

1. Welcome

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How to Use This Coalition Resource Guide

This tool, the Coalition Resource Guide, is intended as an easy reference for TPCP Community Coalition coordinators and members. The manual is divided into ten sections. The first five sections explain the community coalition's role as part of New Hampshire's tobacco prevention and control plan. Contractual requirements between community coalitions and the New Hampshire Tobacco prevention and Control Program (TPCP) are also included. The next three sections describe "Best Practices" for tobacco prevention at the local level. The final two sections describe resources that support and expand on coalition efforts.

Each section of the guide includes narrative to introduce and explain the documents included in that section. In many sections, documents have been inserted with non-sequential page numbering. The tables of contents indicate how many pages are in each document to make them easier to locate.

While some sections may not be relevant at this time, they may prove to be useful at a later date. TPCP welcomes proposals for the inclusion of other helpful resources. Submit suggested items to Aviva Meyer.

While TPCP staff members are available to respond to individual questions, please use the guide to learn about policies and procedures. This guide is the most reliable source of information. This information has been reviewed and approved by all TPCP staff.

Tips for using the resource guide:

- Keep it accessible
- Read the table of contents to be familiar with the guide's organization
- Let this guide be the first place to seek information related to NH tobacco prevention and control

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2. New Hampshire Tobacco Prevention and Control Program (TPCP)

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TPCP Programs

The New Hampshire Tobacco Prevention and Control Program is funded entirely by the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health.

The four goals of the NH Tobacco Prevention and Control Program are:

- ✓ Preventing youth from starting to use tobacco
- ✓ Promoting quitting among tobacco users
- ✓ Eliminating exposure to secondhand smoke
- ✓ Prioritizing efforts to reach those populations most affected by tobacco.

TPCP carries out a number of strategies to achieve its goals.

- The program provides support to NH's diverse communities by granting contracts to local tobacco prevention organizations. Currently, TPCP funds 10 community coalitions.
- TPCP conducts surveillance and evaluation in order to measure the prevalence of tobacco use among NH citizens as well as to monitor attitudes, knowledge and practices regarding tobacco use in NH.
- TPCP is responsible for monitoring compliance with the NH Indoor Smoking Act.
- TPCP provides educational materials to the public and to health care providers on a variety of tobacco use and dependency topics ranging from preventing youth from starting to use tobacco to helping addicted tobacco users to seek dependency treatment.
- TPCP oversees advertising and media campaign designed to counter the large expenditures the tobacco industry makes promoting its products in NH.
- TPCP oversees health care practice training in implementation of Public Health Service Guidelines for *Treating Tobacco Use and Dependence*
- The 1-800-Try-to-STOP TOBACCO Resource Center provides access to information and resources as well as proactive and reactive telephonic counseling.
- TPCP coordinated the development of the Youth Network Opposing Tobacco (YNOT), a statewide network of teens exposing the dangers of tobacco use and tobacco industry practices. YNOT groups now function independently with access to materials and information from TPCP.

Comprehensive Tobacco Prevention and Control Programs

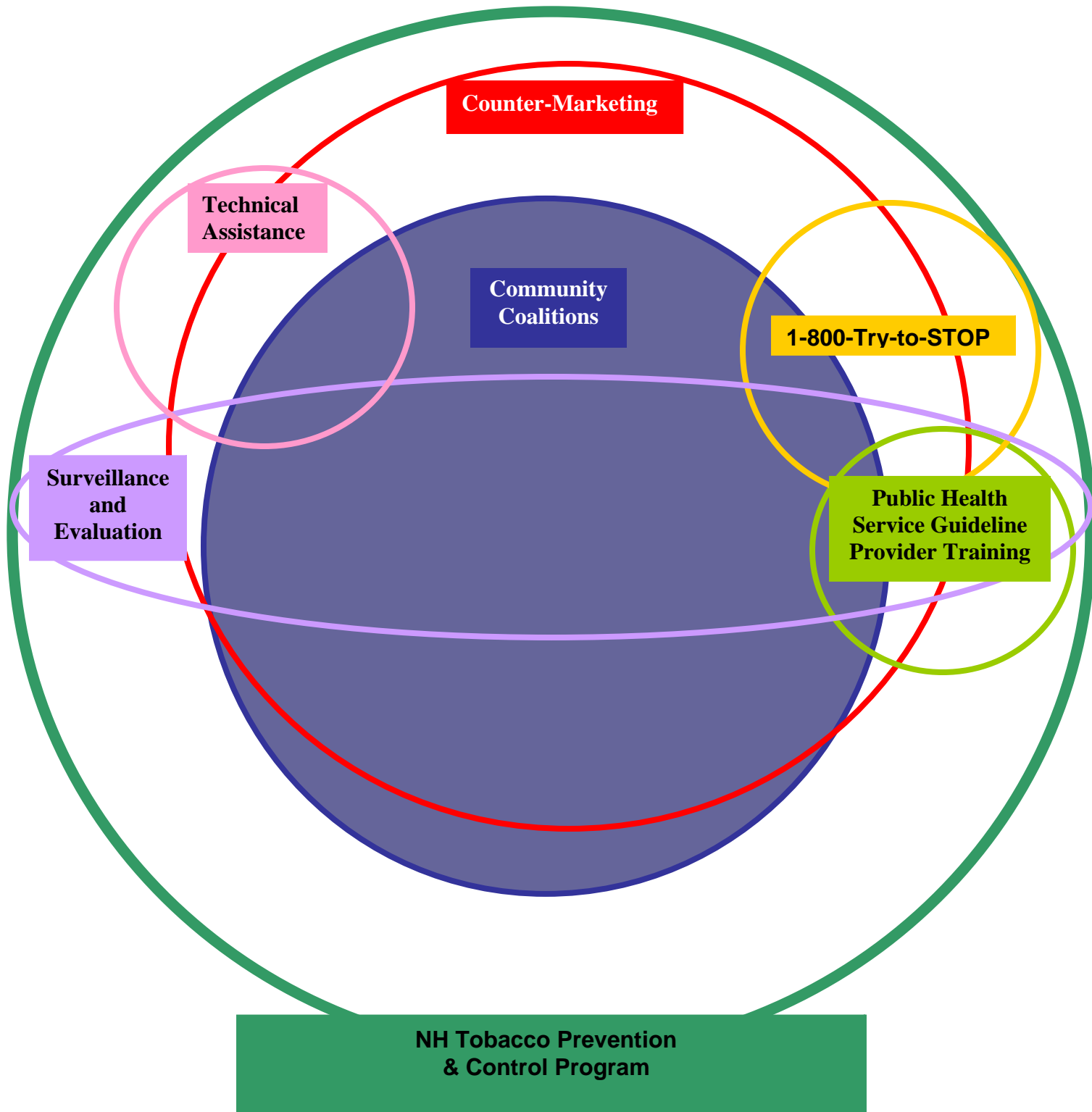
Excerpted from CDC's *Best Practices for Comprehensive Tobacco Control Programs*, August 1999 available at: www.cdc.gov/tobacco/bestprac.htm

In addition to highlighting the importance of the individual program elements, it is critical to recognize why these individual components must work together to produce the synergistic effects of a comprehensive program. Reducing the broad cultural acceptability of tobacco use necessitates changing many facets of the social environment. This scale of societal change is a complex process that must be addressed by multiple program elements working together in a comprehensive approach. For example, school programs are effective in isolation, but evidence indicates that their efficacy is greatly increased when combined with community programs and media campaigns. Through evidence-based analyses in California and Massachusetts, in-depth involvement with settlement States, and published evidence of effective tobacco control strategies, CDC recommends that States establish tobacco control programs that contain nine specific elements:

New Hampshire has attempted to maintain as many elements of a comprehensive program as possible but the specific elements have varied with available resources. Relationships between the various elements are illustrated on the next page.

Element	TPCP past activities:	TPCP current activities:
Community programs to reduce tobacco use	X	X
Chronic disease programs to reduce the burden of tobacco related diseases		*
School programs	X	
Enforcement	X	
Statewide programs (technical assistance and training)	X	X
Counter-marketing	X	X
Cessation programs	X	X
Surveillance and evaluation	X	X
Administration and management	X	X

*While no chronic disease prevention programs are funded by TPCP, the tobacco program collaborates with chronic disease prevention and control programs within NH DHHS.



Reference for Acronyms Used in This Program

ACS/ ACSNH	American Cancer Society (New Hampshire Chapter)
AHA	American Heart Association
AHEC	Area Health Education Center
ALA of NH	American Lung Association of NH
ALANH	American Lung Association of NH
ALF	American Legacy Foundation
ALPHA	Alliance for Progress of Hispanic Americans
ANR	Americans for Non-Smokers Rights
ASTDHPPHE	Association of State and Territorial Directors of Health Promotion and Public Health Education
ASTHO	Association of State and Territorial Health Officers
ATS	Adult Tobacco Survey
BPS	Bureau of Prevention Services
BRFSS	Behavioral Risk Factor Survey System
CDC	National Centers for Disease Control and Prevention
DADAPR	NH Division of Alcohol, Drug Abuse, Prevention & Recovery
DHHS	Department of Health and Human Services
DPHS	Division of Public Health Services
EPA	Environmental Protection Agency
ETS	Environmental Tobacco Smoke
MCH	NH Maternal & Child Health Services
MSA	Master Settlement Agreement
MSTP	Model School Tobacco Policy
NH	New Hampshire
NH LC	New Hampshire Liquor Commission
NHMHC	NH Minority Health Coalition
NHSA	NH Soccer Association
NOT	N-O-T® (Not on Tobacco) Pilot Project
OSH	Office on Smoking and Health
PSA	Public Service Announcement
PTO/PTA	Parent Teacher Organization/Association(s)
RTI	Research Triangle Institute
SFNHA	Smoke Free New Hampshire Alliance
SHS	Secondhand Smoke
TPCP	NH Tobacco Prevention and Control Program
TUAC	Tobacco Use Advisory Committee
TUPF	Tobacco Use Prevention Fund
WIC	The Supplemental Food Program for Women, Infants, and Children
YNOT	NH Youth Network Opposing Tobacco
YRBS	Youth Risk Behavior Survey
YTS	Youth Tobacco Survey

TPCP Contact Information
Tobacco Prevention and Control Program
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Concord, NH 03301-6504
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Phone #: 271-6891

Staff Person	Areas of Responsibility	Phone
Teresa Brown Health Promotion Advisor tbrown@dhhs.state.nh.us	<ul style="list-style-type: none"> • Coalition technical assistance • Cessation and coalition contract management • Coalition training development and coordination • Indoor Smoking Act education and awareness 	271-8949
Donna Fleming Program Manager dmfleming@dhhs.state.nh.us	<ul style="list-style-type: none"> • Overall program management, planning and reporting • Coordinates with partners and stakeholders • Oversees CDC reporting • Oversees all contract management • Oversees all RFP processes 	271-5898
Beth D'Ovidio Program Specialist III bdovidio@dhhs.state.nh.us	<ul style="list-style-type: none"> • Media Coordinator • Youth programming (YNOT) • Public relations management • Event coordination • CDC reporting • Media technical assistance to coalitions 	271-5928
Susan Knight Program Planner III/Epidemiologist sknight@dhhs.state.nh.us	<ul style="list-style-type: none"> • Surveillance and evaluation • Coordination and implementation of the Youth Tobacco Survey • Data analysis • Data collection technical assistance to coalitions • Data book development • CDC reporting • Program assessment and evaluation technical assistance 	271-5885
Aviva Meyer Health Promotion Advisor ameyer@dhhs.state.nh.us	<ul style="list-style-type: none"> • Coalition technical assistance • Coalition training development and coordination • Coalition contract management • CDC reporting 	271-6684
Therese Smith Program Specialist tmsmith@dhhs.state.nh.us	<ul style="list-style-type: none"> • Contract administration • Billing administration • Fiscal management 	271-6897

Meet the TPCP Staff

Teresa Brown, BS, CTRS (Certified Recreational Therapy Specialist)

Bio: Teresa Brown, has been with TPCP since October 2000, as a Health Promotion Advisor. Her previous work was at the University of New Hampshire, as the Program Manager for the Therapeutic Riding Program (horseback riding for disabled populations) and part-time horsemanship instructor. She is currently enrolled in the MPH program at the University of New Hampshire.

Roles and Responsibilities: Teresa's primary responsibility is to manage cessation contracts and indoor smoking act complaints. In addition she manages coalition contracts, provides technical assistance, assists with coalitions trainings and provides support for coalition expansion and sustaining efforts.

Beth D'Ovidio, BA, Communication Arts

Bio: Beth has been with TPCP since August 2001, as the Communications Coordinator. Previously, she worked in the Department of Health and Human Services Commissioner's Office. She has also worked in the Division of Child Support.

Roles and Responsibilities: Beth's primary function is coordinating all communications between TPCP and the media through the Public Information Office (PIO). She also coordinates communications between TPCP, funded coalitions, and health partners/agencies for statewide events and activities.

Donna M. Fleming, BS, Integrative Health and Healing

Bio: Donna has been with TPCP since September 2002. She is the Program Manager. Donna has worked in the field of health promotion and disease prevention for eight years and has held the position of Program Manager at the Elliott Hospital in Manchester, NH. She is currently enrolled in the MPH program at the University of New Hampshire.

Roles and Responsibilities: Donna serves as the staff liaison between TPCP and CDC's Office on Smoking and Health and is responsible for overall program management.

Susan Knight, MPH

Bio: Susan has been with TPCP since February of 2001 as an epidemiologist. Susan came to NH from Vermont where she worked with the Breast and Cervical Cancer Early Detection Program as epidemiologist, data manager and screening coordinator.

Roles and Responsibilities: Susan's primary function is developing and implementing surveillance and evaluation measures for the various components of TPCP. She coordinated the 2001 NH Youth Tobacco Survey and has assisted the Program with developing an evaluation plan and performance measures.

Aviva Meyer, MPH, CHES (Certified Health Education Specialist)

Bio: Aviva has been with TPCP since November 2002 as a Health Promotion Advisor, Coalition Development Specialist. Aviva served in the Peace Corp, as a Maternal and Child Health Extension Agent in Cameroon, Central Africa.

Roles and Responsibilities: Aviva provides contract management to TPCP funded community-based coalitions in NH. She provides training and technical support for coalition expansion and sustaining efforts. She is the editor for the E-mail Digest and point person for communication with coalition coordinators.

Contractors and Partners

NH TPCP works with a variety of national, statewide, community, public and private organizations and individuals to carry out its program goals and objectives. This section addresses TPCP's Contractors and Partners.

Definition of Terms:

Contractors- These are the organizations with whom TPCP has a legally binding contract to carry out services related to the Program. The scope of services describes specific services expected from the contractor.

TPCP maintains contracts with organizations for four major categories of services:

1) community-based capacity building and local project implementation; 2) counter-marketing and media advocacy; 3) surveillance and evaluation; and 4) cessation services. Other contracts may exist for training and technical assistance, enforcement, or for special projects.

TPCP coalitions are *technically* contractors. However, TPCP and other partners refer to them as "local partners," community-based coalitions or TPCP coalitions.

Local Partners- In addition to the local coalitions that TPCP funds, there may be "local partners" with whom TPCP *may not* have a contract or fiscal relationship. TPCP relies on their voluntary support for outreach or program implementation. Some examples of local partners are a local hospital, youth serving organization or police department.

"**Voluntaries**" is a term used within tobacco control circles when speaking of three major partners that have historically been most engaged in tobacco control on a national level. They are: American Cancer Society, American Heart Association, and American Lung Association. NH TPCP works with the statewide affiliates to these organizations: American Cancer Society, New England Division; American Heart Association, New England Affiliate; and the American Lung Association of New Hampshire.

A table describing the various **partner** organizations on which TPCP relies follows. This list is not comprehensive of all the various partners who work with TPCP on a daily basis. That list would be too lengthy to print!

