



At a convening of CETI partners, funded organizations mapped the evolution of the project. Image created by Sook Jin Ong. Full timeline in appendix.

Communities Eliminating Tobacco Inequities (CETI)

Final Report of the CETI initiative, 2015-2018



Center for Prevention

Prepared by:
The **Improve** Group

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CETI Evaluation: Executive Summary

The Center for Prevention at Blue Cross and Blue Shield of Minnesota (“the Center”) funded the Communities Eliminating Tobacco Inequities initiative (CETI) from 2015 to 2018. This initiative supported culturally relevant commercial tobacco prevention and control work by seven organizations and one Tribal nation in Minnesota. Funded organizations aimed to reduce commercial tobacco disparities in the communities they serve by raising awareness, shifting norms, reducing exposure to secondhand smoke, and influencing policy.

CETI confirmed that community-specific commercial tobacco interventions work.

This was the result of CETI’s unique approach:

Funded organizations **implemented their work in close partnership with community**, particularly with culturally relevant, strategic messaging. For example, Briva Health found in its work with Somalis that conveying the message about commercial tobacco in partnership with imams and in the context of Islam was meaningful.

Funded organizations’ **deep community ties and previous experience were critical to their success**. Having staff from the communities the funded organizations served was key, as was staying closely connected to the communities through outreach and advisory group input.

CETI **celebrated traditional tobacco** instead of demonizing it, as the federal government has done historically. The Lower Sioux Indian Community and the Lincoln Park Children and Families Collaborative were especially focused on this.

In community education, funded organizations incorporated an understanding of **community-specific forms of commercial tobacco** like shisha and betel quid and tailored its education to these forms.

Engaging youth and intergenerational advisory boards is necessary for success, as commercial tobacco prevention work can take generations.

CETI successes included:

Funded organizations’ community education and outreach **changed norms about commercial tobacco**. For example, due to the Lao Assistance Center of Minnesota’s work with Lao community members, it is now seen as more of a taboo to smoke in a car with children.

Communities successfully advocated for **several dozen commercial tobacco-free policies** which, in turn, reduced exposure to secondhand smoke.

NorthPoint Health & Wellness Center achieved a policy banning commercial tobacco in all Minneapolis parks. The American Lung Association in Minnesota supported commercial tobacco-free grounds policies at three major mental

Funded organizations supported ...

22 general and 21 event-specific policies.

Training 2,528 people.

535 outreach events.

13 Healthy Community Settings.

illness and substance use disorder treatment providers. In Richfield's Latino community, Comunidades Latinas Unidas en Servicio

advocated for commercial tobacco-free policies in multi-unit housing and in-home daycares.

Funded organizations adapted to community needs as they emerged. WellShare International designed a culturally specific "cessation preparedness course" for the Karen community. This filled a gap in culturally relevant cessation while navigating a funding limitation on cessation services.

CETI results have implications for the commercial tobacco prevention field and funders.

While this project confirmed this model's effectiveness, it also highlighted severe gaps in the commercial tobacco prevention and control field, as well as considerations for funders looking to support similar work.

The field does not adequately serve communities experiencing the biggest disparities in commercial tobacco use, exposure, and targeting by the commercial tobacco industry. The field should work with a health equity lens, focusing on communities experiencing the biggest disparities.

The field should invest in more culturally specific data. A lack of disaggregated data, e.g., on commercial tobacco use in the Twin Cities Karen community, hinders the work. The field could respond to this with more culturally specific research on commercial tobacco use. Funders often require data that backs up the need an organization seeks to respond to; that data does not always exist.

This work is about children, grandchildren, and great-grandchildren. Multigenerational approaches are necessary for sustainable success.

Community-based policy work can make a difference. Policy movements often begin in organizational and local contexts, then grow to state and national scales.

The RFP process must be equitable, so community-based organizations and Tribal nations can apply for funding. This includes giving organizations adequate time to apply and allowing them to propose community-based solutions.

Include education as an allowable strategy. Education is a key equity tool. Culturally responsive education and knowledge is critical to serving previously under-resourced communities.

Operate with flexibility. Make room for funded organizations to put their community insight to work.

Always refer to "commercial tobacco" rather than "tobacco" in written and verbal communication.

