

Alaska Tobacco Prevention & Control Program

FY14-FY17 Tobacco Prevention and Control Community Grant Program Workbook

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I. Purpose of this Document

The State of Alaska Department of Health and Social Services, Division of Public Health Tobacco Prevention and Control (TPC) Program is requesting proposals from eligible applicants to provide Tobacco Prevention and Control services for the State of Alaska in FY2014 thru 2017 (4 years).

This workbook supports respondents to the request for proposals (RFP) by offering specific examples and resources to help applicants with responding to the Action Plan elements of the RFP. The TPC Program suggests that applicants carefully read the RFP, and use this workbook as a resource when completing the Action Plan form for their proposal.

The TPC Program is committed to organizing resources to support the planning and implementation of efforts by grantees. During the four-year grant cycle, the TPC Program has several resources that will be available to grantees:

- TPC staff will support the regional approach and collaboration among grantees within regions. TPC staff will assist with the startup of regional coalitions, help convene and facilitate regional meetings among funded organizations, support coalitions with technical assistance resources as needed, and support regional partners to take on leadership roles over time;
- TPC staff will provide training & consulting on-site in the regions when needed;
- TPC will provide webinar trainings accessible to all grantees and partners on a quarterly basis, according to the highest-priority topics identified in collaboration with grantees;
- TPC will provide expert technical assistance to individual grantees on systems change, media/communications activities, evaluation and other needs as identified and prioritized by grantees in their annual workplans.

The TPC Program reviewed the performance of past grantees, lessons from Alaska evaluation projects, emerging recommendations from the CDC and the national Tobacco Control Network, and recommendations from the “Alaska Native Community Evaluation Project” (the “Puzzle Project”) in considering the design of this RFP to assure the most effective local programs possible. The redesign of this RFP reflects what has been learned from these different expert resources. RFP strategies are consistent with and support the State of Alaska’s *Tobacco Prevention and Control Program Strategic Plan for 2013-2016* and the State of Alaska’s *Section of Chronic Disease Prevention and Health Promotion Strategic Plan for FY2013-2017*. The TPC Program will continue to collect information about what is working well in community-based programs, where improvements are needed, and use this information for ongoing identification of “Alaskan Best Practices” and improvement of the program.

II. Community Grant Program Core Elements

In addition to specific strategies, grantees are expected to incorporate the following core elements throughout their planning and implementation. This section provides general information, suggestions for how to incorporate in proposals, and resources for each of these elements.

A. Promotion of Systems Change

In order to have a large public health impact, the TPC Program focuses on systems change strategies. The result of these grantee strategies should change environments, systems, and organizational practices, which will have a positive influence on the norms and behaviors of people in community settings.

Plans for supporting change in systems can be described according to the following 7-step Systems Change Promotion Activity Framework. Communities should use this framework as a guide, but organize their work to reflect their own community needs. Communities should propose activities in each framework step based on their current understanding of what is needed to assure that all steps are completed. Not all steps may require significant effort in some communities, and steps do not necessarily happen in a linear fashion.

7-Step Systems Change Promotion Activity Framework

Systems Change Planning & Promotion

1. Engage stakeholders

- Identifying and reaching out to stakeholders who care about the issue
- Identifying and reaching out to stakeholders who have influence/care about the system
- Keeping stakeholders informed throughout the process through coalition meetings or regular updates
- *Resources: Technical support from TPC, regional partnerships*

2. Provide evidence of the problem/need

- Analyzing existing data or collecting new information that describes the problem
- Providing information that shows how a systems change will address the problem
- Assessing feasibility of achieving a systems change solution.
- *Resources: evaluation team can assist with assessments; M100 helps for TA*

3. Conduct media advocacy/public education

- Generating news coverage about the problem & raising public awareness of solutions (“news” might mean newspapers, radio, or micro-media such as newsletters, posters)
- Encouraging dialogue among leadership and the general public
- *Resources: Media Advocacy Plan (MAP) tool & review by technical assistance team*

4. Provide resources for environmental and systems change

- Non-partisan research studies and fact sheets
- Refer to resources on policy language relevant to the system
- Case studies of successful policy implementation
- *Resources: TPC technical assistance team*

Systems Change Action

5. Engage decision makers

- Stakeholders and coalition members deliver evidence of evidence of need, public support, and policy options to decision makers
- If formally requested, provide evidence-based resources to decision makers
- Understand the rules of lobbying and grant restrictions. Clarify partner roles
- *Resources: TPC technical assistance team*

Systems Change Adoption

6. Support implementation/enforcement

- Communicating the policy change – within the system and publicly
- Provide technical assistance on implementation
- Address any enforcement needs, counteract any concerns or obstacles
- *Resources: Mission 100 team (M100), Association of Alaska School Boards, Leadership for Eliminating Alaskan Disparities (LEAD)*

7. Provide assistance with evaluation/documenting benefits

- Evaluate observed policy outcomes, measure positive results for individuals
- Share results to acknowledge and thank partners and the community
- Develop case studies of “success stories” to share with other communities and TPC Program
- *Resources: TPC evaluation team can assist*

How do I include this core element in my proposal?

Applicants can include this core element in their proposal by organizing their proposed activities in the Action Plan form, Part C, according to each of the 7 Activity Framework steps, for each strategy. Examples of steps are provided in this workbook for each strategy. Not all steps may require substantial effort in all communities, depending on each individual community's need.

Resources

Multiple tools for local policy work are available at www.tobacco-freealaska.org under the link "Tools for Local Policy Work."

For an Alaska example of how this Systems Change Activity Framework translates into action, please see the Case Study included in Workbook Appendix A

B. Partnerships and Collaboration

Work described in proposals should be community-designed, driven and implemented by a coalition or workgroup of community members. Working with diverse partners assures that approaches are broadly supported by the community and culturally responsive.

Applicants must coordinate with appropriate community partners to adequately conduct assessments and implement strategy objectives. Grantees may facilitate local coalitions and participate in broader coalitions at the regional or statewide level. The TPC expects that successes at the community level will be the result of strong local partnerships, and that successes at the state level will be the results of collaboration among tobacco control partners statewide.

In recognition of the time and energy required for development of meaningful partnerships, the TPC is awarding funding for a 4 year grant cycle. This longer grant period (in comparison to past funding award periods) is intended to allow time for fostering collaboration and building trust at the local level, including among diverse community partners who may not previously have been engaged in tobacco control. Thus, community-based program applicants are urged to dedicate sufficient resources, time and priority in their partnership efforts. This includes for stakeholder engagement in the strategy-specific action plans.

How do I include this core element in my proposal?

Applicants are asked to describe their potential community partner organizations at the local, regional, and statewide level as part of the proposal narrative. Grantees can demonstrate their partnership and collaboration efforts in the Action Plan of their proposal by describing how they will engage stakeholders for each strategy (Step 1 of the Activity Framework, which should be

described in Part C). As part of the grant proposal, applicants must also submit a minimum of 3 current Memorandums of Agreement from supporting partners.

Resources

The Centers for Disease Control and Prevention (CDC) offers the following guide for tobacco control coalitions *Best Practices User Guide: Coalitions—State and Community Interventions* http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/index.htm

The TPC *Community Programs Planning Toolkit* was created to provide assistance with the FY12 continuation application, but the section on “Coalition Building and Engagement” may be helpful in thinking about local coalition planning. See pages 2-5 in <http://www.redegroupp.co/storage/tool-kit-1-grant-writing-Final-2.pdf>

C. Data-Driven Planning

Communities are expected to use local needs and data to “drive” all strategy and intervention decisions, as well as to gain support for the importance of tobacco prevention and control programs.

The TPC Program is committed to connecting community-based programs with all existing data that are relevant to tobacco control programs. A variety of state-produced reports are currently available. These are summarized in Appendix B of this workbook. In particular, the Regional Data Profiles have been created by the TPC to provide the most recent and relevant data possible to inform preparation of proposals for this RFP.

Although a great deal of information is available from state surveys and other sources, these data alone will not be sufficient to inform program planning. Therefore, community-based partners are strongly encouraged to also incorporate (1) collection of additional information at the local level, such as the current status of existing policies or system practices; and 2) consideration of qualitative information, such as interviews or discussion groups that could provide valuable insight for their programs.

Grantees will be expected to spend a portion of year 1 conducting a local and regional assessment to gather in-depth information that will inform implementation of their proposed strategies.

How do I include this core element in my proposal?

Applicants are asked to provide a summary of the burden of tobacco in their community as part of the proposal narrative, which demonstrates data-driven program development. Applicants can also demonstrate data-driven planning in their proposal Action Plans:

- By describing how they will use existing data (from regional or state reports, or other sources) to demonstrate the need for systems change (Activity Framework, Step 2);
- By identifying any needs for collection of additional data to demonstrate the need for systems change or inform systems change efforts (Activity Framework, Step 2).

Resources

Appendix B of this workbook includes a summary of available data reports that can be used to describe the burden of tobacco for reference in the program narrative and potential use in demonstrating need for systems change.

Appendix C includes some examples of additional data that could be collected at the local level.