National Partners

Name of Organization	Organization Purpose	Nature of TPCP Relationship	Website
Centers for Disease Control and Prevention (CDC) – Office on Smoking and Health (OSH)	CDC is the lead federal agency for protecting health and safety. OSH is a subdivision within CDC that coordinates tobacco control and prevention nationally	Funding Source	www.cdc.gov/tobacco
American Legacy Foundation (“Legacy”)	Legacy is a national independent foundation working to reduce tobacco use	Information and Education Source	www.americanlegacy.org
Campaign for Tobacco Free Kids (“The Campaign”)	The Campaign is a private non-profit agency working to protect children from tobacco addiction and secondhand smoke	Information and Education Source	www.tobaccofreekids.org
Robert Wood Johnson Foundation (“RWJ”) TPCP <i>“Smoke Free Families”</i>	RWJ is a philanthropy devoted to health and healthcare. One of its primary areas of concentration is tobacco use. Smoke Free Families provides educational resources and technical assistance to TPCP in a common effort to promote “Innovations to Stop Smoking During and Beyond Pregnancy”	Information and Education Source	www.rwjf.org
Americans for Non-Smokers Rights (ANR)	ANR is a national lobbying organization dedicated to non-smokers’ rights	Secondhand Smoke Information	www.no-smoke.org
Tobacco Technical Assistance Consortium (TTAC)	TTAC is an independent, nonprofit organization dedicated to assisting organizations in building and growing highly effective tobacco control programs.	Information and Education Source	www.ttac.org

Statewide Partners

Name of Organization	Organization Purpose	Nature of TPCP Relationship	Website
American Cancer Society-New England Division	New England-wide community-based voluntary health organization dedicated to eliminating cancer	Provides advocacy, research, education, and service	www.cancer.org
American Heart Association, Northeast Affiliate	Regional voluntary health organization to reduce disability and death from cardio-vascular disease	Provides advocacy, research, education, and service	www.americanheart.org
American Lung Association of NH	NH-based voluntary health organization to improve lung health	Provides advocacy, programs and education	www.nhlung.org
Smoke Free NH Alliance	Statewide alliance of community coalitions and non-profits dedicated to reducing tobacco use and public exposure to secondhand smoke	Provides education and advocacy	www.smokefreenh.org
New Hampshire Public Health Association	Statewide association dedicated to improving the public's health in NH	Provides advocacy and education	www.nhpha.org/
New Hampshire Hospital Association	A statewide association collaborating in public interest to support healthcare organizations and improve health care delivery	Provides advocacy and education	www.nhha.org
Norris Cotton Cancer Center	A research, treatment and education center	Provides research and education	www.dhmc.org
New Hampshire Medical Society	A statewide organization that promotes medicine and the improvement of public health	Provides education and advocacy	www.nhmc.org

Other State Agency Partners w/ TPCP

Name of Organization	Organization Purpose	Nature of TPCP Relationship	Website
NH State Liquor Commission	Responsible for the enforcement of State and Federal laws and regulations regarding the sale and use of alcoholic and tobacco products	Tobacco law enforcement partners	www.state.nh.us/liquor
NH Department of Education	Provides educational leadership and services, which promote equal educational opportunities and quality practices and programs that enable New Hampshire residents to become fully productive members of society.	School-based tobacco education partners	www.ed.state.nh.us
Bureau of Prevention Services	Partnering in a coordinated system of services to promote and protect the health and well-being of NH citizens	School, community and clinically based tobacco education partners	
<i>Diabetes Education Program</i>	Education program designed to prevent or delay the onset of diabetes-related health problems.		www.dhhs.state.nh.us/DIABETES
<i>Asthma Control Program</i>	Controlling asthma from a public health perspective and focusing on asthma prevention.		www.dhhs.state.nh.us/ASTHMACONTROL
<i>Breast and Cervical Cancer Program</i>	The mission of this program is to plan, promote and implement education and screening programs to reduce death rates, through early detection, of breast and cervical cancer among NH women.		www.state.nh.us/BCCP

3. Training and Technical Assistance

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TPCP Training & Technical Assistance Overview

What activities may coalitions implement under TPCP contracts?

The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health developed *Best Practices for Comprehensive Tobacco Control Programs* in 1999. This Resource Guide includes pages that are relevant to local community programs. The whole document can be found on the web at: <http://www.cdc.gov/tobacco/bestprac.htm>. The guidance provided is somewhat general, but provides an overview of what the CDC recommends based on research and the experiences of other states.

TPCP accepts interventions that, while not scientifically proven, have been utilized in states that have demonstrated positive results with their tobacco programs. All interventions require TPCP approval. This approval process takes 1-3 weeks, depending on the type of intervention a coalition is interested in implementing.

Where can I find examples of evidence-based practices?

The American Journal of Preventive Medicine publishes the Community Services Guidelines. This is a valuable resource because it addresses the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control:

- Preventing tobacco use initiation
- Increasing cessation
- Eliminating exposure to secondhand smoke

The Guidelines may be accessed at www.thecommunityguide.org/tobacco/publications. This guide includes a one-page summary of the guidelines with a visual overview of recommended interventions, rated by their strength of evidence. The writing in this journal tends to be somewhat technical. Please contact TPCP if the articles are unclear.

The Tobacco Technical Assistance Consortium (TTAC) also provides detailed information regarding evidence-based practices. TTAC provides expert assistance, in-depth information, and a wide variety of services to national, state or community-based organizations. From tackling legal challenges to implementing effective initiatives to building coalition support, TTAC addresses the issues that are most important to tobacco control programs. Learn more at: www.ttac.org

What kind of training does TPCP provide to community coalitions?

TPCP provides training for all contracted coalition coordinators, and anyone else interested in attending, on the **second Wednesday** of most months. Attendance is strongly recommended for coalition coordinators (and tracked through performance measures). A list of training dates is included in this guide. The technical assistance covers tobacco related content material as well as coalition development training, in order to build the most effective local coalitions possible. Regularly scheduled trainings as a group provide an opportunity for coalition members and coordinators to benefit from each other's experiences and those of trainers and TPCP staff. TPCP reserves the right to cancel any monthly training in favor of bringing technical assistance directly to local coalitions and coalition coordinators.

Can TPCP provide training specific to our community's needs?

During site visits, coalition coordinators and members have a chance to meet directly with TPCP staff. This is one opportunity for direct assistance. In addition, staff members read quarterly reports and provide technical assistance based on that information. If a coalition is seeking specific training or assistance, TPCP will attempt to provide it or make a referral.

Why does TPCP staff want to attend our coalition meetings?

This is the best way for TPCP staff to see what really happens at the community level and to provide the most appropriate technical assistance. It is also an opportunity to put a face on "the State." TPCP staff is here to serve the people of New Hampshire. By getting to know each individual coalition, TPCP is better able to provide assistance. Attendance at coalition meetings also allows TPCP to deliver information directly to coalition members, helping to ensure that everyone understands the goals of the program as a whole.

How else can coalitions find Technical Assistance?

Several times a month, TPCP sends the "Email Digest" to all coalitions with news about the program, news from the world of tobacco control, opportunities that might interest some groups and any other information that TPCP encounters. Coalition coordinators are added to the list for this email digest as soon as TPCP knows their email addresses. To receive the Email Digest, please contact TPCP.



Guide to Community Preventive Services

Key to Strength of Evidence:	
●● Recommended (strong evidence)	
● Recommended (sufficient evidence)	
? Insufficient evidence to recommend	
Intervention	Strength of Evidence
Reducing Environmental Tobacco Smoke	
Smoking bans and restrictions	●●
Community education	?
Reducing Initiation	
Increasing the unit price for tobacco	●●
Media campaigns with interventions	●●
Increasing Cessation	
Increasing the unit price for tobacco products	●●
Media campaigns with interventions	●●
Smoking cessation series	?
Smoking cessation contests	?
Provider education systems alone	?
Provider reminder systems alone	●
Provider reminder systems with provider ed	●●
Provider feedback system	?
Reducing patient costs for treatments	●
Quitter telephone support with interventions	●●

This is just a small excerpt of what is included in this publication. For more information and the full text go to: www.thecommunityguide.org/tobacco

Coalition Training Dates
2nd Wednesday of each Month
All Day

SFY '05

July 14, 2004
August 11, 2004
September 8, 2004
October 13, 2004
November 10, 2004
December 8, 2004
January 12, 2005
February 9, 2005
March 9, 2005
April 13, 2005
May 11, 2005
June 8, 2005

SFY '06

July 13, 2005
August 10, 2005
September 14, 2005
October 12, 2005
November 9, 2005
December 14, 2005
January 11, 2006
February 8, 2006
March 8, 2006
April 12, 2006
May 10, 2006
June 14, 2006

TPCP will give coalitions ample notice when training dates will not be used. Please block out all of these dates until notified to the contrary. Check the email digest for trainings scheduled for the next few months.

4. Coalition Reports

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TPCP Coalition Reporting Overview

What are Quarterly Reports?

Part of the contractual obligation between TPCP and community coalitions is submission of quarterly reports on coalition activities, specifically as they relate to the Scope of Services as reflected in the approved work plan and performance measures. Guidance for completing quarterly reports is included in this section. If the format for reports changes, all coalition coordinators will be notified electronically.

What are performance measures?

The Turning Point Guidebook for Performance Measurement (<http://www.turningpointprogram.org/Pages/lichello.pdf>), page 11 provides the following description of a performance measure: A performance measure "measures progress toward a goal or objective." The same source provides a formal definition: "the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance."

Coalition performance is measured by how successfully the work plan was implemented each quarter. A sample work plan, including performance measures is included in this section.

For example, one of each coalition's objectives should be: "By June 30, 2006, develop an effective coalition with a subcommittee focused on eliminating exposure to secondhand smoke."

Corresponding performance measures are:

of adult coalition members

of youth coalition members

of organizations represented in coalition

There are spaces on the work plan for coalitions to record their performance measures when completing quarterly reports. Performance Measure results are summarized and used to report to TPCP's funders and administrators on the Program's overall progress in reaching state level goals and objectives.

It is important to have a common and clear understanding of what the Program's performance measures are and how they are used to form an accurate picture of the Program's progress toward the goals and what remains to be accomplished.

When are they due?

Quarterly Reports are due in the TPCP office on October 15, January 15, April 15 and July 15, of the contract year (two weeks after the end of each quarter). An annual summary is also due July 15, 2005. Updating the report frequently throughout the reporting period avoids a "monumental task" at the end of the quarter.

Who do I send them to and how?

Send reports to Aviva Meyer by U.S. postal service. Electronic copies are not accepted because each computer system is different and formatting can be distorted. This may make reports hard to understand. Please send copies of press releases and other documents or materials produced by the coalition during the quarter.

What happens when the Quarterly Reports Arrive at TPCP?

Performance measure data is entered into a database. The coalition technical assistance staff (Teresa Brown and Aviva Meyer) reviews the reports, noting successes and challenges, and reviews those notes with the Supervisor IV (Donna Fleming). Together they identify what assistance is available to coalitions with challenges. Feedback is sent to each coalition. Cumulative data is reported to the CDC/OSH as part of TPCP's reports on tobacco prevention and control efforts in NH.

What is an Annual Report?

It is a summary of the body of the coalition's work throughout the year including successes and challenges. More detailed guidance for completion will be provided at a later date. Annual reports may be used to recruit members and provide information about coalition activities during the following year.

New Hampshire Tobacco Prevention and Control Program
Community Coalition
Quarterly Progress Report Format

Grantee Information:

1. Coalition Name: _____
2. Agency Serving as Fiscal Agent: _____
3. Report Prepared by: _____
4. E-Mail Address: _____
5. Phone #: _____
6. Fax #: _____
7. Report Date: ____/____/____

Quarter	#1 ()	#2 ()	#3 ()	#4 () ANNUAL
Due Date	October 15, 2004	January 15, 2005	April 15, 2005	July 15, 2005
Report Period	July 1-Sept. 30, 2004	Oct.-Dec. 31, 2004	Jan. 1-March 31, 2005	July 1, 2004 -June 30, 2006 ANNUAL REPORT

NARRATIVE

Highlights:

Please provide a 1-2 page description of the important barriers, challenges, triumphs, and lessons learned during this quarter.

Resource Needs:

Describe any needs the coalition has for technical assistance, training, and other resources.

Budget:

Provide the following information as part of the Community Coalition Quarterly Progress report. Program staff are consulted when budget line item adjustments are requested. This information will provide the information needed to make informed decisions.

- Information about the total amount of funds spent to date
- Any issues around timely use of funds (i.e. based on current and projected spending, will all available funds be used within the fiscal year?)

WORK PLAN UPDATE:

Using the most current version of its approved work plan, describe the coalition's progress. Address each area of the work plan as described below. Please note the reporting period specified for each activity and performance measure. Use the attached TPCP Work Plan.

- **Actions Taken**
 - **Objective** – The objectives should not change from those listed on the coalition’s proposal, without discussions with TPCP staff
 - **Key Activity** – Each community coalition will take actions unique to the community to accomplish the Key Activities. Use the Comment areas to **briefly** describe these actions.
 - **Target Populations** – Provide a brief description of the target population here
 - **Lead Person Responsible**– Person who took the lead on each activity

- **Progress Toward Objectives**
 - **Performance Measures** –For the target column, please examine the coalition’s scope of services and proposed work plan. If the numbers differ, please use the one on the scope of services. For each quarter, enter the number described under **definition of measures**. If it is necessary to make a comment on the reporting of a performance measure for the quarter, do so in the Comments area.
 - **Comments** – use this space to:
 - **briefly** list the actions the coalition took this quarter to make progress in the Key Activity (including those that did not change the performance measures)
 - clarify reporting of the performance measure this quarter

Blank Work Plan
 NH Tobacco Prevention and Control Program
 July 1, 2004 – June 30, 2005

Actions Taken			Progress Toward Objectives						
Key Activities	Target Population	Lead Role	Performance Measures					Definition of Measures	
			Target	Q1	Q2	Q3	Q4		Total
Objective 1. By June 30, 2006, develop an effective coalition with a subcommittee focused on eliminating exposure to secondhand smoke									
Contact organizations and groups within the community that work with your target populations and/or tobacco control (Scope of Service 1.1)									# organizations in your community, identified during the reporting period, that work with your population(s) and /or work in tobacco control.
			Comments:						
Review coalition members, and recruit additional members reflecting composition of community, including key organizations and youth (Scope of Service 1.2)									# adult coalition members active during this reporting period
									# youth coalition members active during reporting period
									# organizations represented in your coalition during reporting period
			Comments:						
Meet with coalition members monthly (Scope of Service 1.3)									# meetings of your coalition during the reporting period
			Comments:						
Create and maintain secondhand smoke subcommittee (Scope of Service 1.4)									# adult SHS subcommittee members during reporting period

Actions Taken			Progress Toward Objectives						
Key Activities	Target Population	Lead Role	Performance Measures						Definition of Measures
			Target	Q1	Q2	Q3	Q4	Total	
Service 1.4)									# youth SHS subcommittee members during reporting period
									# SHS subcommittee member organizations during reporting period
									# of times the SHS subcommittee met during reporting period
			Comments:						
Participate in coalition trainings (Scope of Service 2.1)									# TPCP trainings attended by one or more coalition members during reporting period
									# other tobacco or coalition related trainings attended by coalition members or coordinator
			Comments:						
Objective 2. By June 30, 2006, increase public awareness of tobacco use prevention and control activities									
Meet with TPCP's Marketing Coordinator within the first two months to develop a local media plan (Scope of Service 3.1)									Date of meeting with Marketing Coordinator
									Date Marketing Plan finalized
			Comments:						

Actions Taken			Progress Toward Objectives						
Key Activities	Target Population	Lead Role	Performance Measures					Definition of Measures	
			Target	Q1	Q2	Q3	Q4		Total
Regularly distribute tobacco related information (press releases, letters to editor, PSAs,) to the local media. (Scope of Service 3.)									# tobacco related news stories or letters to the editor sent to media by coalition staff or members during reporting period
			Comments:						
									# media outlets in which paid advertisements or public service announcements were placed by coalition in this reporting period. (e.g., one radio station, two local newspapers...) Please attach a placement schedule.
			Comments:						
									# media items published or broadcasted during reporting period
Comments:									
Coordinate with TPCP and other coalitions to present tobacco prevention and control information during local community events								# events attended at which “Until You Can Quit Take It Outside” was displayed and promoted during reporting period	
								# events participated in during reporting period at which other tobacco prevention and control information was presented	

Actions Taken			Progress Toward Objectives						
Key Activities	Target Population	Lead Role	Performance Measures					Definition of Measures	
			Target	Q1	Q2	Q3	Q4		Total
			Comments:						
Deliver presentations to community groups, community leaders and/or policy makers about the hazards of exposure to secondhand smoke (SHS) (Scope of Service 4.)									# presentations about SHS to community groups during reporting period
			Comments:						
									# presentations about SHS to community leaders during reporting period
			Comments:						
Objective 3. By June 30, 2006, increase the number of workplaces with smoke-free worksite policies in our community.									
Identify work places for coalition members to work with to promote adoption of smoke-free policies (Scope of Service 6)									# worksites in your community identified during the reporting period for possible policy change
			Comments:						
Meet with work place representatives and, using TPCP assessment tool, assess status of smoking policies (Scope of Service 6.1)									# initial contacts made during the reporting period to discuss smoke free policy with worksites
									# worksites evaluated for smoking policy during reporting period
			Comments:						

Actions Taken			Progress Toward Objectives						
Key Activities	Target Population	Lead Role	Performance Measures					Definition of Measures	
			Target	Q1	Q2	Q3	Q4		Total
Distribute "Good Work! Creating a Smoke-Free Workplace" kits (Scope of Service 6.2)									# worksites receiving kits distributed during reporting period
			Comments:						
Follow-up with work places previously evaluated (Scope of Service 6.3)									# smoke-free worksite policies adopted during reporting period by businesses with which your coalition has worked
			Comments:						
Objective 4. By June 30, 2006, increase the number of smoke-free homes in our community									
Display and promote "Until You Can Quit: Take it Outside" campaign materials at public events (Scope of Services 7.)									# Pledge cards signed by men during reporting period
									# Pledge cards signed by women during reporting period
									# Pledge cards distributed during reporting period (not counted elsewhere)
			Comments:						
Objective 5. Optional: By June 30, 2006 accomplish additional objective(s) relevant to the unique tobacco control and prevention needs in your local community.									
			Comments:						

5. Contract Process: From Work Plan to Scope of Services

<i>Contract Process Overview</i>	5-2
<i>Request for Proposals</i>	5-3
<i>Scope of Services</i>	5-16

Contract Process Overview

What is the coalition expected to do?