CETI's Background & Purpose

While the overall smoking rate in Minnesota has decreased dramatically over the past several decades, certain communities use or are exposed to commercial tobacco at higher rates. This has led to disparities in smoking related-disease and death. These health inequities stem from cultural/social norms around commercial tobacco use; the targeting of these communities by the commercial tobacco industry through misinformation and predatory marketing tactics; and a lack of funding for commercial tobacco prevention and control efforts—especially culturally specific approaches.

The Communities Eliminating Tobacco Inequities (CETI) initiative aimed to reduce commercial tobacco use in communities experiencing health disparities by supporting community-driven, culturally specific efforts that raise awareness, shift norms, and influence policy.

The CETI initiative acknowledges and respects the sacred, medicinal, and traditional use of tobacco by American Indian people and other groups, distinguishing this type of tobacco from commercial tobacco products that are manufactured and sold for a profit. Throughout the report, “commercial tobacco” is used to respect this distinction.

“We wanted to focus in on ... raising up approaches that were culturally specific in communities. ... We didn't seek out [a] specific community. Instead we said, ‘Here are strategies; you tell us how your community is impacted by commercial tobacco. And how you'll address it specifically.’”

—Center for Prevention staff

The CETI model

With CETI, the Center for Prevention at Blue Cross and Blue Shield of Minnesota (the Center) supported seven community-based organizations and one Tribal nation (hereby collectively referred to as “funded organizations”) to work directly with their community leaders, partner organizations, and community members. The CETI initiative:

- Provided funding to organizations for messaging, local policy work, education, organizational systems integration, leadership development, capacity building, and training.
- Collaborated with funded organizations on developing and strengthening workplans.
- Provided technical assistance in communications, evaluation, and legal issues.

- Built relationships and provided funded organizations with opportunities to network, build coalitions around policy campaigns, mobilize diverse communities to address the commercial tobacco industry, and connect to additional resources.

CETI aims to reduce commercial tobacco use in communities by supporting community-driven, culturally specific efforts that raise awareness, shift cultural/social norms, and/or influence organizational and local public policy. CETI provided funding to organizations for work within six overarching umbrella strategies. Of these six, funded organizations chose to do their work in the following strategies:

- Community Education on Commercial Tobacco: community education on traditional and commercial tobacco
- Policy: Elimination of Commercial Tobacco Use in Indoor and Outdoor Settings
- Creating Healthy Community Settings

Activities within these strategies also served to reduce exposure to secondhand smoke for priority populations.

The Theory of Change graphic **on the following page** illustrates how the Center sought to make an impact with CETI.



The CETI team at a 2018 convening

Communities Eliminating Tobacco Inequities (CETI) | Theory of Change

Our Belief/Vision: Providing funding and technical assistance to community partners (partners) who work directly with priority populations is the most effective way to reduce inequities related to commercial tobacco use.

The Problem

While the overall smoking rate in Minnesota has decreased dramatically, certain communities, such as communities of color, American Indians, immigrants and refugees, LGBTQ community members, and people with mental illness and substance use disorders have much higher rates of commercial tobacco use, which has led to disparities in secondhand smoke exposure and risk for and incidence of smoking related-disease and death. These health inequities stem from cultural/social norms around tobacco use; the targeting of these communities by the tobacco industry through misinformation and predatory marketing tactics; lack of access to culturally responsive cessation; and lack of funding for tobacco prevention efforts—especially for those that utilize effective, culturally specific approaches. To address this problem, this initiative aims to reduce commercial tobacco use in these communities by supporting community-driven, culturally specific efforts that will raise awareness, shift cultural/social norms and/or influence organizational policy and local public policy.

Strategies

- Provide funding to partners for messaging and local policy work, organizational systems integration, leadership development, capacity building, and training.
- Collaborate with partners on ways to develop/strengthen work plans.
- Provide partners communications and evaluation technical assistance.
- Build relationships and provide partners with opportunities to network, build coalitions around policy campaigns, mobilize diverse communities to address the tobacco industry, and connect to additional resources.

