. The primary limitations of this analysis were the small number of retail assessments conducted in Oregon and that questions were not consistent across all assessments conducted. Additional study should be performed as more retail assessments are conducted across the state.

Detailed Methods: ICAAEE 28-Day Surveys

INSTRUMENT DEVELOPMENT

The 28-Day Rapid Response Survey and Report was developed during TRE Phase 1. These short surveys were designed to explore emerging issues determined for inclusion by HPCDP and the TRE and ICAAEE User Panels. Two 28-Day Rapid Response Surveys were conducted in 2018-2019 for ICAAEE. The surveys included between 10 and 20 questions. To identify topics for inclusion in the 28-Day Rapid Response Survey and Reports, the TRE and ICAAEE User Panels and HPCDP staff were asked to actively listen for themes that emerged through their formal and informal discussions around tobacco policy efforts. The evaluation team developed a survey instrument that included both multiple response and open-ended questions on these topics. These questions were entered into SurveyMonkey,[3] an online survey software, with applied skip patterns based on selected responses.

DATA COLLECTION

The 28-Day Rapid Response Surveys and Reports (see appendix N) collected information on marijuana and smokefree public and workplace policies at two points in time (January 2018 and 2019.) Surveys were administered to all local tobacco program coordinators, as well as to all local alcohol and drug prevention and education program (ADPEP) coordinators through an email containing a link to the survey. Coordinators were given approximately one week to complete the short survey. One of the surveys received responses from 51 of the 64 coordinators, and the other survey received responses from 54 of the 64 coordinators.

ANALYSIS

Responses to the 28-Day Rapid Response Surveys were analyzed using both quantitative and qualitative analysis techniques and reported to the local tobacco program coordinators and HPCDP approximately three to four weeks following data collection. Preliminary analysis and reports were distributed to the TRE and ICAAEE User Panels and HPCDP for review. See appendices O and P for the 28-Day Rapid Response Survey and Reports.

STRENGTHS & LIMITATIONS

The primary strength of this data collection activity was that surveys were rapidly implemented and administered to all local tobacco program and ADPEP coordinators in response to emerging issues. The primary limitation of these surveys was that they were intended to be short and therefore may not have allowed for as much detail in responses to the topics as other methods of data collection.

notes:
3. Survey Monkey. https://www.surveymonkey.com

Detailed Methods: Community Leader Values Mini-Case Studies

INSTRUMENT DEVELOPMENT

During a TRE User Panel meeting, attendees expressed interest in capturing information from local tobacco program coordinators on what values are held by leaders in their respective communities, how coordinators have gone about identifying those values, how that knowledge has informed their work, and how it has influenced their policy change processes. Rather than conducting a 28-day survey, the TRE User Panel decided on a mini case study model. With input from the TRE User Panel, the evaluation team developed an interview guide (see appendix K) consisting of five open-ended questions to determine how coordinators identified values and how they connected those values to TPEP work.

DATA COLLECTION

In consultation with the TRE User Panel, the evaluation team selected five counties to interview, representing a diverse cross-section of rural and urban areas: Clackamas, Columbia, Klamath, Malheur, and Umatilla. The evaluation team conducted structured phone interviews with three local tobacco program coordinators from those counties in November 2018. One coordinator was unable to participate in a phone interview and instead submitted answers to interview questions by email. One coordinator was unable to participate, and that county was omitted from data collection. A list of interviewees can be found in appendix L. The interviewer took notes and recorded the interviews for analysis.

ANALYSIS

Interview transcripts were uploaded to Dedoose, and the evaluation team performed a content analysis. Key themes and quotes were identified, and results were shared with local tobacco program coordinators and HPCDP in September 2019 (see appendix M). The results of the interviews focused on understanding community leader values, challenges to addressing those values, and strategies to overcome those challenges as a resource for tobacco programs in their policy change efforts.

STRENGTHS & LIMITATIONS

The primary strength of the mini case studies was that local tobacco program coordinators reported strategies they have used to overcome challenges to addressing community leader values. The primary limitation was the small sample size.

Detailed Methods: TRE/ICAAEE Point-in-Time Assessments

INSTRUMENT DEVELOPMENT

The point-in-time (PIT) assessment tool (see appendices Q and R) was developed in 2016 using the stages of the PCPM. The model, developed by local tobacco program coordinators and HPCDP in 2014, outlines nine stages of policy change from initiation to evaluation. The survey was developed to prompt local tobacco program coordinators to identify their current stage of policy change for each of their tobacco retail and ICAA expansion policy initiatives. The instrument included the PCPM and expanded descriptions (see appendix S). These expanded descriptions were developed by the evaluation team in TRE Phase 1 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, and recent policy activities. Questions about recent policy activity were incorporated into the survey to help the evaluation team verify the reported stage of policy change. Additional questions were added to TRE PIT 4 and ICAAEE PIT 2 regarding the stage of policy change where local tobacco program coordinators projected their policy initiatives would be in one year (approximately June 2019).

DATA COLLECTION
Four electronic PIT assessment surveys were administered to all local tobacco program coordinators—two ICAAEE PITs, one in May 2018 and another in May 2019, and two TRE PITs, one in June 2018 and one in June 2019. In the surveys, local tobacco program coordinators identified the current stage, within the HPCDP Policy Change Process Model, for each of their current tobacco retail or ICAA expansion strategies. ICAAEE PIT 1 and TRE PIT 3 assessments were completed by all 33 local tobacco program coordinators and ICAAEE PIT 2 and TRE PIT 4 were completed by 32 local tobacco program coordinators.

PIT assessments were administered as far apart as possible, given the timeframe of the evaluation, to allow grantees the greatest amount of time for policy advancement.

A detailed introduction of the PCPM and the PIT assessment was given during webinars conducted prior to the administration of both ICAAEE PIT surveys to help coordinators accurately identify the current stage of policy change for each of their initiatives. These webinars were geared towards new coordinators but were open for all coordinators to attend.

During the webinars, the evaluation team provided a demonstration of how to complete the PIT assessment, and coordinators were given the opportunity to ask questions and receive support from an evaluation team member in completing the assessments.

ANALYSIS
The evaluation team conducted analysis to examine the number of policy initiatives being implemented, including the type of policy and jurisdiction, and the percentage of policy initiatives at each stage of the policy change process. ICAAEE PIT 1 data were reported to local tobacco program coordinators and HPCDP in September 2018 (see appendix T), and TRE PIT 3 (see appendix U) results were reported in November 2018. Results of ICAAEE PIT 2 and TRE PIT 4 were shared with local tobacco program coordinators and HPCDP in September 2019 (see appendices V and W).

PIT assessment data collected in May and June 2019 were analyzed for progress reported between PITs. The evaluation team tabulated results of the PIT assessments and conducted comparisons with results of previous assessments to calculate the number of policy initiatives that had advanced along the policy change process. Results of TRE PIT 4 were compared to those of TRE PIT 1 (conducted in 2016.) Analysis was also performed to compare policy advancements (using the PCPM) made by SPArC funded local tobacco programs and non-SPArC funded programs.

STRENGTHS & LIMITATIONS
The primary strengths of the PIT assessments were that they tested the use of the PCPM as an evaluation tool, as well as an organizing and communication

tool; data were collected at multiple 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 felt was important if that progress didn't advance them from one stage in the model to another.

Detailed Methods: Strategies and Tools Used to Build Community Will

INSTRUMENT DEVELOPMENT
In the ICAAEE PIT 1 and 2 assessments, local tobacco program coordinators were asked to list the activities they conducted to build community will for each of their ICAA expansion policy strategies of stage four (Public Education) or beyond of the PCPM (see appendix R). No instrument, independent of the PIT assessment, was developed to accomplish data collection.

DATA COLLECTION
The evaluation team reviewed the responses from the PIT assessments. Of the local tobacco program coordinators who submitted an ICAAEE PIT assessment (PIT 1, PIT 2, or both), 16 listed ICAA expansion policy strategies. From each coordinator who reported one or more community will-building strategies at least in stage four, the evaluation team initially requested the tools and materials used for one of those strategies. However, in order to maximize data collection efforts, the evaluation team reviewed the 64 ICAAEE PIT

assessments again and contacted all local tobacco program coordinators who indicated (at any point in the assessment) that they had conducted activities to build community will, regardless of the strategy's status in the policy change process. In total, 22 local tobacco programs were contacted, and 28 community will-building tools and materials were collected.

ANALYSIS
Qualitative analysis was performed on the responses collected from both ICAAEE PIT assessments. The data were entered into an Excel spreadsheet and a coding tree was created to conduct analysis for emerging themes. The data were uploaded to Dedoose[4] qualitative analysis software and coded.

Content analysis was performed on the tools and materials. All materials were assessed to determine their relevance to ICAA expansion and whether they could be used to build community will based on the following criteria:

> Does the tool address the harmful effects of second-hand smoke?
> Does the tool address the Indoor Clean Air Act or clean air?
> Is the purpose of the tool to gain support for the Indoor Clean Air Act expansion policy strategy?
> Who is the target audience?
> Is the content relevant to Indoor Clean Air Act expansion?
> Can the tool be used to build community will?

notes:
4. Dedoose. http://www.dedoose.com/

STRENGTHS & LIMITATIONS

The primary strength of this analysis was the collection of practical tools for building community will which may support future policy change efforts. The primary limitation was that, due to the self-reporting nature of the PIT assessment, all possible tools and materials may not have been collected.

Detailed Methods:
SPArC Partner Engagement Survey

INSTRUMENT DEVELOPMENT

The SPArC partner engagement survey was structured in two phases using two surveys. The first survey asked SPArC grantees to identify their top five partners in tobacco prevention work. For each partner they identified, the SPArC grantees were asked to rate on a scale of zero to five how engaged their partner had been in each of nine policy activities that had also previously been identified for inclusion in the TRE Phase 1 28-Day Rapid Response Survey and Reports survey instruments. The second survey was developed for SPArC grantee partners asking them to rate their level of engagement on the same scale (0-5) for each of the nine activities. The surveys were developed in SurveyMonkey (see appendices X and Y) and consisted of five questions per partner for grantees and a total of five questions for partners. The surveys consisted of both open- and closed-ended questions.

DATA COLLECTION

The evaluation team administered the surveys in April 2019. First, each SPArC grantee was given two weeks to complete the survey, including their list of partners and the partners' contact information. When the SPArC grantees submitted their completed surveys, the evaluation team sent the partner survey out, giving the SPArC partners three weeks to complete the survey. Surveys were completed by all eight SPArC grantees and 11 of their 19 partners.

ANALYSIS

The evaluation team conducted quantitative and qualitative analysis of the survey responses. Ratings by grantees and their partners were cross-referenced and analyzed for consistency. Responses to the two open-ended questions regarding lessons learned and ways to improve partnerships were uploaded to Dedoose and analyzed for themes.

STRENGTHS & LIMITATIONS

The primary strength of the SPArC partner engagement survey was the ability to cross-reference grantee understanding of the level of partner engagement in their policy efforts with the partners' interpretations of their own levels of engagement. The primary limitation was that some of the SPArC partners did not complete the survey.

Detailed Methods: SPArC Funding and Expenditures Surveys and Interviews

INSTRUMENT DEVELOPMENT

The evaluation team developed an expenditure worksheet to assess how SPArC grantees actually utilized the SPArC grant money. This instrument was a high-level adaptation of the worksheet that all grantees used to submit their preliminary SPArC budgets to OHA (see appendix Z). The evaluation team designed a brief group interview tool with questions centered around the impact that SPArC funding had on the progress of county policy strategies (see appendix AA).

DATA COLLECTION

In June 2019, the expenditure worksheet was sent by e-mail to each grantee for completion with a request to conduct a phone interview with the SPArC grant coordinator and any additional staff members who worked on the project. Seven of the eight SPArC grantees submitted worksheets outlining their actual expenditures, but one grantee had not finalized costs at the time the budget survey was administered. The evaluation team interviewed all eight grantees.

ANALYSIS

A light budget-to-actual variance analysis was performed on seven of the eight expenditure worksheet responses, omitting from data analysis the grantee that did not submit a worksheet of final expenditures. Each SPArC grantee's budget was compared to the grantee's actual reported expenses to assess line item variances. The budget variances for all grantees were aggregated and analyzed. The results were reviewed for negative variance (percentage differences above 10 percent of estimated costs). The interview transcripts were loaded into Excel to determine a coding tree, and the data were uploaded to Dedoose for qualitative analysis.

STRENGTHS & LIMITATIONS

The primary strength of this evaluation method was that it allowed for examination of how grant funds were utilized without applying the pressure and stigma of auditing. The expenditure survey revealed spending gaps and barriers. The interviews provided insight on the expenses that advanced policy initiatives. The primary limitation of this data collection method was the timing. Grantees were closing their fiscal year at the time the budget survey was administered and had

not finalized their actual costs at the time. Thus some expenses may not have been included, including those of the grantee that was unable to submit a finalized worksheet due to the timing of the survey.