Coalitions with TPCP contracts for State Fiscal Years 2005 and 2006 (July 1, 2004 – June 30, 2006) are responsible for building capacity for tobacco prevention and control in their communities and reducing exposure to secondhand smoke. Specific means of accomplishing these goals are reflected in coalition work plans and scopes of services.

What is a work plan?

A work plan is a table that provides a snapshot of what the coalition has agreed to do. It is sometimes referred to as a **Work Grid**. When the coalition or its fiscal agent applied for TPCP funds, a work plan (in the form of a table) was included in the application. The completed work plan provided a snapshot to the reviewers of what goal area initiatives the applicant would address if awarded the contract.

If a coalition was funded *with contingencies*, the **approved** work plan will be altered from the original work plan. Please refer to the **approved** work plan frequently to ensure program implementation is meeting work plan “anticipated outcomes.” Coalition quarterly reports are based on the **approved** work plan’s stated objectives, key activities, timeline and performance measure/anticipated outcomes.

A work plan template is included in section three. Please obtain an approved work plan from the coalition leader before implementing community activities.

What is Exhibit A (Scope of Services)?

The Scope of Services is the document attached to each contract that describes the contractor’s obligation. It is referred to as Exhibit A in the contract. The Scope of Services includes coalition-specific obligations, as well as some generalized obligations. For example, attending TPCP trainings may not have been on a specific work plan, but TPCP trainings are included in all coalition Scopes of Service. A boilerplate Scope of Services is included in this section. Coalition fiscal agents received specific Scopes of Services in contract packages.

I keep hearing about Governor and Council (also known as G&C). What is it?

The Governor meets with his five (5) Executive Councilors monthly. The Executive Councilors must approve all contracts. Before reaching an Executive Council meeting, contracts are reviewed by many people in state government. This process takes approximately 4 months.

**New Hampshire Department of Health and Human Services
Office of Community and Public Health
Division of Chronic Disease Prevention and Control**

Request for Proposals

**Tobacco Prevention and Control
STATE FISCAL YEAR (S) 2005 & 2006
Community Based Initiative**

I PURPOSE OF THE REQUEST FOR PROPOSALS

The mission of the New Hampshire Department of Health and Human Services, Office of Community and Public Health (OCPH) is to assure the health and well being of communities and populations in New Hampshire by promoting and protecting the physical, mental and environmental health of its residents, and by preventing disease, injury, disability and death. This mission is carried out, to a large degree, in partnership with community-based agencies that are awarded contracts through a request for proposal (RFP) process.

The Office of Community and Public Health (OCPH), Tobacco Prevention and Control Program (TPCP), is funded through a cooperative agreement between the State of New Hampshire and the Centers for Disease Control and Prevention (CDC) with the provision of providing evidence-based and community-based tobacco prevention and control activities for state fiscal years 2005 and 2006. Collectively, the community-based initiatives are one component of New Hampshire's comprehensive tobacco prevention and control program that integrates statewide programs, counter-marketing, enforcement, cessation, surveillance and evaluation.

The purpose of this competitive bid RFP is to fund Community-Based Tobacco Prevention and Control Coalitions to: Eliminate exposure to, and the effects of, secondhand smoke and build local community coalition capacity. The time period of this grant is July 1, 2004 through June 30, 2006, pending Governor and Council Approval. Funds for this are available in the amount of up to \$35,000 per year, for the time period of July 1, 2004 to June 30, 2006. The area to be served is statewide. Copies of this RFP and accompanying forms can be downloaded from the DHHS website at: <http://www.dhhs.state.nh.us/dhhs/oof/library/rfp/default.htm>. Forms on the website cannot be used for data entry. Forms will be sent electronically to all agencies that submit a letter of intent.

Rationale For This Proposal

Reducing tobacco use is a key public health priority in New Hampshire. It is the State's and the nation's leading cause of preventable death and disease. New Hampshire has made advances in tobacco use prevention and control, but much remains to be done. By working towards the goal of eliminating exposure to secondhand smoke, each of the other goals (See page 2, second paragraph) will be achieved. For this reason, two clear priorities have emerged in the development of this RFP:

- **Eliminate exposure to secondhand smoke by creating clean indoor air environments in workplaces, public spaces, and private places within local communities throughout New Hampshire.**

In 1999, the U.S. Surgeon General reported that substantial evidence exists regarding the negative health effects of secondhand tobacco smoke and called the impact of secondhand smoke a “major public health burden.”¹ In the U.S., secondhand smoke has been associated with as many as 65,000 deaths per year due to cardiovascular disease and lung cancer.

- **Develop and maintain a coalition of a diverse group of stakeholders that are representative of the local community.**

From this community coalition, a sub-committee will be identified to focus on the goal of eliminating exposure to secondhand smoke and its relationship to the three other OCPH/TPCP goals. If relevant, the local community coalition will develop and maintain communication with essential statewide stakeholders (e.g. local Public Health Networks and Healthy NH 2010 Action Teams.)

The four (4) TPCP goals of 1) preventing youth from starting to use tobacco, 2) promoting quitting among tobacco users, 3) eliminating exposure to secondhand smoke and 4) prioritizing efforts to reach those most affected by tobacco. Effective local community coalitions pool resources and expertise, maximize power and influence, share responsibility, facilitate coordinated action and minimize duplication of services.² Building capacity at the local level has proven to be effective in other states and is one of the nine CDC components of “Best Practices for a Comprehensive Tobacco and Control Program” to reduce tobacco use prevalence.

(available at: <http://www.cdc.gov/tobacco/stat-nat-data.htm#best>).

II BACKGROUND INFORMATION

In SFY 2002, the OCPH began using performance measures with its contractors. Performance measures were selected using national and state standard measures from such sources as Healthy People 2010, Healthy New Hampshire 2010, Health Employer Data and Information Set (HEDIS), and various federal funding agencies. Contract agencies were provided with performance measures and asked to: Provide (or were given) baseline data relative to the measure, set targets, and describe activities used to reach the targets. For example, the Bureau of Maternal and Child Health selected the following performance measure:

¹ National Cancer Institute. Health effects of exposure to environmental tobacco smoke: The report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no. 10. Bethesda, MD. U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No. 99-4645, 1999.

² Kegler MC, Steckler A, McLeroy K, Malek SH. “Factors that contribute to effective community health promotion coalitions: A study of 10 project ASSIST coalitions in North Carolina.” *Health Education and Behavior*. 25(3): 338-353 (June 1998).

Percent infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

This performance measure is frequently used to assess access to prenatal care. Agencies were provided with New Hampshire baseline data and agency specific baseline data to help them set targets of performance standards for this measure.

Using another example, the Tobacco Prevention and Control Program (TPCP) selected the following performance measure:

Percent female current smokers of childbearing age advised by a medical provider to quit smoking.

This performance measure is used to assess progress toward achieving the OCPH/TPCP goal to promote quitting among tobacco users and to eliminate exposure to secondhand smoke.

Performance standards and performance measures are beginning steps towards a complete performance management system. Performance management also involves reporting progress in meeting standards and targets. This can be done through periodic reports and discussion with stakeholders, such as community partners providing the data. Additionally, performance management includes a program or process to manage change and achieve quality improvement in public health programs, policies, or infrastructure based on performance standards, measurements and reports.

Performance management is comprised of four components: 1) performance standards, 2) performance measurement, 3) reporting of progress, and 4) quality improvement. It moves OCPH beyond just data measurement to a system that can be used to improve the health of the public.

OCPH will be working over the next several years to progress from performance measurement to performance management. OCPH will work together with community partners to report back data provided to us and share the processes used by agencies that result in program improvement.

A. History of the New Hampshire Tobacco Prevention Program and Control Plan

The OCPH/TPCP was organized in 1995 as part of a national effort to develop state-level capacity to address tobacco use. Initial efforts focused on preventing the initiation of tobacco use by youth. In order to attain this objective, OCPH/TPCP developed and implemented a multi-level strategy that included supporting statewide and local tobacco prevention projects, providing technical assistance/training on effective interventions, utilizing and enhancing tobacco surveillance systems, and sponsoring a counter-marketing media campaign. Currently, OCPH/TPCP incorporates components in “Best Practices for a Comprehensive Tobacco Control Program” recommended by CDC.

New Hampshire Tobacco Control Plan

The New Hampshire Tobacco Control Plan was developed based on the CDC's Best Practices for Comprehensive Tobacco Control Programs. The components of NH's Plan include:

Community Prevention Programs	Counter-marketing
Partnership Grants	Surveillance and Evaluation
School-based Programs	Administration and Management
Cessation Programs	

B. Tobacco Prevention and Control Program Goals:

The mission of the NH Tobacco Prevention and Control Program is to promote public health and the well being of NH residents by reducing tobacco use. To that end, the OCPH/TPCP has identified the following goals:

- Preventing youth from starting to use tobacco
- Promoting quitting among tobacco users
- Eliminating exposure to secondhand smoke
- Decreasing use among those most affected by tobacco

C. Healthy People 2010 and Healthy New Hampshire 2010 Objectives:

Healthy People 2010 is a set of national health objectives for the next decade. Healthy New Hampshire 2010 is New Hampshire's health promotion and disease prevention agenda for the first decade of the 21st century. Four Healthy People 2010 and Healthy NH 2010 objectives are to:

- Increase the proportion of youth who report never using tobacco from 33% in 1999 to 43% in 2010³
- Reduce prevalence of adult smoking by half from 22% in 1999 to 12% in 2010⁴
- Decrease youth (9th-12th graders) current smoking from 35% in 1999 to 16% in 2010⁵
- Increase the percentage of employed adults who report a smoke-free workplace from 68% in 1998 to 90% in 2010⁶

D. Relevant Data to New Hampshire Tobacco Use and Secondhand Smoke

The following describes data relative to secondhand smoke. The data was compiled from surveys in which New Hampshire citizens have participated:

- 80% of adult, indoor workers are employed at a smoke-free worksite⁷
- Adults least likely to work at a smoke-free worksite are:⁸
 - Male (76% of men compared to 83% of females)

³ Healthy New Hampshire 2010 < www.healthynh2010.org >

⁴ Healthy People 2010 < www.healthypeople.gov >

⁵ Healthy People 2010 < www.healthypeople.gov >

⁶ Healthy New Hampshire 2010 < www.healthynh2010.org >

⁷ 2001 Behavioral Risk Factor Surveillance System (BRFSS)

⁸ 2001 BRFSS

- o Less educated (67% of those with less than a high school education compared to 86% of those with a college degree)
- o At lower incomes (66% of those earning less than \$20,000 compared to 84% of those earning >\$50,000)
- o Generally younger (65% of those aged 18-24 compared to 87% of those aged 55-64. Only 67% of workers aged 65+ worked at smoke-free sites)
- 67% of adults live in homes where smoking is not allowed.⁹
- 65% of NH middle and high school students report exposure to secondhand smoke.¹⁰
- 57% of NH restaurants are smoke-free
- NH restaurants that allow smoking are significantly more likely to:¹¹
 - o Have greater than average seating capacity.
 - o Not have smoking policy set by a corporate office.
 - o Serve alcohol.
- 72% of NH adults request non-smoking seating when they dine out.¹²
- 50% of NH adults think smoking should not be allowed at all in restaurants.¹³
- Most NH schools have policies prohibiting use of tobacco in the school or on the grounds:¹⁴
 - o 99% have policies that prohibit use of cigarettes.
 - o 86% have policies that prohibit use of spit tobacco.
 - o 81% have policies that prohibit use of cigars.
 - o 80% have policies that prohibit smoking tobacco in pipes.

Culturally and Linguistically Appropriate Standards of Care

OCPH recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, OCPH expects the Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

- Assess the ethnic/cultural needs, resources and assets of their community.
- Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
- When feasible and appropriate, provide clients of minimal English skills with interpretation services.
- Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

⁹ 2001 BRFSS

¹⁰ 2001 New Hampshire Youth Tobacco Survey (NHYTS)

¹¹ 2001 New Hampshire Restaurant Survey

¹² 2000 BRFSS

¹³ 2000 BRFSS

¹⁴ 2000 School Health Profile

III ELIGIBILITY

Proposals may be submitted by any local community based tobacco prevention coalition, and/or established non-profit corporation, public agency (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities on behalf of local community based coalitions. In the case of collaborative applications, one organization shall be designated to enter into a contractual relationship with the OCPH. Programs currently funded shall be in full fiscal and programmatic compliance in order to receive consideration for an award under this RFP. Past experience performance of fiscal and programmatic compliance is scored under Agency Capacity.

IV FUNDING AVAILABILITY

Estimated amounts allocated directly to developing local community coalitions, and developed coalitions range up to \$35,000. They are subject to adjustments.

V PROCUREMENT TIMETABLE

Wednesday, November 12, 2003	RFP packages are available to agencies by request or via the NH DHHS website http://www.dhhs.state.nh.us/dhhs/oof/library/rfp/default.htm .
Friday, November 21, 2003, 10:00 AM	Bidders' Conference (attendance is encouraged, but not mandatory).
Monday, December 1, 2003	Required Letter of Intent from agencies due to OCPH.
Wednesday, January 21, 2004	Agency proposals due to OCPH by 4:30 PM EST.
Monday, March 15, 2004	Contract documents sent by OCPH to agencies for signature.
Thursday, July 1, 2004	Effective date of contracts, pending Governor and Council approval.

VI BIDDERS' CONFERENCE

A bidder's conference will be held for all interested applicants on November 21, 2003 at 10:00 AM at the Society for the Protection of NH Forests, located in Concord, NH. The conference will provide an overview of the RFP process and an opportunity to receive technical assistance. Specific program technical assistance is available by contacting Teresa Cassavaugh at (603) 271-8949 or 1-800-852-3345, extension 8949, or via e-mail at tcassavaugh@dhhs.state.nh.us. Any questions received and all replies will be communicated to all bidders by e-mail and will be posted on the web at: <http://www.dhhs.state.nh.us/dhhs/oof/library/rfp/default.htm>

VII APPROPRIATE USE OF FUNDS AND OTHER REQUIREMENTS

Proposals shall explain how the bidder will address the purpose of the RFP and accomplish the tasks in the attached contract Exhibit A.

Funds may be used to pay for up to fifty percent (50%) of salary and benefits for coalition coordinators, meeting expenses, travel for program and training purposes, technical assistance and other training, educational materials, postage, supplies, rent, and telephone. Indirect cost rates must be less than or equal to 12 %. OCPH funding may not be used to replace funding for a program already funded from another source.

Funds may not be used for: a) design, development or maintenance of websites, b) capital equipment, c) direct cessation services.

Funded agencies will be expected to keep records of activities related to OCPH-funded programs and services. Payment for contracted services will be made on a combined line item cost reimbursement basis on monthly invoices for expenditures incurred and upon compliance with reporting requirements.

Funded agencies will be held accountable for meeting their programmatic projections or, when fitting, for revising projections with OCPH staff. Failure to meet or revise such projections may jeopardize the funded agency's current and/or future funding. Corrective action may include a contract amendment or termination of the contract. The contracted organization will prepare progress reports, as required.

Staff funded under this RFP is strongly encouraged to attend pertinent technical assistance sessions or progress reviews sponsored by OCPH.

VIII PROPOSAL INSTRUCTIONS

A. Required Materials:

The following required materials should be submitted to OCPH in order for a proposal to be complete:

- 1) Original application, plus five (5) copies and a disk
- 2) Proposal Face Sheet
- 3) Proposal Checklist
- 4) Executive Summary
- 5) Program Narrative
- 6) Program Work Plan with Performance Measures
- 7) Program Staff List
- 8) Budget form
- 9) Sources of Revenue form

Forms on the website cannot be used for data entry. Forms will be sent electronically to all agencies that submit a Letter of Intent.