Changes

Policies & Systems

- ↑ Tobacco-free spaces
- ↑ Policies reducing tobacco exposure
- ↑ Action/engagement in public policies
- ↑ Connections to culturally specific cessation services
- ↑ Compliance with tobacco-free organizational and public policies
- ↓ Tobacco advertising
- ↓ Places where tobacco is sold

Communities

- ↑ Community-specific messaging
- ↑ Number of spaces where tobacco is not used
- ↑ Awareness about tobacco policies
- ↑ Number of spaces that promote healthy alternative activities
- ↓ Cultural acceptance of tobacco exposure
- ↓ Marketing, advertising, and use of tobacco

Organizations

- ↑ Partners working on issue
- ↑ Partners' capacity
- ↑ Partners providing leadership
- ↑ Community engagement
- ↑ Prioritization of tobacco prevention work
- ↑ Partners' cessation-related policies and training

Relational

- ↑ Organizational empowerment
- ↑ Leaders' messaging about issues
- ↑ Relationships with decision makers
- ↑ Healthier social norms
- ↑ Networks of coalitions
- ↓ Visibility of tobacco use
- ↓ Tobacco use around kids and pregnant women

Individuals

- ↑ Attempts to quit
- ↑ Knowledge about harms of tobacco use and exposure
- ↑ Negative attitudes about use
- ↑ Informed people
- ↑ Knowledge of cessation resources
- ↓ Secondhand smoke exposure
- ↓ Third hand smoke exposure



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Tobacco in this document refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by Native Americans and other groups.

Community Partners (partners) in this document refers to the organizations funded through BlueCross BlueShield's CETI initiative.

How CETI is different

In developing the CETI initiative, Center staff knew they needed to listen to and be in service to communities' priorities so funded organizations could take full ownership of and have investment in proposed work. To this end, the request for proposals (RFP) was open to applicant-proposed interventions that were responsive to their communities, rather than interventions predetermined by the Center.

The Center sought applicants that had a commitment to health equity and the reduction of commercial tobacco use. Blue Cross defines health equity as all people, regardless of race, income, zip code or other factors, having opportunities to live the healthiest lives possible. Two CETI strategies, Community Education on Commercial Tobacco and Creating Healthy Community Settings, are rarely funded as standalone strategies. The Center included these areas as staff had received feedback that funded organizations needed resources to develop and deliver culturally specific messages for unmet awareness and education needs. There was also a desire to holistically address two or more health concerns under the Creating Healthy Community Settings strategy. In identifying CETI projects, the Center prioritized applicants who had identified their needs around commercial tobacco use and who took community-driven, culturally specific approaches.

During the funding review process, Center staff did in-person site visits with applicants to learn more about their staff, organization, community, and partners. This gave the Center



an invaluable deep understanding of what was needed and what was proposed. Keeping with this philosophy of understanding and being responsive to projects, Center program managers met on a regular basis (often monthly) with funded organizations' project staff and others they chose to invite to the table. This practice kept Center managers and funded organizations in open communication and promoted trust.

Long-term impact through policy, systems, and environmental change

The Center framed the impact anticipated in the CETI work in terms of Policy, Systems, and Environmental (PSE) change. All of the strategies within the CETI initiative are considered long-term PSE change. For example, education is both a foundation for communities to build knowledge and a vehicle for transforming community policy, systems, and environmental contexts. CETI does diverge from past Center work in that while education is typically funded as part of a policy initiative, in this model, education could have been about commercial tobacco-related topics broader than policy initiatives.

When funded organizations increase community-based knowledge, they shift the environment in which they work. Education is not just a foundation but also builds community capacity as communities continue this work. For more on how CETI came to be, see Appendix A.

Evaluating CETI

The Improve Group, an evaluation consulting firm based in St. Paul, conducted the evaluation of CETI from 2015 to 2018. The Improve Group used a unique approach to this evaluation, combining technical assistance supporting each organization in its own evaluation with a summative evaluation of the overall CETI work. The Center did not charge evaluators with doing comprehensive evaluations of each organization. Evaluators attended monthly meetings with the Center and funded organizations, which helped build mutual understanding and relationships. Attending these meetings also allowed evaluators to understand the nuances of projects—such as shifts in project tactics and a deepened understanding of context—in ways traditional data collection does not allow.

Evaluators supported each funded organization in developing an annual evaluation plan to ensure funded organizations had the strategies and data necessary to document successes and learnings. Then, the evaluators offered evaluation technical assistance tailored to each organization to provide capacity as needed for them to implement their evaluation plan.

For each year of data collection, evaluators used updated tools tailored to the emerging contexts of the CETI initiative. Evaluators adapted tools and specific deadlines to fit the context of the funded organizations to capture as much of their work in each year as possible. Evaluators also helped ensure that data collection methods were culturally

responsive by engaging funded organizations to translate and conduct focus groups in their community's language.