List of Key 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.).

FINDINGS

KEY ELEMENTS FOR ADVANCING TOBACCO RETAIL POLICY

Thirty-two local tobacco programs with recent success in passing tobacco retail polices rated the level of importance of 20 policy change process factors such as agency capacity, additional funding, etc. The following six elements were rated as the most critical to their success.[5]

Ability to Identify & Frame the Problem
Programs used local data to demonstrate the problem and the value of tobacco retail policy.

Support of Leadership Within Your Agency
Agency leaders endorsed and championed policy change. Their influence was essential to success.

Agency Capacity And Authority to Build Awareness, Lead Programs, or Drive Policy
Public health agencies were instrumental with public relations and education around the problems in the tobacco retail environment. They also served as trusted local resources.

An Active Coalition
Coalition models varied. Some programs worked with local, non-governmental advocates and strategic partners in an informal configuration while others worked with formally organized coalitions.

Awareness of the Extent & Impact of Tobacco in the Retail Environment
Programs educated policy makers at meetings and hearings using data and stories alongside the actual tobacco and vape products so that they could see and touch them firsthand.

Figure 7: Six Key Elements for Advancing Tobacco Retail Policy
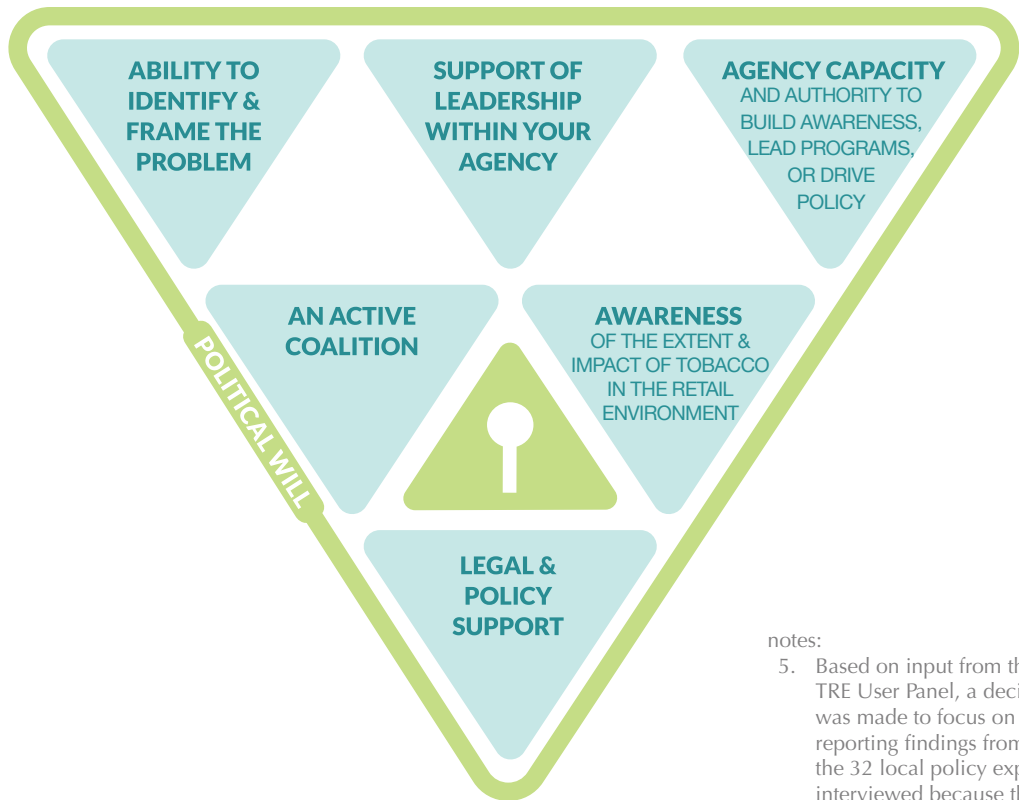
Legal & Policy Support
Programs worked with public health law centers and city or county attorneys to draft policies, giving policy makers confidence in the legal foundation of their work.

notes:
5. Based on input from the TRE User Panel, a decision was made to focus on reporting findings from the 32 local policy experts interviewed because the evaluation is intended to inform local policy efforts. Charts and tables on pages 31-33 show data collected from the entire data set of 40 interviews including the six national experts interviewed.

Ability to Identify & Frame the Problem

HOW PROGRAMS DID THIS:

> Programs relied on local data and stories, as well as state or national evidence

> Programs gave presentations to coalition members, community groups, and policy makers

> Programs strategically spoke to audience values and current contexts (e.g., Tobacco 21, retail cannabis legalization)

> Programs focused on data and stories that demonstrated the value of policy solutions

NOTEWORTHY NARRATIVES:

One community was the first in the nation to pass a flavor ban, so evidence of effect was sparse; they framed the policy as an opportunity for innovation and trial blazing.

Support of Leadership Within Your Agency

HOW PROGRAMS DID THIS:

> Agency heads (e.g., health commissioner, health department administrator, CEO) were often primary spokespeople for the policies

> Support from agency attorneys was also crucial

> Agency heads opened doors for programs by utilizing their networks and advancing policy to elected officials

NOTEWORTHY NARRATIVES:

More than any other category, support of leadership within the agency was described as a 'make-or-break' element—without it, there is no way forward

Agency Capacity And Authority to Build Awareness, Lead Programs, or Drive Policy

HOW PROGRAMS DID THIS:

> Dedicated staff, typically funded by a state tobacco program, was instrumental to policy change success. Staff with experience in tobacco control policy was essential

An Active Coalition

HOW PROGRAMS DID THIS:

> Approaches to coalition building varied, some programs worked one-on-one with strategic non-governmental partners, some through formal coalitions, some with tobacco specific coalitions, and others with tobacco-specific and other broader community coalitions (e.g., a drug and alcohol prevention coalition or multiple related community coalitions)

> Coalitions and stakeholders represented multiple sectors (e.g., education, healthcare, youth groups)

> Coalition members were often front-line with policy makers, conducting one-on-one meetings and other educational and advocacy outreach

NOTEWORTHY NARRATIVES:

1. There is no 'one-size-fits-all' approach to developing coalitions

2. One tobacco program worked with multiple local coalitions to develop statements of support for a policy. Members of those coalitions then spread the information through their networks, multiplying the effect of the original outreach

Awareness of the Extent & Impact of Tobacco in the Retail Environment

HOW PROGRAMS DID THIS:
Consistent, persistent (sometimes over several years) education with policy-makers and opinion leaders about:

> How retail advertising and product placement affects youth

> Solutions through tobacco retail policy

> Tying policy to youth vaping epidemic

NOTEWORTHY NARRATIVES:
Direct communication between tobacco prevention staff and policy makers may be beneficial for this complex issue
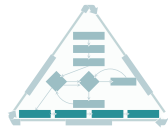
Legal & Policy Support

HOW PROGRAMS DID THIS:

> Most programs sought technical assistance (TA) from public health law centers, including the Public Health Law Center at Mitchell Hamline School of Law, ChangeLab Solutions, and the Center for Health Policy and Law at Northeastern University

> Some programs also received TA from state health departments to review policy drafts

> Programs learned about relevant case law and shared it with policy makers

> Programs stressed to policy makers that the proposed policy had been adopted elsewhere

NOTEWORTHY NARRATIVES:
1. Programs carefully examined the potential impact of proposed policies on other government agencies during the planning process
2. Smaller jurisdictions may rely more on model policies and outside TA rely more on model policies and outside TA

On Political Will
Three key components must come together to create good tobacco control policy: an evidence-based policy concept, legal soundness, and political will. Programs recognized that political will was fundamental to success and, therefore, it was the primary purpose for most of their activities. Sufficient political will is the deciding factor when determining whether or not to advance a policy to the voting stage.

Figure 8: Tobacco Point-of-Sale Policy Elements Necessary for Success, Rated Important or Extremely Important (n=40)

DRAFT

Legal & policy support
An ability to identify & frame the problem
Political will
Awareness among policy makers & others about extent/impact of tobacco at the POS
An active coalition
Agency capacity & authority to build awareness, lead programs, or drive policy
Support of the leadership within your agency
An assessment of local/state readiness for policy change
Community will
Technical assistance/coaching from state health dept. [local experts only] (n=32)
Evidence of impact/effectiveness of POS policies for decreasing tobacco use rates (n=39)
Engaged youth
External forces as catalysts of change
Case studies
Linking POS strategies to other community/public health issues
Persuasive communication carried by earned/paid media
Advocacy support from state/national organizations
Funding for additional staff/contractors
Funding for paid media
Funding for other

Very Important
Extremely Important

Percentage of participants

Table 1: Tobacco Point-of-Sale Policy Elements Necessary for Success, Rated by Participants

Element	Participant Ratings (Percentage of Respondents)					
	1-Not Important	2-Slightly Important	3-Moderately Important	4-Very Important	5-Extremely Important	N/A
Legal & policy support	0	0	5	22.5	72.5	0
Political will	0	2.5	5	32.5	60	0
An ability to identify & frame the problem	0	2.5	5	47.5	45	0
Awareness among policy makers & others about extent/impact of tobacco at the point-of-sale	0	2.5	12.5	47.5	37.5	0
An active coalition	5	7.5	5	32.5	50	0
Agency capacity & authority to build awareness, lead programs, or drive policy	2.5	10	7.5	32.5	47.5	0
Support of the leadership within your agency	2.5	7.5	15	25	50	0
An assessment of local/state readiness for policy change	5	15	15	40	25	0
Community will	0	7.5	32.5	35	25	0
Technical assistance/coaching from state health dept. [local experts only] (n=32)	16	12.5	12.5	28	31	0
Evidence of impact/effectiveness of point-of-sale policies for decreasing tobacco use rates (n=39)	5	7.5	27.5	32.5	25	2.5
Engaged youth	2.6	18	21	46	13	0
External forces as catalysts of change	10	5	25	27.5	27.5	5
Case studies	2.5	17.5	30	35	12.5	2.5
Linking point-of-sale strategies to other community/public health issues	2.5	22.5	32.5	30	12.5	0
Persuasive communication carried by earned/paid media	10	12.5	42.5	22.5	12.5	0
Advocacy support from state/national organizations	20	15	27.5	25	10	2.5
Funding for additional staff/contractors	35	22.5	5	15	17.5	5
Funding for paid media	45	20	10	15	7.5	2.5
Funding for other	12.5	2.5	7.5	7.5	10	60

Figure 9: 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=32)

Legend:
- Very Important
- Extremely Important

Categories (National / Local):
- Legal and policy support
- Political will
- An ability to identify and frame the problem
- Awareness about the extent and impact of tobacco at the point-of-sale
- An active coalition
- Agency capacity and authority to build awareness, lead programs, or drive policy
- Support of leadership within your agency
- An assessment of local/state readiness for policy change
- Community will
- Engaged youth
- Evidence of the impacts or effectiveness of point-of-sale policies for decreasing tobacco use rates (Local n=31)
- External forces as catalysts of change
- Case studies
- Linking point-of-sale strategies to priority community or public health issues
- Advocacy support from state or national organizations
- Persuasive communications carried by earned or paid media
- Funding for additional staff/contractors
- Funding for paid media
- Funding for other
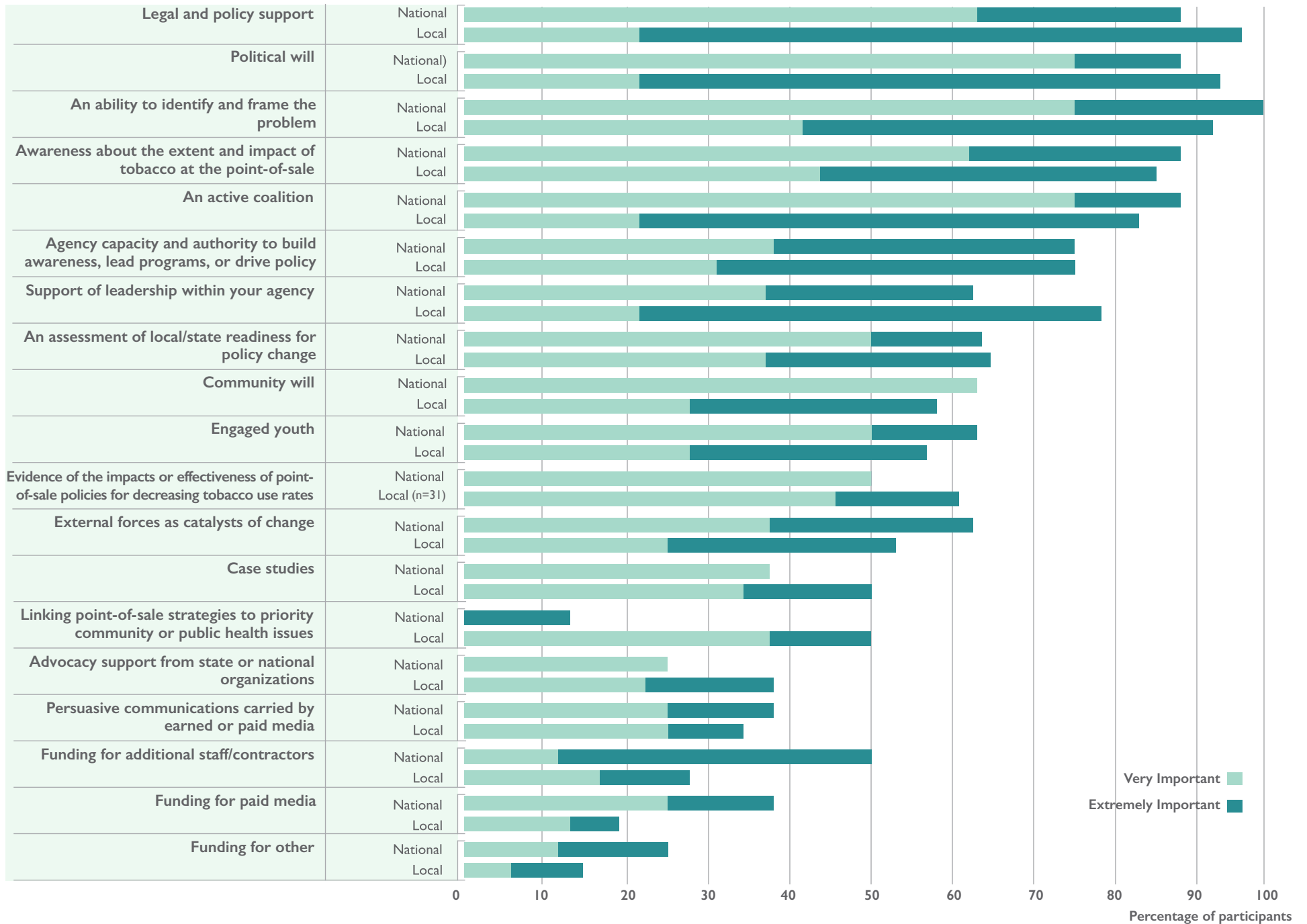
Percentage of participants