B. Proposal Timeline:

A required Letter of Intent shall be received by OCPH by 4:30 P.M., EST on Monday, December 1, 2003. The enclosed letter of intent form may be completed and used for this purpose. Submit Letters of Intent to:

Heidi Clasby
NH Department of Health and Human Services
Office of Community and Public Health

29 Hazen Drive
Concord, NH 03301-6504

The original, typewritten proposal, plus 5 copies, and a disk shall be received (not simply post-marked) by OCPH no later than 4:30 P.M., EST on Wednesday, January 21, 2004. **No extensions will be granted. Faxed copies will NOT be accepted. The responsibility for submitting a response to this RFP on or before the stated time and date will rest solely and strictly with the applicant.** The OCPH will in no way be responsible for delays in delivery caused by the U.S. Postal Service or other couriers, or caused by any other occurrence. Proposals shall contain a Table of Contents, be double-spaced, in no less than 11-point font, and the pages shall be numbered following the Table of Contents. All acronyms shall be spelled out the first time they are used. The source of all data cited shall be noted. All proposals become the property of the State of New Hampshire and will be a matter of public record. Proposals shall not be bound or stapled, but clipped in the upper left corner. Submit proposals to:

Heidi Clasby
NH Department of Health and Human Services
Office of Community and Public Health
29 Hazen Drive
Concord, NH 03301-6504

C. Proposal Outline:

Proposals shall follow the outline presented in this section and are required to contain all listed components as follows:

1. Proposal Face Sheet

2. Proposal Checklist

3. Table of Contents

4. Executive Summary (not to exceed 2 pages)

Briefly summarize the proposal following the proposal outline. Provide an overview of the agency (include any networks or subcontractors to be involved), the proposal, the catchment area, and the completed work plan served by these funds. The Executive Summary is an integral component of the proposal and review process and must be prepared as a stand-alone component.

5. Agency Capacity (not to exceed 5 pages)

- Describe the overall mission, program, and services of the organization and how they relate to the goals and priorities as described in Section II of the RFP. Describe the agency's experience and capacity to meet the goals, objectives, and priorities of the program and to carry out the activities in Exhibit A and to meet the performance measures proposed. This includes:
 - a) its overall ability to perform the technical aspects of the program; b) the availability of qualified and experienced personnel; c) the availability of adequate facilities, general environment, and resources for the proposed services; and d) adequacy of plans for the administration of the program.

- Describe the agency's arrangements for coordination of exchange of information with other public health agencies. Attach copies of appropriate contractual agreements, memoranda of understanding, or letters of support from the appropriate persons summarizing the nature of the collaboration and indicating the level of support.
- Describe significant changes and accomplishments in the agency, and those pertinent to the program, which occurred during the current fiscal year or which are planned for the upcoming period (for example, changes in geographic area served, staffing, or reorganization of agency structure).

6. Program Structure/Plan of Operation (not to exceed 5 pages)

This narrative section is in addition to and supplements the work plan and program staff list. It should describe, concisely and completely, exactly how the program will operate, how it will carry out the program and scope of services in Exhibit A, the roles of each staff member, and shall identify each staff member by name or, if they are to be hired, state that as the case. While the work plans address specific objectives and activities, this narrative describes operationally how the program is set up to achieve these measures.

- Complete the program work plan form according to the instructions. Use performance measure work plan. There is no page limitation for this form.
- Complete the provided Program Staff List according to instructions. In addition, a current resume is required for any new program staff. If a program staff position is not currently filled, include a job description of the vacant position.

7. Budget and Justification

This section shall include the following items (one for each year of funding):

- Budget form (provided)**
- Budget Narrative**
(not to exceed 2 pages), which describes each personnel position and expense item for which funding is requested, linking each to the services to be provided. A budget narrative following the instructions must be completed for each budget year.
- Sources of Revenue form (provided)**
- Program Staff List form (provided)**

D. Application Review and Evaluation Criteria

OCPH will convene a review panel to conduct an objective review of proposals received in response to this RFP process. The evaluation will be based on the demonstrated capabilities of the prospective contractor in relation to the needs of this program as set forth in this RFP. The merits of each proposal will be evaluated individually according to the proposal objective scoring criteria described below. OCPH reserves the right to accept or reject any proposal, and to waive any minor irregularities in the proposals. OCPH reserves the right to make final funding decisions based on the availability of funds, geographic distribution of services, prior contract performance (if applicable), and other Department priorities. Please note that OCPH recommends the awarding of a

contract to the Governor and Executive Council. Thus the RFP and contract process is not complete without approval of the Governor and Executive Council.

a. Proposal Face Sheet, Proposal Checklist, and Table of Contents
(Not rated)

b. Executive Summary (Not rated):

A clear Executive Summary will assist reviewers in evaluating the Proposal and, as such, proposals lacking an Executive Summary will not be reviewed

c. Agency Capacity (30 points)

The extent to which:

- The overall mission, program, and services of the organization relate to the program's goals and priorities as described in the RFP.
- The organization demonstrates the experience and capacity necessary to carry out the program, Exhibit A and to meet the performance measures proposed. This includes: a) overall ability to perform the technical aspects of the program; b) the availability of qualified and experienced personnel; c) the availability of adequate facilities, general environment, and resources for the proposed services; d) adequacy of plans for the administration of the program. Emphasis will be placed on demonstrated access to one or more populations considered a high priority for the program, such as the low socioeconomic population.
- The agency is able to clearly describe arrangements for coordination of services and exchange of information with other health agencies. Copies of subcontracts or memorandum of understanding, letters of support are provided as applicable summarizing clearly and specifically the nature of the collaboration and level of support.
- The organization demonstrates that any significant changes and accomplishments (for example, changes in geographic area served, staffing, or reorganization of agency structure) which occurred during the current fiscal year, or which are planned for the upcoming period, will have beneficial impact on the program.

d. Program Structure/Plan of Operation (50 points)

The extent to which:

- The proposal is programmatically relevant and the overall goal(s) of the program relate to the program's goals and priorities as described in the RFP.
- Program structure/plan of operation and roles of program staff are clearly and concisely described.
- The Program Staff List lists all program staff including those paid for by the grant and those paid by other sources. A current resume is required for any new program staff. Job descriptions are included for vacant positions.
- The proposal describes how it will carry out the program and scope of services described in Exhibit A.
- Performance measure targets chosen by applicant are realistic and attainable.

- Agency-specific performance measures are provided and detail appropriate community-base measures with realistic targets. The populations and geographical areas to be served, including the number of clients expected to be served, are realistic and appropriate for the service area. Emphasis will be placed on demonstrated access to one or more populations considered a high priority for the program in the service area.
 - A work plan is detailed for all objectives and performance measures and the plan describes steps necessary to meet or maintain the applicant's performance measure target in a clear and rational process.
 - The proposal presents a sound monitoring and evaluation plan that includes a quality assurance plan and states how progress toward meeting objectives and performance targets will be measured.
- e. Budget and Justification (15 points)
The extent to which:
- The budget is appropriate in relation to the proposed activities; is reasonable, clearly justified, and consistent with the intended use of funds.
 - The budget narrative provides a detailed description and justification for the use of funds according to instructions.
 - The indirect cost rate does not exceed 12 %.
 - The Sources of Revenue Form provides clear information about other sources of revenue for the program other than state funds for the previous budget year and projected for the current budget period. In-kind contributions for these time periods are also shown.
- f. Format (5 points)
The extent to which:
- The proposal adheres to the formatting instructions and directions set forth in this RFP.

IX PROCEDURES FOR GRANT SELECTION AND NOTIFICATION

Notice of Selection Procedures

A letter of selection or non-selection notification will be sent to all applicant agencies by Monday, February 16, 2004. The scope of services and budget for the proposed contract may be negotiated based upon the merit of the application as evaluated by the review panel, availability of funding, and conditions of the award. Failure of a selected applicant to satisfactorily negotiate within a reasonable time may result in the applicant forfeiting its award.

OCPH may negotiate the funding of geographic service areas and selected activities of a proposal if other activities can be funded more efficiently through different providers. OCPH may also require an applicant to make appropriate linkages with other agencies and programs in order to receive funding.

If competing proposals are close to equal in scoring, greater weight may be given to costs. If appropriate, semi-finalists will be determined as a result of these scores.

The review panel may request that semi-finalists present a live presentation to the review committee of their proposal. The review panel will score these presentations at that time in order to determine the successful applicant. Evaluation and scoring criteria will be provided to each semi-finalist prior to their presentation.

OCPH expects that each applicant will put forth a definitive cost proposal. NH DHHS, however, reserves the right to later seek a “BEST AND FINAL OFFER” and will provide the applicant the opportunity to amend their original proposal to better meet the objectives of the RFP. DHHS reserves the right whether or not to exercise this option.

Recommendation for Non-Selected Proposals

After the issuance of award letters, an applicant may request an opportunity to:

- 1) Discuss with OCPH administrative staff the reasons for not being selected.
- 2) Receive recommendations that may make future proposals more effective.

Such request shall be submitted in writing by Monday, February 23, 2004 to:

Donna M. Fleming
NH Department of Health and Human Services
Office of Community and Public Health
29 Hazen Drive
Concord, NH 03301-6504

Such requests are not considered appeals. Selection decisions are final pending Governor and Executive Council approval. Once an applicant has submitted a letter, OCPH will attempt to accommodate such requests within a reasonable time.

X DOCUMENTS FOR CONTRACT APPROVAL

- Following selection, each agency will be required to submit the following documents for contract approval: List of the agency Board of Directors with Titles (if applicable) and addresses
- Most recent agency audit, or audited financial statements
- Signed and notarized General Provisions (P-37) (form provided by OCPH)
- Signed and notarized Certificate of Vote (form provided by OCPH)
- Budget and budget justification pages
- Agency mission statement Key Personnel List and current resumes of key personnel (current resume shall include the present position with the applying agency, they must be typed, and no more than 3 pages in length). Key personnel shall be defined as the agency or program administrator, clinical and program coordinators.

- Certificate of Good Standing (Effective July 1, 2002 OCPH will no longer be responsible for providing the Certificate of Good Standing. Instructions for obtaining the certificate will be provided with contract paperwork).
- Certificate of Insurance, if proposed activities will occur in your facility. Please be sure that the following is listed as the Certificate Holder:

NH Department of Health & Human Services
Office of Community and Public Health
29 Hazen Drive
Concord, NH 03301-6504

- Signed copies of additional assurance, if federal funds are involved (Exhibits D, E, F, and G) (provided by OCPH).

Successful contract document completion will result in a contract becoming effective on July 1, 2004, or upon approval by the Governor and Executive Council of the State of New Hampshire, whichever is later. No services occurring before the effective date are reimbursable under the contract.

Please make arrangements in advance for any necessary Board actions so that contract documents can be returned by February 26, 2004. Delays in returning contract documents may result in contracts not being effective on July 1, 2004 or Governor and Council approval, which ever occurs last.

XI ADDITIONAL INFORMATION

Amendments

OCPH has the option of amending contracts throughout the funding cycle based on program performance, fiscal expenditure, and other contract requirements. All amendments require approval by the Governor and Executive Council.

Cancellation

OCPH may, upon determining that no satisfactory proposals have been received for any particular service, decide to provide this service as part of the service package, or re-bid for this particular service.

XII RESPONSIBILITIES OF THE OFFICE OF COMMUNITY & PUBLIC HEALTH

OCPH will take an active role in providing technical assistance to the contract organizations on relevant issues (e.g., program implementation and evaluation) by conducting site visits and maintaining frequent telephone contact.

All documents (written, video, audio) produced or purchased under the contract shall have prior approval from OCPH before printing, production, distribution or use. The DHHS will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contracted organizations may not reproduce any materials produced under the contract without prior written approval from DHHS.

NH Department of Health and Human Services

Exhibit A Scope of Services

CONTRACT PERIOD: July 1, 2004 or date of G&C approval, whichever is later, through June 30, 2006

CONTRACTOR:
NAME:
ADDRESS:

Executive Director:
TELEPHONE:

The Contractor shall:

1. Coordinate and implement program initiatives and intervention strategies that promote tobacco-free norms and environments in your community.
 - 1.1. Within the first month, contact the Public Health Network, Healthy NH 2010 Alcohol, Tobacco and Other Drug Action Team (if relevant), local adult education and GED providers, hospitals, schools, AmeriCorps and other voluntary agencies within the community to begin exploring the potential for collaboration on tobacco prevention and control initiatives.
 - 1.2. Within the first month, review the current membership of the community coalition to identify and recruit youth, adult and/or organizational coalition members who reflect the composition of the community and include key organizations therein that may otherwise be missing from the coalition.
 - 1.3. Meet with coalition members monthly.
 - 1.4. Create and/or maintain a secondhand smoke subcommittee.
 - 1.4.1. Meet monthly, beginning no later than September 1, 2004.
2. Collaborate with Tobacco Prevention and Control Program staff on statewide program plan development and implementation.
 - 2.1. Participate in coalition trainings offered by TPCP.
3. Regularly distribute tobacco-related information (press releases, letters to editor, PSA's) to the local media.
 - 3.1. Meet with TPCP's Marketing Coordinator within the first two months to develop a local media plan that includes an evaluation component.
 - 3.2. Publish or broadcast a minimum of three (3) tobacco-related items per contract year (not including paid advertisements.)
4. Deliver at least one presentation about secondhand smoke per quarter to a community group or community leaders/policy makers.
5. Enlist local support for statewide surveillance and program evaluation including the Youth Tobacco Survey, Youth Risk Behavior Survey, and other forms of information gathering.
6. Identify 12 workplaces in the local community during each contract year, SFY 2005 and SFY 2006, where contractor will:

- 6.1. Meet with business representatives and assess the status of smoking policies.
- 6.2. Distribute *Good Work! Creating a Smoke-Free Workplace* kits.
- 6.3. Follow-up with workplaces previously evaluated six months and one year after initial contact.
7. Display and promote *Until You Can Quit: Take it Outside* campaign materials at a minimum of one public event per quarter.
8. During the second year of the contract, initiate retailer education regarding youth access to tobacco products (TPCP will provide assistance and details by June 2005).
9. Collaborate with TPCP and others to provide tobacco education materials, information and linkages for cessation referral systems.
 - 9.1. Develop a strategy for distribution of, and referral to, cessation resources within first six (6) months of contract.
10. Contractor will submit to the Tobacco Prevention and Control Program staff as the basis upon which subsequent funding requests are determined:
 - 10.1. Quarterly, written program reports with performance measures by October 15th, January 15th, April 15th and July 15th each contract year;
 - 10.2. Monthly expenditure reports by the 20th of the following month and;
 - 10.3. Final (annual) report by July 15, 2005 and 2006.
11. Contractor understands that by the acceptance of this Contract, it is bound by the contract requirements, and any deviation from these requirements may result in forfeiture of all or any portion of the Contract.
12. Contractor understands that at the discretion of the Commissioner or designee, site visits to funded programs may be conducted.

6. Coalition Development

<i>Coalition Building Overview</i>	6-2
<i>New Hampshire Public Health Network Grantees</i>	6-3
<i>Building Diverse Community Based Coalitions</i>	(5 pages)
<i>Engaging Residents in Coalition Building</i>	(2 pages)
<i>Coalition Start Up</i>	(2 pages)
<i>The Six R's of Participation</i>	(2 pages)
<i>Youth-Adult Partnerships: Changing Unconscious Oppressive Adult Behaviors</i>	(2 pages)
<i>Coalition Leadership</i>	(2 pages)
<i>Coalitions and Lead Agencies: Bridging the Gap</i>	(2 pages)
<i>What Coalitions Are Not</i>	(2 pages)
<i>EPA's Community Action Kit</i>	(3 pages)
<i>Communities of Excellence in Tobacco Control</i>	(3 pages)
<i>Collaboration</i>	(4 pages)

Coalition Building Overview

What is the working definition of “coalition”

In *The Art of Coalition Building*, a coalition is defined as “an organization of diverse interest groups that combine their human and material resources to effect a specific change the members are unable to bring about independently.” TPCP expects that contracted coalitions will consist of individual and organizational members working towards common goals and objectives.

Who, in a community, would be excluded from joining a Tobacco Control Coalition?

No one. A tobacco control coalition can be “member friendly” by following some simple guidelines.

- The name of the coalition should reflect a sense of community well being.
- There should be a mission statement and a vision statement.
- A Board should be elected based on their community “pull” to get tasks accomplished.
- All coalition members should write a “Letter of Commitment” that states what they are bringing to the coalition that will benefit the coalition’s mission. This can be as simple as “Able to attend community events to hand out information” or “Home visitor able to bring tobacco information to low-income families.”
- All coalition members should be recognized and given incentives at an annual event throughout their membership.

What are the 3 most successful member recruitment tactics?

- Personal contact is key to coalition recruitment.
- Offer a “niche” for the agency, organization, or individual being recruited as well as incentives for that joining.
- Perseverance to contact each and every community organization and to approach individuals within the community base that may not ordinarily be considered “coalition material.”

How are coalition members sustained for long-term commitment?

- Incentives
 - Free advertising for corporate members
 - Letters of support, recommendation/reference
 - Award ceremonies (plaques, certificates)
 - Waiving fees or sponsoring a coalition member to attend a conference
- Praise to acknowledge successes along the way
 - Verbal
 - Written
- Belief in the vision of the coalition

What resources are available for assistance with coalition development?

This section of the Resource Guide includes a variety of tips from the Massachusetts Community Partners program. Also included in this section are some excerpts from American Cancer Society materials and the Environmental Protection Agency. More in depth materials from these sources are available upon request.

Is there a community coalition model to follow when building a coalition?