Informed Alaskans is an online tool provided by Alaska Department of Health and Social Services, Division of Public Health, Center for Health Data and Statistics, to help health advocates easily create maps to display health data. Available at <http://www.hss.state.ak.us/dph/infocenter/ia/default.htm>

D. Identifying and Addressing Disparities; Promoting Health Equity

Addressing health disparities is a high priority of the TPC program. With success achieved in the general populations, the TPC Program has an increased focus on disparities and assurance of equitable effectiveness in important sub-populations. In fact, reducing tobacco-related health disparities is a priority for the Department of Health and Social Services (DHSS): reducing tobacco use rates among young adults (ages 18-29), Alaska Native people, and Alaskans of low socio-economic status is one of four high-level goals identified by the State of Alaska DHSS's *Section of Chronic Disease Prevention and Health Promotion Strategic Plan for FY2013-2017*.

Applicants should understand disparities in their service region. This could be based on state-level data when insufficient local data are available, or on personal knowledge of the partners who participate in the data review process. There could be multiple disparities identified in a region, or few. Having identified disparities, grantees are then expected to tailor their program approaches to achieve equity by assuring their efforts will reach and be effective for those populations.

How do I include this core element in my proposal?

Applicants should identify which populations they expect to specifically work to influence with each specific strategy (part D). The four populations listed in part D are the priority populations that have been identified by the Leadership for Eliminating Alaskan Disparities (LEAD) group. Applicants can also check "other" and indicate their intention to address populations that may be a priority for their own community (for example: pregnant women, Lesbian/Gay/Bisexual/Transgender communities).

Resources

Appendix D of this workbook offers an example of a data-driven identification of priority populations, by describing a process that occurred at the state level.

The Leadership for Eliminating Alaskan Disparities (LEAD) Alaska Strategic Plan for Eliminating Tobacco-Related Disparities provides information about tobacco-related disparities in Alaska, and ranking of “top strategies” for prevention, cessation and secondhand smoke goal work (see pages 10-11).

<http://www.redegroupp.co/storage/2011%20Strategic%20Plan%20for%20Eliminating%20TobaccoRelated%20Disparities.pdf>

E. Media Advocacy and Public Education

Community-based health promotion and public education are intended to inform the general public or specific segments of the public. Specifically, community-based communication campaigns planned by grantees should be conducted in association with specific strategies, for the purpose of communicating the need for specific policy/systems changes, and the benefits of policy/systems changes.

The TPC requires an annual “Media Advocacy Plan” (MAP) from each grantee, and this plan will be reviewed by expert technical assistance consultants to assure effective communications planning. Additionally, grantees are expected to use state-produced media (including posters and collateral materials) unless jointly determined with communications consultants that tailored local materials are needed, and to brand any communications materials with Alaska’s Tobacco Quit Line logo and number. Appendix E includes a completed MAP form as an example.

Public education campaigns do not always revolve around mass-media (TV, radio). The TPC Program encourages community-based programs to identify the most meaningful venues for distribution of information, relevant to the key messages and who needs to hear them. Earned media, such as editorials in newsletters, is just as critical as paid media.

How do I include this core element in my proposal?

Applicants should describe intentions to implement public education as part of the Activity Framework, Step 3, for each selected strategy in their proposal. Applicants must also complete a MAP, which will be reviewed by the TPC staff and technical assistance team to determine the best use of resources.

Resources

See Appendix E for an example of a completed MAP tool for one strategy.

See also:

Communication Opportunities Calendar <http://www.redegroupp.co/storage/Communication-opportunity-calendar.pdf>

Communication/Media Opportunities by Cost <http://www.redegroun.co/storage/Communication-media-options.pdf>

III. Community Grant Action Plan Technical Elements

For each strategy proposed, four technical elements are required: SMART objectives, specific lists of who will make change, action steps, and priority populations to reach. This section provides detail about what is expected for each of these technical elements in the Action Plan. Workbook section IV provides examples for each strategy.

A. SMART Objectives

For each strategy included in the Action Plan, at least one first-year objective must be provided. All proposed strategy objectives will be required to be SMART. SMART stands for:

Specific – Objective includes a specific action to be taken, rather than a general one

Measurable – Objective includes a number or percentage or other way of telling whether progress is being made

Achievable – Objective should be realistic given available resources

Relevant – Objective should be logical and relate to the program’s goals, it should be about “things that matter”

Time-bound – Objective contains an endpoint or target date (for this RFP, this target date should be June 30, 2014).

Example: By June 30, 2014 [Grantee Name] will support efforts to promote 100% smokefree air laws in [Number] communities.

- This objective is specific because it describes who (the grantee name) is doing what (promoting 100% smokefree air laws);
- This objective is measurable because it specifies the number of communities in which the work will occur, and this can be counted;
- This objective is achievable if it is realistic based on the resources that the grantee has to work with, and the anticipated receptivity of communities;
- This objective is relevant because efforts to promote smokefree air laws are likely to result in adoption of smokefree air laws;
- This objective is time-bound because it has a target date by which the effort will occur.

Applicants should list one or more objectives in Part A of their Action Plan form, for each strategy selected. The RFP workbook offers multiple examples of SMART objectives appropriate to the strategies menu, with clearly defined and measureable outcomes.

Note: if an applicant intends to influence multiple different types of systems or organizations with a single strategy, they should list multiple objectives accordingly.

EXAMPLE: An applicant selects strategy 1.4 and plans to work to implement tobacco free campus policies on 2 tribal healthcare campuses and 2 community health centers. The

applicant also plans to work with one hospital to strengthen enforcement of an existing tobacco free campus policy.

Appropriate “SMART” Objectives based on the above scenario:

- By June 30, 2014 [Applicant Name] will work with 2 tribal health organizations in [community name A, community name B] to implement tobacco free campus policies.
- By June 30, 2014 [Applicant Name] will work with 2 community health centers in [community name A, community name B] to implement tobacco free campus policies.
- By June 20, 2014 [Applicant Name] will work with one hospital in [community name B] to strengthen enforcement of an existing tobacco free campus policy.

B. Who will make Change

This workbook includes descriptions about who specifically is intended to change, with respect to each specific strategy. Generally, as most strategies are systems-change focused, success is achieved when decision-makers in organizations or communities formally implement changes.

In Part B of the Action Plan form, for each selected strategy, applicants should list the communities they will work to reach, and the names of the organizations they expect to reach (at the time of this proposal).

EXAMPLE (same as for Part A above): An applicant selects strategy 1.4 and plans to work to implement tobacco free campus policies on 2 tribal healthcare campuses and 2 community health centers. The applicant also plans to work with one hospital to strengthen enforcement of an existing tobacco free campus policy.

- [Community Name A]: [name of tribal health organization], [name of community health center]
- [Community Name B]: [name of tribal health organization], [name of community health center], [name of hospital].

C. Action Steps

This workbook includes ideas for action steps for each strategy, organized according to the 7-step Action Framework and highlighting resources that should be available to grantees during the year.

In Part C of the Action Plan form, for each selected strategy, applicants should provide brief descriptions of their intended actions per each of the 7 steps in the Framework, and acknowledge what resources they intend to use.

EXAMPLE (same as for Parts A & B above): An applicant selects strategy 1.4 and plans to work to implement tobacco free campus policies on 2 tribal healthcare campuses and 2 community health centers. The applicant also plans to work with one hospital to strengthen enforcement of an existing tobacco free campus policy. These are examples of actions to address the 7 Framework steps, appropriate to the community:

1. Create a coalition of stakeholders from health systems administrators, health advocates, concerned community members, healthcare facility employees. Work together to lay out a detailed plan for remaining steps.
2. Conduct an assessment of the current status of healthcare campuses (do onsite “baseline” inspections, take pictures of people smoking near doorways and tobacco litter), collect secondhand smoke data from TPC regional data sheets, create a brief powerpoint presentation and fact sheet about the problem of SHS overall in our community, the problem in these particular settings, and summarize the evidence about tobacco-free campus policies. Determine who the decision-making authority is in each setting, and assess their past efforts (if any) to implement tobacco-free campus rules and current attitude about making such rules. Assess whether there is a chance they will be willing to change.
3. Use MAP tool to develop a broad community campaign about the dangers of secondhand smoke, and the effectiveness of policies. Implement campaign in hospital newsletters, community newspaper and radio show.
4. Collect model policies for each health setting. Collect stories about other Alaska healthcare campuses that went tobacco-free (ask TPC Grant Program Manager for help gathering these stories). Train task force members to deliver information about the problem and the policy.
5. Schedule meetings or presentations with decision-makers at each setting. Have coalition members deliver information. Assess their response and determine whether more work is needed to build public support, evidence of problem, evidence of policy effectiveness.
6. Support implementation of the tobacco-free campus policy with signs for each entrance, training at staff meetings, articles for the employee and patient newsletters.
7. Work with administration and security staff to assess how enforcement is going. Track number of complaints. Address concerns and share positive stories back with coalition and staff members through meetings, newsletters, and articles in the local paper.

D. Priority Populations to Reach

This workbook includes information about priority populations that have been identified by the TPC for each strategy, from a statewide level. Local priority populations may vary.

In Part D of the Action Plan form, for each selected strategy, applicants should list the communities they will work in (this should be the same list as provided in Part B), and check box for each population they will make *specific* efforts to serve. If the applicant wants to specifically work to serve additional populations with this strategy, these can be listed under “other.”