Table 2: 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=32)	Participant Ratings (Percentage of Respondents)					
		1-Not Important	2-Slightly Important	3-Moderately Important	4-Very Important	5-Extremely Important	N/A
Legal & policy support	National	0	0	12	63	25	0
	Local	0	0	3	22	75	0
Political will	National	0	12	0	75	13	0
	Local	0	0	6	22	72	0
An ability to identify & frame the problem	National	0	0	0	75	25	0
	Local	0	3	6	41	50	0
Awareness among policy makers & others about extent/impact of tobacco at the point-of-sale	National	0	0	12	63	25	0
	Local	0	3	12	44	41	0
An active coalition	National	0	0	12	75	13	0
	Local	6	9	3	22	60	0
Agency capacity & authority to build awareness, lead programs, or drive policy	National	0	0	0	38	62	0
	Local	3	13	9	31	44	0
Support of the leadership within your agency	National	0	13	25	37	25	0
	Local	3	6	13	22	56	0
An assessment of local/state readiness for policy change	National	12.5	12.5	12.5	50	12.5	0
	Local	3	16	16	37	28	0
Community will	National	0	0	37	63	0	0
	Local	0	10	31	28	31	0
Engaged Youth	National	0	0	37	50	13	0
	Local	6	10	25	28	28	3
Evidence of impact/effectiveness of point-of-sale policies for decreasing tobacco use rates	National	0	13	37	50	0	0
	Local (n=31)	3	20	16	45	16	0
External forces as catalysts of change	National	0	12.5	12.5	37.5	25	12.5
	Local	13	3	28	25	28	3
Case studies	National	0	0	62	38	0	0
	Local	3	22	22	34	16	3
Linking point-of-sale strategies to other community/public health issues	National	0	37	50	0	13	0
	Local	3	19	28	37.5	12.5	0
Advocacy support from state/national organizations	National	0	12	63	25	0	0
	Local	12.5	12.5	37	22	16	0
Persuasive communication carried by earned/paid media	National	0	25	37	25	13	0
	Local	25	13	25	25	9	3
Funding for additional staff/contractors	National	0	38	12	12	38	0
	Local	44	19	3	16	12	6
Funding for paid media	National	12	25	25	25	13	0
	Local	53	19	6	13	6	3
Funding for other	National	0	0	0	12	13	75
	Local	16	3	9.5	6	9.5	56

TOBACCO RETAIL ASSESSMENTS

In the past year, Clackamas, Clatsop, Columbia, Deschutes, and Linn Counties each conducted a tobacco retailer assessment to gain insight into the attitudes and beliefs of store owners, managers, and staff regarding tobacco sales to minors and support for select tobacco retail policies. In general, the retailer assessments asked similar questions. Where similar questions were asked and results were obtained in two or more retailer assessments, results were aggregated and analyzed and are presented in this section of the report. Clackamas, Clatsop, Columbia, and Deschutes provided results for individual survey questions asked of retailers. Their results (where available) are reported in aggregate. Linn County provided retailer assessment results in the form of a report of key themes and findings from their assessment. Retailer assessment results were pulled from Linn County's report and summarized beneath the aggregate results for each question.

Retailers Surveyed

The following table depicts the number of tobacco retail managers, owners, and staff interviewed in each assessment. Klamath County conducted a retailer assessment through interviews with four retailer managers/owners (not specified). Linn County interviewed a total of 18 people but did not specify their job positions. The total number of people interviewed was 84.

Table 3: Number of Retailer Assessment Interviewees by County

	Clackamas	Clatsop	Columbia	Deschutes	Linn
Owners Surveyed	8	4	5	5	n/a
Managers Surveyed	15	6	6	14	n/a
Staff Surveyed	0	1	2	0	n/a
Total Surveyed	23	11	13	19	18

Youth Access

Please describe your training policies or programs used to educate your employees on the subject of preventing the sale of tobacco and/or vaping products to minors.

In four of the counties (Clackamas, Clatsop, Columbia, and Deschutes Counties, n=66) where retailers were asked this question, every retailer reported different processes, procedures, and policies for verifying age and training staff on selling tobacco. Retailers responded that they scan IDs (15%), check everyone's ID (13%), utilize Oregon Liquor Control Commission (OLCC) training and guidelines (16%), and check IDs if customers look under 35 (12%).

In Linn County, where 18 interviews were conducted, many stores did not have written procedures for how to check an ID, and all stores reported different practices regarding under what age customers should appear to be in order to check their IDs. These

practices also differed among employees within some stores. A few had scanners that could detect a fake ID but reported that it was a large upfront expense. When asked how store staff were trained in tobacco sales procedures and policies, 17 out of 18 interviewees reported they do train staff. Some stores reported only training staff upon hiring; a few reported staff received yearly or quarterly brief reminders of the law and best practices as their training, with more than one store doing this on a computer and others doing it on paper. Most stores reported their employees received some training on checking IDs from OLCC but some reported believing the OLCC training was not a proper tobacco sales training. Many retailers welcomed the idea of receiving support and training from their local health department.

The training program and policies we have in place currently are successful in preventing and/or limiting sales of tobacco and vaping products to minors.

In the three counties (Clatsop, Columbia, and Deschutes Counties, n=43) that asked retailers this question, an overwhelming majority (84%) responded with "strongly agree." Fourteen percent (14%) of the interviewees responded with "somewhat agree," and 2% responded with "neutral."

In Linn County, there was a general consensus among interviewees that retailers lack routine information and regular training from local public health agencies and advocates. Retailers also reported a desire to streamline information about new and updated tobacco regulations, such as when Tobacco 21 was enacted in Oregon.

Employees at my store have experienced minors attempting to purchase tobacco or electronic nicotine delivery systems illegally.

In Clatsop, Columbia, and Deschutes Counties (n=43), retailers were asked to report their level of agreement with this statement. The majority of interviewees (44%) responded "strongly agree." Thirty percent (30%) responded that they "somewhat agree" with the statement. Twenty-three percent (23%) reported they strongly disagreed (14%) or somewhat disagreed (9%) with the statement.

If you become aware that one of your clerks has sold tobacco or vaping products to a minor, what is your protocol for dealing with that situation?

In Clatsop, Columbia, and Deschutes Counties (n=43) this was an open-ended question. Most retailers (37%) reported that they would immediately terminate an employee if they became aware of this situation. Others reported using a written or verbal warning (17%), using a three strike policy (11%), looking for further educational training instead of terminating the employee (8%), and/or alerting the OLCC (3%). A couple of other retailers (16%) reported that it doesn't happen in their stores.

In Linn County, a couple of retailers reported a belief that underage tobacco use is the personal responsibility of the consumer, no matter the age.

Opinion of what the penalty should be for retailers who continually break the law by selling tobacco or vaping products to minors.

In Clatsop, Columbia, and Deschutes Counties (n=43) this question was open-ended. The majority

of interviewees (39%) responded that retailers should be fined. Others responded that retailers should not be able to sell tobacco anymore (23%), retailers' licenses should be revoked (14%), and that retailers should have a similar penalty as they would with other violations in accordance to OLCC rules (12%).

In Linn County, retailers reported placing high importance on compliance with all laws and regulations, and some reported it would be helpful to them if there were a system similar to the OLCC system to handle tobacco sales regulations.

Tobacco Retail Policy Results

In Clackamas and Deschutes County (n=42), fifty percent (50%) of retailers interviewed reported supporting a policy prohibiting retailers from selling tobacco and vaping products within 1,000 feet of a school if they knew it would reduce or prevent youth from using tobacco. In Clackamas, Clatsop, Columbia, and Deschutes counties (n=66), nearly half (44%) of retailers surveyed reported supporting the discontinued sale of flavored products and the implementation of a tobacco licensing program to prevent youth from using tobacco or vaping products. Retailers in Clatsop and Columbia Counties (n=24) were less in favor (35% in support) of retail policies that would make tobacco more expensive by setting minimum prices or setting minimum package sizes for non-cigarette tobacco products.

When retailers in Clatsop, Columbia, and Deschutes Counties (n=43) were asked about the impact of a tobacco retail license on business, 50% responded that there would be no impact, 22% responded that the impact would depend on the fees, 9% responded that they would stop selling tobacco, 9% responded they were unsure, and 4% mentioned an increase in paperwork and regulations.

In Linn County, retailers perceive tobacco control policies to be necessary, but burdensome, especially if they vary across city or county lines. Several of the retailers owned multiple stores, some of them in multiple counties. Those retailers conveyed that the time and energy burden of complying with differing regulations for tobacco sales based on city and county can be overwhelming.

Figure 10: Retailer Support for Tobacco Retail Policies

Responses
- ■ Strongly agree
- ■ Somewhat agree
- ■ Neutral
- ■ Somewhat disagree
- ■ Strongly disagree
- ■ Need more info

Discontinuing sale of flavored products to reduce or prevent youth from using these products*
| 29% | 15% | 19% | 8% | 23% | 6% |

If a tobacco retail license program would help prevent youth from using tobacco or vaping products I would support a licensing program*
| 34% | 12% | 17% | 6% | 25% | 6% |

If I knew it would reduce or prevent youth from using tobacco, I would support a policy that prohibits retailers from selling tobacco and vaping products within 1,000 ft of schools**
| 43% | 7% | 24% | 7% | 19% |

Support for a law that makes tobacco more expensive by setting minimum price for tobacco products sold in Oregon***
| 26% | 9% | 13% | 30% | 22% |

Support for a law that sets minimum packages sized for non-cigarette tobacco products sold in Oregon***
| 13% | 22% | 31% | 17% | 17% |

Percentage of respondents

*Results include: Clackamas, Clatsop, Columbia, and Deschutes Counties (n=66)
**Results include: Clackamas and Deschutes Counties (n=42)
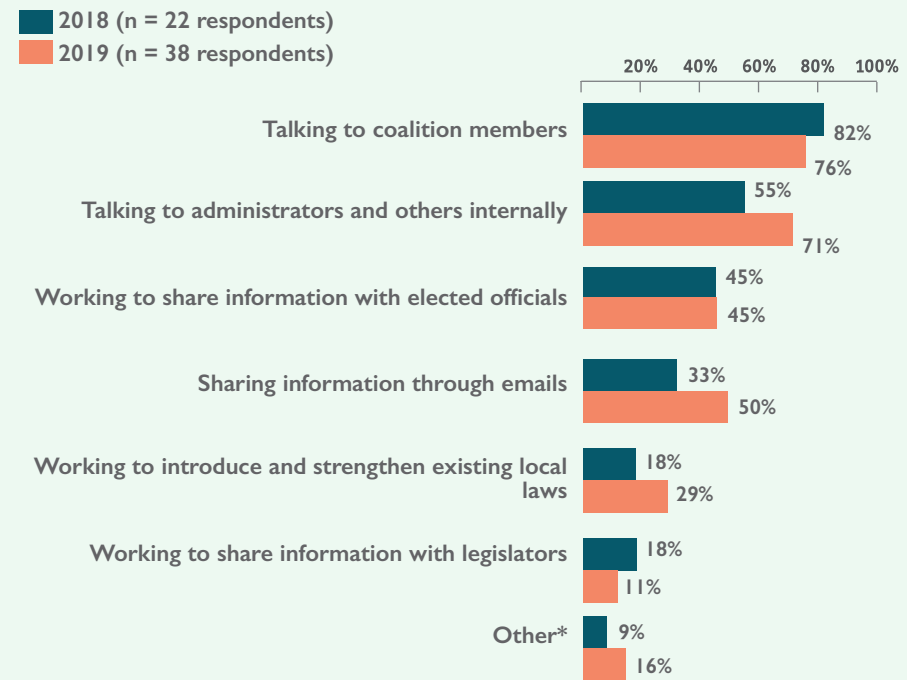***Results include: Clatsop and Columbia Counties (n=24)

ADDRESSING THE CONNECTION BETWEEN MARIJUANA AND SMOKEFREE PUBLIC AND WORKPLACE POLICIES

In Oregon, marijuana interest groups have advocated for legislation that would change smokefree workplace laws such as the ICAA to allow for smoking, vaping, or aerosolizing of marijuana in indoor public places or in workplaces.