Evaluators used the following data collection methods annually:

- Semi-structured individual and group interviews with program staff and other key stakeholders
- Surveys with key stakeholders
- Participation at meetings and meeting summary notes as projects progressed and pivoted due to emerging contexts
- Observations at key events, including CETI convenings and funded organizations' events
- Focus groups led by the funded organizations
- Summary data from programs about progress and outputs (e.g., end-of-year reports)

The evaluation tools used for this project are included in Appendix B.

Limitations

With any evaluation approach, there are limitations to the conclusions and scope of use of data. Limitations for this evaluation include:

- Potential bias in interviews: As interviews were primarily conducted with staff from each funded organization, there may be some bias due to a possible incentive to represent the work and progress in a positive light.
- Low survey response: The primary platform for surveys was through a link emailed to contacts by the funded organization. Survey answers were all confidential. In the context of this project, some funded organizations struggled with gaining the number of survey responses they wanted, as their partners were unable to take the survey within the timeline.
- Capacity needs for organization-specific evaluation plans: Some funded organizations did not have staff or financial capacity to support a full evaluation. The scope of the CETI evaluation included some technical assistance for funded evaluation work but was not comprehensive in meeting all funded organizations' data, analysis, and reporting needs.

Recommendations for evaluating this type of work in the future

Several strategies may strengthen evaluation of this kind of community-based work in the future:

- Continue allowing funded organizations to deeply tell the narratives of their work. Qualitative data, such as interviews and focus groups, seemed to resonate more with

funded organizations than quantitative data. These methods also allowed for relationship-building.

- Consider an evaluation timeline that extends beyond the project work cycle. Some projects had work that filled the entire funding cycle, which meant the project was not completed by the time data collection had ended for the evaluation. If the evaluation extended beyond the funding cycle, data collection could capture more and allow for more shared meaning-making about the initiative.
- Include time for an external evaluator to do organization-specific evaluation: Many funded organizations did not have the time, capacity, or funding to evaluate themselves during the project cycle.

Priority populations

Funded organizations work with their local Karen, Lao, Latino, Somali, African American, and American Indian communities; as well as with people living with mental illness and substance use disorders.

Factors that led organizations to apply

Organizations applied for CETI funding because they saw the disproportionate harm commercial tobacco has on the communities with which they work. Because of CETI's



flexibility, the funding opportunity aligned with their missions to meet needs within the communities they serve. CETI was also a way to fill a critical gap in funding—some communities did not have adequate commercial tobacco awareness and prevention programs, and organizations recognized this. For some organizations, previous long-term relationships with the Center also played into their decision to apply.

“We knew that we needed funding, but also knew that it needed to be a funder that saw the need and understood the uniqueness of it. [We] didn’t just want to find money—[we] wanted someone to partner with long-term.”

—ALAMN staff

How funded organizations defined success

In sharing the CETI funding opportunity, the Center outlined several strategies from which to choose. Funded organizations had full autonomy within their strategies to define success in the context of their communities.

Some funded organizations defined success as **educating their communities**, including content about cultural uses of tobacco. For the Lao Assistance Center of Minnesota (LACM), success meant getting the Lao community involved. Briva Health primarily defined success as the ability to reach as many people as possible with commercial tobacco prevention education. For WellShare International (WellShare), success was when the Karen community had a better understanding of the harms of commercial tobacco and its intersections with betel quid/betel nut and their culture.

For others, a key success was **doing intentional work to educate their communities about sacred tobacco**. These funded organizations leveraged how living well with traditional tobacco is about celebrating culture. Lincoln Park Children and Families Collaborative (LPCFC) raised awareness about traditional tobacco through cultural modifications to programming, such as smudging, circles, and harvesting traditional tobacco. Lower Sioux Indian Community (Lower Sioux) defined success as strong community engagement, education on sacred tobacco, and reduction of commercial tobacco use among community members.

Some funded organizations’ **definitions of success were policy-related**. American Lung Association in Minnesota (ALAMN), Comunidades Latinas Unidas en Servicio (CLUES), NorthPoint Health & Wellness Center (NorthPoint), Lower Sioux, and LPCFC aimed to pass or begin enforcing commercial tobacco-free policies. CLUES also saw success in having a meaningful conversation with a building manager or owner about the importance of a smoke-free policy or how to better enforce an existing policy.

The following page includes a summary of funded organizations’ activities during CETI.

Activities

Below is a summary of each funded organization's key activities. Refer to organization-specific reports in Appendix C for more.