EXAMPLE (same as for Parts A, B, C above): An applicant selects strategy 1.4 and plans to work to implement tobacco free campus policies on 2 tribal healthcare campuses and 2 community health centers. The applicant also plans to work with one hospital to strengthen enforcement of an existing tobacco free campus policy.

- [Community Name A]: checked boxes for Alaska Native, low SES
- [Community Name B]: checked boxes for Alaska Native, low SES.

In this example, Alaska Native was checked for both communities because of planned work in tribal health systems. Low SES was checked because the applicant plans to work with community health centers, which serve low income clients.

By checking the box in their Action Plan form, applicants are indicating that they will work specifically to serve this population by partnering with organizations that specifically serve these groups, or tailoring messages or approaches to specifically serve these groups within more general organizations. For example, if working on healthcare systems change, it would be appropriate to check the box “young adult” if the applicant is working with a healthcare system that specifically serves young adults, or tailoring systems change efforts within the system to specifically apply to young adults, but NOT appropriate to check the box “young adult” if the healthcare system is working to serve their general population, which includes young adults.

IV. Program Services/Activities: Menu of Strategies

The strategies offered in this RFP are consistent with and support the State of Alaska’s *Tobacco Prevention and Control Program Strategic Plan for 2013-2016*. All applicants are required to propose work in Goal 1, Eliminating Secondhand Smoke, because this is the highest priority of the Strategic Plan.

Applicants to this RFP are expected to propose action plans for:

- At least one strategy in Goal 1 (secondhand smoke)
- Strategy 3.1 (promoting cessation resources)
- All strategies in Goal 4 (capacity-building).

Additionally, applicants may also propose additional work in Goal Areas 1, 2, or 3 as capacity allows. Applicants are allowed to subcontract to agencies that specialize in a particular Goal Area.

All of the strategies offered on this menu are evidence-based approaches that have been identified as important priorities appropriate to Alaska. For each strategy we have provided a short summary of the evidence base that supports effectiveness, and links to more information about the research, if this is of interest. While evidence supports the effectiveness of these interventions, it will take local experts to apply these interventions successfully in Alaska's diverse communities.

Goal 1. Eliminating exposure to secondhand smoke

The following are strategies for evidence-based interventions that eliminate exposure to secondhand smoke. Note: State of Alaska grant funds cannot be used to lobby for public policy strategies (1.1-1.3). The remaining strategies for eliminating exposure to secondhand smoke are intended to improve organizational policies.

At least one strategy in this goal area is required.

1.1 Community smokefree air

Promote uniform local 100% smoke-free air in order to protect all workers and the public from exposure to tobacco smoke. This should cover all workplaces and public places, including restaurants, bars, and gaming areas.

The CDC Community Guide to Preventive Services recommends smoking bans and restrictions, alone or as part of multi-component community interventions, based on strong evidence of effectiveness in reducing exposure to secondhand smoke. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html>

Failure to avoid exemptions (such as for bars, gaming) in policies can worsen disparities – for example by leaving lower-income and service workers with more exposure to secondhand smoke than other workers.

A. SMART objective examples

- By June 30, 2013, APPLICANT NAME will complete work to promote and support local smokefree air in X municipalities in the region.

B. Who will make Change

Successful work in this strategy will result in increased awareness about the benefits of smokefree air, and resources available to support implementation of smokefree/tobacco-free policies, or increased enforcement of existing smokefree workplaces.

- List the names of municipalities where this work will occur.

Although grantees may not use public funds provided through this grant to lobby, applicants can play an important role in educating the general public about the public health benefits of smokefree air.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, community leaders). Define roles of coalition members. Create specific plans. Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe local exposure to SHS. Conduct local assessments including current smoking/ tobacco bans in the community and public awareness, and policymaker willingness to change.	Regional Data Profiles Resources and factsheets can be found at www.tobaccofreealaska.org
3. Conduct media advocacy/public education	Educate the public about the problem and benefits of smokefree air. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media contractor and technical assistance team Statewide media
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier in the community. Provide research and factsheets to coalition members and stakeholders	Resources for smokefree workplaces available at www.tobaccofreealaska.org , TPC technical assistance team
5. Engage decision makers	Stakeholders and coalition members deliver evidence of need and options If formally requested, provide research and evidence-based information to decision makers.	TA from TPC Grant Program Managers and technical assistance team Lobbying Restrictions training provided by TPC Staff
6. Support implementation/enforcement	Provide assistance with adoption, implementation	Technical Assistance team support, media contractor

	of policy. Communicate policy change- ads, signage, etc	assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., document number fewer workers and public exposed), share results with partners and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in rural communities through this strategy. Comprehensive smokefree workplace ordinances (vs. ordinances with exemptions for hospitality industries) ensure that low-SES and young adults are protected.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

1.2 Tribal smokefree air

Promote uniform tribal 100% smoke-free air in order to protect all workers, tribal members and the public from exposure to tobacco smoke. This should cover all workplaces and public places, including restaurants, bars, and gaming areas.

The CDC Community Guide to Preventive Services recommends smoking bans and restrictions, alone or as part of multi-component community interventions, based on strong evidence of effectiveness in reducing exposure to secondhand smoke. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html>

Failure to avoid exemptions (such as for bars, gaming) in policies can worsen disparities – for example by leaving lower-income and service workers with more exposure to secondhand smoke than other workers.

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will complete work to promote and support local smokefree air in X tribal communities in the region.

B. Who will make Change

Successful work in this strategy will result in increased awareness about the benefits of smokefree air, and resources available to support smokefree/tobacco-free policies, or increased enforcement of existing policies, by tribal policymakers. Although grantees may not use public funds provided through this grant to lobby, applicants can play an important role in educating tribal members and the public about the public health benefits of smokefree air.

- List tribal entities where work will occur

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, community leaders). Define roles of coalition members. Create more specific plans. Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe local exposure to SHS. Conduct local assessments including current smoking/ tobacco bans in the community and public awareness, and policymaker willingness to change.	Regional Data Profiles Resources and factsheets for tribal resolutions and disparities can be found at www.tobaccofreealaska.org LEAD Goal 1 Subgroup
3. Conduct media advocacy/public education	Educate the public about the problem and benefits of smokefree air. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media contractor and technical assistance team Statewide media
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier in the community. Provide research and factsheets to coalition members and stakeholders	Resources for smokefree workplaces available at www.tobaccofreealaska.org , TPC technical assistance team
5. Engage decision makers	Stakeholders and coalition members deliver evidence of need and options. If formally requested, provide research and evidence-based information to decision makers.	TA from TPC Grant Program Managers and technical assistance team Lobbying Restrictions training provided by TPC Staff

6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy. Communicate policy change- ads, signage, etc	Technical Assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., describe number fewer workers/public exposed), share results with partners and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in tribal communities through this strategy. Tribal resolutions for smokefree or tobacco-free workplaces help to ensure Alaska Natives are protected.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

1.3 Statewide smokefree air

Promote uniform statewide 100% smoke-free air in order to protect all workers and the public from exposure to tobacco smoke. This should cover all workplaces and public places, including restaurants, bars, and gaming areas.

The CDC Community Guide to Preventive Services recommends smoking bans and restrictions, alone or as part of multi-component community interventions, based on strong evidence of effectiveness in reducing exposure to secondhand smoke. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html>

Failure to avoid exemptions (such as for bars, gaming) in policies can worsen disparities – for example by leaving lower-income and service workers with more exposure to secondhand smoke than other workers.

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will complete work to promote and support statewide smokefree air laws in XX communities.

B. Who will make Change

Successful work in this strategy will result in increased awareness about the benefits of smokefree air, and resources available to support smokefree/tobacco-free policies, or increased enforcement of existing policies, by statewide policymakers. Although grantees may not use public funds provided through this grant to lobby, grantees can play an important role in educating the public about the public health benefits of smokefree air.

- List communities where work will occur

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, community leaders). Define roles of coalition members. Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe local exposure to SHS. Conduct local assessments including current smoking/ tobacco bans in the community, Return on Investment and public awareness, and policymaker willingness to change.	Alaska Tobacco Facts Resources and factsheets can be found at www.tobaccofreealaska.org
3. Conduct media advocacy/public education	Educate the public about the problem and benefits of smokefree air. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media contractor and technical assistance team Statewide media
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier in the community. Provide research and factsheets to coalition members and stakeholders	Resources for smokefree workplaces available at www.tobaccofreealaska.org , TPC technical assistance team
5. Engage decision makers	Stakeholders and coalition members deliver evidence of need and options If formally requested, provide research and evidence-based information to decision	TA from TPC Grant Program Managers and technical assistance team Lobbying Restrictions training provided by TPC Staff

	makers.	
6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy. Communicate policy change- ads, signage, etc	Technical Assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes, share results with partners and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating statewide efforts through this strategy as a means to uniformly reach rural and Alaska Native communities. However, any formal adoption of smokefree policies is a high priority for the program. Comprehensive smokefree workplace laws statewide help to protect individuals of low-SES, young adults, Alaska Natives, and other Alaskans who suffer tobacco-related health disparities.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

1.4 Smokefree Multi-Disciplinary Healthcare Campuses and Facilities

Work with healthcare campuses to implement and enforce tobacco free campuses.