Local tobacco program and ADPEP coordinators are working to ensure that smokefree workplace laws are as strong as possible. Oregon law allows for people 21 and older to use marijuana but does not allow for marijuana use in public places (indoors or outdoors) or workplaces. This section shares results from surveys of ADPEP and local tobacco program coordinators conducted in 2018 and 2019 measuring activities, understanding, and opinions around policies that address smoking or vaping of marijuana in public or in workplaces.

Coordinators reported that the marijuana industry is advocating for weaker laws and for allowing smoking or vaping in public places. The industry has also been advocating for tourist access to public and private smoking areas, both indoors and outdoors.

Figure 11: TPEP/ADPEP Activities Addressing SmokeFree Laws And Marijuana Smoking And Vaping Indoors

2018 (n = 22 respondents)
2019 (n = 38 respondents)

Activity	2018	2019
Talking to coalition members	82%	76%
Talking to administrators and others internally	55%	71%
Working to share information with elected officials	45%	45%
Sharing information through emails	33%	50%
Working to introduce and strengthen existing local laws	18%	29%
Working to share information with legislators	18%	11%
Other*	9%	16%

Other responses include: discussing information with local partners/community groups, educating youth and parents, and gathering examples of other existing local policy options in Oregon

Coordinators who answered this question previously indicated that they were aware of the connection between smokefree laws and smoking/vaping of marijuana in indoor public places or in workplaces and have taken steps to educate others about these laws and efforts.

Figure 12: Awareness of Local Activity For and Against Smoking, Vaping, and Aerosolizing of Marijuana in Public or in Workplaces

These maps depict counties whose ADPEP or local tobacco program coordinators were aware of advocacy efforts in their communities for or against laws allowing for smoking or vaping of marijuana in public or in workplaces, either indoors or outdoors. From 2018 to 2019, the number of counties whose coordinators were aware of such efforts increased.

Awareness of efforts to **advocate for**

Awareness of efforts to **advocate against**

Counties with 90% or more of the population covered by policies that prohibit licensed retail marijuana facilities*

The Oregon Liquor Control Commission maintains a record of cities/counties prohibiting licensed recreational marijuana facilities. From 2018 to 2019 four additional jurisdictions opted to allow licensed retail marijuana facilities and six chose to prohibit these facilities.

Jurisdictions that opted to allow:
- *Grant County*
- *Joseph*
- *Klamath Falls*
- *Ontario*

Jurisdictions that opted to prohibit:
- *Brownsville*
- *Dufur*
- *Imbler*
- *Sisters*
- *Turner*
- *Unity*
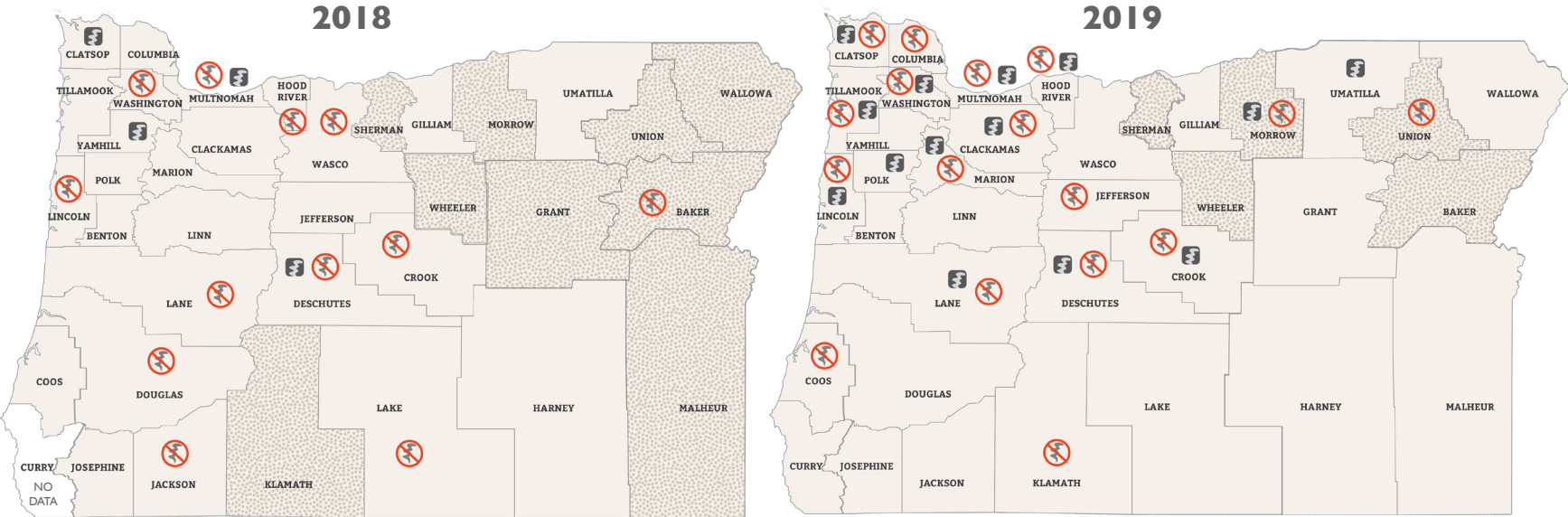
2018 totals: 4, 12

2019 totals: 14, 17

Key Messages Used by ADPEP and Local Tobacco Program Coordinators to Engage with Decision Makers:

> Laws that would allow indoor marijuana smoking or vaping would weaken the ICAA and its ability to protect the public from secondhand smoke and vapor

> Introduction of these laws would normalize the use of marijuana and could cause youth consumption to increase

> Smoke is smoke; it is harmful to people's health

"
Oregon has one of the strongest ICAA laws in the nation. Allowing exemptions for indoor marijuana use degrades years of time and money invested to protect the public from secondhand smoke.

—**Local tobacco program coordinator**

"
There is no way to protect employee health in an indoor smoking business.

—**ADPEP coordinator**

Counties Working to Introduce and Strengthen Local Laws

Taking local action to close exemptions to the ICAA that allow indoor smoking and vaping in smoke shops is one way to send a clear message about the importance of smoke- and vape-free workplaces.

Ten local health departments reported that they are working to introduce or strengthen existing laws that prohibit local smoke shops and cigar bars:

> Benton
> Clatsop
> Klamath
> Lane
> Marion
> North Central (Wasco, Sherman, Gilliam)
> Polk
> Tillamook
> Umatilla
> Washington

Currently there are three jurisdictions in Oregon—unincorporated Benton County, Corvallis, and Philomath—that have adopted policies prohibiting indoor smoking or vaping of any kind in smoke shops and cigar bars.

BUILDING COMMUNITY WILL FOR POLICY CHANGE

In the ICAAEE PIT 1 and 2 assessments, local tobacco program coordinators were asked to use the PCPM to update their status of policy change progress on each of their ICAA expansion initiatives. In total, respondents reported 31 ICAA expansion policy initiatives at stage four (community outreach) or beyond. For those initiatives, the local tobacco program coordinators were asked to list the activities they conducted to build community will. Sixteen coordinators (n=16) reported on their community will-building activities.

Figure 13: Strategies for Building Community Will

Strategy	Percentage
Building partnership base	50%
Mobilizing community	38%
Seeking decision-maker support	31%
Assessing community readiness	31%
Recruiting champions	25%
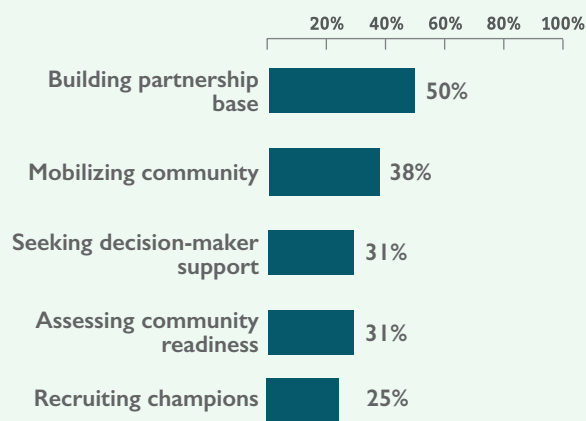
Table4: Strategies & Activities for Building Community Will

STRATEGIES	ACTIVITIES
Building partnership base	• Conducting meetings • Educating their partners via presentations and discussions
Mobilizing community	• Creating committees and workgroups to inform and advance their efforts • Reaching out to schools and other local agencies • Employing passionate community members to assist in outreach and educational activities
Seeking decision-maker and stakeholder support	• Reaching out to stakeholders, educating them, and offering opportunities for them to get involved • Providing technical assistance and support • Attending meetings with city staff • Educating business owners
Assessing community readiness	• Conducting surveys • Collecting data • Presenting findings to commissioners
Recruiting champions	• Encouraging advocates • Working with committees

While a variety of activities were conducted, half of the respondents (50%) reported focusing their efforts on building their partnership base by conducting meetings and educating their partners via presentations and discussions. As one coordinator stated:

> " **We place priority on build[ing] relationships. Over the years this has worked best with a list of tobacco-free areas and success with the ICAA.**
>
> **—Local Tobacco Program Coordinator**

Thirty-eight percent (38%) of the respondents reported activities that mobilized their community, most of which consisted of creating committees and workgroups to inform and advance their efforts. Other activities included reaching out to schools and other local agencies and employing passionate community members to assist in outreach and educational activities. One respondent reported having youth speak to the city council, county commissioners, and key stakeholders about ICAA expansion policy-related topics.

Decision-makers and stakeholders were also targeted in the effort to gain social support. Thirty-one percent (31%) of respondents reported reaching out to stakeholders, educating them, and offering opportunities for them to get involved in the ICAA policy strategy. Coordinators provided technical assistance and support and attended meetings with city staff. One respondent reported concentrating efforts on educating business owners.

Five respondents (31%) reported conducting surveys and collecting data to gain feedback from the community and to assess readiness and buy-in. One local tobacco program administered attitudinal surveys to determine if the community would support its efforts. In other cases, programs collected data to back their policy strategies and presented the data to county commissioners as supporting evidence. Data were also used to inform the local tobacco programs' communication and implementation plans.

Twenty-five percent (25%) of the respondents went a step further by encouraging influential community members to champion the cause. One respondent reported success in encouraging the county's chief of police to become an advocate. Other coordinators worked with different committees to accomplish this task.

Two local tobacco programs (13%) reported that no community will was built in their counties. One respondent reported not needing community will because of existing political will. The other respondent reported the initiative was in the beginning phase of building community will, and the program was still planning strategies.

One respondent (6%) reported that effective internal teamwork and leadership support allowed the program to build community will with partners and stakeholders. While this activity was effective in progressing the policy strategy, there was no indication that the community was involved as no outreach, engagement, and/or education activities were listed.

Based on their responses to the PIT assessments, local tobacco program coordinators were asked to share

the tools and materials they used to build community will, regardless of their policy change status. Twenty-two coordinators were contacted, and 28 community will-building tools and materials were collected.

Twelve of the 28 tools and materials (43%) were determined to be relevant to ICAA expansion and potentially useful for building community will. These items varied in form and targeted a range of audiences. Six items were educational materials in the form of articles, fact sheets, flyers, and a map[6] demonstrating the density of tobacco retailers and their proximity to schools in an area. Four items were assessment tools and materials explaining the methods and analyses, in the form of interview tools and a readiness assessment. Three items were both education and assessment materials, in the form of presentations and a packet composed of a variety of materials.

Some reported items consisted of content unrelated to ICAA expansion but could be modified to build community will for ICAA expansion. These items include retail assessment tools, which could be adapted to include questions regarding indoor smoking policies for all businesses. All tools and materials can be found in Appendix X.

