

**North Dakota Center for Tobacco Prevention**

**and Control Policy State Work Plan 2016–2018**

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| Initiative: Local/State Capacity Organization  Date Completed  Goal 4: Build Capacity |
| Objective 2: By June 30, 2018, build local/state infrastructure and capacity to collaboratively deliver evidence-based tobacco prevention and control interventions from the most current CDC Best Practices for Comprehensive Tobacco Control Programs and The Guide to Community Preventive Services: Tobacco Use Prevention and Control on-going recommendations to reach all citizens in local public health units and tribal reservations including one Indian service area.  Rationale: “The social norm change model presumes that lasting change occurs through shifts in the social environment - initially or ultimately - at the grassroots level across local communities.” Best Practices for Comprehensive Tobacco Control Programs (January, 2014, p.7).  Baseline: All public health units have at least a half-time tobacco prevention coordinator position since 2012. The position due to funding may be a combination of personnel positions to equal 0.5 FTE.  Evaluation: Grantees meet or exceed 0.5 FTE tobacco prevention coordinator position.    Lead: ND Center for Tobacco Prevention and Control Policy, ND Department of Health for tribal grantees  Strategies:  1. Maintain funding to local public health units, tribes, statewide and community partnerships and evaluate funding allocations dependent on emerging issues.   * Funding the LPHUs, tribes, statewide and community partners is level or increased * Emerging issues identified * Funding increased to target areas   2. Assure staff is adequate in number, have qualifications, and competency in tobacco prevention and control.   * Grant staffing requirements met * Quarterly training attended * Participation rate in monthly local policy calls * Number of contacts with supervisors   3. Update strategic annual training plan for grantees, partners, tribal partners, and Advisory Committee.   * Health equity principles are integrated into training plan * Training plan reviewed * Training plan updated   4. Provide quarterly strategic trainings interfaced with the state plan and work plan objectives and technical assistance to grantees and partners.   * Trainings scheduled * Save the dates sent out * Trainings complete and evaluations analyzed * Staff notes indicate technical assistance offered   5. Build, practice and strengthen skills in mobilizing partners and effectively communicating with decision makers about policy change at grassroots to support and reinforce “*Saving Lives, Saving Money”* in communities i.e. public, boards of health, policy and decision makers and to effectively counter pro-tobacco influences.   * Number of new coalitions * Increased coalition members documented   6. Monitor grantee and contractor work plan and budget activities.   * Quarterly review * Revisions as needed, requested, and obtained   7. Collaborate with local states attorneys and law enforcement to ensure compliance with local and state smoke-free laws.   * Noted level of activity in quarterly reports   8. Publicize tobacco prevention and control successes.   * Earned media documented * Paid media documented * Social and digital media documented * Public celebrations documented |