Organization Activities, 2015-2018



- Community education through culturally relevant outreach and education
- Created intergenerational and gender-specific advisory groups to move work forward, including developing culturally specific messaging
- Strong presence at community events such as Lao New Year's events and temple festival



- Culturally specific outreach targeting Somalis to educate them on the harms of secondhand smoke
- Trained imams, women, and youth leaders to be educational ambassadors in this work
- Developed and distributed educational materials about commercial tobacco across communications platforms such as social media and video



- Partnered with the Karen Organization of Minnesota (KOM), a well-connected hub in the community
- Delivered adult and youth commercial tobacco classes
- Equipped community leaders to provide commercial tobacco education in culturally relevant ways
- Prepared community members who wanted to quit commercial tobacco for cessation
- Filled knowledge gaps among religious leaders and healthcare providers
- Created intergenerational council that developed culturally responsive communications and education



- Created and promoted four "Healthy Spaces," integrating healthy eating and physical activity with smoke-free policies
- Celebrated traditional tobacco, including by growing it in an Ojibwe medicine garden
- Spread message through earned media and murals on busses
- Successfully advocated for a City of Duluth ordinance restricting sale of flavored commercial tobacco, including menthol, to adult-only stores
- Raised awareness about commercial tobacco through events like Kick Butts Day, Meet on the Street, and Monday Night Family Gatherings



- Co-founded the Healthy Generations Initiative, which linked holistic health programming about commercial tobacco to healthy eating and physical activity
- Deeply engaged community in work, including through health and human services advisory committee
- Uplifted çañšaša, or sacred tobacco
- Created Healthy Community Settings with healthy meals and physical activities



- Advocated for new or strengthened commercial tobacco-free policies at multi-unit housing complexes and in-home daycares
- Increased commercial tobacco knowledge of childcare providers through meetings with both licensed and unlicensed providers
- Promoted commercial tobacco reduction through social media and the local newspaper
- Connected community members to resources like free “no smoking” signs to enforce existing policies



- In partnership with Association for Nonsmokers-Minnesota (ANSRMN), mobilized community members to support change in Minneapolis parks policy
- Engaged youth through coalition
- Equipped people to advocate for policy change
- Conducted outreach to media and parks commissioners
- Successfully advocated for comprehensive parks policy, then supported implementation



- Supported mental illness and substance use disorder provider community in adopting commercial tobacco treatment practices
- Hosted trainings for providers
- Provided guidance to partners in implementing commercial tobacco-free grounds policies, evaluating progress, and creating leaders
- Provided providers with tailored technical assistance and tools

Accomplishments in *how* funded organizations worked

The previous sections of this report explained what makes CETI unique and what activities were implemented. One overall evaluation question for this project was, *To what extent did new approaches contribute to an improved commercial tobacco-free environment?* **The way these funded organizations approached improving commercial tobacco-free environments was through an emerging community specific approach aimed at reducing inequities in commercial tobacco use and exposure.** This section describes accomplishments in *how* CETI was implemented. The next section then explains the *results* of funded organizations' work.

Because of CETI's unique approach of doing commercial tobacco prevention work in a community-specific way, several successes occurred related to how the funded organizations implemented their strategies. Funded organizations saw the big picture, integrating CETI activities with similar efforts. They also maintained close connections to community throughout the project, partnering with leaders and organizations that could increase their reach.

Funded organizations worked holistically, leveraging CETI projects with similar efforts.

CETI supported holistic health by allowing funded organizations to scale work that was already happening in their communities related to living well, including around physical activity and healthy eating. The work interacted with and leveraged other public health work through partners and events. Funded organizations worked with counties, clinics, housing advocates, healthcare providers, and others as partners. This synergy strengthened public health work across the board.

Funded organizations braided CETI funding with other funding sources. For example, ALAMN found that CETI funding complemented other work it was doing, specifically the Leadership Academy—another project funded by the Center that is comprised of leaders in public health and behavioral health systems. This overlap helped activities of both initiatives be more successful.

Funded organizations bolstered broader holistic health agendas by scaling or increasing the impact of emerging and existing programs.

CETI helped Lower Sioux grow their Healthy Generations Initiative work from a small group of community members to a



community-wide initiative with multiple partners. ALAMN partners integrated the CETI commercial tobacco-free focus into existing work around mental illness and substance use disorders, helping to bolster their work. LACM had been working on commercial tobacco cessation previously, and CETI funding expanded their work. Briva Health was doing health outreach with MNSure, but not fully educating about the harms of commercial tobacco. CETI allowed these funded organizations to bring their projects to the community scale.