Figure 14: City of Philomath Tobacco Outlets and Schools (detail)

IDENTIFYING & UTILIZING COMMUNITY LEADER VALUES

In November 2018, the evaluation team interviewed local tobacco program coordinators from four Oregon counties to understand what values are held by leaders in their respective communities and how that knowledge has informed their work and influenced the policy change process. The information that local tobacco program coordinators present to community leaders—and how they present that information—is key to successfully creating policy changes in the tobacco retail environment. Understanding community values helps coordinators to tailor their messages.

Identifying Community Leaders & Their Values

All the interviewees identified elected officials and local government administrators as leaders within their communities. Other leaders identified included community organizations (e.g., Rotary Club), law enforcement, school leaders, and medical practitioners. Retailers were identified as significant influencers.

The methods most frequently reported by interviewees for identifying community leaders' values were:

> Conducting in-person discussions

> Attending meetings and listening to public dialogue

> Reviewing public statements on the web or social media

> Reading news articles

In-Person Discussion

Interviewees approached in-person discussions in a variety of formal and informal ways. Coordinators in one county stated that living within the communities they serve creates a natural trust-building process that leads to "little wins" in which the relationships allow for respect and agreement on key issues. One coordinator shared an anecdote about developing a friendship with the owner of a local market where she was a customer. Through this relationship, the business owner emerged as an advocate for tobacco retail policies and was willing to share his perspective with elected officials.

Coordinators in another county conducted a power mapping exercise (with government officials and administrators) to help identify the leaders they needed to reach and the issues they needed to consider before initiating contact.

In some cases, informal or social meetings between coordinators and government officials led to formal opportunities to attend meetings with city council members or county commissioners. Value statements emerged from the questions asked at those and other public forums that helped coordinators to focus policy change efforts moving forward.

Finally, interviewees prepared for meetings by monitoring electronic media, reviewing community websites, and reading local newspapers to identify community leaders' values and stay informed about their responses to local current events.

Coordinators reported the following challenges related to community leader's values and the strategies used to address them.

Value:
Keeping Government Efficient

CHALLENGE:
Leaders view tobacco retail licensing (TRL) as duplication of enforcement and creating more government.

STRATEGIES:
1. Demonstrate to leaders that TRL is not duplication but instead supports retailers doing the right thing.
2. Remind leaders that retailers are not currently licensed.
3. Be transparent about anticipated revenue, how the money will be used, and whether growth might occur.

Value:
Protecting Freedom of Personal Choice

CHALLENGE:
The community fears a nanny state.

STRATEGIES:
1. Remind health leaders that the work of shaping a healthy community is reducing harm.
2. Provide examples of similar existing legal frameworks, such as speed limits.
3. Frame the issue through a fairness and justice lens (i.e., there are retailers breaking the law by selling products illegally).
4. Encourage open, respectful dialogue through town halls or government work sessions.

CHALLENGE:
Tobacco users feel attacked by tobacco prevention policy.

STRATEGY:
Conduct open, respectful dialogue through town halls or government work sessions.

Value:
Preventing Youth Tobacco Use

CHALLENGE:
Leaders insist not enough is being done to educate youth.

STRATEGY:
Educate lawmakers that youth also need to be surrounded by healthy options and less temptation to make healthy choices and how education alone has not proven effective.

CHALLENGE:
Tension exists between a desire to protect the economy and a desire to protect youth.

STRATEGIES:
1. Emphasize that preventing nicotine addiction in youth now will save the community money later.

2. Frame the issue as everyone's responsibility (i.e., one party cannot do it alone).

3. Understand and stress that tobaccco retail policy will not harm the economy.

Value:
Preserving Business & Economic Strength

CHALLENGE:
Not enough evaluation of other states' policies exists to satisfy leaders' desire for proof of their effectiveness.

STRATEGY:
Reinforce messages about the importance of the retail environment. Examples are found here: https://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-pos-policy-WashU-2014.pdf

CHALLENGE:
Leaders lack trust in data from more progressive-leaning places such as California and Portland.

STRATEGIES:
Provide examples of businesses leading tobacco policy work in communities in more conservative states (e.g., Kentucky and North Carolina).

CHALLENGE:
Using public insurance data to demonstrate the financial cost of tobacco use backfires to reinforce a stigma about personal responsibility.

STRATEGIES:

1. Know the audience before bringing up insurance or use only examples related to private insurance.

2. Emphasize the cost to employers of sick days and lost productivity for employees who use tobacco.

TOBACCO RETAIL POLICY PROGRESS

This section of the report provides results from evaluation activities undertaken to measure local tobacco prevention progress in advancing tobacco retail environmental policies from October 2016 to July 2019. Information about local tobacco program progress in advancing tobacco retail policies was gathered through point-in-time (PIT) assessments conducted with local tobacco program coordinators.

> Since October 2016 (PIT 1):

>> • Seven tobacco retail policies have passed in Benton County (unincorporated), Chiloquin, Corvallis, Klamath County (unincorporated), Klamath Falls, Lane County, and Philomath

>> • Twenty-two (67%) local tobacco programs have had one or more tobacco retail policy initiatives progress

> At PIT 1 (October 2016), 8% of retail policy initiatives were at the advanced stages (6-9) of the policy change process compared to 21% at PIT 4 (July 2019)

> Tobacco retail license policies are in place (as of July 2019) in four counties covering 26% of the Oregon population

TRE Point-in-Time Assessments 1 and 4 by Jurisdiction

The policy strategy, stage, and jurisdiction at PIT 1 (2016) and PIT 4 (2019) for each policy initiative are shown in Figure 15 on the following pages. As a reminder, the policy change process is iterative, and it is common for an initiative to backtrack before moving further along in the process.

Figure 14 does not depict policy initiatives reported at PIT 2 or PIT 3. Therefore policy initiatives that were reported in 2017-2018 but were no longer active in the policy change process at PIT 4 are not shown.

Figure 15: TRE Point-in-Time Assessments 1 and 4 by Jurisdiction

Year:
- ■ PIT 1 (2016)
- ■ PIT 4 (2019)

Policy strategy:
- ■ TRL
- + TRL+
- ♨ Multiple plug-ins
- ▨ T21 (statewide passed in 2018)
- ◉ Retailer proximity
- ⊘ Flavor ban
- Ⓞ Other
- Ⓤ Undecided

How to read this graphic:

Clackamas ——————— ▢ ———— ▢ ——————————

Clackamas County reported a tobacco retail license policy initiative at PCPM stage three in 2016. By 2019, Clackamas reported that the policy had advanced to PCPM stage five.

Figure showing horizontal bars across nine PCPM stages (1 IDENTIFY PROBLEM, 2 ENGAGE STAKE-HOLDERS, 3 ASSESS READINESS, 4 COMMUNITY OUTREACH, 5 ENGAGE DECISION-MAKERS, 6 DRAFT POLICY, 7 ADOPT POLICY, 8 IMPLEMENT POLICY, 9 EVALUATE IMPACT) for jurisdictions including Baker - county, undecided; Benton - county, Adair Village, Corvallis, Monroe, Philomath; Clackamas - county; Clatsop - county; Columbia - St. Helens, undecided; Coos - county, undecided; Crook - county, undecided; Curry - county, Gold Beach; Deschutes - county, Bend, LaPine, Redmond, Sisters; Douglas - Glendale, Reedsport, Roseburg; Grant - county, undecided; Harney - county, Burns; Hood River - county, Cascade Locks, Hood River; Jackson - county, Ashland; Jefferson - county; Josephine - undecided.

DRAFT

	1 IDENTIFY PROBLEM	2 ENGAGE STAKE-HOLDERS	3 ASSESS READINESS	4 COMMUNITY OUTREACH	5 ENGAGE DECISION-MAKERS	6 DRAFT POLICY	7 ADOPT POLICY	8 IMPLEMENT POLICY	9 EVALUATE IMPACT
Klamath- *county*						☐		☐	
Chiloquin								☐	
Klamath Falls						☐		☐	
Lake- *county*		U				☐			
Lakeview			📍						
Lane- *county*					▨			+ + ▨	
Coburg, Dunes City, Junction City, Lowell, Oakridge, Westfir		☐							
Cottage Grove, Veneta								+ +	
Creswell					☐				
Eugene			☐		☐				
Florence				☐					
Springfield			☐		☐				
Lincoln- *county*		☐			☐				
Linn- *county*	U								
undecided		+							
Malheur - *Ontario*	O	+							
Nyssa, Vale					+				
Marion- *county*		☐							
Keizer, Salem				☐					
Silverton		+		☐					
Stayton, Woodburn		☐							
Morrow- *county*		☐ O							
undecided	☐								
Multnomah- *county*			📍		▨ 📍 ⊘			☐	☐
Polk - *Independence*	+	☐							
Dallas, Falls City	+								
Monmouth	+				☐				
Tillamook - *Wheeler*		O							
undecided		☐							
Umatilla- *county*					☐ ☐				
Pendleton			☐						
Union - *Elgin*		+							
undecided	O								
North Central - *Gilliam Co.*	▨				+				
Sherman Co.				▨	+				
Wasco Co.		▨			+				
Washington- *county*					+ +				
Wheeler- *county*		☐							
Fossil		☐							
Spray		☐ O							
Yamhill- *county*		O							
Carlton, McMinnville, Sheridan	▨								

Figure 16: TRE Policy Initiatives Compared Across Points-in-Time

Figure 15 depicts the number of policy initiatives, types of policy strategies, and stages of policy change at TRE PIT 1 and PIT 4, illustrating a general trend of progress in the policy change process.

The decrease in the overall number of policy initiatives from 77 to 56 is a reflection of statewide passage of the T21 policy initiative in 2018.

Policy strategy:
- Implement TRL
- Implement TRL + an additional retail policy
- Tobacco 21
- Policy includes multiple plug-ins
- Restrict retail proximity
- Prohibit the sale of flavored products
- Other
- Undecided

Stage 9 Evaluate Impact
Stage 8 Implement Policy
Stage 7 Adopt Policy
Stage 6 Draft Policy
Stage 5 Engage Decision-makers
Stage 4 Community Outreach
Stage 3 Assess Readiness
Stage 2 Engage Stakeholders
Stage 1 Identify Problem

PIT 1 October 2016 77 Initiatives
T21 Passes Statewide 2018
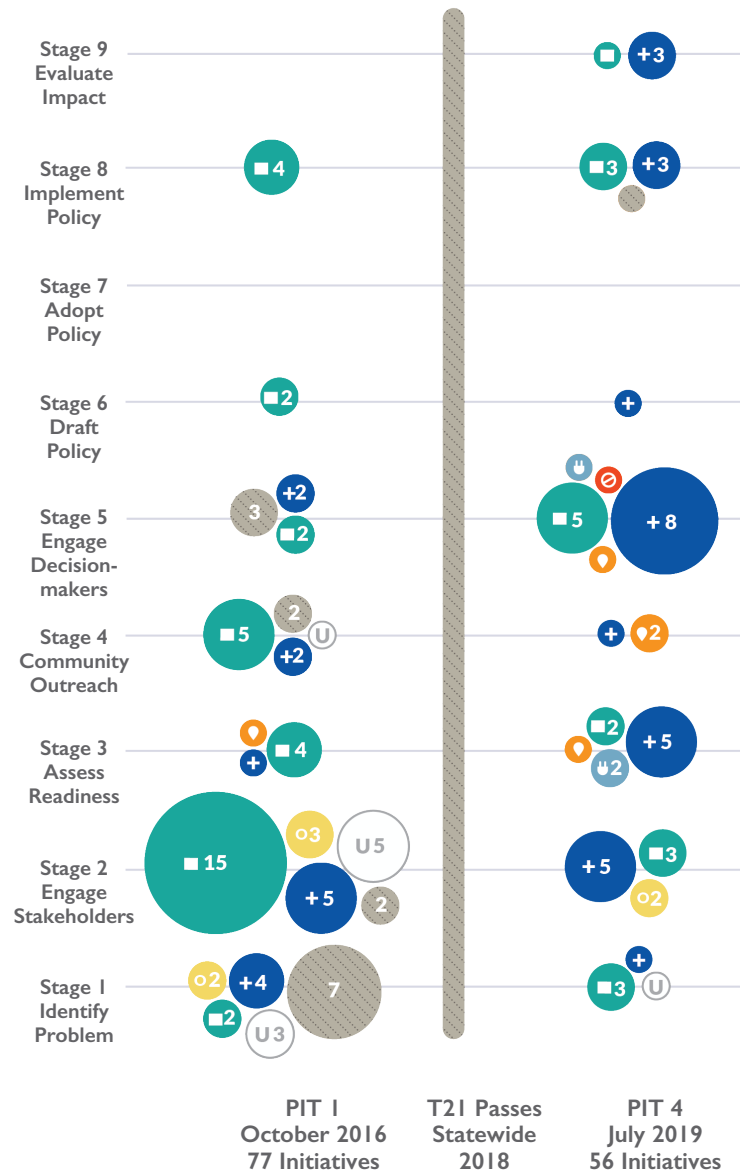PIT 4 July 2019 56 Initiatives

Figure 17: Tobacco Retail License Policy Coverage: Comparison PIT 1 and PIT 4
The following maps compare the proportion of the county populations with the proportion of the state of
Oregon's population covered by tobacco retail licensure policies at PIT 1 (October 2016) and PIT 4 (July 2019).