The CDC Community Guide to Preventive Services recommends smoking bans and restrictions, alone or as part of multi-component community interventions, based on strong evidence of effectiveness in reducing exposure to secondhand smoke. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html>

A. SMART objective examples

Provide separate objectives for each different type of healthcare system. For example:

- By June 30, 2013, GRANTEE NAME will complete work to promote and support local smokefree or tobacco-free campuses in X tribal health systems (community name A, community name B, etc.) in the region.
- By June 30, 2013, GRANTEE NAME will complete work to promote and support local smokefree or tobacco-free campuses in X community health center systems (community name A, community name B, etc.) in the region.
- By June 30, 2013, GRANTEE NAME will complete work to promote and support local smokefree or tobacco-free campuses in X behavioral health systems (community name A, community name B) in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of formal smokefree/tobacco-free policies, or increased enforcement of existing policies, by decision-makers in any of the following healthcare settings: tribal health, community health centers, behavioral health, substance abuse treatment, hospitals, maternal homes, primary care, or any health-related organizations.

- List names of the communities where work will occur, followed by names of specific systems above.
- Example: SeaCity – Penicillin Community Health Center, No-Use Substance Abuse Treatment Center.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, community leaders). Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers and technical assistance team M100 on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe disparities and evidence of need, Alaska and national information. Conduct local assessments including current smoking/ tobacco bans, Return on Investment and public awareness, and policymaker willingness to change.	Regional Data Profiles Resources and factsheets can be found at www.tobaccofreealaska.org and www.mission100alaska.com LEAD Goal 2 Subgroup
3. Conduct media advocacy/public education	Educate the public about the problem and benefits of smokefree or tobacco-free campuses. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media contractor and technical assistance team Statewide media
4. Provide resources for environmental/systems change	Collect tools that will help with policy adoption easier in the organization. Provide research and factsheets to coalition members and stakeholders	Resources for smokefree workplaces available at www.tobaccofreealaska.org , TPC technical assistance team

5. Engage decision makers	Stakeholders and coalition members help deliver evidence of need, provide research and evidence-based information to decision makers.	TA from TPC Grant Program Managers and technical assistance team
6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy. Communicate policy change- ads, signage, employee newsletters, training, etc	Technical Assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., estimate numbers of patients, workers protected), share results with partners and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in tribal health, organizations serving individuals of low socio-economic status, and rural areas through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

1.5 Smokefree Educational Systems

Work with learning facilities to implement and enforce tobacco-free campuses.

Note: K-12 school policy work should be addressed through strategy 2.2

The CDC Community Guide to Preventive Services recommends smoking bans and restrictions, alone or as part of multi-component community interventions, based on strong evidence of effectiveness in reducing exposure to secondhand smoke. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html>

A. SMART objective examples

List separate objectives for each type of educational system. For example:

- By June 30, 2013, GRANTEE NAME will complete work to promote and support local smokefree or tobacco-free campuses in X community colleges in the region.
- By June 30, 2013, GRANTEE NAME will complete work to promote and support local smokefree or tobacco-free campuses in X HeadStart systems in the region.
- By June 30, 2013, GRANTEE NAME will complete work to promote and support local smokefree or tobacco-free campuses in X vocational schools in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of formal smokefree/tobacco-free campuses, or increased enforcement of existing policies, by decision-makers in community colleges, vocational schools, universities, Head Start, and other learning facilities.

- List names of the communities where work will occur, followed by names of specific systems above.
- Example: OceanCity – Orca Community College, Seal Rock Vocational School.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, community leaders). Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe local exposure to SHS and health disparities. Conduct local assessments including current smoking/ tobacco bans in the community and public awareness of need, and policymaker willingness to change.	Regional Data Profiles Resources and factsheets can be found at www.tobaccofreealaska.org LEAD Goal 3 Subgroup
3. Conduct media advocacy/public education	Educate staff, students, and the public about the problem and benefits of smokefree or tobacco-free campuses. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media contractor and technical assistance team Statewide media
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier on the campus. Provide research and factsheets to coalition members and stakeholders	Resources for smokefree environments available at www.tobaccofreealaska.org , TPC technical assistance team, LEAD Goal 3 Subgroup
5. Engage decision makers	Deliver evidence of need	TA from TPC Grant Program

	and smokefree/ tobacco-free campus options Provide research and evidence-based information to decision makers.	Managers and technical assistance team LEAD Goal 3 Subgroup
6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy. Communicate policy change- ads, signage, etc	Technical Assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., estimate number of students, staff protected; any stories of staff behavior change), share results with partners and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts among young adults and individuals of low socio-economic status through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

1.6 Smokefree Multi-Unit Housing

Work with public and private organizations to support smokefree multi-unit housing.

The CDC Community Guide to Preventive Services recommends smoking bans and restrictions, alone or as part of multi-component community interventions, based on strong evidence of effectiveness in reducing exposure to secondhand smoke. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html>

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will complete work to promote and implement smokefree housing in X multi-unit housing systems in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of formal smokefree/tobacco-free policies, or increased enforcement of existing policies, by multi-unit housing governing bodies or decision-makers.

- List names of the communities where work will occur, followed by names of specific systems above.
- Example: SeaCity – SeaCity Public Housing, Puffin Apartments.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, leaders). Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe local exposure to SHS and health disparities. Conduct local assessments including current smoking/ tobacco bans in the community, Return on Investment and public awareness of need, and policymaker willingness to change.	Regional Data Profiles Resources and factsheets can be found at www.tobaccofreealaska.org
3. Conduct media advocacy/public education	Educate staff, residents, and the public about the problem and benefits of smokefree housing. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media contractor and technical assistance team Statewide media
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier. Provide research and factsheets to coalition members and stakeholders	Resources for smokefree environments available at www.tobaccofreealaska.org , TPC technical assistance team
5. Engage decision makers	Deliver evidence of need and smokefree housing benefits. Provide research and evidence-based information to decision makers.	TA from TPC Grant Program Managers and technical assistance team

6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy. Communicate policy change- ads, signage, etc	Technical Assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., estimate number of families and children protected), share results with partners, housing residents and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in tribal housing and low income or public housing through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

1.7 Smokefree organizations/events

Work with organizations to implement and enforce tobacco-free campuses.

The state TPC program discourages selection of this strategy unless all other strategies have been exhausted.

The CDC Community Guide to Preventive Services recommends smoking bans and restrictions, alone or as part of multi-component community interventions, based on strong evidence of effectiveness in reducing exposure to secondhand smoke. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/environmental/smokingbans.html>

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will complete work to promote and support smokefree or tobacco-free workplaces/ environments in X organizations or events in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of formal smokefree/tobacco-free policies, or increased enforcement of existing policies, by organization or event decision-makers, which could include the grantee's own organization.

- List names of the communities where work will occur, followed by names of specific systems above.
- Example: SeaCity – ABC 123, Inc., SeaCity State Fair.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, community leaders). Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe local exposure to SHS and health disparities. Conduct local assessments including current smoking/ tobacco bans in the community, Return on Investment and public awareness of need, and policymaker willingness to change.	Regional Data Profiles Resources and factsheets can be found at www.tobaccofreealaska.org
3. Conduct media advocacy/public education	Educate staff, clients, and the public about the problem and benefits of smokefree or tobacco-free campuses. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media contractor and technical assistance team Statewide media
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier. Provide research and factsheets to coalition members and stakeholders	Resources for smokefree environments available at www.tobaccofreealaska.org , TPC technical assistance team
5. Engage decision makers	Deliver evidence of need and smokefree or tobacco-free benefits Provide research and evidence-based information to decision makers.	TA from TPC Grant Program Managers and technical assistance team

6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy. Communicate policy change- ads, signage, etc	Technical Assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., estimate number of workers or public protected), share results with partners, staff and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts for organizations serving Alaska Native participants, individuals of low socio-economic status, young adults, and behavioral health clients through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

Goal 2: Preventing the initiation of tobacco use

The following are strategies for evidence-based interventions in tobacco prevention. Applicants may choose one or more of these strategies.

2.1 Support community price increase campaigns

Work with community leaders to increase the price of tobacco products. This may include increases in the excise tax on cigarettes with an equivalent tax increase on the prices of Other Tobacco Products (e.g., smokeless, cigars, pipe, dissolvables). It may also include establishing minimum pricing of tobacco products or restricting incentives such as coupons or “two for one” promotions. Note: State of Alaska grant funds cannot be used to lobby for public policy.

The CDC Community Guide to Preventive Services recommends increasing the unit price of tobacco, based on strong evidence of effectiveness in reducing tobacco use among adolescents. Additionally, this strategy has been proven effective for reducing tobacco use and consumption among adults, and increasing cessation. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/initiation/increasingprice.html>

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will complete work to promote and support community tobacco price increases in X municipalities in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of price increases, minimum price law, incentive restrictions or other policies that effectively increase the price of tobacco products, by municipal policymakers. Although grantees may not use public funds provided through this

grant to lobby, applicants can play an important role in educating the general public about the public health benefits of increasing the price of tobacco.