American Cancer Society (www.cancer.org) has developed “The Communities of Excellence” program that provides a step-by-step model to develop successful community coalitions.

New Hampshire Public Health Network Grantees

Coalition	Contact Information	Service Area
Berlin/Gorham Area Health and Safety Partnership	Linda Slowik 752-1035	Berlin, Gorham, Shelburne, Milan, Randolph, Dummer, Errol, Stark
Caring Community Network of the Twin Rivers	Richard Silverberg 934-0177	Alexandria, Bristol, Bridgewater, New Hampton, Danbury, Hill, Sanbornton, Andover, Salisbury, Franklin, Tilton, Northfield
Cheshire Public Health Network	Sarah Ward 354-5454 x2312	Keene, Chesterfield, Westmoreland, Swanzey, Marlborough
Greater Nashua Healthy Community Collaborative	Stefan Russakow 589-4541	Nashua, Milford, Hollis, Merrimack, Litchfield, Amherst, Brookline, Hudson, Lyndeboro, Mason, Mount Vernon, Wilton
Littleton Area Health and Safety Partnership	Jennifer Frenette 444-4461	Littleton, Bethlehem, Lyman, Lisbon, Sugar Hill, Franconia, Landaff, Easton, Whitefield
Manchester Health Department	Fred Rusczek 624-6466 x301	Manchester, Hooksett, Goffstown, Auburn, Bedford, New Boston, Deerfield, Candia
Mascoma Valley Health Initiative	Lori Dacier 523-7100	Canaan, Enfield, Dorchester, Grafton, Orange
Northern Strafford County Health and Safety Council	Betsey Andrews-Parker 335-0168	Rochester, Farmington, Middleton, Milton, New Durham, Strafford
Public Health and Safety Partnership of the Lakes Region	Paula Samson 393-7540	Laconia, Ashland, Belmont, Center Harbor, Gilford, Gilmanton, Meredith, Moultonboro, Sandwich
Southern Strafford Community Health Coalition	Kate Kokko 740-2807	Barrington, Dover, Durham, Lee, Madbury, Rollinsford, Somersworth
The Area Health and Safety Council	Donna Tighe 425-2545	Londonderry, Derry, Chester, Sandown, Danville, Hampstead, Windham, Pelham, Salem, Atkinson, Plaistow
Upper Valley Health Officers Coalition	Susan Linsey 650-1208	Cornish, Hanover, Lebanon, Lyme, Plainfield
Pending Governor & Council Approval		
Great North Woods Public Health Network	Robert Fink 788-5228	Dalton, Lancaster, Groveton-Northumberland, Jefferson, Clarksville, Colebrook, Columbia, Dixville Notch, Stratford-North, Stratford, Stewartstown
Concord Hospital	Marie Wawryziniak 227-7000 ext. 4711	Concord, Hopkinton, Hillsboro, Pittsfield
City of Portsmouth	David Moore 431-2006 ext. 226	New Castle, Newington, Rye, Greenland, Portsmouth

7. TPCP Coalition Initiatives

<i>TPCP Coalition Initiatives Overview</i>	7-2
<i>Until You Can Quit,</i>	7-3
"Let's take it outside' campaign raises awareness, changes attitudes"	(6 pages)
Kansas Take It Outside website	(3 pages)
<i>Good Work! Creating a Smokefree Workplace</i>	7-13
Worksite Contact Sheet	7-14
Sample Letters	7-15
Worksite Smoking Policy Assessment	7-17
"State-Specific Trends in Smoke-Free Workplace Policy Coverage"	(7 pages)
<i>Business Costs in Smoke-Filled Environments</i>	7-29

TPCP Coalition Initiatives Overview

What are the efficient and effective strategies when implementing contract initiatives?

Review Exhibit A, Scope of Services, of the contract, which indicates what initiatives TPCP is funding. Workplan objectives and performance measures reflect these initiatives. The workplan works in concert with the four TPCP goals.

Eliminating exposure to secondhand smoke

- *Until You Can Quit, Take it Outside* – see pages 7-3 & 7-4 for more detail on this popular initiative. It is an easy one to take anywhere. Read about social marketing and the initiative's success in Kansas.
- *Good Work! Creating a Smokefree Workplace* – see page 7-5 for guidance on how to assist local workplaces in developing smoke free policies. Sample letters and an article about workplace policies are included.
- Surveillance and Evaluation-Tracking and reporting is key to measuring successful initiatives

Eliminating health disparities related to tobacco among those most affected by its use

- Populations other organizations consider “hard to reach” are probably disparately affected by tobacco as well. Team up with other outreach programs.
- Remember to approach blue-collar workplaces in your efforts.
- Keep counter marketing simple and relevant – think about literacy levels.
- Surveillance and Evaluation Tracking and reporting is key to measuring successful initiatives.

Preventing youth from starting to use

- *Expand education*-Educate the target audience for "Until You Can Quit" and "Smoke Free Workplaces" that initiation of smoking begins under 18 years of age and that adults are role models who must set a good example by not smoking.
- *Inclusion*-Bring youth to the table for any and all initiatives, their energy and enthusiasm is contagious!
- *Retailer Education (year two)* – TPCP will provide training toward the end of the first year of this contract. During year two, coalition members will implement the initiative within their communities.

Promoting quitting among tobacco users

- Distributing materials about quitting to local health care providers – anything from clinical guidelines to 1-800-Try-to-STOP materials
- Environmental change – adoption of community standards, codes and attitudes that make quitting a positive experience
- Providing information to smokers about places to find local help quitting
- Surveillance and Evaluation

Until You Can Quit, Take It Outside.

The “*Until You Can Quit, Take It Outside*” campaign will be successful if it is brought to a significant number of diverse populations at the community level. Community coalitions can help make that happen.

Once an individual comes near the display, provide additional information regarding any aspect of secondhand smoke. Talk about the many chemicals in secondhand smoke; health dangers associated with secondhand smoke; why secondhand smoke is particularly harmful for children and the elderly; and secondhand smoke policies at home, and at work.

Having learned the harmful effects of secondhand smoke, the individual may be ready to “Take the Pledge.” Have a good supply of pledge cards available.

If the individual is ready to quit, refer them to 1-800-Try-to-STOP, their health care provider, or local cessation programs.

Suggested venues for getting the message out:

- **PTAs and PTOs** – contact the local organization and try to secure a space on the PTA/PTO meeting agenda to present about secondhand smoke and “Taking It Outside”
- **Health Fairs** – Keep in mind that these are usually attended by healthy people. Strategize how non-smokers can help spread the word
- **Health Clinics, Health Care Centers, Physicians’ Offices, Dentists...** – Practitioners might be willing to distribute pledge cards or have the display in their waiting areas
- **Places of Worship** – Coalition members may be aware of appropriate times and places to distribute/ display materials
- **Hospitals** – Ask if the obstetrics Unit would be willing to include pledge cards in the “new parent kits” they already distribute
- **Storefronts & Restaurants**– Try to place the “Take it Outside” exhibit board in a Main Street window, such as a toy store or a bookstore. Start with places coalition members shop.
- **Shopping Malls** – contact the mall management office or the developer of the shopping center in the community.
- **Libraries** – Make pledge cards into bookmarks to remind library patrons to take it outside when reading at home.
- **Welcome Wagon** – Does the local community have a welcome wagon representative? Inquire about the cost of including pledge cards in the welcome wagon basket.
- **Town Meetings and similar events** –Is it possible to set up the display board at town meetings? What about the elks club? The VFW?
- **High Schools** – Many have community service requirements. Would the students care to promote the “Take It Outside” campaign?
- **Beauty Parlors & Barber Shops** – Ask the owner/manager if the display board can be placed in the waiting area. Talk to the staff about the message, so that they can answer questions if other clients have them.
- **Laundromats** – Post information on bulletin boards. Encourage people to keep their clothes smelling fresh and clean.

Until You Can Quit, Take It Outside

Description:

- An educational campaign targeted at household decision-makers highlighting the negative impact of secondhand smoke on children and other nonsmokers

Background:

- Created by the Kansas Health Foundation
- Convened community-wide coalition
- Purchased the services of university-based researcher to do pre-testing, mid campaign, and post campaign testing
- Print, TV, and radio ads urged smokers to protect children from secondhand smoke
- Not to stop smoking, not that it is bad, just to take it outside

Goals:

- Reduction of secondhand smoke
- Increase awareness of the dangers of secondhand smoke to children's health, especially among smokers
- Increase smokers' willingness to go outside their homes to protect their children from smoke

Target Population: Families

Rationale behind clean air legislation:

- Prohibiting smoking in public places and workplaces protects children and other nonsmokers from secondhand smoke
- Increases public awareness of the negative effects of smoking
- Reduces the social acceptability of smoking
- Increases likelihood that smokers of all ages will smoke fewer cigarettes or stop entirely

Rationale of this initiative:

- Prevent exposure to secondhand smoke in the home, where the majority of young peoples' exposure occurs

Components:

- Reinforcement of the message
- Pledge cards
- Distribution of materials
- Education

Resources

- www.khf.org
- www.cdc.gov/tobacco
- www.epa.gov/iaq/ets
- TPCP Fact Sheets



Creating a smoke-free workplace is necessary in order to provide a safe and healthy environment. Secondhand smoke is a known human carcinogen. Many people exposed to secondhand smoke suffer immediate symptoms including breathing difficulties, eye irritation, headache, nausea, and allergy attacks.

This is not an issue of choice. While smoking is compulsive, breathing is involuntary. A smoker can refrain from smoking or go to an unpopulated area to smoke. A nonsmoker cannot avoid smoke-filled rooms if they must enter them to perform their jobs.

The New Hampshire Tobacco Prevention and Control Program has the resources to assist any business create a smoke-free workplace. *Good Work! Creating a Smoke-Free Workplace* is a how-to kit for businesses with information about the law, and includes materials to help eliminate tobacco smoke pollution from the workplace.

Change happens one workplace at a time. Coalition members can use this kit as a tool to work with local workplaces. Select a type of business, or have each member approach one workplace in the next month to find out what their policy is. If workplaces allow smoking, offer them the kit and assistance in implementing its suggestions.

Once a business adopts a smoke free policy, make sure the public knows about it! Give the coalition credit for assisting the business and give the business the publicity it needs.

The *Good Work! Creating a Smoke-Free Workplace* campaign should be promoted to big corporations and small businesses alike. Here are some workplaces to consider:

- Corporations
- Small Businesses
- Office buildings
- Bus and Taxi Stations
- Arcades
- Restaurants and Bars
- Retail Stores
- Grocery Stores
- Libraries
- Theaters
- Sports Arenas
- Barber Shops and Hair Salons
- Laundromats
- Shopping Malls
- Museums and Art Galleries
- Sports and Fitness Facilities
- Planetariums
- Historical Sites
- Resorts
- Hotels and Motels
- Banks
- Hospitals and Nursing Homes
- Pre-Schools and Child Day Care Centers
- Senior Citizen Centers
- Government Buildings
- Automotive Shops and Dealerships

Good Work! Creating a Smokefree Workplace

Worksite Contact Sheet

Worksite Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

E-mail Address: _____

✓ Date introductory letter mailed/delivered : _____

Comments: _____

✓ Date of first phone call: _____

Comments: _____

✓ Date of policy assessment: _____

Comments: _____

✓ Date of meeting: _____

Comments: _____

✓ Materials provided (in person or by mail): _____

✓ Addition Resources Needed: _____

Sample Letters

Dear Business Owner:

The *(COALITION NAME)* wants to help you protect your employees from exposure to tobacco smoke. That is why we are working with the New Hampshire Tobacco Prevention and Control Program to promote *Good Work! Creating a Smoke-free Workplace*. This kit includes materials and information to help your business provide a safe and healthy environment that all of your employees and customers can enjoy.

Secondhand smoke is a known human carcinogen. This has prompted the New Hampshire legislature to create and pass the New Hampshire Indoor Smoking Act. This Act makes the development and implementation of policies restricting smoking in the workplace necessary in order to be in compliance with the law.

A smoke free policy is an important part of a safe and successful business plan. Business owners find that there are many benefits to providing a smoke-free environment; lower absenteeism; improved employee productivity; lower maintenance costs; and less damage to the facility.

More than 75% of the New Hampshire adult population do not smoke, and the percentage of nonsmokers is even greater when it comes to children. This is why many business owners find smoke-free policies to be popular with the employees and their customers. In fact, according to a study published in August 2001 issue of the *Journal of Occupational and Environmental Medicine*, New Hampshire ranks 8th in the nation in the percentage of its workforce currently covered by a smoke-free policy. Smoke-free policies are easy to implement, and will work best when they are clearly stated and consistently enforced. Perhaps your business should give it a try!

To receive a free copy of *Good Work! Creating a Smoke-free Workplace*, please telephone the New Hampshire Tobacco Prevention and Control Program directly at (603) 271-6891.

Sincerely,

(NAME)

(TITLE)

Dear Business Owner:

The *COALITION NAME* wants to help you protect your employees from exposure to tobacco smoke. We are pleased to provide you with a copy of *Good Work! Creating a Smoke-free Workplace*. This how-to kit, developed by the New Hampshire Tobacco Prevention and Control Program, includes materials to help your business comply with the law and provide a safe environment for all of your employees and customers to enjoy.

A smoke-free policy is an important part of a productive and successful business plan. Business owners find there are many benefits to providing clean indoor air including lower absenteeism; improved productivity for your employees; lower cleaning costs; and less damage to your facility.

Secondhand smoke is a known human carcinogen. This fact led the New Hampshire legislature to create and pass the New Hampshire Indoor Smoking Act. The Act now requires the development and implementation of policies restricting smoking in our workplaces necessary in order to be in compliance with the law.

More than 75% of the New Hampshire population does not smoke, and the percentage of nonsmokers is even greater when children are included. This is why many business owners find smoke-free policies to be popular with their employees and their customers. According to a study published in the August 2000 issue of the *Journal of Occupational and Environmental Medicine*, New Hampshire has an 8% reduction in the percentage of its workforce covered by a smoke-free policy. Smoke-free policies are easy to implement, and work best when they are well defined and consistently enforced. Perhaps you should give it a try!

Sincerely,

(NAME)

(TITLE)

Worksite Smoking Policy Assessment

Assessing workplace-smoking policy is the first step in providing assistance to workplaces that might consider adopting a smoke free policy. It is often helpful to mail information in advance. The sample letter on page 7-6 of the resource guide may help.

Prepare well before contacting a worksite. Consider creating talking points with specific information about the community or coalition. Have data about secondhand smoke and/or a Good Work kit handy.

In General:

- Take good notes
- Be professional, but friendly
- Be non-judgmental
- Keep track of the time (10-15 minutes should be more than enough time)

Before the Worksite Smoking Policy Assessment:

- Identify yourself and the coalition
- Refer to materials sent in advance and explain (briefly) the reason for calling
- Ask if you are speaking to the most appropriate person
 - If yes, make sure to document their name and title – for follow-up
 - If not, speak to that person or get the appropriate contact information
- Ask if they have a few minutes to talk
 - If not, schedule a time to call back

Conducting the Worksite Policy Assessment

- This assessment form should be completed by coalition members while speaking with workplace representatives, by phone or in person. Please do not ask workplace representatives to complete it themselves.
- Text in *italics* provides instructions for the person filling out the form, not to be read to the workplace representative
- Be familiar with the assessment before approaching a workplace. Be prepared to clarify questions or provide additional information.

After the Worksite Smoking Policy Assessment

- Offer to answer questions
- Provide information about available resources of interest. E.g.
 - Local cessation programs
 - Contact information for arranging ALA Freedom from Smoking classes
 - 1-800-TRY-TO-STOP for individuals needing help quitting smoking
 - Phone number for a business person with smoke free policy who is willing to talk about it
- Provide coalition contact information
- Follow up if asked to
- Be sure to send a thank-you note

Worksite Smoking Policy Assessment

Business Name: _____

Name of business representative: _____

Title of business representative: _____

Phone number of business representative: _____

Email: _____

Town business is located in: _____

Date introductory letter sent: _____ Date of first phone call: _____

Date of first assessment: _____ Date of follow up assessment: _____

1. Does the business have a written policy regarding smoking?

- Yes (*skip to # 3*) No

If No,

2. Does the business restrict smoking without a written policy?

- Yes No (*skip to # 11*)

3. How are employees informed about the policy or restrictions? (*Check all that apply*)

- Signs
 Employee policy manual
 Employee orientation
 Other _____

4. How are customers and visitors informed about policy or restrictions? (*Check all that apply*)

- Signs
 Verbally, on entering the facility
 Verbally, only if they wish to smoke
 Other _____

5. Does the policy allow smoking anywhere inside the business facilities?

- Yes No (*skip to # 9*)

6. If smoking is allowed inside of facilities are measures in place to restrict smoking to an "effectively segregated area"?