PIT 1 (October 2016)

*
MULTNOMAH
100%

29%
BENTON

31%
*
LANE

State Population Coverage:

23%

Legend:
County Population Coverage:

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

*SPArC Counties

PIT 4 (July 2019)

*
MULTNOMAH
100%

93%
BENTON

31%
*
LANE

97%
*
KLAMATH

State Population Coverage:

26%

Legend:
County Population Coverage:

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

*SPArC Counties
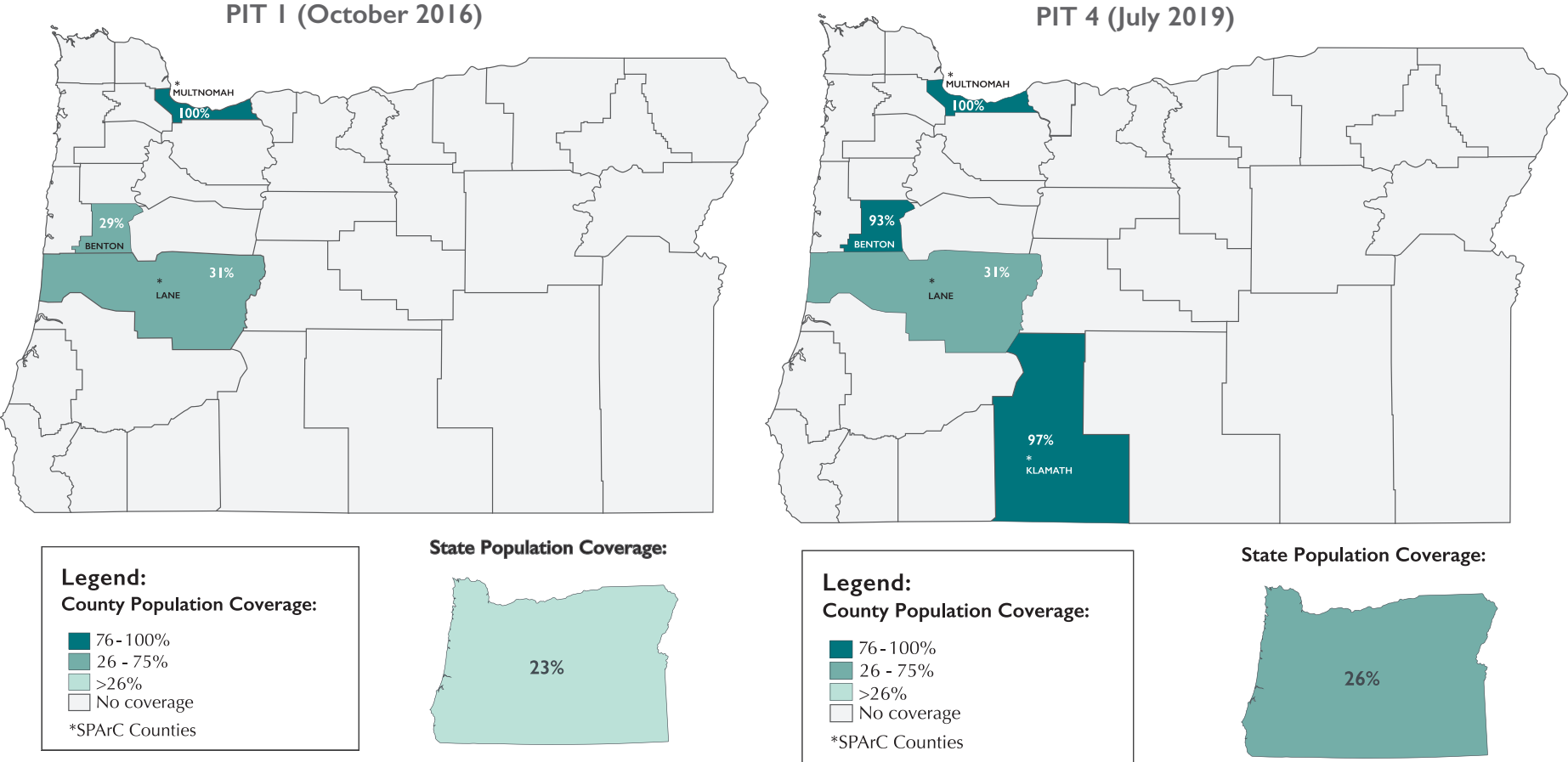
ICAA EXPANSION POLICY PROGRESS

This section of the report provides results from evaluation activities undertaken to measure local tobacco prevention progress in advancing ICAA expansion policies from May 2018 to May 2019. Information about local tobacco program progress in advancing ICAA expansion policies was gathered through PIT assessments conducted with local tobacco program coordinators.

> Since May 2018 (PIT 1):
  - Three ICAA expansion policies have passed in Philomath, McMinnville, and Eugene
  - Eighteen (55%) local tobacco programs have had one or more ICAA expansion policy initiatives progress

> At PIT 2 (May 2019), 24% of ICAA expansion policy initiatives were at the advanced stages (6-9) of the policy change process compared to 15% at PIT 1 (May 2018)

Figure 18: ICAA Expansion Policy Initiatives by Point-in-time
This chart depicts the total number of policy initiatives at each stage of the policy change process and at each point-in-time assessment.
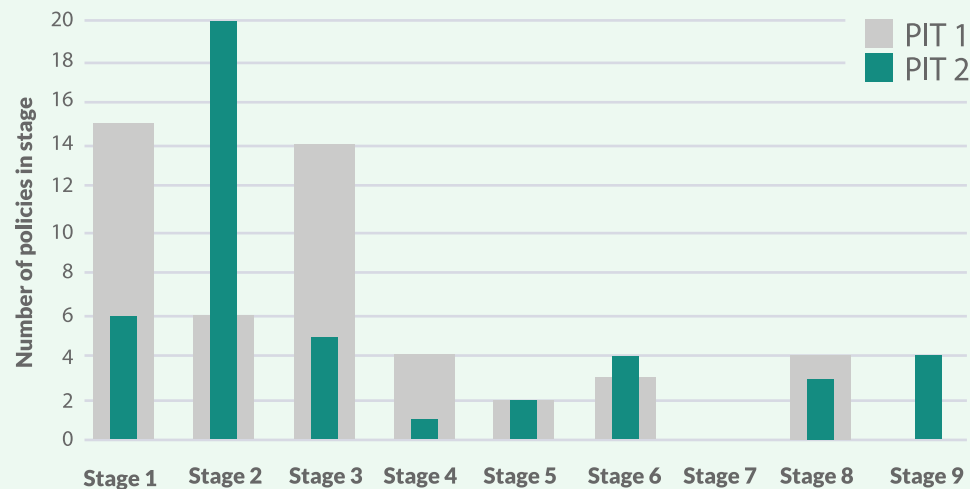
Figure 19: ICAA Expansion Policy Activity by County

The two maps below show the number of policy initiatives in progress and passed in each county at PIT 1 and PIT 2. As of May 2019, Benton, Josephine, Lake, and Yamhill Counties had one or more ICAA expansion policy in place.

Legend:
- Counties with policy initiatives in progress
- Counties with policies that have been adopted
- Counties with no available data
- # Number of policy initiatives in progress.
- (#) Number of policy initiatives that have passed

PIT 1 (May 2018)

PIT 2 (May 2019)

Figure 20: ICAAEE Point-in-Time Assessments 1 & 2 by Jurisdiction

The policy strategy, stage, and jurisdiction at PIT 1 (May 2018) and PIT 2 (May 2019) for each policy initiative are shown below.
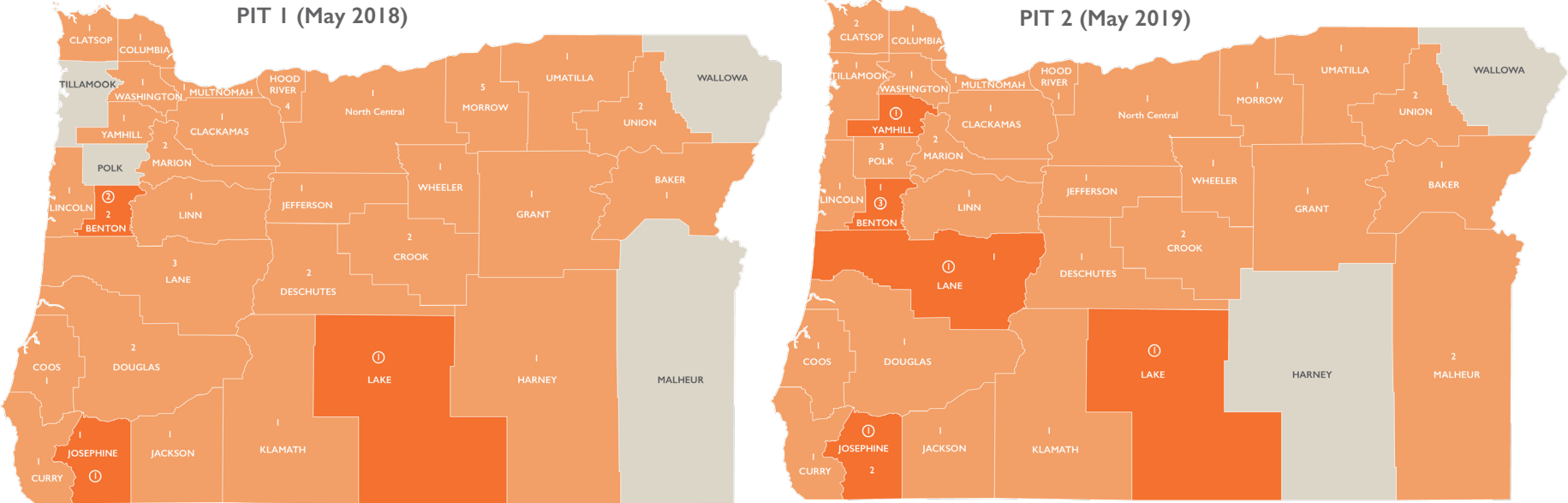
Year:
- PIT 1 (2018)
- PIT 2 (2019)

Policy strategy:
- Expand the 10 ft rule
- Eliminate smokeshop exemption
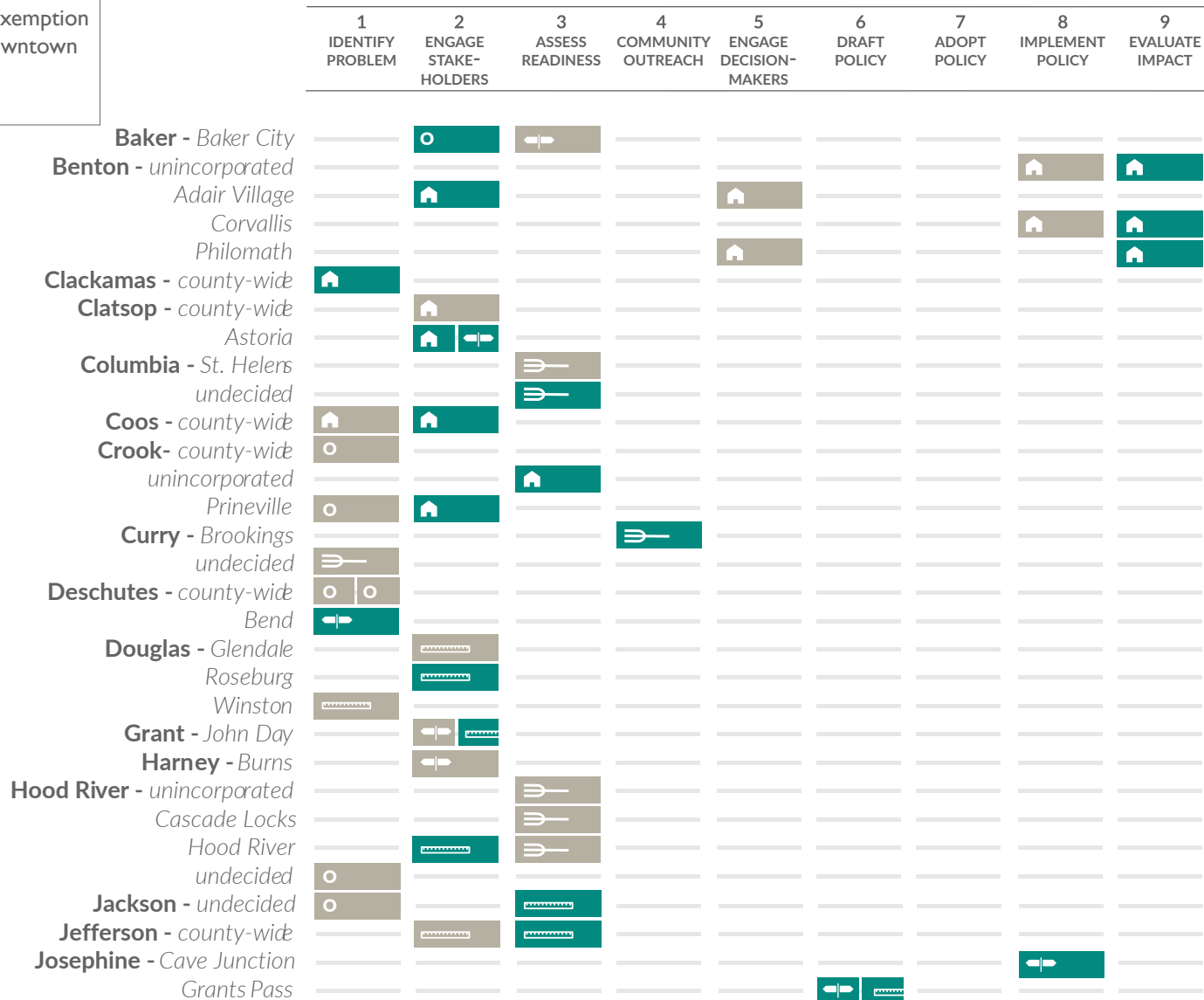- Establish smokefree downtown
- Include outdoor dining
- Other/Undecided