- List names of the communities where work will occur.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (health advocates, families, youth, community leaders). Keep coalition members informed of outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook. A “tobacco tax toolkit” is available under <i>General Policy Tools</i> at http://www.redegroupp.co/tools/
2. Provide evidence of problem/need	Assemble/review data available to describe local youth prevention and consumption including health disparities. Review data on tobacco price increase as a public health benefit. Assess policymaker willingness to change.	Regional data Profiles, Tobacco Facts Campaign for Tobacco Free Kids, www.tobaccofreekids.com
3. Conduct media advocacy/public education	Educate staff, clients, and the public about the problem and benefits of tobacco tax prices and tax parity. Promote Alaska’s Tobacco Quit Line as a resource.	Media planning and implementation support from media technical assistance Powerpoint template “Taxes in Alaska Communities” at http://www.redegroupp.co/tools/
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier. Provide research and factsheets to coalition members and stakeholders	Resources for tobacco pricing strategies available at www.tobaccofreealaska.org , TPC technical assistance team
5. Engage decision makers	Support coalition members and stakeholders with evidence of need and benefits of tobacco price	TA from TPC Grant Program Managers and technical assistance team

	increases If formally requested, provide research and evidence-based information to decision makers.	Lobbying Restrictions training provided by TPC Staff
6. Support implementation/enforcement	Communicate policy change- ads, signage, etc Thank supporters for protecting youth	TA from TPC technical assistance team
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes, share results with partners and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in Alaska Native and rural communities, among youth and young adults, individuals of low socio-economic status, and tax parity for other tobacco products (smokeless, cigars, pipe, dissolvables) through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

2.2 Support tobacco-free K-12 schools

Support implementation and enforcement of tobacco free school district policies that are consistent with Alaska's Model Tobacco-Free Schools Policy recommendations (see www.tobaccofreealaska.com). This may include promoting standardized, evidence based SAMSHA- approved tobacco prevention curriculum within school districts, assisting with the development of supportive interventions, and supporting participation in school-based youth surveys. The CDC recommends comprehensive school-based tobacco prevention in conjunction with other tobacco control strategies to prevent tobacco uptake and addition. Documentation of CDC guidelines is available at <http://www.cdc.gov/healthyyouth/tobacco/guidelines/>

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will complete work to promote and support comprehensive tobacco-free school campuses in X districts in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of comprehensive tobacco-free schools activities, by school district policymakers.

- List names of the communities where work will occur, followed by names of specific districts.
- Example: SeaCity – SeaCity School District; Ocean City – Ocean City School District.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Convene a task force of school stakeholders and community coalition members (school staff and administrators, teachers, parents, youth, health advocates, providers, community leaders) Keep community coalition members informed about outcomes and needs	TA from TPC Grant Program Managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe local youth prevention and consumption including health disparities. Review data on tobacco-free school campuses as a public health benefit. Assess policymaker willingness to change.	Regional data, Tobacco Facts, YRBS
3. Conduct media advocacy/public education	Educate staff, students, and the public about the problem and benefits of tobacco-free campuses. Promote Alaska's Tobacco Quit Line as a resource.	Media planning and implementation support from media technical assistance team
4. Provide resources for environmental/systems change	Collect tools that will make policy adoption easier. Provide research and factsheets to coalition members and stakeholders	Alaska's Tobacco-free Schools Policy recommendations, SAMHSA curriculum list
5. Engage decision makers	Support coalition members and stakeholders with evidence of need and benefits of tobacco-free campuses. Provide research and	TA from TPC Grant Program Managers and technical assistance team

	evidence-based information to decision makers.	
6. Support implementation/enforcement	Communicate policy change- ads, signage, etc Thank supporters for protecting youth	TA from TPC technical assistance team
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., use school survey data to monitor youth tobacco use, use on campus), share results with partners and community members.	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in Alaska Native and rural communities through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

Goal 3. Supporting tobacco cessation

The following are strategies for evidence-based interventions that eliminate exposure to secondhand smoke. Strategy 3.1 is required for all applicants. Additional strategies may be included.

3.1 Conduct public education awareness campaigns to promote cessation resources (required)

Promote public awareness regarding the health benefits of tobacco cessation and resources for tobacco cessation, including Alaska's Tobacco Quit Line and other local cessation resources.

All grantees are required to promote Alaska's Tobacco Quit Line in addition to any identified local cessation resources. The Quit Line is a free telephone-based counseling service available to all Alaskans. 1.800. QUIT NOW will provide individualized counseling services and up to eight weeks free of nicotine replacement therapy (patch or gum).

The CDC Community Guide to Preventive Services recommends mass media campaigns when combined with other interventions, based on strong evidence of effectiveness in reducing tobacco use and increasing cessation. A summary of the evidence is available at <http://www.thecommunityguide.org/tobacco/cessation/massmediacampaigns.html>

*** NOTE: The Action Plan format for this Strategy is different than for other Strategies, because it is not a systems-change approach, but rather a public education approach ***

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will promote quitting resources in X communities in the region.

B. Who will make Change

Successful work in this strategy will result in increased awareness of cessation resources, by tobacco users.

- List names of the communities where work will occur.

C. Action Steps

Note: this strategy does not use the policy framework. Please indicate on your action plan form the communities you will outreach to and the specific actions you will take to promote Alaska's Tobacco Quit Line and other local cessation resources. Please also indicate on your Media Advocacy Plan your communication plan to promote cessation resources.

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in Alaska Native and rural communities, young adults, behavioral health and individuals of low socio-economic status through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

3.2 Healthcare systems change

Engage all healthcare systems to implement tobacco control policies consistent with *the U.S. Public Health Services Clinical Practice Guidelines Treating Tobacco Use and Dependence*, including work with systems to ask, advise, refer and document tobacco use and follow-up while minimizing barriers to treatment.

Specifically, healthcare systems should work to:

- implement tobacco user identification systems;
- provide evidence-based tobacco cessation treatment – including pharmacotherapy - consistent with the *U.S. Public Health Services Clinical Practice Guidelines Treating Tobacco Use and Dependence*;
- provide education, resources and feedback to providers to support and facilitate their cessation efforts;
- facilitate the implementation of electronic medical record (EMR) systems for tobacco use exposure assessments, treatment and referral consistent with federal “Meaningful Use” guidelines (i.e., EMR use achieves significant improvements in care.)
- promote the use of a fax or e-referral to Alaska's Tobacco Quit Line

The CDC Community Guide to Preventive Services recommends healthcare systems change such as provider reminder systems when combined with other interventions, based on strong evidence of effectiveness in reducing tobacco use and increasing cessation. A summary of the evidence is available at

<http://www.thecommunityguide.org/tobacco/cessation/providerreminders.html> Details about the

US Public Health Services' clinical practice guidelines are available at <http://www.ncbi.nlm.nih.gov/books/NBK63952/> and other resources can be found at <http://www.ahrq.gov/path/tobacco.htm#clinicians>. Please also visit www.mission100alaska.org for Alaskan provider information and resources.

A. SMART objective examples

Provide separate objectives for each different type of healthcare system. For example:

- By June 30, 2013, GRANTEE NAME will complete work to promote and support comprehensive health care systems change to address tobacco use and dependence in X tribal health systems (community name A, community name B, etc.) in the region.
- By June 30, 2013, GRANTEE NAME will complete work to promote and support comprehensive health care systems change to address tobacco use and dependence in X community health center systems (community name A, community name B, etc.) in the region.
- By June 30, 2013, GRANTEE NAME will complete work to promote and support comprehensive health care systems change to address tobacco use and dependence in X behavioral health systems (community name A, community name B) in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of comprehensive systematic cessation interventions by Health Care, Behavioral Treatment, Dental or Military Health, hospitals and systems.

- List names of the communities where work will occur, followed by names of specific systems above.
- Example: SeaCity – Penicillin Community Health Center, No-Use Substance Abuse Treatment Center.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (providers, health advocates, patients, community leaders) Keep coalition members informed of outcomes and needs	TA from TPC grant managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe disparities and evidence of need, Alaska and national information. Conduct local assessments including current	Regional Data Profiles Alaska Tobacco Facts Resources and factsheets can be found at www.tobaccofreealaska.org And

	smoking/ tobacco-use policies, Return on Investment, and public awareness, and policymaker willingness to change.	www.mission100alaska.com LEAD Subgroups
3. Conduct media advocacy/public education	Educate the stakeholders and staff about the problem, the benefits of smokefree or tobacco-free campuses, improving health outcomes by implementing AAR	Media planning and implementation support from technical assistance team M100 provider materials
4. Provide resources for environmental/systems change	Collect tools that will help with policy adoption in the organization. Provide research, factsheets, training materials and provider manuals to stakeholders and staff	Multiple “tools for cessation programs” at http://www.redegroupp.co/tools/ Provider materials and training resources at www.mission100alaska.com
5. Engage decision makers	Stakeholders help deliver evidence of need, provide research and evidence-based information to decision makers	TA from TPC Grant Program Managers and technical assistance team
6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy Communicate policy change- signage, staff newsletters, training, etc Provide technical assistance to HR and IT staff to implement	Technical assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting benefits	Evaluate policy outcomes (e.g., numbers of patients receiving interventions such as fax referral, number receiving follow-up), share results with partners, staff, and community members	TA from TPC media contractors and evaluation team

D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts to reach low income, Alaska Native, young adults, pregnant women, and behavioral health clients through this strategy.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

3.3 Employer and Worksite-based Cessation Support

Work with large employers to improve employee health plans to provide and promote utilization of comprehensive coverage of recommended tobacco dependence treatments, including promoting quitting and healthcare benefits that support quitting.