- Yes No (*skip to # 9*)

7. What form does the effectively segregated area take?

- A space at least 4 feet wide between sections?
 A wall at least 56 inches tall?
 A closed room with separate ventilation?
 Other? _____

7a. If it is a specified area outside the building where smoking is allowed, how far from the entrance(s) is it? _____

8. Does the policy allow smoking inside business vehicles?

Yes No NA

9. Is this business interested in the “Good Work Creating a Smoke-Free Workplace Kit”?

Yes No (*skip to # 11*)

9a. Was a Good Work Kit left with or mailed to the business contact person?

Yes No

Date: _____

10. Is this business interested in receiving information on resources for smokers who want to quit?

Yes No

10a. Was cessation resource information left with or mailed to the business contact?

Yes No

Date: _____

11. Is this business interested in talking again with someone from the coalition after they have received the Good Work Kit and/or cessation resources?

Yes No

If so, set up time and name of contact person.

Americans for Nonsmokers' Rights

Helping you breathe a little easier

Business Costs in Smoke-Filled Environments

June 2004

ABSENTEEISM AND LOST PRODUCTIVITY

- Smokers, on average, miss 6.16 days of work per year due to sickness (including smoking related acute and chronic conditions), compared to nonsmokers, who miss 3.86 days of work per year.¹
- In a study of health care utilization in 20,831 employees of a single, large employer, employees who smoked had more hospital admissions per 1,000 (124 vs. 76), had a longer average length of stay (6.47 vs. 5.03 days), and made six more visits to health care facilities per year than nonsmoking employees.²
- A national study based on American Productivity Audit data of the U.S. workforce found that tobacco use was one of the greatest variables observed when determining worker lost production time (LPT)-greater than alcohol consumption, family emergencies, age, or education. The study reported that LPT increased in relation to the amount smoked; LPT estimates for workers who reported smoking one pack of cigarettes per day or more was 75% higher than that observed for nonsmoking and ex-smoking workers. In addition, employees who smoked had approximately two times more lost production time per week than workers who never smoked, a cost equivalent of roughly \$27 billion in productivity losses for employers.³
- The U.S. Office of Technology Assessment estimated that in 1990 lost economic productivity from disability and premature mortality caused by smoking was \$47 billion.⁴
- Businesses pay an average of \$2,189 in workers' compensation costs for smokers compared with \$176 for nonsmokers.⁵
- The U.S. Centers for Disease Control and Prevention (CDC) puts a \$3,391 price tag on each employee who smokes: \$1,760 in lost productivity and \$1,623 in excess medical expenditures.⁶ In addition, estimated costs associated with secondhand smoke's effects on nonsmokers can add up to \$490 per smoker per year.^{7,8}

MAINTENANCE

- The U.S. Environmental Protection Agency (EPA) estimates that smokefree restaurants can expect to save about \$190 per 1,000 square feet each year in lower cleaning and maintenance costs.⁹ The EPA also estimates a savings of \$4 billion to \$8 billion per year in building operations and maintenance costs if comprehensive smokefree indoor air policies were adopted nationwide.¹⁰
- The Organization for Economic Cooperation and Development estimates that construction and maintenance costs are seven percent higher in buildings that allow smoking than in buildings that are smokefree.¹¹
- A 1993 survey of businesses conducted by the Building Owners and Management Association (BOMA) International found that the elimination of smoking from a building

reduced cleaning expenses by an average of 10%. Smoking was also cited as the number one cause of fires on a BOMA fire safety survey.¹²

- The National Fire Protection Association found that in 1998 smoking materials caused 8,700 fires in non-residential structures resulting in a direct property damage of \$60.5 million.¹³
- In a survey of cleaning and maintenance costs among 2,000 companies that adopted smokefree policies, 60 percent reported reduced expenditures.¹⁴
- After Unigard Insurance in Seattle went smokefree, its maintenance contractor voluntarily reduced the fee by \$500 per month because the cleaning staff no longer had to dump and clean ashtrays, dust desks, or clean carpets as frequently.¹⁵
- Using U.S. Bureau of Economic Analysis data, it was determined that employees who smoke cost Marion County, Indiana, businesses \$260.1 million in increased health insurance premiums, lost productivity, and absenteeism, as well as additional recruitment and training costs resulting from premature retirement and deaths due to smoking.¹⁶
- At the Dollar Inn in Albuquerque, New Mexico, maintenance costs are 50% lower in nonsmoking rooms.¹⁷
- Merle Norman Cosmetics Company in Los Angeles voluntarily went smokefree and saved \$13,500 the first year in reduced housekeeping costs.¹⁸

INSURANCE RATES

- Dozens of companies offer discounts on life, disability, and medical insurance for nonsmokers. The total property and contract losses due to fires caused by smoking materials was more than \$10.6 million in 1996. The National Fire Protection Association reports \$391 million in direct property damage for smoking related fires between 1993-1996. Landlords and restaurants with smokefree premises have negotiated lower fire and property insurance premiums.¹⁹ Fire insurance is commonly reduced 25-30% in smokefree businesses.²⁰
- The American Cancer Society reports that employees who smoke have an average insured payment for health care of \$1,145, while nonsmoking employees average \$762.²¹

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22.

8. Counter-Marketing

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<i>Hands-On Social Marketing: A Step-by-Step Guide</i> _____	(2 pages)
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Chapter 18: Monitoring Implementation.....	(8 pages)
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Counter-Marketing Overview

What is Counter-Marketing? Counter-Marketing in tobacco prevention and control attempts to counter pro-tobacco influences. Counter-marketing is the use of commercial marketing tactics to reduce the prevalence of tobacco use. The components of a tobacco counter-marketing campaign are:

- Advertising
- Public Relations
- Media Advocacy
- Grassroots Marketing
- Media Literacy

What are signs of a good counter-marketing program? The seven qualities to look for are:

1. Long term
2. Made up of integrated, not isolated, components
3. Integrated into the larger tobacco control program
4. Culturally competent
5. Strategic
6. Evaluated
7. Adequately funded

Why is counter-marketing important? In the year 2000, the tobacco industry spent \$42 million in New Hampshire to advertise and market cigarettes. Obviously, tobacco prevention and control initiatives cannot compete financially with this giant opponent. However, through very careful planning and attention to detail, it is possible to create a media presence in communities statewide.

How can a coalition participate in counter-marketing? The next section of this Resource Guide contains information and worksheets that may assist a coalition in developing and implementing some key counter-marketing initiatives. TPCP has a Communications Coordinator who can assist with specifically tailoring a counter-marketing campaign in the coalition's community. For assistance, please call or email TPCP to schedule an appointment.

How do tobacco prevention and control advocates deliver consistent messages? TPCP has developed, tested, and finalized a set of "core messages." Core Messages are a critically important foundational component for TPCP's communications efforts and should be for coalitions as well. It is also important to use the TPCP logo on all materials. Details for core message and logo use are included in this section of the guide.

Where can a coalition find materials to support the counter-marketing effort? TPCP has a variety of materials (also referred to as "gear") in stock that may be useful for counter-marketing and generally supporting the coalitions efforts to change social norms. Order forms and additional information are included in this section of the guide.

Core Messages

Prior to embarking upon any externally focused communications activities, it is essential to assess and define how the coalition wants to be publicly positioned and how various initiatives should be positioned so they are properly perceived by key constituents throughout New Hampshire. In order to achieve this, TPCP developed, tested, and finalized a set of “core messages.” Core Messages are a critically important foundational component of TPCP’s communications efforts and should be for coalitions as well.

These messages should be incorporated into all communications - the annual report, brochures, executive summaries and press releases, for example. All public relations activities with the media and the community should incorporate these core messages. This process ensures clarity and consistency of message – both essential to a successful public relations/advocacy program.

When developing communications, make a conscious effort to incorporate one or more of these messages, if appropriate. There will be times when it is impossible to do so.

The core messages were printed on laminated cards to provide to all parties responsible for delivering TPCP core messages to ensure that they are utilized at every opportunity. Keep the laminated card handy. Use it as a quick reference when in an interview situation (particularly over the telephone.)

These cards are to be used as an internal tool. They were designed to assist those working in tobacco control and prevention to deliver consistent messages rather than for distribution. Try not to sound like the messages are being read. Review these messages frequently, and they will soon become second nature.

1. Tobacco is the number one preventable cause of death in New Hampshire.
2. Medical costs from tobacco use are more than \$302 million each year in New Hampshire.
3. Purchasing tobacco products costs the average smoker \$180,000 over his or her lifetime . . . enough money to buy 10 cars or a house.
4. Currently, New Hampshire’s Tobacco Prevention and Control Program is funded at less than 10 percent of the Center for Disease Control and Prevention’s minimum recommendation for an effective tobacco prevention program for the state.
5. Smoking is not the norm. The vast majority of people in New Hampshire (75 percent) do not smoke.
6. Tobacco use leads to addiction and disease.
7. It is difficult to quit smoking. We can help.
8. It is your right to breathe smoke-free air. You should not have to be exposed to secondhand smoke.
9. Secondhand smoke causes cancer.
10. There is no safe level of exposure to secondhand smoke.
11. Secondhand smoke is especially harmful to children.
12. The New Hampshire Tobacco Prevention and Control Program supports only scientifically proven programs.



Logo Use Guidelines

The purpose of this document is to establish guidelines for the use of the TPCP's "Live Tobacco Free or Die Logo."

TPCP requires the logo's use on all TPCP funded items and will provide electronic or printed logo sheets for this use. A coalition's logo may also be placed on items, but not alone.

The following requirements are set forth to protect the logo's use and the coalitions.

- 1. Approval for Each Use:** Each use must be approved in writing by the NH TPCP in advance of use of the logo. In the written request, please state how and where the logo will be used.
 - If the logo is being placed on an item, a photograph or drawing of the item and logo placement should be submitted.
 - If the logo is to appear in a printed piece, layout and copy must be submitted with the request.
 - Alternatively, use items that TPCP has in stock with the logo already on them. Any additions require approval.
- 2. Response to Logo Correspondence:** Forward all correspondence about the logo to Beth D'Ovidio at the Department of Health and Human Services at 29 Hazen Drive, Concord, NH 03301 or bdovidio@dhhs.state.nh.us.
- 3. Color and Black & White Use:** The logo is available in black and white, as well as color. The logo should be used in its entirety as provided and not altered in any way. A third party should not typeset the logo. The identification of "NH Tobacco Prevention and Control Program" must be used as part of the logo. The red color in the logo for the word "tobacco" should be as close to PMS 1795 as possible.
- 4. Readability:** The logo must be large enough to read "NH Tobacco Prevention and Control Program."
- 5. Enforcement:** Use of the logo without the written permission of The Department of Health and Human Services is forbidden. Violation of this policy could result in funding revocation.



Tobacco
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NH TOBACCO PREVENTION & CONTROL PROGRAM



Tobacco
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Logos

TPCP Gear

gear [Pronunciation: 'gir]: *noun*

Etymology: Middle English *gere*, from Old Norse *gervi, gorvi*; akin to Old English *gearwe* equipment, clothing, *gearu* ready -- more at YARE

1 a : CLOTHING, GARMENTS **b** : movable property : GOODS

2 : EQUIPMENT, PARAPHERNALIA <fishing *gear*>

During the past several years, the NH Tobacco Prevention and Control Program has invested in bulk orders of materials to support coalition activities. TPCP can provide paraphernalia to support general tobacco prevention and control activities as well as to promote the 1-800-Try-To-STOP TOBACCO Smokers' Helpline. These materials are available at low or no cost to coalitions (and others) working on tobacco prevention and control activities.

“Gear” information is located in the counter-marketing section of this resource guide because items with the TPCP logo serve to counter the tobacco branding often seen in communities. The items available range from small items (e.g. emory boards) that can be distributed to large groups of people, to more expensive items (e.g. soccer balls) that might be more appropriate as prizes. Think carefully about how items will be used before ordering.

Order forms for the two types of gear mentioned above are included in this guide. Additionally, TPCP can provide order forms created in Excell to assist with calculations. Please give at least two (2) weeks notice to allow time for orders to be filled and shipped. Bulky orders may travel more slowly, so please leave ample time. Coalition members may pick up orders, but notice is still required for materials to be gathered. If anything is unclear, please contact Aviva Meyer at 271-6684.

“Good Work! Creating a Smoke Free Workplace” kits, “Until You Can Quit, Take it Outside” brochures, and pledge cards are available free of charge. These materials are integral to the implementation of contracted initiatives. Coalition quarterly reports should include information about how materials were used to support contracted initiatives.

Please mail or fax order forms to:

NHTEC JSI Research & Training Institute
501 South Street, Second Floor,
Bow, New Hampshire 03304
FAX: 603-573-3301



Live Tobacco Free or Die Order Form

BILL TO:

Name: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____
 Date Order Placed: _____

SHIP TO (IF DIFFERENT):

Name: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____

Title	ID#	Price	Quantity	Total
Until You Can Quit, Take it Outside Brochures		Free		
Good Work! Creating a Smoke Free Workplace		Free		
Balloon - 11" round latex	78200	\$0.25		
Bike water bottle w/push cap - 32 oz.	55990	\$1.25		
Bumper sticker	56950	\$0.50		
Button with safety pin back	37470	\$0.50		
Coasters - Price of Smoking	91880	\$0.25		
Coasters - Take It Outside	91880	\$0.25		
Disposable Baby Bibs	94180	\$0.20		
Emory Boards	31010	\$0.17		
Frisbee	55990	\$0.75		
License Plate Frames	55990	\$0.80		
Newport cap	93990	\$4.00		
Paddle Balls	63344	\$2.00		
Post-It Notes	40480	\$0.40		
Round sticker	49890	\$0.07		
Rubber band - 3.5 x .75	34345	\$0.60		
Soccer ball - 8.5"	92430	\$7.00		
Stress Balls	79530	\$1.80		
Temporary tattoos	36972	\$0.25		
Toothbrushes	38980	\$1.00		
T-Shirt - Hanes 50/50	PM-5170	\$4.00		
Window Static Dimmers	37586	\$4.00		
Count the number of TITLES in your order; add the appropriate charge to the right.				
1-3 Titles = \$5.00	12-15 Titles = \$11.00	SUBTOTAL		\$
4-7 Titles = \$7.00	16-19 Titles = \$13.00	Shipping & Handling		\$
8-11 Titles = \$9.00	20-24 Titles = \$15.00	GRAND TOTAL		\$

Check or money order enclosed – payable to **NHTEC JSI Research & Training Institute**

Bill me. Purchase Order Number: _____

Please mail or fax this order form to:

NHTEC JSI Research & Training Institute
 501 South Street, Second Floor, Bow, New Hampshire 03304
FAX: 603-573-3301

Try-To-STOP TOBACCO

RESOURCE CENTER OF NEW HAMPSHIRE

1-800-Try-To-STOP TOBACCO Order Form

BILL TO:

Name: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____
 Date Order Placed: _____

SHIP TO (IF DIFFERENT):

Name: _____
 Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____

Title	ID#	Quantity Free	Price	Quantity	Total
It's Never Too Late to Quit	000789	50 Free	\$0.15	_____	_____
Top 10 Steps to Quitting Smoking	003521	50 Free	\$0.15	_____	_____
Beyond Willpower	002905	50 Free	\$0.15	_____	_____
How To Help a Friend or Family Member Quit	003522	50 Free	\$0.15	_____	_____
Fresh & Free: A No-Smoking Activity Book	002214	25 Free	\$0.50	_____	_____
Top 10 Reasons Why...bookmark	002652	50 Free	\$0.20	_____	_____
On Kicking Nicotine	002947	N/A	\$1.00	_____	_____
Pregnant? Don't Smoke!	000654	50 Free	\$0.40	_____	_____
?Embarazada? !No Fume!	000655	50 Free	\$0.40	_____	_____
You Can Do Something About Secondhand Smoke	000001	25 Free	\$0.40	_____	_____
No Smoking in this Establishment (decal)	002964	25 Free	\$0.20	_____	_____
Nutty Putty	003616	N/A	5/\$2.50	_____	_____
Please...No Smoking (decal) (English)	003179	50 Free	\$0.20	_____	_____
Please...No Smoking (decal) (Spanish)	003182	25 Free	\$0.20	_____	_____
Try-To-STOP Beendeez	003618	N/A	5/\$4.25	_____	_____
NH Tobacco Resource Center Pens	003608	50 Free	N/A	_____	_____
NH Tobacco Resource Center Magnets	003607	50 Free	N/A	_____	_____
NH Tobacco Resource Center Sticky Pads	003623	50 Free	N/A	_____	_____
"Thinking About Quitting" Wallet Cards (English)	003611	50 Free	N/A	_____	_____
"Thinking About Quitting" Wallet Cards (Spanish)	003614	50 Free	N/A	_____	_____

Count the number of TITLES in your order; add the appropriate charge to the right.			
1-3 Titles = \$5.00	12-15 Titles = \$11.00	SUBTOTAL	\$
4-7 Titles = \$7.00	16-19 Titles = \$13.00	Shipping & Handling (See chart to left)	\$
8-11 Titles = \$9.00	20-24 Titles = \$15.00	GRAND TOTAL	\$

- Check or money order enclosed – payable to **JSI Research & Training Institute**
- Bill me. Purchase Order Number: _____

Please mail or fax this order form to:

NHTEC JSI Research & Training Institute
 501 South Street, Second Floor, Bow, New Hampshire 03304
 FAX: 603-573-3301

9. Surveillance and Evaluation

Surveillance and Evaluation Overview _____ 9-2

New Hampshire Tobacco Data, 2003 _____ (tape bound)

Surveillance and Evaluation Overview

In this section

This section contains resources that can be used for planning, evaluation, and public education. The NH Tobacco Data Book contains a summary of available tobacco related New Hampshire data each year. Please be certain you are referencing the most recent edition.