CETI was community-responsive in that funding could cover existing priority health promotion areas, specifically physical activity, healthy eating, and health equity. Multiple funded organizations worked on healthy eating and physical activity in addition to commercial tobacco. Lower Sioux’s Healthy Generations Initiative incorporates traditional versus commercial tobacco, healthy eating, Dakota culture, and physical activity. LPCFC’s Healthy Spaces work encompasses healthy eating through community gardens, physical activity, and community-building through education on traditional tobacco and collaborative garden work. Every organization used a health equity approach tailored and responsive to the people in their community who are most impacted by the harms of commercial tobacco.

Funding for outreach and community education strengthened relationships between funded organizations and their constituents. Funded organizations utilized CETI funding for building and deepening relationships with community members. This in turn deepened engagement and trust between funded organizations and their communities.

Funded organizations tailored their work to the local level through community input.

Funded organizations ensured community members were at the table. For example, LPCFC used youth and family engagement to involve the community in prevention work, including through its partnership with the Boys & Girls Club and by hosting “Monday Night Family Gatherings.”

“On Monday nights we have a family gathering, the parents meet and talk about different obstacles in parenting. ... We have talked about tobacco as a crutch and an addiction and how we can better support our community.”

—LPCFC staff

Funded organizations also grounded their work in community by incorporating community input. This was especially effective through intergenerational advisory boards, working with religious leaders to convey the importance of the message, and empowering youth advocates. For example, NorthPoint found youth were enthusiastic about the work and could interact with the community in different ways than staff could. Many funded organizations created and engaged with community advisory boards to help guide their work. For example, WellShare’s intergenerational advisory board met regularly to provide input on communications tactics and educational materials, which ensured these tools reflected the community’s cultural uses of commercial tobacco.

Connected and respected community leaders helped funded organizations effectively engage their communities.

Funded organizations recognized and leveraged those who had respect and sway in the eyes of community members. Funded organizations engaged these individuals to share and legitimate messages about commercial tobacco. ALAMN, for example, knew expert providers could effectively champion the issue within the mental illness and substance use disorder provider community. Lower Sioux knew it was the Tribal Council that would bolster the legitimacy of its work.

“The support from leaders shows a lot to people. The policy we’re making has to be accepted by council—they decide yes/no. It encourages us to keep going with our work that our council men and women care about our health, and having their support is big.”

—Lower Sioux staff

Some community members’ respect for leaders in faith communities was an important factor driving community engagement. For Briva Health’s work in the Somali community, imams played this role. These leaders shared the message about commercial tobacco through the lens of Islam, citing how it is against the religion to do harm to yourself—including to smoke. Imams reached hundreds of people through Friday sermons. Imams were among 15 community ambassadors Briva Health trained; these champions are familiar to and trusted by the community.

“The message they [imams] give [about commercial tobacco] is well-respected and well-received. We feel like they were effective agents of secondhand smoking information. They were perfect people to have as champions.”

—Briva Health staff

WellShare also found that tying its work to religion was a successful mode of engagement and worked with religious leaders, equipping them with commercial tobacco and betel quid education to spread to the community.

“That connection to church has really allowed us to work with religious leaders in helping to support our message and to get our message out to the people.”

—WellShare partner



Culturally responsive messaging—including hiring staff who represent the communities—was effective.

Funded organizations had existing relationships that brought additional knowledge, partners, funds, and efficiencies in the work, allowing them to respond to the needs of communities. They started out strongly tied to community and, through CETI, became even more deeply connected. Funded organizations were skilled and successful in both crafting what the message was about commercial tobacco, and in conveying it.

Through CETI, funded organizations learned to better articulate clear anti-commercial tobacco messaging to their specific communities, enabling them to

better integrate commercial tobacco control work into existing work in a way that resonated with community members. This included crafting messaging in ways that leveraged what communities already care about. For example, CLUES engaged with the community around issues of concern that also may overlap with



commercial tobacco, such as chronic health conditions (cancers, high blood pressure) and tenants' rights (clean air). Another example is NorthPoint linking the parks policy to pets' health because this resonated with people, and Briva Health's work emphasizing that shisha is a harmful form of commercial tobacco. Framing conversations around equity was also effective.

“Lots of community members who see the [health] disparity ... were happy to be at the table to see what we could [do] to change that.”