The CDC Community Guide to Preventive Services recommends worksite-based incentives and competitions when combined with other interventions to support individual cessation efforts, based on sufficient evidence of effectiveness in reducing tobacco use among workers. A summary of the evidence is available at

<http://www.thecommunityguide.org/tobacco/worksite/incentives.html>.

Additionally, the CDC also recommends working with employers to reduce out-of-pocket costs for evidence-based cessation therapies, based on strong evidence of effectiveness in increasing the number of tobacco users who quit. A summary of the evidence is available at

<http://www.thecommunityguide.org/tobacco/cessation/outofpocketcosts.html>

A. SMART objective examples

- By June 30, 2013, GRANTEE NAME will complete work to promote and support comprehensive tobacco cessation interventions in X worksites/employer systems in the region.

B. Who will make Change

Successful work in this strategy will result in adoption of systematic cessation promotion or benefits expansion by workplace policymakers.

- List names of the communities where work will occur, followed by names of specific systems above.
- Example: SeaCity – Gold Miners Inc, Pacific Trading Company.

C. Action Steps

<i>Policy framework step</i>	<i>Examples of actions for this Strategy</i>	<i>Resources available to grantees</i>
1. Engage stakeholders	Assemble a task force of people who care about the issue (leadership from employers, employees, families, community leaders)	TA from TPC grant managers on identification of stakeholder groups. See resources in Core Elements: Partnerships & Collaboration of this

	Keep coalition members informed of outcomes and needs	Workbook.
2. Provide evidence of problem/need	Assemble/review data available to describe disparities and evidence of need, Alaska and national information. Conduct local assessments including current smoking/ tobacco-use policies, Return on Investment, and public awareness, and policymaker willingness to change.	Regional Data Profiles Alaska Tobacco Facts Resources and factsheets can be found at www.tobaccofreealaska.org And www.mission100alaska.com LEAD Subgroups
3. Conduct media advocacy/public education	Educate the stakeholders and staff about the problem, the benefits of comprehensive tobacco cessation coverage and organizational policies	Media planning and implementation support from technical assistance team M100 worksite materials
4. Provide resources for environmental/systems change	Collect tools that will help with policy adoption in the organization. Provide research, factsheets, training materials and resources to stakeholders and staff	Resource support can be found at www.tobaccofreealaska.org Materials and training resources at www.mission100alaska.com
5. Engage decision makers	Stakeholders help deliver evidence of need, provide research and evidence-based information to decision makers	TA from TPC Grant Program Managers and technical assistance team
6. Support implementation/enforcement	Provide assistance with adoption, implementation of policy Communicate policy change- signage, staff newsletters, training, etc Provide technical assistance to HR staff to implement in new employee orientation	Technical assistance team support, media contractor assist with promotions
7. Provide assistance with evaluation/documenting	Evaluate policy outcomes (e.g., collect stories of	TA from TPC media contractors and evaluation

benefits	workers who had increased access to benefits, changed behavior), share results with partners, staff, and community members.	team
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D. Priority populations to Reach

The Alaska State TPC program is committed to specifically supporting and evaluating efforts in tribal workplaces and workplaces with employees who are low-SES or young adults.

- Check boxes for populations that work is specifically designed to reach in each community. Community list should be the same as for Part B.

V. Anticipated Reporting for Funded Grantees

Although reporting requirements are not part of the application, understanding what will be required for reporting on funded work may help applicants to further understand the expectations of the TPC.

Reporting elements are identified according to their contribution toward:

- Describing progress to inform systematic evaluation of community-based programs.
- Also provides information for grant management, grant compliance, and to identify training/TA needs across grantees

Grantees will be required to report quarterly on their work in each strategy, including work done in each step of the policy framework. Quarterly and annual reports of progress toward objectives will also be required.

In addition to routine reporting, grantees will spend a portion of year 1 completing additional local assessments in order to build capacity or contribute to regional or statewide data collection. Grantees must work with the TPC Program Evaluation Team, Grant Program Managers, and Technical Assistance consultants on all assessments, data collection efforts, or evaluation projects. See Appendix C for examples.

VI. Common Tobacco Control Terms used in RFP

Many of these terms are available as part of the “Basics of Tobacco Control” online interactive training module, available at <http://www.ttac.org/services/botc/TTACindex.htm> . Other definitions are provided with specific reference to their meaning in the context of this RFP.

Action Plan: For the RFP, this is the form that indicates what strategies are selected by the applicant (from three tobacco control goal areas: secondhand smoke, prevention and cessation), and describes the objectives, communities, activities and priority populations for each strategy.

Activity Framework: The 7-step systems change promotion framework included in this RFP, which provides a way to plan cohesive, effective efforts to promote systems/environmental change campaigns.

Advocacy: Educating community members and conducting activities that support environmental and systems change to improve the public’s health. Through effective education and communication activities you build the demand for change.

Alaska Tobacco Control Alliance (ATCA): ATCA is a statewide tobacco control coalition in Alaska. ATCA was formed in 1992 as a statewide network of health advocates to develop, support and sustain comprehensive tobacco control programs. ATCA’s mission is to create conditions for Alaskans to live free from the harmful effects of tobacco.

Capacity: Refers to the resources that are necessary to conduct a comprehensive tobacco prevention and control program. Important resources include competent staff, appropriate data-collection systems, and sufficient funding. Capacity-building is the development of an organization’s core skills and capabilities—such as leadership, management, finance and fundraising, programs and evaluation—in order to build the organization’s effectiveness and sustainability. This includes identifying and addressing issues, as well as gaining the insights, knowledge and experience needed to solve problems and implement change.

Cessation: Also called 'quitting'. Helping people achieve abstinence from smoking or other tobacco use, also used to describe the process of changing the behavior.

Coalition: A group of individuals representing diverse groups or organizations within a defined community who agree to work together to achieve a common goal.

Community: A unified body of individuals, usually sharing common interests and living in a particular area. Individuals within a community may also be linked by history or common social, economic, and political interests. For the purpose of this RFP, a community is a city, neighborhood, or village where an intervention will occur.

Cultural Competence: The design, implementation, and evaluation process that accounts for special issues of select population groups (ethnic, racial and linguistic), as well as differing educational levels and physical abilities. Broader definitions of competence take into

consideration sensitivity to age, gender, sexual identity and socioeconomic status, among other things.

Disparities: Differences in the health status, burden of illness, and death in certain population groups, such as racial and ethnic minorities, when compared to the population as a whole. Health disparities may result from poverty, lack of access to quality health services, environmental hazards in homes and neighborhoods, the need for effective prevention programs tailored to specific community needs, and sociopolitical factors. A broader definition of disparity take into consideration sensitivity to age, gender, sexual identity and socioeconomic status, among other things.

Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.

Evidence-based: The conscientious, explicit and judicious use of current best evidence from systematic research in making decisions about the public health strategies and programs used to prevent tobacco use.

Health Equity: Achieving the highest level of health for all people, by equalizing the conditions for health among all groups.

Leadership for Eliminating Alaskan Disparities (LEAD): a leadership team of stakeholders in Alaska Tobacco Control efforts who are focused on increasing effective interventions for disparities. LEAD has identified four high-priority populations in their work: Alaska Native people, adults of low socio-economic status, young adults (18-29), and behavioral health populations (people addicted to substance use, such as alcohol or other drugs).

Lobbying: Attempts to influence the approval, modification or rejection of specific laws through contacts with public policymakers. Lobbying is a call to action on specific legislation to public policy makers. A call to action on specific legislation to the general public is also considered lobbying when an issue is on the ballot.

Media Advocacy: The strategic use of mass media—film, TV, radio, newspapers, magazines, billboards, posters, or the Internet—as a resource for educating community members and target audiences about the need for systems change.

Media Advocacy Plan (MAP): This form is used to gather information about grantee plans for media advocacy, for review by the technical assistance team and media experts who can assist with fine-tuning approaches and identifying existing resources to support grantee media work.

Mission 100 (M100): This is a group of expert technical assistance contractors who are available to support the work of grantees to the TPC Program in areas such as adopting systems change and implementation of model policies.

Municipality: A city or town with its own incorporated government for local affairs.

Objective: A statement describing the results to be achieved and the manner in which these results will be achieved. A well written and clearly defined objective is SMART: Smart, Measurable, Achievable and Ambitious, Relevant, and Time-bound. SMART objectives set program priorities, aid in monitoring progress toward achieving goals, and set targets for accountability.

Partnerships: Relationships between organizations that exist in the interest of mutual gain. Partners can share venues, expertise, goals, and technology, among others.

Policy: A system of laws, regulatory measures, courses of action, and funding priorities concerning (in this case) tobacco-related issues put into effect by a governmental entity or its representatives.

Prevention: The act of preventing or hindering, in this case, smoking initiation. Typically, because the majority of addicted tobacco users begin using tobacco during adolescence or early adulthood, tobacco prevention efforts are focused within these age groups.

Priority Populations: Those groups who, in the opinion of those planning tobacco control interventions, require special attention in terms of surveillance, prevention strategies, and advocacy.

Population-based Approach: Interventions that focus on *groups* of individuals. Population-based interventions, which emphasize multi-component programs that address social norms and the needs of individuals, have formed the core of effective statewide tobacco control efforts.

Region: For the purpose of this RFP, “region” is Alaska’s 6 Public Health Regions.