Jurisdiction	1 IDENTIFY PROBLEM	2 ENGAGE STAKE-HOLDERS	3 ASSESS READINESS	4 COMMUNITY OUTREACH	5 ENGAGE DECISION-MAKERS	6 DRAFT POLICY	7 ADOPT POLICY	8 IMPLEMENT POLICY	9 EVALUATE IMPACT
Baker - Baker City		O	downtown						
Benton - unincorporated								eliminate	eliminate
Adair Village		eliminate			eliminate				
Corvallis								eliminate	eliminate
Philomath					eliminate				eliminate
Clackamas - county-wide	eliminate								
Clatsop - county-wide		eliminate							
Astoria		eliminate, downtown							
Columbia - St. Helens			dining						
undecided			dining						
Coos - county-wide	eliminate	eliminate							
Crook - county-wide	O								
unincorporated			eliminate						
Prineville	O	eliminate							
Curry - Brookings				dining					
undecided	dining								
Deschutes - county-wide	O, O								
Bend	downtown								
Douglas - Glendale		expand							
Roseburg		expand							
Winston	expand								
Grant - John Day		downtown, expand							
Harney - Burns		downtown							
Hood River - unincorporated			dining						
Cascade Locks			dining						
Hood River		expand	dining						
undecided	O								
Jackson - undecided	O		expand						
Jefferson - county-wide		expand	expand						
Josephine - Cave Junction								downtown	
Grants Pass					downtown, expand				

	1 IDENTIFY PROBLEM	2 ENGAGE STAKE-HOLDERS	3 ASSESS READINESS	4 COMMUNITY OUTREACH	5 ENGAGE DECISION-MAKERS	6 DRAFT POLICY	7 ADOPT POLICY	8 IMPLEMENT POLICY	9 EVALUATE IMPACT
Klamath - *county-wide*	●								
unincorporated						●			
Lake - *Lakeview*								●	
Lane - *county-wide*						●			
Eugene				●		●		●	
Lincoln - *county-wide*		●							
unincorporated		●							
Linn - *Albany*	●	●							
Malheur - *county-wide*		●							
Ontario					●				
Marion - *county-wide*	●								
Silverton			●						
undecided	●								
Morrow - *county-wide*			●						
Boardman			●						
Heppner			●						
Ione			●						
Irrigon			●						
undecided		●							
Multnomah - *county-wide*	●								
undecided	●								
North Central - *The Dalles*			●						
undecided					●				
Polk - *Dallas*		●							
Independence		●							
Monmouth		●							
Tillamook - *unincorporated*		●							
Umatilla - *Pendleton*	●								
Umatilla	●								
Union - *Elgin*		●	●						
La Grande		●							
Union			●						
Washington - *county-wide*		●		●					
Wheeler - *county-wide*				●					
undecided	●								
Yamhill - *McMinnville*						●			●

Policy Projections

During PIT assessments conducted in 2019, local tobacco program coordinators were asked to estimate the projected stage in one year (June 2020) of policy change for each of their tobacco retail and ICAA expansion policy initiatives.

From June 2019 to June 2020:

> Ninety-four percent (94%) of respondents expected one or more of their policy strategies (tobacco retail or ICAA expansion) to advance one or more stages

> Seventy-nine percent (79%) of respondents expected one or more of their policy strategies (tobacco retail or ICAA expansion) to advance two or more stages

> Thirty-three percent (33%) of respondents expected one or more of their policy strategies (tobacco retail or ICAA expansion) to pass

  • Twenty-one percent (21%) of respondents expected one or more of their tobacco retail policy strategies to pass

  • Nine percent (9%) of respondents expected one or more of their ICAA expansion policy strategies to pass

> Respondents reported expecting 13 policies will pass by June 2020

  • Ten tobacco retail policies

  • Three ICAA expansion policies

SPArC TOBACCO-FREE GRANTS

As noted earlier in the report, SPArC Tobacco-Free grantees were awarded funds (based on a competitive process) to accelerate their work in changing retail environments and expanding the ICAA. In 2018, grant award amounts ranged from $60,030 - $299,655 for the time period of August 2018 through June 2019. The following section provides evaluation results specific to the SPArC Tobacco-Free program.

Partner Engagement

In April 2019, SPArC grantees and the partners completed an electronic survey about their level of partner engagement in a list of nine crucial policy change activities. The purpose of the survey was to identify how non-governmental and tribal government entities are engaged with and integrated into local tobacco policy. SPArC grantees' survey responses were directly compared with their partner's response regarding the level of partner engagement.

For the purpose of this survey, "partners" refers to organizations that:

> Play a key role in SPArC grantees ability to achieve their policy strategy goals;

> Represent trusted, respected, or important voices in the community;

> Provide policy input (especially around health equity);

> Offer tactical advice; and

> Actively work with SPArC grantees to accomplish policy change objectives, frequently taking on

activities, such as lobbying, that may be more appropriate for non-governmental organizations.

SPArC grantees partnered with the following types of organizations:

> Health equity alliances (4/8 grantees)

> Tobacco, alcohol, and other drug coalitions (3/8 grantees)

> Universities or school districts (3/8 grantees)

> Nonprofit organizations (2/8 grantees)

> Other partners: youth-based organizations, action teams, and Blue Zones

> **First and foremost, community partnerships are necessary, and the work cannot move forward without being led/driven by the community.**

—SPArC Partner

(COMBINED RESPONSES FROM SPARC GRANTEES)

> Community groups have different priorities than local tobacco programs; community education and engagement is very important in order to align goals and values to ensure that policies are community-led/driven (7/17 surveyed)

> Partner engagement is time-consuming due to the time required to build strong relationships and the logistical factor of planning around multiple schedules in order to meet (5/17 surveyed)

> Communication and follow-through with partners is important to keep the work moving forward (3/17 surveyed)

"

Partner engagement is one of the hardest, most time-consuming aspects of policy change but has some of the highest returns on investment.

—SPArC Grantee

WAYS TO IMPROVE PARTNERSHIPS
(COMBINED RESPONSES FROM SPARC GRANTEES)

> More regular communication with partners to provide updates regarding project status, accomplishment, and challenges (4/17 surveyed)

> Allow time, resources, and space to ask partners how they would like to be involved in the policy change process and for partners to prioritize policies of interest and contribute to decision-making

> Dedicate more time to partner engagement (3/17 surveyed)

Overall, partner engagement is under-developed by grantees; partnerships do not seem to be strong or mutually beneficial. There is low agreement on the level of engagement between SPArC grantees and their partners, although community partnerships are held in high regard for policy change to be successful by both SPArC grantees and their partners. Grantees should continue to work on developing strong partnerships to advance policy work, and additional evaluation of these partnerships should take place.

Progress and Lasting Effects in Advancing Policy

The SPArC Tobacco-Free program has been funding grantees to advance tobacco prevention policy, systems, and environmental change since 2014.

> In 2014, six projects were funded, serving seven counties (SPArC 1).

> In 2016, seven projects were funded, serving seven counties. SPArC 2 funding was focused on tobacco prevention and control in the retail environment.

> In 2018, eight projects were funded, serving 10 counties. SPArC 3 grantees were tasked with implementing strategies that address changing the retail environment to limit the influence of tobacco and/or protecting and strengthening jurisdictional clean indoor air policies.
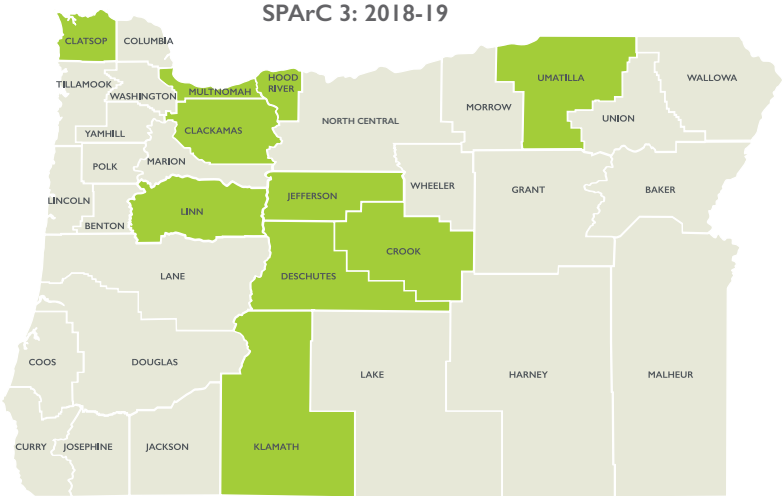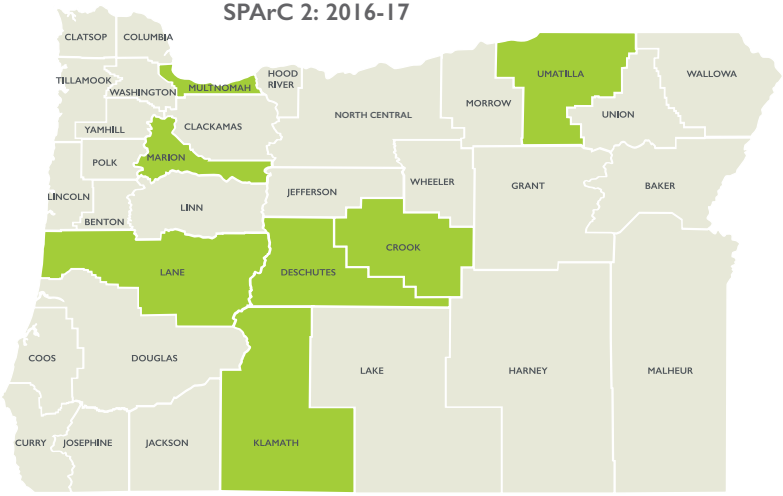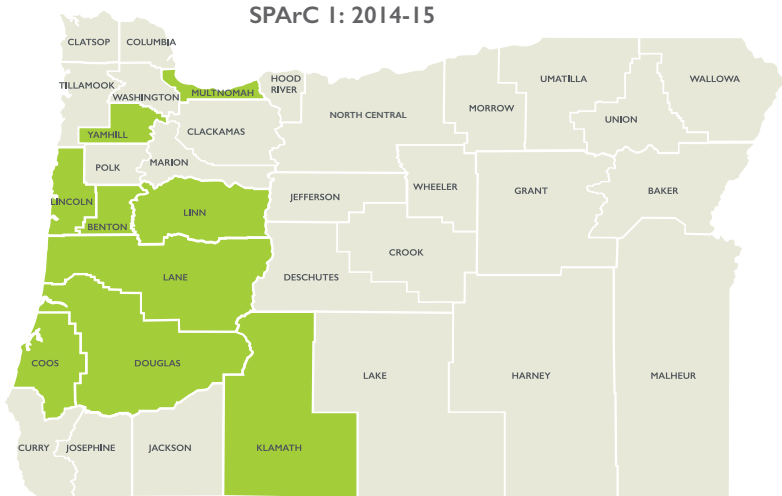
Figure 21: SPArC Cohorts

Table 5: SPArC Funding & Policy Progress

	At stage 5 (engage decision makers) or beyond in one or more tobacco retail or ICAA expansion policies as of July 2019	Tobacco retail policy progress (PIT 1 to PIT 4)	ICAA expansion policy progress (PIT 1 to PIT 2)	Passed one or more tobacco retail policies (since October 2016)	Passed one or more ICAA expansion policies (since May 2018)
Ever SPArC (n=17) Cohort 1,2, or 3	59%	76%	59%	24%	18%
SPArC 3 (n=10)	50%	90%	60%	20%	0
Never SPArC (n=16)	38%	56%	44%	0%	0

TPEP programs with SPArC funding experienced more success in passing local tobacco policy. These programs advanced and passed more policies than counties with basic TPEP funding only. The following table compares policy progress in SPArC-funded counties with non SPArC-funded counties.