—NorthPoint staff

‘It is up to your heart’

In the Lao community of the North Twin Cities metropolitan region, it used to be more socially acceptable for you to pull up to an event smoking a cigarette in your car with your children in the backseat.

The Lao Assistance Center of Minnesota (LACM) sought to change this.

With public education through CETI, LACM shifted community norms about commercial tobacco.

LACM knew its message had to be by community, for community. So, the organization created public education videos that were written by and acted in by Lao community members, as well as posters in Lao design and language.

“Both videos depict people who quit by themselves,” LACM staff said. “... [The] messaging is, ‘It is up to your heart.’”

The organization talked to community members at cultural events, partnered with an intergenerational advisory group, and spread its public education across different platforms. In social media, posters, and flyers, LACM culturally translated terms that don’t have direct meaning in Lao, for example, “willpower.”

Through its culturally specific CETI activities, LACM changed norms and made smoking more of a taboo, LACM staff say: “People hide it now.”

Funded organizations worked to understand communities’ communication needs and used responsive approaches.

This extended to language—funded organizations translated materials to a community’s preferred language, including terms that don’t have equivalents in both languages, like “willpower” in Lao. Funded organizations also designed and distributed communications in effective ways. LACM created materials that were completely written by, acted in, and designed by people from the Lao community. It found success by providing “multilingual materials in multilingual forms” and by using “images that

reflect local community [and] culture,” a LACM partner and advisory group member said. Briva Health made a video about the harms of secondhand smoke, which resonated deeply in the Somali community and garnered tens of

thousands of views. Outreach based on storytelling, versus text-heavy mediums, was especially effective. Another way culturally responsive messaging was effective was through art; for example, LPCFC partnered with artist Jonathan Thunder to create murals that advocated to “Keep Tobacco Sacred.”

“[It’s] effective when the message is beautiful; people stop and look longer and think about it more.”

—LPCFC staff



Proactive communications reached the intended audience and built a supportive community. For example, LPCFC did substantial media outreach in communities most impacted by flavored commercial tobacco—this bolstered success for its flavored commercial tobacco policy efforts. In addition to using media, funded organizations engaged the community through in-person approaches, utilizing their connections to clarify needs, share resources, and address concerns. By getting out in the community and having conversations, funded organizations were able to **stay connected to those they were trying to impact.** For example, CLUES staff had helpful conversations with business owners and residents to clarify their needs, share resources, and address concerns. LACM found that showing up at cultural celebrations and planning meetings were effective ways to communicate with the community.

“[Funded organizations] rocked in creating and developing messengers that resonated.”

—TA provider

Staff from many of the funded organizations are from the communities they are seeking to serve. Some already employed people from their community, including LACM staff from the Lao community and Spanish-speaking staff at CLUES.

Funded organizations also added more staff and contractors who represent their communities. Hiring community members as community health workers (CHWs) was a strategy for this. For example, CLUES CHWs speak Spanish and identify as Latino, which helps them provide culturally and linguistically relevant interventions for people who also identify as Latino. WellShare changed staff throughout the project to add more Karen staff as CHWs; they served as translators but also took on the role of community experts on commercial tobacco-related topics. LPCFC engaged with and hired cultural experts who brought knowledge of traditional tobacco.

Funded organizations were responsive to community knowledge. This started before CETI and continued throughout the initiative. An example of this was WellShare’s responsiveness to the Karen community’s thirst for education.

“[I]n refugee camps [there is] no formal education. So, people [are] hungry for classes—adults wanted to take whatever class they can. ... [It was] easier to spread our message about the harms of [commercial] tobacco and gave people more interest in wanting to take our classes. Teachers [who are from the Karen community are] looked up to in the community.”

—WellShare staff

Funded organizations built and strengthened relationships, partnerships, and networks to increase their reach.

Through attending cultural events and partnering with organizations serving the same community, funded organizations deepened their impact and ensured the work stayed community-based.

Funded organizations built and deepened relationships with their communities by showing up. Organization staff went to culturally relevant events to be present in the community. NorthPoint held barbeques at parks affected by the commercial tobacco policy; LPCFC hosted events like Kick Butts Day.



Similarly, to reach more people, funded organizations partnered with local associations, businesses, and community leaders. Partners served as influencers in the communities—like small business owners in the Lao community—and helped funded organizations reach more people. Often, funded organizations found these partners were already interested in commercial tobacco issues. Partnerships included:

- LPCFC, with the local Boys and Girls Club for youth and family outreach; with cultural programmers from Red Lake Nation who shared expertise in traditional

tobacco; and with the Duluth Community Garden Program, the City of Duluth, and others to create and care for the Harrison Community Gardens.