Secondhand smoke (SHS): Sidestream smoke and the smoke exhaled by smokers from cigarettes, cigars, pipes, bidis, etc. Secondhand smoke cannot be controlled by ventilation, air cleaning, or spatial separation of smokers from nonsmokers. The smoke mixture contains gases and particulates, including nicotine, carcinogens and toxins.

Socio-Economic Status (SES): A combination of factors including income, level of education, and occupation. It is a way of looking at how individuals or families fit into society using economic and social measures that have been shown to impact individuals' health and well being. “Low SES” typically is used to describe people who have low income and/or education.

Systems Change: Change in organizational policies, practices, procedures, or environmental supports that encourages and channels improvement(s) in systems, community, and individual-level health outcomes.

Appendix A: Sample Case Study of Alaskan Smokefree Policy Promotion using 7 Step Framework

Successful Health Policy Promotion in Rural, Alaska Native Villages

ABC 123, Inc has been working to eliminate exposure to secondhand smoke in the southeast region. Their primary goals are promoting smokefree policies, including in multi-unit housing and within healthcare systems.

ABC 123, Inc staff are currently focusing on 3 of the 13 ABC communities where they have achieved significant policy successes. The communities are small and traveling there is difficult (both because it is expensive and due to weather conditions). Cigarettes are expensive (about \$10 per pack). ABC 123 is the main tribal health provider in the region. Some areas have larger clinics, and most areas have community health aides (CHAP). Most people have smokefree homes.

	Seacity	Whale Point	Iceberg
Population (estimate)	2,120.	520	4,400
	80%+ Alaska Native	90%+ Alaska Native	6%+ Alaska Native

Each of these communities have passed comprehensive smokefree workplace policies within the past 2 years. ABC 123, Inc would like to promote this success through enforcement and implementation of current policies. They are also focused on expanding their work to include supporting the regional housing authority to adopt a smokefree multi-unit housing policy for all units and promote comprehensive tobacco-free healthcare systems change with Iceberg Medical Center.

ABC 123, Inc's Strategies for Success:

Policy goal: Smokefree public places (public buildings, businesses, offices, multi-unit housing). Their efforts in each of the 7 steps for systems change are summarized below.

1. Engage Stakeholders

ABC123 staff are working to build and support local champions. These are local people who really understand the needs of each community. They can engage others (sometimes in a coalition), disseminate messages (including campaign materials), and identify opportunities for policy action (including when a "window opens"). ABC 123, Inc is working with Community Wellness Advocates (CWAs) to be the "on the ground" local champions for tobacco control.

- Providing them with materials and supplies for local education activities (in schools, ongoing education at community events, health clinic waiting rooms)

- Coordinating monthly phone meetings with the CWAs
- Supporting travel for CWAs to come to grantee meetings – this travel brings them together with one another to share ideas and learn from each other as a team.
- Using CWAs to build local coalitions has been difficult, but this has not been a barrier to local progress and success.

2. Providing evidence of the problem/policy need

ABC 123, Inc works to promote comprehensive smokefree community-wide policies but also venue-specific policies (recreation/bingo halls, school buildings and gymnasiums, businesses).

- ABC staff conduct local assessments of what is currently happening in each of the communities. They add this information to the Regional Data Profile provided by the TPC Program to give a better picture of what is happening in their region and each community.
- ABC staff makes personal visits to each community once per quarter, including with specific visits to community events and gatherings. During these trips, staff meet with tribal and city leaders, school principals and teachers, store owners, radio reporters, business owners. CWAs provide contacts and introductions to these decision-makers.
- Staff ask about their current policies and educates them about the dangers of tobacco smoke, but does not try to “push” – just stating the facts, offering solutions. Staff will compile information to respond to any questions or concerns that arise during the meetings.

3. Media Advocacy/Public Education

ABC staff understand they must use multiple communication strategies to assure that people are exposed to constant, fresh information about the dangers of tobacco use and exposure.

- ABC staff are working to engage their communities in the “Good for health, Great for business” campaign to encourage more local representation in the state campaign, and to help gain local businesses’ attention about the importance of smokefree workplaces.
- Coalition members write letters to the editor in each community’s weekly newspaper. The letters help support the implementation and positive feelings for smokefree air. Anytime there is a big event in town, they contact the newspaper to write an article promoting smokefree environments and Alaska’s Tobacco Quit Line as a resource.
- ABC Newsletters – on a monthly basis, wellness newsletters are emailed, and hard copies sent to clinics, that include messages about multiple health issues but tobacco is always a dominant theme.
- Posters and Signs – every other week staff are sent new flyers about tobacco issues, which the CWAs print and post locally.

4. Providing Resources for Environmental/Systems Change

ABC staff and the local coalition uses policy promotion resources from the technical assistance team and has developed local resources so that adopting policies can be easy.

- Coalition members know where to find factsheets and core messages to offer clear solutions from respected sources.
- ABS staff compile information on smokefree multi-unit housing and tobacco-free health care systems for outreach to housing authority managers and medical center campus staff.

5. Engaging Decision-Makers

ABC staff bring together local capacity, information about the problem, community-based education efforts and policy options and presents them to decision makers in the housing authority and medical center administration.

- ABC staff made formal presentations to decision makers that summarizes what the problem is, why a policy will help, how they know the community supports it, and specific resources that can help with a policy change.

6. Support Implementation and Enforcement

ABC staff continue to celebrate the successes seen in Seacity, Whale Point and Iceberg. By continuing the positive media for smokefree air they know other communities will see these messages and be impacted.

- ABC staff provides “smokefree” signs for places that adopt policies - clinics, schools, businesses. Most of these signs are provided by the TPC Program and any additional local specific signs are developed with grant funds.
- ABC staff share toolkits with all smokefree workplaces which give information about the ordinance, rules of enforcement, and window clings.
- ABC staff promoted the “smoke free elders events” in the region as an example of a successful policy implementation.

7. Evaluating/Documenting Benefits

ABC staff use the stories about positive experiences with the three ordinances with other communities and organizations in the region as more of them consider strengthening their policies. With help from the TPC Program staff, they are currently undergoing assessment of the policy enforcement.

Appendix B: TPC Data Resources and How to Use Them

This is a list of important TPC data resources and what they are most likely to be used for. Multiple other reports are also available at <http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/default.aspx>.

Regional Data Profiles

<http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/regional.aspx>

(NOTE: REVISED VERSIONS WILL BE POSTED DURING March 2013)

This is the best place to look for information specific to your community or region. The TPC expects that these reports will be the most useful for RFP applicants, as information has been specifically prepared with the RFP process in mind. The most recent versions are published in association with the RFP release in Spring 2013.

Contents include region-specific information about:

- demographic descriptions (population total, youth, geographic distribution, number of school districts)
- Adult and youth smoking and smokeless tobacco use overall, by demographic group
- Home and workplace exposure to secondhand smoke, presence of relevant tribal resolutions and municipal laws, regional housing authorities
- Detailed prevention indicators, including tobacco use on school property, early initiation, student perceptions of risk and perceptions of parent attitudes about youth smoking, cigarette taxes, school district policy report summaries
- Quitting indicators including attempts, long-term attempts, awareness of Alaska's Tobacco Quit Line, receiving provider advice to quit, calls to the Quit Line

Alaska Tobacco Facts

<http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/default.aspx>

This is generally the first place to look for the most current statewide data. This report is published annually.

- Most current surveillance data – adult tobacco use data from BRFSS, youth tobacco use data from YRBS, and some summarization of the statewide burden of tobacco use.

Quit Line Report

<http://www.redegroupp.co/tools/>

This report provides details about use of the Alaska's Tobacco Quit Line and results for people who call.

Youth Risk Behavior Survey

<http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx>

This report provides statewide results from the most recent school-based youth survey.

Tobacco in the Great Land

<http://dhss.alaska.gov/dph/Chronic/Pages/Tobacco/default.aspx>

This report (also known as “TGL2”) provides detailed multiple variable breakouts (e.g. tobacco use by race and region). Therefore this report is useful for understanding differences in population segments, but the need to combine years of data to have enough information for these population splits means that the most current year-specific information is not include. The original TGL report was published in 2004, and an update was published in mid-2012.

Appendix C: Examples of Assessment Data

The following are examples of data that could be collected by community-based grantees to inform tobacco control program planning at the community or state level.

Potential topics for contribution to statewide data collection:

- Conduct **retail environment** assessments in a number (for example, 5) randomly selected stores, including
 - Advertising (# of indoor/outdoor ads for tobacco products, use of special ads like neon or moving ads)
 - Price (record prices of sentinel brands)
 - Products (record presence of smokeless, alternative products like e-cigs or orbs, hookah accessories/products)
 - Placement (record whether tobacco is behind counter_
- Describe local **cessation resources**
 - Document any local support systems that the Quit Line can refer to
- Describe the presence of **smoking/tobacco bans** in specific venues
 - Bingo
 - Restaurants/bars
 - Other important venues for state priority efforts?