In addition, separate reports are available on many of these data sources that provide more detailed information. Fact sheets and Executive Summaries are also available that provide an overview of reports or topic areas. A list of these reports and where they can be found is provided in the front of the data book. Reports produced by TPCP have been provided to you and additional copies are available on request. New reports will be sent to each coalition as they are published.

What can the coalition do with this information?

Here are some examples of how to use this information. The NH Tobacco Data Book shows which groups of people have the highest prevalence of smoking, in what grades youth smoking rates begin to increase, and which groups are most likely to be exposed to secondhand smoke. Refer to the contract's Scope of Services when choosing how best to use the NH Tobacco Data Book. Use this resource for marketing research when implementing programs.

These resources can also provide information to share with communities to help individuals understand the dangers of tobacco use. The NH Tobacco Data Book contains information on tobacco's economic and health impacts on New Hampshire's residents. It also provides evidence that progress in reducing tobacco use can and has been made.

What if I need more information or help interpreting this?

TPCP staff is available to assist coalitions in the interpretation of technical language and data in these resources. Feel free to call or email TPCP to arrange a time to talk.

What is public health surveillance?

Public health surveillance is defined as, the ongoing and systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm>) Examples of public health surveillance include: the Behavioral Risk Factor Surveillance System, the Youth Tobacco Survey and Vital Statistics collection (birth certificates, death certificates, etc.). These data sources and others are collected on a continual or regularly scheduled basis and in a recognized, systematic way.

What is program evaluation?

Program evaluation is "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 (http://www.cdc.gov/tobacco/evaluation_manual/introduction.html). Program evaluation activities use public health surveillance data as well as other information to describe interventions and make judgments about their function and effectiveness. Program evaluation describes not only what the ultimate outcomes of activities are but also how activities were carried out.

Tobacco

LIVE FREE OR DIE

NH TOBACCO PREVENTION & CONTROL PROGRAM

EXECUTIVE SUMMARY

Summary of Findings in the State of New Hampshire

Released by:
New Hampshire Tobacco Prevention & Control Program

Date of Release:
July 2002

2001 New Hampshire Restaurant Smoking Policy Survey Results

Exposure to secondhand smoke is one of the leading causes of preventable death in the United States, accounting for approximately 53,000 deaths each year. The Environmental Protection Agency (EPA) has classified secondhand smoke as a cancer causing substance. Those exposed to secondhand smoke are more likely to develop respiratory infections, ear problems, Sudden Infant Death Syndrome, allergies, heart disease and asthma. Due to the associated disease and the fact there is no safe amount of exposure to it, exposure to secondhand smoke is a critical public health issue.

The New Hampshire Indoor Smoking Act, which went into effect in 1994, restricts smoking in most public places. Today, most NH citizens are protected from involuntary exposure to secondhand smoke throughout much of their daily routines. However, secondhand smoke is still permitted in New Hampshire restaurants. There, secondhand smoke affects both non-smoking patrons and restaurant workers. Restaurant employees have an increased rate of lung cancer and heart disease as a result of exposure to secondhand smoke in the workplace. In 2001, the New Hampshire Department of Health and Human Services surveyed restaurants about their current smoking policies.

Contracted by the NH Tobacco Prevention and Control Program, The University of New Hampshire Survey Center contacted restaurant owners and managers by telephone during June 2001. A total of 400 restaurants' representatives completed a 22-question telephone survey.

The survey results appear on the following page.



New Hampshire Department of Health and Human Services • Office of Community and Public Health
New Hampshire Tobacco Prevention & Control Program • 6 Hazen Drive, Concord, NH 03301
800-852-3345 ext. 6891 • 603-271-5318 fax • 1-800-TRY-TO-STOP • www.trytostop.org

The funding for this message is provided by the NH Department of Health and Human Services and through a cooperative agreement with the Centers for Disease Control and Prevention (CDC) grant #U11ACDU105245-09.

Through this survey, it was learned that 44% of restaurants in New Hampshire still allowed smoking.

- Smoking was more likely to be permitted in restaurants that sold tobacco, had a bar or lounge area, sold alcohol or had more than the average number of seats.
- Smoking was less likely to be permitted in fast food restaurants.
- Smoking was as common in restaurants with a children's menu as in restaurants without a children's menu.



20% of restaurants that currently allowed smoking were likely to become smoke-free within the next year.

- 69% of restaurants that do not currently permit smoking supported a local ordinance prohibiting smoking compared to 39% of restaurants that do allow smoking.
- More than 90% of all restaurants (smoking and non-smoking alike) thought their current smoking policy either helped or had no effect on business.
- Restaurants that allowed smoking received about twice the number of complaints about their smoking policy than non-smoking restaurants.

40% of restaurants that allowed smoking were compliant with four provisions of the Indoor Smoking Act.

- 96% had a designated smoking area.
- 87% had a ventilation system that reportedly reduced the level of secondhand smoke.
- 84% had physical barriers between smoking and non-smoking sections.
- 53% had signs marking the smoking area.

Through this survey it was learned that just under half of restaurants in New Hampshire still allow smoking. It was also discovered that few restaurants are likely to go smoke-free voluntarily, however most restaurants would support a local ordinance prohibiting smoking if and when it was introduced. Compliance with all four provisions of the Indoor Smoking Act was disappointing. Clearly, additional steps are needed to eliminate exposure to secondhand smoke in New Hampshire restaurants. TPCP plans to address this through the implementation of its comprehensive program. TPCP will use the results of this survey as a benchmark from which to measure future progress in reaching its goals.

Tobacco
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1-800-TRY-TO-STOP • www.trytostop.org

10. Additional Resources and Training Opportunities

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<i>Evaluating Community Collaborations</i>	10-14
<i>Making Your Workplace Smokefree - A Decision Maker's Guide</i>	10-15
<i>Tom Wolff's Collaborative Solutions Create Healthy Communities</i>	10-16
<i>The Community Toolbox for Children's Environmental Health:</i>	10-17
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<i>The ABCs of Secondhand Smoke</i>	(4 pages)
<i>Writing and Designing Print Materials for Beneficiaries</i>	(5 pages)
<i>More Tobacco Websites</i>	(3 pages)
<i>Tobacco Control Network</i>	(1 page)
<i>10 Ways to Limit Tobacco in Your Community</i>	(6 pages)
<i>Readings Along Tobacco Road</i>	(3 pages)

Resources and Training Overview

Where can I find materials for the coalition's efforts?

There are many resources available both inside and outside of the TPCP offices. The TPCP section described many of the resources that are available in-house. This section of the guide, explores a variety of external resources for information, technical assistance and training.

Federal Agencies and other organizations produce a wide variety of materials that are free for the asking. Excerpts and/or order forms for these materials are included in this section. TPCP has copies of many of these materials as well, for perusing before ordering your own.

Both the Division of Public Health Services library and TPCP have collections of videos that may be borrowed. Lists and protocols are included in this section. These videos may be used at events in which the coalition participates. Additionally, member organizations may use these resources for presentations. By borrowing videos first, coalitions can also make more informed decisions about what to purchase for long-term use.

Websites

There are countless websites available. Before suggesting a website to someone, consider its target audience. There are websites to help people quit, intended for youth prevention, providing detailed information on the effects of secondhand smoke exposure and with advice for advocates for policy change. In short, there are many websites for any potential surfer. Use these resources when preparing for public events and then pass on addresses for those that will be useful to specific audiences.

Be sure to know the source of information. Several tobacco companies sponsor "youth prevention" websites, but their messages have been shown to increase the likelihood of youth smoking. Several lists are included in this section of the guide. They are not comprehensive, but they are a good place to start.

Where can my coalition find more assistance?

The partners discussed in Section Two can provide training in tobacco related topics. Other organizations can provide equally useful training to help build community capacity. A list of some of these resources, and some information about what each has to offer, is included here. The article "Readings Along Tobacco Road" suggests some good books that can provide information as well as motivation for coalition members. TPCP will use the e-mail digest to pass along news of training opportunities throughout the year. Feel free to share information with other coalition coordinators and TPCP by phone, mail or email.

Tobacco Related Videos

All of these videos (and more) are available for coalitions to borrow from TPCP.

Hazards of Smoking:

I Can't Breathe [Audience: Ages 11 to 14; Length: 23 minutes; Cost to replace: \$75.00] Mass. Dept. of Public Health, 2001. The story of Pam Laffin, a young mother of two who suffers from emphysema. Footage from MTV and host Model Christy Turlington. Includes a moderator's booklet designed to help guide classroom discussion with students about the consequences of smoking.

The Feminine Mistake: The Next Generation [Audience: Gr. 7-12; Length: 32 minutes; Cost to replace: \$149.00] Pyramid Media. Young women are still being seduced to smoke by tobacco industry advertising. Many are being persuaded to smoke by their peers. Interviews with women smokers, current statistics, and an examination of the role cigarette advertising plays in recruiting new smokers will help convince viewers of the dangers of smoking.

No Ifs, Ands or Butts: Smoking Kills [Audience: Gr. 7-12; Length: 25 minutes; Cost to replace: \$139.95; Teacher resource guide 41 p.] Human Relations Media, 2002. There are many subtle and not so subtle ways that smoking entraps teens. This program clearly describes why young teens get addicted so much faster than adults; how smoking actually changes chemicals in the brain that cause addiction; how tobacco use hooks teens mentally and physically; and how teens develop rituals connected with tobacco use that reinforce the chemical addiction making the habit almost impossible to break.

Smoke-Free TV: A Nicotine Prevention Video [Audience: Gr. 5-8; Length: 19 minutes; Cost to replace: \$225.00; Teacher's Guide 30 p.] Hazelden, 1999. Through a variety of engaging youth-focused vignettes, young people learn about the health risks associated with nicotine use while listening to what real kids have to say about nicotine use and the struggles of nicotine addiction. Kids will also enjoy being presented with some fun, real-world refusal skills.

The Teen Files: Smoking Truth or Dare – Hosted by Leeza Gibbons [Audience: Gr. 6-12; Length: 29 minutes; Cost to replace: \$150.00; Teacher Resource Guide 35 p.] AIMS, 2000. Graphically demonstrates to tobacco-using teens what this deadly habit is doing to them. The damage smoking or chewing tobacco does to their bodies is not just something intangible that they might have to face forty or more years down the road. These young people are suffering the deadly effects of their tobacco use right now, and the consequences will only get worse.

Tobacco Horror Picture Show [Audience: Gr. 7-12; Length: 29 minutes; Cost to Replace: \$189.00; Teacher resource guide 51 p.] Human Relations Media, 1998. Combining humor with horror in a way that will be memorable for young people, this program “shows and tells” the reality, from hairy tongues to cancerous tumors. The strong media presentation is balanced with interviews from recovering users.

Tobacco Road – A Dead End [Audience: Gr. 9-12; Length: 30 minutes; Cost to replace \$79.95] Cambridge Educational, 2001. Hard-hitting, graphic footage and interviews with people stricken with tobacco-related illnesses are contrasted with teen interviews demonstrating attitudes of self-deception. This video exposes the high occurrence of lung cancer, emphysema, heart disease and vascular disease directly attributed to tobacco use. Guaranteed to stir the emotions of those who continue to abuse tobacco-related products.

Up In Smoke: The Extreme Danger of Smoking Tobacco [Audience: Gr. 7-12; Length: 29 minutes; Cost to replace: \$142.00; Teacher Resource Book 45 p.] Human Relations Media, 1996. Video presents the ugly side of nicotine addiction that is sure to persuade young viewers. Includes powerful testimonials from young adults who have lived through emphysema, respiratory diseases and cancer.

What’s Wrong with Tobacco [Audience: Gr. 7-12; Length: 29 minutes; Cost to replace: \$142.00, Teacher Resource Book 50 p.] Human Relations Media, Today’s teens have become the target of the tobacco industry’s advertising campaign. Uses interviews with teen smokers to show common fallacies. Addresses power of peer pressure, Hollywood role models, promotional giveaways, and addiction.

Smokeless Tobacco:

The Chews Blue [Audience: Gr. 7-12; Length: 23 minutes; Cost to replace: \$125.00] ETR Assoc., 1987. Covers pressures males face to use chewing tobacco. Presents health risks and danger signs of mouth and throat disease. Discusses misleading advertising.

Secondhand Smoke:

Secondhand Smoke – A Matter of Life and Breath [Audience: Gr. 7-12; Length: 11 minutes; Cost to replace: \$189.00; Teacher resource guide 27 p.] Human Relations Media, 2003. Give students a hard look at secondhand smoke – also called passive smoke – and its continued impact upon non-smokers. Students learn that secondhand smoke can cause serious diseases such as asthma, bronchitis, emphysema, heart disease, pneumonia, and cancer. Class activities in the teacher’s resource book allow students to expand their knowledge about the dangers of tobacco.

Secondhand Smoke, Revised [Audience: Gr. 4-12; Length: 20 minutes; Cost to replace \$150.00; Teacher resource guide 6 p.] Pyramid Media. Scientific fact, combined with humor, demonstrates that tobacco smoke increases the risk of lung cancer and heart disease in non-smokers. In addition to showing smokers how their habit harms those around them, it urges nonsmokers to defend their right to breathe clean air.

Tobacco Related Websites

There are many, many tobacco related websites on the World Wide Web. This is one list of sites that might be of interest to tobacco prevention and control coalition members. A second list that was compiled outside of TPCP is also included here. Some sites may be on both lists. All links were active in 2002.

Neither TPCP nor the Office of Community and Public Health endorse any of these websites or the products they may be advertising. They are provided for information, but should be used with caution.

New Hampshire Websites:

www.dhhs.state.nh.us/DHHS/TPCP/default.htm - NH Tobacco Prevention & Control Program

www.nchc-csap.org/index.html - North Country Health Consortium Tobacco Prevention & Control Programs

www.cheshire-med.com/programs/chi/smoke.html - Cheshire Coalition for Tobacco Free Youth

www.nhcitizensalliance.org/index.html - New Hampshire Citizens Alliance

www.nhlung.org - American Lung Association of New Hampshire

www.new-futures.org - New Futures: Working together to reduce alcohol, tobacco and other drug problems in New Hampshire

Youth Sites:

www.youthtobacco.com - Source for tobacco intervention and cessation programs for teenagers

www.cdc.gov/tobacco/tips4youth.htm - (Tobacco Information and Prevention Source) TIPS 4 Youth

www.mntobacco.net - The Minnesota Youth Tobacco Prevention Initiative

www.tobaccofacts.org - British Columbia Ministry of Health Planning, Tobacco Facts

www.cdc.gov/tobacco/sgr/sgr4kids/sgrmenu.htm - The Surgeon General's Report for Kids about Smoking

www.roycastle.org/kats/intro.htm - Kids Against Tobacco Smoke

www.wholetruth.com - Florida's Truth Campaign

www.NoTobacco.org - The Foundation for a Smokefree America

National Advocacy Organizations:

www.cancer.org - American Cancer Society

www.smokefreeair.org - SmokeFree Action Network

www.tobaccofreekids.org - Campaign for Tobacco-Free Kids

www.no-smoking.org/march00/03-02-00-3.html - Action on Smoking and Health (ASH)

www.advocacy.org/tobacco.htm - Advocacy Institute: Tobacco Control and Public Health

National Information Resource Sites:

www.smokefree.gov - National Cancer Institute

www.smokehelp.org - Tobacco Hurts Everyone

www.cdc.gov/tobacco/index.htm - Tobacco Information and Prevention Source (TIPS)

www.smokesignals.org - Smoke Signals (Society of Thoracic Surgeons)

www.tobacco.org - Tobacco News and Information

www.anti-smoking.org - The Foundation for a Smokefree America

www.onyx-group.com - The Onyx Group: Tobacco Cessation and African Americans



The American Lung Association of New Hampshire (ALANH) has a variety of resources to offer:

1. Educational literature
2. Technical assistance/training/resources for workplaces that want to change their tobacco use policy or enact a 100% tobacco free policy.
3. Lung Health Call Center - provides free information and smoking cessation counseling to NH residents. Staffed by RNs and RTs who can provide information about: asthma, emphysema, environmental health, SHS, lung cancer, etc. 1-800-548-8252.
4. Quit smoking resources:
 - a. Freedom From Smoking (8-session adult program available in some communities & available to worksites),
 - b. Freedom From Smoking On-Line (free web-based FFS program that can be accessed via www.nhlung.org),
 - c. When You Can't Light Up (1 ½ hour workshop facilitated at schools/worksites that is designed to help smokers progress through the quitting process & assist tobacco users who are not yet ready to quit)
5. Tastefully Tobacco Free - guide to 100% smoke free dining in NH. The fifth edition is now available. The most up-to-date list of smoke free restaurants is on the website.
6. Technical assistance/training - treating tobacco use and dependence for health care providers, school personnel, employee wellness or employee assistance program staff, etc.

