

**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 granteesStrategies:[ ]  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
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