Potential topics for contribution to building local capacity or informing local program planning:

- Describe **local public policy system**
 - What public entities govern your community? (city, tribal - if multiple, describe each)
 - Who are the individual elected policymakers currently serving as community leaders?
 - What opportunities exist to offer public comments or to generally educate the policymakers about any issues that are important to the community?
 - What is the process for receiving information about potential new policies and making decisions on new ideas for public policies by this entity?
- Describe the local **Media environment**

- What venues or systems do people in this community use to receive information? (TV, radio, newspaper, web, Twitter, Facebook, LinkedIn, newsletters, email distribution lists, poster hubs, community meetings)
- For each public media venue, who are the primary consumers, and what is the process for adding information to that source?
- Describe the **Community culture**
 - What are key cultural or annual events where the community (or a large portion of the community) gathers?
 - What are the rules/practices about tobacco at each of these gatherings?
- Identify the status of **Tobacco as a Community Priority** – conduct short key informant interviews with a number (for example, 5) important community leaders for different sectors (policy, media, school, other opinion leaders – grant managers review the proposed list before doing interviews)
 - What are the most important priorities in the community?
 - Do you hear about tobacco issues in your community? How/what?
 - Where do these tobacco-related goals fall in your perception of important issues in the community (1=extremely important to 10=not at all important): preventing young people from starting, helping tobacco users to quit, protecting all people from secondhand smoke exposure, helping high risk populations to decrease tobacco use impact
 - What would you like to see done in your community to address tobacco?
 - What would it take to make tobacco a high enough priority to take action?
- Describe the history of **Communicating to Leaders & the Public** about tobacco control
 - Has there been any effort to talk with policymakers about the importance of tobacco issues in the past year? 3 years? Describe who, when & what was communicated (could be letters, presentations, visits) and the communications objective.
 - Local policymakers
 - State legislators
 - media

Appendix D: Statewide Disparities Identification Project

The following is a list of the priority populations identified by the TPC staff during a systematic data review and discussion. Communities within these regions might identify different priority populations, for good reasons. This information is offered as an example of a data-driven process, so that community-based programs have an idea of what is expected.

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During 2012, in preparation for creation of this more regionally-based RFP, the state TPC program staff participated in a data-driven process to identify priority populations in each of Alaska's public health regions. As part of the process, staff reviewed health surveillance data from simplified and preliminary versions of the Regional Profiles:

- Adult smoking/tobacco use data from BRFSS
- Youth smoking/tobacco use data from YRBS
- Population data and demographic characteristics from the census.

Staff also brought their personal knowledge about the community conditions, industries, and opportunities in each region.

Over the course of several meetings, staff reviewed the data, discussed implications, and described a number of priority populations they felt were important for each of Alaska's regions. These were determined based on multiple factors. For example, in the Anchorage/Mat-Su region, young adults were identified as a high-priority population. This was not because of high tobacco use rates among young adults in the region vs. other regions of the state (in fact, young adult tobacco use in the Anchorage/Mat-Su region is lower than among young adults in other regions of the state). However, the educational and training programs available in this region attract a large number of young adults from all over the state. Therefore, young adults who are reached in this region may bring knowledge and health behaviors back to their home communities and villages when they return. Other priority populations were identified in a similar way, based on a combination of data and other knowledge.

The findings from this process were used to inform development of the RFP, and specifically the identification of priority populations for strategies in the RFP. Other data review processes may result in identification of different priority populations per region. This example is meant to provide a summary of the process and results, but applicants are encouraged to identify priority populations based on their own review and discussion of data and other information from their communities.

Priority Populations per Region – Identified in TPC Staff Assessment

ANCHORAGE/ MAT-SU

- Youth and Young Adults: schools, colleges, universities, trade schools
- Individuals of Low Socioeconomic Status: work with Community Health Centers and Social Service agencies
- Work to increase employer benefits of tobacco cessation and tobacco free policies

SOUTHWEST

- Work to reduce smokeless and Other Tobacco Products prevalence
- Reduce exposure to secondhand smoke in community or tribal policies
- Work to increase employer benefits of tobacco cessation and tobacco free policies

NORTHERN

- Alaska Native individuals: Work to reduce the smoking prevalence
- Youth and Young Adults: schools, colleges, universities, trade schools

SOUTHEAST

- Youth and Young Adults: schools, colleges, universities, trade schools
- Work to restrict youth access to tobacco products and tobacco marketing

INTERIOR

- Youth and Young Adults: schools, colleges, universities, trade schools
- Reduce exposure to secondhand smoke through community or tribal policies
- Work to increase employer benefits of tobacco cessation and tobacco free policies

GULF COAST

- Work to reduce smokeless and Other Tobacco Products prevalence
- Reduce exposure to secondhand smoke in community or tribal policies

STATEWIDE

- Youth and Young Adults: schools, colleges, universities, trade schools
- Reduce exposure to secondhand smoke in workplaces.

Appendix E: Examples Media Advocacy Plan (MAP)

Organization Name: ABC 123, Inc.

Goal Area: Eliminate Exposure to Secondhand Smoke

Short Term Objective(s): By June 2013, ABC 123 will support implementation and enforcement of local smokefree air with 3 communities in the Southeast Region.

Please tell us more about your FY14 media campaign strategy. This plan should be your guide as you move through the year, keeping effective and consistent messaging in your communities to promote your short-term policy objectives. The Technical Assistance team and your Grant Program Manager will review your plan and provide ongoing support throughout the year. Please keep in mind: evidence based Best Practice strategies when creating media that is culturally relevant to your communities. Any special outreach to disparate populations should be illustrated in your proposed plan. Feel free to use more than one page to describe your media strategy.

1. Please describe below what media advocacy strategy you would like to implement for FY14 and specifically how it relates to your grant goals and policy objectives.

A written smokefree policy is only effective if it is communicated and enforced. Communication through a variety of channels sends clear, consistent messages that exposure to secondhand smoke is not acceptable and unhealthy in the workplace and public places. Communication should be continual and highly visible. The more positive messages, signs, reminders, announcements and newsletter articles, the fewer problems there will be with implementation and enforcement. ABC 123, Inc. would like to develop a media campaign to support short-term objectives of implementing and enforcement of smokefree policies in Seacity, Whale Point, and Iceberg.

- a. What earned media will you focus on throughout the year (i.e. letters to the editor, press releases, free PSA air time, VHF, etc)?:-
 - Letters to editor by coalition members, supportive business, key local stakeholders.
 - Announcements on local VHF; community events; and articles/ads on organizational newsletters.
 - Articles on smokefree events covered by local media: print, radio & television.
 - Press releases & media events.
- b. What paid media will you use? (current or planned media placement: radio, print, TV, etc):
 - Development of 'Good for Health, Great for Business' advertisements of local businesses that have gone smokefree that complement the statewide marketing campaign.

- Advertisements in print in local paper that thanks smokefree workplaces in each community and builds support in neighboring communities – Such as weekly testimonies/lists, highlighting support for smokefree workplaces.
- Radio ads that thank smokefree workplaces in each community and builds support in neighboring communities – advertisements that include the reasonable distance rules and positive response to the ordinance. Use local employees or business owners.
- Toolkits for businesses to implement smokefree workplaces – include Fact Sheet, window clings, information on enforcement contacts, and the ordinance for each community.
- Marketing of local coalition & efforts– join or support sign up (brochures, logo, outreach information, etc.)

2. How does your general message support your grant goal and policy objective(s)? The overall message for all media campaign will **encourage and support implementation of smokefree workplaces in the Southeast Region**. Through these media activities, we hope to garner more support for the coalition efforts and the enforcement of smokefree workplaces in Southeast. We anticipate that through these successful media campaigns that we will provide community-wide support for the current policies in Seacity, Whale Point, and Iceberg and encourage the protection of ALL workers in Southeast and across the state.

a. Primary target audience:

Community members and local leaders in Seacity, Whale Point, and Iceberg

b. Secondary target audience:

Community members and local leaders in all of Southeast

Note: target audience refers to the group or individuals that you would like to impact with your message.

3. Do you anticipate specific technical assistance needs to support your media advocacy plan?

Yes, we would like to develop toolkits for each business in the three communities. We have an idea of what we would like to include, but maybe help with branding with our coalition information and where to order window clings. Also, if you can review our general message language that would be very helpful. We have our Core Messages document and want to make sure we're on the right track!

4. Please tell us more about your media project timeline. What target dates will you focus on throughout the year? This is a good time to consider what national events (Kick Butts Day, GASO) and local events (health fairs, school sports events, community festivals) you can use to reach more people in your region.

Q1: Meeting with TPC, Contractors during the first quarter to develop a media plan & timeline. Tribal leaders gathering happens in September in Puffin Pass- put an ad in the agenda packets.

Q2: Complete drafts of media campaigns by beginning of 2nd Quarter & begin campaign at the end of Q2. Promote the 5th anniversary of smokefree Iceberg which falls on the Great American Smokeout.

Q3: Continue media campaign. Assessment of campaign midway through 3rd Quarter, revise if necessary. Promote the 2nd anniversary of Seacity ordinance. Outreach to local businesses with the toolkit, especially in Whale Point which is still in its first year of implementation.

Q4: Continue media campaign. Promote smokefree Whale Point during the summer music festival.

5. What is your allocated budget for media advocacy for the plan outlined above?

We are currently budgeting \$7500 if approved by TPC.

6. Which TPC-supplied materials do you currently use? All the Quit Line materials- they are great to refer people when they ask about employees who smoke.
 - a. Are there additional materials that you would find useful for your work and for work by all grantees statewide? An implementation toolkit would be very helpful!