SPArC Budget Analysis

Using expenditure worksheets completed by seven of the eight SPArC grantees and interviews with all eight grantees, the evaluation team assessed the role that SPArC funding played in the policy successes of those local tobacco programs that received it.

SPARC FUNDING EXPENDITURES

According to initial budgets submitted by grantees to HPCDP, the median amount of SPArC funds awarded was $188,600. The greatest amount was $299,655 and the least was $60,030.

Based on the expenditure worksheet submitted by SPArC grantees to the evaluation team, the median amount of SPArC funds spent was $68,768.42, the greatest amount spent was $308,908.61, and the least was $43,392.96. Five programs spent less than they were awarded. The median amount underspent was $33,301(approximately 18% less than the median amount granted). Two programs spent more than they were awarded; the average amount overspent was $4,841.06 (approximately 3% more than the median amount granted). When budgets were overspent, funds were drawn from another internal budget to cover costs.

BUDGET CATEGORY VARIANCE

Grantees overspent on supplies (50% more than budgeted), other expenses, (e.g. legal fees and overhead expenses at 48% more than budgeted), and fringe benefits (17% more). The category in which grantees were the most underspent was salary (17% underspent). Overall, the grantees underspent by an average of 23%.

Table 6: SPArC Budget vs. Actual Spending on Salary, Supplies, and Contracts

Budget category	Highest budget	Lowest budget	Highest spent	Lowest spent
Salaries	$125,910	$16,376	$117,148.02	$21,761.29
Supplies	$9,000	$0	$15,304	$309.61
Contracts	$35,000	$0	$56,640.32	$0

Table 7: SPArC Budget Percent Difference

Budget category	Average % difference	Spent less or more
Salaries	17%	Less
Fringe Benefits	17%	More
Equipment	9%	More
Supplies	51%	More
Travel	1%	Less
Other	48%	More
Contracts	2%	Less
Total Direct Costs	23%	Less
Total	23%	Less

Advancement

IMPACT OF SALARY BUDGET CATEGORY

Grantees were asked to describe the impact that SPArC- funded positions had on the advancement of tobacco retail or ICAA policy in their counties. The SPArC- funded positions fell into the following categories:

> Project staff

> Management staff

> Executive leadership staff

> Temporary staff, e.g. interns

> Administrative support staff

All eight programs reported their project team's function. The project and temporary staff had similar roles and impact. Project lead positions primarily led the project team in accomplishing the work. Several positions, especially communication specialists and health educators, assisted in communications, created educational materials, and, in some cases, translated materials for non-English speaking community members. Staff such as community health workers created community connections and assisted in engaging the community in the work. Other positions, including epidemiologists and health and safety impact planners, conducted assessments, collected and analyzed data, and more. Policy analyst staff prepared materials and presentations for policy sessions and business meetings. One grantee stated that their project team had an "all hands on deck" approach.

Half of the grantees (50%) reported the role that management staff played in policy advancement. Program managers supervised the work to make sure that it was being done. Grantees reported on

the role of program coordinator, with three stating that this position made a great contribution to the work. Program coordinators had a hand in doing the necessary research and gathering information. In addition, they assisted in drafting city policies and were major advocates for the policy strategies.

Two programs (25%) discussed the involvement of executive leadership staff in moving the work forward. Executive leadership staff were described as integral in developing structures and processes and engaging higher level county leadership, such as the board of county commissioners. This position also oversaw the management staff.

One grantee described the role of administrative support positions to be supportive of business processes; these positions primarily assisted in creating the budget and managing the grant funds and contracts.

IMPACT OF SUBCONTRACT BUDGET CATEGORY

Five programs (63%) used their funds to acquire subcontractors. The types of subcontractors used to move the work forward were:

> Private consultants and businesses

> Community-based organizations

> Educational institutions

> Public health agencies

> Internal contractors

Grantees used private consultants, community-based organizations, external public health agencies, and educational institutions to accomplish similar tasks. These types of subcontractors advocated, promoted and built awareness in the community. They also facilitated

community engagement. Additionally, they conducted assessments and facilitated meetings, all of which are activities imperative for advancing policies.

One grantee subcontracted internally, acquiring county counsel to provide legal consultation, make policy presentations, and draft city policies. This contractor assisted the program in getting a policy resolution adopted.

The other programs (37%) did not allocate funds to this budget category.

IMPACT OF "OTHER" BUDGET CATEGORY

Three programs (37%) reported that they spent some of their funds on "other" purchases, all of which were **overhead expenses**, i.e. legal fees, office rental, and phones. **These expenditures were vital for continuing business processes** and thus, had an indirect impact on policy advancement. The other five grantees (63%) did not allocate funds to this budget category.

EXPENDITURES THAT HAD THE GREATEST IMPACT

In interviews, all SPArC grantees reported **the salary budget category had the greatest impact on moving their policy strategies forward.** One interviewee stated that it is the staff, who put in the time and effort to do the work, who actually advance the policies. Another interviewee reported that executive leadership support propelled them forward and was essential in their policy work.

For similar reasons, half of the grantees (50%) reported that **the contract budget category was critical in moving their policy work forward.** The added capacity enabled them to achieve more. Two interviewees reported that the SPArC funding enabled

them to include partners and subcontractors in their work in a way they were previously unable to do.

CONTRIBUTION TO LONG-TERM EFFECTS IN POLICY ADVANCEMENT

All eight grantees reported that the 2018-2019 SPArC funding has contributed to lasting, "long-term" effects in policy advancement in their communities. More than half of the respondents (63%) stated that **the funding allowed them to do more than they had ever done.** They were able to lay the foundation for several policy strategies, start to engage the community, and have conversations with leaders that were necessary to advance the strategies. An interviewee stated, "We've been able to make [more] ground [than] we have since I've been employed here. We're continuing that momentum now that SPArC funding is no longer, and I think, absolutely, it will contribute to long-term policy." One grantee was able to develop a youth coalition and hire a youth liaison to champion the cause, a strategy the program plans to sustain long-term. Another program reported that the funding has advanced their policy strategy to the point of implementation.

Grantees also indicated that **the funding enabled them to build sustainable relationships with the community and key stakeholders.** Grantees stated that the funds allowed them to build public interest and engage their communities in their work. Two programs reported that the SPArC grant enabled them to also educate their stakeholders and build their interest in the policies. Grantees collected stakeholder thoughts and opinions on the policies and were able to address their stakeholders' concerns.

In addition, 25% of grantees reported **that they learned**

invaluable lessons from their work and mistakes. One grantee shared that they were able to narrow down where the political will was focused, which gave them the ability to move their policy strategies forward by building political will in areas where there was none.

BARRIERS TO UTILIZING SPARC FUNDING

According to five of the eight grantees (63%), the greatest barrier to utilizing the extra funding was the **short timeframe.** These grantees reported that the limited timeframe contributed to underspending. Also, grantees faced hiring issues because the funds were not available at the start of the grant cycle.

Another barrier identified was spending restrictions. **Three grantees (37%) were unable to spend the money on some necessary items,** such as equipment and software, subcontracts, and engagement incentives for community members. Two of them had trouble finalizing their budgets due to the restrictions.

Two grantees (25%) reported no barriers. One grantee stated: "I would say there were no barriers...I think it was more an asset to have."

FUTURE BUDGET STRUCTURE CHANGES

Two strong themes emerged when grantees were asked if there are any changes they would make to their future SPArC grant budget structure. Half of the grantees reported they considered the budget structure to be effective and **would not make any changes.**
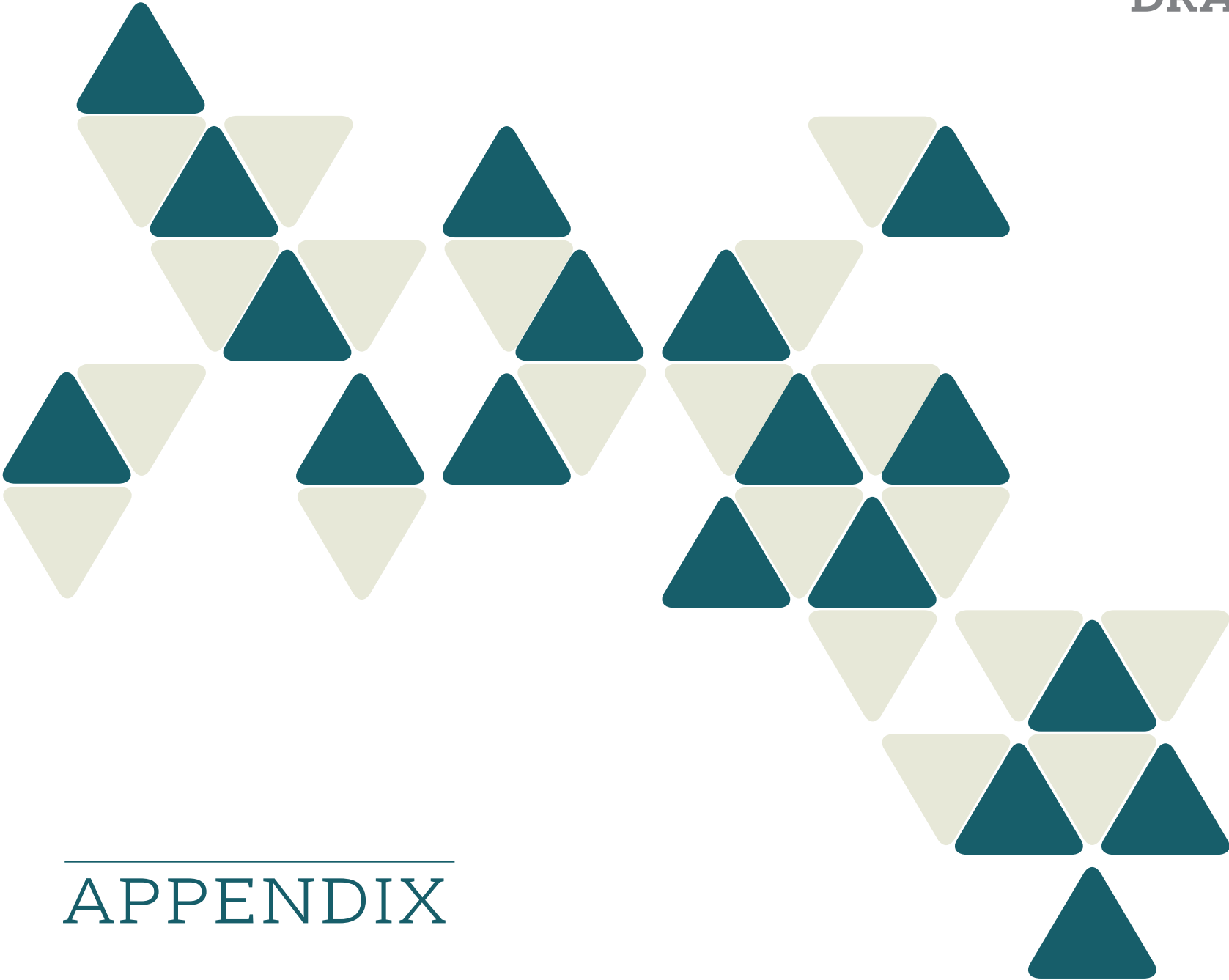
Three programs (37%) reported that they would **include more equipment, software, and other necessary supplies** in their budgets. Grantees specifically listed GIS systems, a car for travel, and media purchases. One program reported that it would hire an in-house youth liaison who was specific to the TPEP program and subcontract employees in different county jurisdictions.

How to Improve the SPArC Grant Program

Grantees offered the following suggestions for how to improve the SPArC grant funding and program in the future:

> Change and extend the grant cycle to allow grantees more time and flexibility to complete the work while attending to their TPEP responsibilities (7/8 grantees)

> Allow full access to funds at the beginning of or earlier in the grant cycle (2/8 grantees)

> Allow grantees to extend their timeframe or carry over funds that were not spent (2/8 grantees)

> Adjust the spending restrictions to allow grantees to buy the necessary items, equipment, and software to achieve their objectives (2/8 grantees)

> Make subcontracting easier by clarifying the restrictions and allowing more contracting opportunities (1/8 grantees)

> Allow TPEP programs to retain the additional capacity (1/8 grantees)

> Do not require attendance at trainings (1/8)

> Focus the program's objectives on specific communities instead of specific types of policies (1/8 grantees)

APPENDIX