

participation in Statewide and local planning including media campaigns, tobacco control plans, and conference. Evidence can be shown by: Description of stakeholder communication plan which employs multiple channels including Statewide list serve; Statewide conference, trainings, and information exchanges; electronic newsletters and updates; Statewide teleconferences; Web site postings; site visits; and videos.

*f. Local Grant Programs.* Support local programs to establish grassroots networks at the community level. Support should be sufficient for designated staff at the local level to establish and participate in local coalitions, partnerships, and task forces for local policy development and implementation; local environmental scan; development and implementation of a written plan to work toward policy goals and participation in State participation in State evaluation and data collection efforts; access to tobacco control information through a variety of sources such as journals, Internet Web sites and list serves. Refer to U.S. HHS, CDC "Best Practices for Comprehensive Tobacco Control Programs-August 1999," and American Journal of Preventive Medicine "Community Prevention Services Guidelines for Tobacco Use, February 2001" for information about local programs.

Performance will be measured by accomplishment of the activities described above in item (a) "Local grant program."

*g. Training and Technical Assistance.* Develop and implement a technical assistance and training process to address the needs of local health department staff, coalitions, and partners involved in tobacco prevention and control activities.

Performance will be measured by evidence that training and technical assistance needs have been assessed and provided by the State Tobacco Control Program to local health department staff, coalitions, and partners. Evidence can be shown by: The number and description of trainings planned and/or provided that include the strategic purpose of the trainings and anticipated impacts as related to short-term and long-term outcomes, description of the process and strategy to provide technical assistance.

*h. Prevent Initiation of Tobacco Use Among Young People.* Develop and implement science-based policy-focused strategies identified in the State strategic plan to prevent youth initiation of tobacco use.

Performance will be measured by accomplishment of the activities

described above in item "(a) Prevent Initiation to Tobacco Use Among Young People." Evidence can be shown by describing: Multi-component community interventions to reduce youth initiation that are science-based and policy focused such as price increase for tobacco products; educational activities that address the efficacy of policy initiatives such as restrictions on tobacco advertising, promotion and sponsorships and retailer licensing regulations; tobacco-free school policies school policies; identification of disparities related to youth initiation to tobacco use; partnerships with State and local education organizations to promote CDC "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction;" Counter-marketing strategies that include media advocacy and paid advertising to disseminate messages regarding youth access; pro-health messages; State evaluation and data collection efforts to demonstrate local programs toward policies to reduce youth initiation.

*i. Eliminate Exposure to Second Hand Smoke.* Develop and implement science-based policy-focused strategies to reduce exposure to second hand smoke.

Performance will be measured by accomplishment of the activities described above in item (a) "Eliminate Exposure to Secondhand Smoke." Evidence can be shown by describing: Local coalition objectives and evidence-based activities that are linked to a policy change leading to short-term and long-term outcomes as identified within the State plan; counter-marketing strategies that are supportive of local policy efforts, including both earned and paid media and the numbers of people reached through earned and paid media strategies; recommendations made and/or actions taken by an advisory group or task force composed of diverse State and local representation; a description of disparities related to exposure to secondhand smoke and strategies to reduce those disparities; actions taken to expand policy coverage to new communities and/or to strengthen policies in communities where they are already in place. Evidence can also be shown by a State-specific database that tracks local clean indoor air ordinances work, where pre-emption exists, voluntary policies and reporting of the number of policies implemented; State evaluation and data collection efforts to demonstrate local progress toward policies to eliminate exposure to secondhand smoke.

*j. Promote Cessation Among Adults and Youth.* Implement science-based policy-focused strategies as defined in the State strategic plan to promote cessation among adults and youth.

Performance will be measured by accomplishment of the activities described above in item "(a) Promote Cessation Among Adults and Youth." Evidence can be shown by describing: Strategies to promote guidelines published in "U.S. DHHS Public Health Services Treating Tobacco Use and Dependence" and "Community Prevention Services Guidelines for Tobacco Use;" strategies to reduce identified disparities; counter-marketing strategies that incorporate earned and paid media to provide information about and motivation for quitting and reach diverse populations and the number of people reached with paid media; Statewide activities, as detailed in the State strategic plan, to promote effective methods for quitting including support for and promotion of policy development and initiatives related to cessation services; links between the State program and other organizations to support and promote cessation.

*k. Identify and Eliminate Tobacco-related Disparities among Specific Population Groups.* Identify and eliminate disparities in specific population groups related to (1) preventing initiation among young people; (2) eliminating exposure to secondhand smoke; and (3) promoting cessation among adults and youth.

Performance will be measured by accomplishment of activities in item (a) "Identify and eliminate tobacco-related disparities among specific population groups." Evidence can be shown by: Assessing national data sources and research related to at-risk populations; outlining demographics reflecting Statewide diversity; coordinating available State and national data with at-risk populations in the State; augmenting State data with qualitative data (*i.e.* population assessments of specific population groups); examining the potential limitations of data used; identifying and developing new quantitative and qualitative-based methodologies for data collection among specific population groups, developing strategies and initiatives to build capacity and infrastructure among disparately-affected population groups. If States have participated in the Office on Smoking and Health's Disparities Pilot Training, additional evidence can be shown by demonstrating the implementation of interventions based on strategic plan to identify and eliminate tobacco-related disparities