For more information about these resources, please contact ALANH directly.

Diane Smogor
Director of Program Services
American Lung Association of New Hampshire
9 Cedarwood Drive, Unit 12
Bedford, NH 03110
800 83 LUNGS
www.nhlung.org



Smoking Cessation Services

Not On Tobacco® (N-O-T®) is a ten-session, gender-sensitive, school-based program. N-O-T® uses a total health approach to help teens quit smoking, reduce tobacco use, increase healthy lifestyle behaviors such as exercise, and improve life skills such as stress management and communication skills.

Freedom From Smoking® is an eight –session program that is led by a professionally trained facilitator. This program is designed for adults and uses a positive behavior change approach that helps a smoker learn how to become a non-smoker.

Freedom From Smoking® Online is a 24-hour smoking cessation program online. It allows smokers to progress at their own pace through lessons and assignments that educate the smoker about their personal habit and provides tools and techniques that may be helpful in the quitting process. The program can be accessed through the American Lung Association of NH's website at www.nhlung.org.

Lung Health Call Center is available to New Hampshire residents and allows individuals to receive *free* one-on-one personalized smoking cessation counseling from qualified health professionals at their convenience. Call [1.800.548.8252](tel:1.800.548.8252).

Quit Kits are designed to assist the individual through the quitting process. Kits contain a self-help workbook, relaxation tape, stress relievers, useful resources and helpful tips. The kit is based on our Freedom From Smoking® program. The kit can be ordered through the American Lung Association's website at www.nhlung.org or by calling [1.800.83.LUNGS](tel:1.800.83.LUNGS).

Referral Cards list the array of smoking cessation services the American Lung Association of New Hampshire provide. These cards are available through community organizations, hospitals, businesses, schools, etc.

For more information about any of these services, please contact:

Karen Becker

kbecker@nhlung.org

American Lung Association of New Hampshire

9 Cedarwood Drive, Unit 12

Bedford, NH 03110

[1.800.83.LUNGS](tel:1.800.83.LUNGS) or [603.669.2411](tel:603.669.2411)

www.nhlung.org

Improving Life, One Breath at a Time®

COMMUNITY CAMPUS
AN INITIATIVE OF THE FOUNDATION FOR
SEACOAST HEALTH

100 CAMPUS DRIVE, PORTSMOUTH, NEW HAMPSHIRE 03801
CONTACT THE COMMUNITY CAMPUS AT (603) 422-8200 OR
[LKENNEDY COMMUNITYCAMPUS.ORG](http://www.communitycampus.org)

[HTTP://WWW.COMMUNITYCAMPUS.ORG](http://www.communitycampus.org)

CAMPUS RESOURCES FOR NONPROFITS

As part of its ongoing commitment to the Seacoast, and in recognition of the vital services that the nonprofit community provides for the community, the Foundation for Seacoast Health offers support for nonprofit organizations through programs and resources coordinated through the Community Campus.

CAMPUS NOTES

Campus Notes, a weekly e-mailed update of nonprofit events, funding opportunities and other resources, is sent to over 1,000 subscribers. To subscribe or submit information, contact lkennedy@communitycampus.org

CONNECT NEWSLETTER

This monthly mailed newsletter offers management resources, funding opportunities and workshops, plus looks at topics such as database creation, nonprofit websites, and more.

WORKSHOPS AND TRAININGS

See the latest offerings, from grant writing to annual giving at <http://www.communitycampus.org/upcoming>

COMPUTER CLASSES

Thanks to a unique relationship between Key Partners and the Foundation for Seacoast Health, affordable computer trainings are available for staff and volunteers of nonprofit organizations on the Seacoast. These classes are designed for the staff and volunteers of nonprofit agencies and teach applications that nonprofits need to know: Windows, Word, PowerPoint, Excel, Publisher and more. Classes take place onsite at the Campus Training Center at the Community Campus in Portsmouth; class size is limited to 8 individuals to provide hands-on experience during instruction.

The Campus is happy to schedule trainings for the staff of an entire department or organization. New software package? Entire staff needs a skill upgrade? Just let us know what you need and we can develop a training schedule.

MEETING AND CONFERENCE SPACE

The Community Campus is an excellent location for events, conferences, meetings and workshops. With conference space, meeting rooms and full on-site catering facilities at the Campus facility which is located on 94 acres of fields and woodlands right off Route One in Portsmouth, the Campus can host day or evening events for groups from 4 to 400.

ASSISTANCE WITH NONPROFIT ISSUES

Campus staff are available to assist organizations with understanding the basics of funding research, using on-site tools.

New Hampshire Institute for Health Policy and Practice

103 Pettee Hall, University of New Hampshire, Durham, NH 03824

Ph: (603) 862-5031 Fax: (603) 862-4457

<http://www.nhhealthpolicyinstitute.unh.edu/EPC.html>

About the Institute

The New Hampshire Institute for Health Policy and Practice NHIHPP is a formal alliance between the State of New Hampshire's Department of Health and Human Services, The University of New Hampshire, and Dartmouth Medical School.

Mission

The NHIHPP seeks to improve the health of and health care received by NH citizens through providing the information and skills necessary for fact-based policy and program development. The Institute achieves this mission by:

- Conducting applied research and policy analysis,
- Sponsoring training programs and educational presentations,
- Providing technical assistance, and Disseminating critical information.

Community Health Project

The Institute's community-health related work focuses on facilitating community access to data for assessment and grant purposes as well as providing the training needed to implement community health improvement initiatives locally. The Institute carries out this work through a project entitled "Empowering Communities with Data" (ECWD) and its predecessor project "Empowering Communities Through Access to Information and Training" (ECTAIT).

A complete schedule of trainings is included on the next page.

Archived PowerPoint Presentations are available at:

www.nhhealthpolicyinstitute.unh.edu/presentations.html

Contact: Holly Deblois hdeblois@cisunix.unh.edu for more information

Partnership for Effective Nonprofits

<http://www.partnershipforeffectivenonprofits.org>

The **Partnership for Effective Nonprofits** is an initiative of Foundation for Seacoast Health, Greater Piscataqua Community Foundation, and United Way of the Greater Seacoast. The aim of the Partnership is to coordinate the resources of local funders to assist nonprofit organizations to strengthen their management, programs, and sustainability.

We believe that strengthening the organizational effectiveness of nonprofit organizations in our region will ensure the delivery of high-quality programs and services to communities. Our programs are specifically focused on addressing the overall effectiveness of community-based organizations in Southeastern New Hampshire and Southern York County, Maine.

Partnership for Effective Nonprofits Programs

Partnership for Effective Nonprofits Grant Program – grants of up to \$5,000 to support the efforts of nonprofit organizations to improve their management, leadership and governance. Grant funds are provided by Foundation for Seacoast Health, Greater Piscataqua Community Foundation, United Way of the Greater Seacoast, and the Fuller Foundation. Application deadlines: April 15, September 15, and January 15.

Connection to Resources – this website includes links to important nonprofit resources such as the Corporate Fund Consultant Resource Bank and Training Resource Bank, funding resources, and nonprofit management assistance resources.

Learning opportunities – coordinated delivery of workshops, seminars and leadership development opportunities.

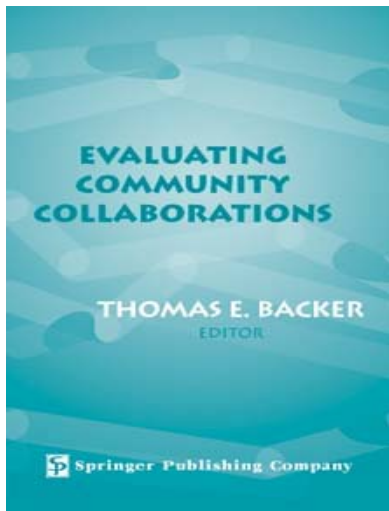


Seven Components of a Model School Tobacco Policy

(Adapted from the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*)

1. Prohibit students, staff, and visitors from using tobacco on school premises, in school vehicles and at school functions in order to promote the social norm of non-tobacco use.
2. Prohibit tobacco advertising (e.g. on signs, t-shirts, or caps or through sponsorship of school events) in school buildings, at school functions, and in school publications to counter the glamorization and to decrease the social acceptability of tobacco use.
3. Provide science-based, effective, cessation programs for students and staff who use tobacco products.
4. Help students who violate smoking policies to quit smoking rather than punishing them. Smokers are not villains.
5. Provide tobacco-use prevention education in grades K-12 including information about the short and long-term health and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, media literacy and advocacy and refusal skills.
6. Involve parents or families in support of school-based programs and community efforts to prevent tobacco use.
7. Evaluate the tobacco-use prevention program at regular intervals through the use of such assessment tools as the Youth Tobacco Survey (YTS) and the Youth Risk Behavior Survey (YRBS).

Coalition members interested in this initiative should contact TPCP. TPCP does not currently fund this initiative, but information and some materials are available.



Evaluating Community Collaborations

Thomas E. Backer, PhD, Editor

2003 184pp 0-8261-2185-3 hardcover \$39.95 (outside US \$43.80)

Collaborations, which bring organizations together in a community to implement or improve an innovative program or change a policy or procedure, have become a central strategy for promoting community change. Funders require them; nonprofits see them as useful solutions to their problems of declining resources and increasing complexity (including multicultural issues); and communities demand them as evidence that key stakeholders are coming

together to address problems of mutual concern.

Moreover, no matter how powerful the concept, the implementation of community collaborations can usually be improved. The evaluation of collaborations can provide evidence of outcome and impact, and can help improve the process by which the collaboration operates.

This book was developed by the nonprofit Human Interaction Research Institute, with funding support from the Federal Center for Mental Health Services, in connection with a series of evaluations of mental health, youth violence prevention and arts grant-making programs (supported by both the Federal government and foundations) all of which involved collaborations as a central mechanism. It is the first comprehensive treatment of theoretical, research, and practice issues concerning the evaluation of collaborations, and includes an extensive set of forms that can be adapted for this purpose. Chapter authors are leaders in both evaluation and community collaboration work.

Praise:

"...a valuable contribution to the literature on collaboration, with a synthesis of current thinking on collaboration, and practical evaluation tools. It should prove to be a helpful guide for collaboration leaders, evaluators, consultants, and funders working to get better results in our communities."

Carol A. Lukas

Amherst H. Wilder Foundation

Springer Publishing Company 536 Broadway, New York, NY 10012

Phone: (212) 431-4370 Fax: (212) 941-7842 **Toll-Free Ordering: (877) 687-7476**

If you have any questions e-mail springer@springerpub.com

Making Your Workplace Smokefree - A Decision Maker's Guide

A few years old, but available free from the Centers for Disease Control and Prevention at:
http://www.cdc.gov/tobacco/research_data/environmental/etsguide.htm



[Introduction](#) (PDF-34K)

[Costs and Other Consequences of Tobacco](#) (PDF-87K) Provides the background information you need to make the decision to implement policies and related activities to eliminate environmental tobacco smoke (ETS) in the workplace.

[Benefits of a Smokefree Workplace](#) (PDF-71K) Highlights legal, scientific, human resource, facility, image, and economic reasons to reduce ETS in the workplace.

[A Decision Maker's Guide to Choosing a Workplace Policy](#)

(PDF-75K) Provides a model smoking policy and additional options to help companies and other organizations design policies to fit their needs.

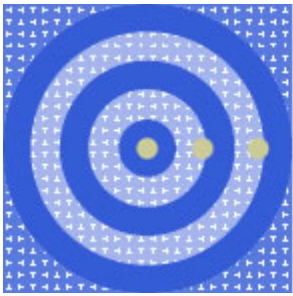
[Support for Employees Who Smoke](#) (PDF-84K) Helps the company develop smoking cessation activities to ensure help is available for employees who want to quit smoking.

[Step-By-Step: Your Decisions and How to Make Them Work](#)

(PDF-87K) Provides step-by-step instructions in designing policies and related programs to meet the needs of the company.

[Appendices: Resources, Sample Policies, and Organizations with Smokefree Workplaces](#)

(PDF-65K)



Tom Wolff & Associates

Creating Collaborative Solutions



www.tomwolff.com

Tom Wolff's Collaborative Solutions Create Healthy Communities

Tom Wolff & Associates have the tools and resources necessary to mobilize the power of collaborative processes in your community or organization. These processes are the key to addressing the critical challenges that confront our communities, our states and our nation today. Through collaborations and coalitions, individuals, organizations and communities become empowered to impact the world around them. Our work is dedicated to bringing greater joy and a deeper sense of spirit and purpose to those seeking to create healthy communities.

We have the services for those who are:

- Creating collaborative solutions
- Enhancing healthy communities and
- Building community coalitions

Recent Articles by Tom Wolff

[Community Coalition Building – Contemporary Practice and Research](#)

Published in the American Journal of Community Psychology, Vol. 29, no.2, 2001. Introduction p. 165-172 A Practitioner's Guide to Successful Coalitions 173-191.

These articles identify nine key dimensions related to coalition success and delineate best practices.

[A Practical Approach to Evaluating Coalitions](#)

Chapter in Evaluating Community Collaborations Edited by Thomas Backer, Springer Publishing, New York 2003. To purchase contact Springer Publishing.

This chapter answers your key concerns in designing an evaluation of your collaborative and provides nine useful tools for both process and outcome evaluation of coalitions.

[The Healthy Communities: Movement a Time for Transformation](#)

National Civic Review, Vol. 92, Number 2, Summer, 2003, p.95-112

This recent article looks at some of the challenges that the healthy communities movement faces and draws on the experience of Healthy Communities Massachusetts to suggest ways that practitioners can reenergize their efforts.



The Community Toolbox for Children's Environmental Health:

Addresses the needs of environmental health and justice groups serving children in disproportionately impacted communities.

What can the Community Toolbox do for YOU??

- 1) **Grant Making**-In 2002, a pool of \$350,000 was raised. Awards range from \$1,000 - \$20,000 for high-potential, community-based organizations to carry out activities such as:
 - infrastructure building
 - organizational development
 - administration,
 - board development
 - financial management
 - community outreach
 - constituency building
 - education,
 - multi-organizational collaboration
 - networking
 - media efforts to raise public awareness about children's environmental health issues
 - strategic planning
 - accounting
 - fundraising
 - human resources development
- 2) **Technical Assistance** helps ensure that grant funds are well spent and new resources contribute to the long-term sustainability of the organization. Assistance is tailored to the needs of the grantees, as many community organizations do not have the resources, experience, or organizational capacity to fully maximize their potential to carry out effective intervention programs.
- 3) **Community Building** within a system of peer-to-peer support develops solutions to struggles. By facilitating learning dialogues, peer-to-peer learning takes place.

For more detailed information: www.communitytoolbox.org

Sustaining Success: Educating Key Audiences about Tobacco Prevention

This is a toolkit designed to help state and local tobacco control program managers continually educate and inform the public, media, and policymakers about the tobacco control program and its accomplishments. Too often, these key audiences do not realize the important work done by tobacco control programs and the impact this work has on the community. The toolkit consists of strategies and activities that should be undertaken by the tobacco control community to ensure that the community is aware of program activities and successes, that these programs are fully utilized in every community, and that policymakers have the information they need to conduct effective oversight of and make informed decisions about the tobacco control programs. The strategies and activities will also help program managers build a broad and ongoing base of support for their program. The activities described in the toolkit are meant to contribute to the sustainability and ultimate success of tobacco prevention efforts.

"Sustaining Success" is organized into five sections:

- Collecting the Information You Need
- Raising Public Awareness
- Involving and Educating Policymakers
- Developing Partnerships
- Establishing the Tobacco Control Program as the Go-To Resource for all Tobacco-Prevention Related Materials

The toolkit also includes an Appendix that contains concrete examples of what states around the country are doing to educate the community about their programs. These tools can serve as a starting point for states beginning their education and promotion efforts, or to generate fresh ideas to be incorporated into existing education and promotion efforts.

To Order

The **"Sustaining Success"** toolkit is available on CD-ROM, and can be ordered by e-mailing sustainingsuccess@tobaccofreekids.org. The CD-ROMs are available free of charge.

Included on the CD-ROM:

- Two versions of the toolkit
 - 8.5 x 11 version allows you to print the materials as single pages
 - 11 x 17 version allows you to print the materials in booklet form
- 'Saving Lives', a video that describes tobacco prevention programs
- Three relevant fact sheets

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The Robert Wood Johnson Foundation, based in Princeton, N.J., is the nation's largest philanthropy devoted exclusively to health and health care.