- Briva Health, with stores, schools, mosques, and Seward Towers, to hold outreach events at these locations.
- CLUES, with several organizations, including a local church that is a hub for local Latinos, and MIRA, an organization that promotes educational, economic, and social development for Latinos in Richfield.
- LACM, with Lao temples for outreach.
- NorthPoint engaged the Minneapolis Parks Board, which secured it a champion for the comprehensive commercial tobacco-free parks policy.



Funded organizations also used existing connections, specifically in health-focused work, to advance their CETI work.

For example, WellShare had existing partnerships with the Karen Organization of Minnesota (KOM), HealthEast Clinic, and First Baptist Church, all of which helped its CETI work. ALAMN and Lower Sioux deepened or built connections to ClearWay Minnesota, an independent nonprofit that works to reduce commercial

tobacco use and exposure to secondhand smoke in Minnesota.

Funded organizations were strategic with partners to leverage resources for community engagement and health.

Funded organizations leveraged local initiatives that aligned with their work to support the overall agenda for health. For example, LPCFC tapped into the City of Duluth’s mini master plan, winning a \$90,000 match to invest in the community to build Healthy Spaces. ALAMN utilized partnerships with the mental health field to provide trainings that met criteria for health professionals continuing education and maintaining their licenses. Many funded organizations brought their work to existing spaces where the community gathered, such as farmers markets or festivals, integrating their programming into the fabric of the community.

CETI also strengthened relationships across funded organizations. When CETI brought funded organizations together through convenings, **they could share interests, emerging practices, and insights for what works in their communities.**

Bringing funded organizations together also allowed them to support each other as partners with similar goals. They did this by sharing strategies, testifying for each other’s policy work, and sharing knowledge of the context of commercial tobacco prevention work more broadly.

Community Results: What funded organizations accomplished

The previous section explained accomplishments of the process of implementing CETI. This section explains the results of this approach, in terms of the CETI strategies.

People think differently about commercial tobacco thanks to CETI.

Strategy: Community education on traditional and commercial tobacco

318,756* people reached with video views, brochures distributed, social media views, people interacted with at events, and other outreach methods

2,528 people trained through train-the-trainers, classes, youth training, and other education methods

110 classes, trainings, and workshops held

535 outreach events held or attended

217 people engaged through advisory councils

*This total excludes ALAMN's total reach. ALAMN reported an outlier reach of 11,899,100, which includes newspaper circulation of media outlets—notably the Star Tribune and MinnPost.com—that covered its work with articles.

Community members take commercial tobacco use more seriously and are less likely to buy into myths. Funded organizations raised awareness among thousands of people, which often led to changed attitudes and community norms regarding commercial tobacco. Funded organizations used different methods to effectively educate community members, from attending family gatherings and meetings of unlicensed daycare providers to linking the issue to things people care about, like health equity. All respondents to a survey of key informants felt CETI affected their community members' knowledge of commercial tobacco use.

As community members learned more about commercial tobacco, their **attitudes changed**. By linking the issue of commercial tobacco in parks to pets' health, NorthPoint shifted attitudes about commercial tobacco use in public spaces. NorthPoint's education also changed people's perception of e-cigarettes. Previously, some didn't think of e-cigarettes as equally dangerous as other forms of commercial tobacco. Among the community of mental illness and substance use disorder treatment providers, ALAMN

dispelled the myth that commercial tobacco is a legitimate coping mechanism to help people overcome other addictions.

“I’ve been in this field for 16 years and never seen anything like this. ... Most people are just here at the trainings to get it done, not usually on board about their clients’ ability to not use [commercial] tobacco. ... By the end of the day, those same people are asking when we can have another training. [The] mindset has changed so much it has been incredible.”

—ALAMN staff

Celebrating sacred tobacco

There are two stories to tell about tobacco in American Indian communities.

One is about tradition. For centuries, American Indian communities have used tobacco for sacred purposes. While practices vary across regions and tribes, common uses are for medicine, as a respectful gift, or for spiritual practice, according to the National Native Network.

The other story of tobacco in American Indian communities is about inequities. American Indians’ rate of smoking commercial tobacco is more than twice that of the general U.S. adult population, according to the Centers for Disease Control and Prevention. The commercial tobacco control and prevention field does not adequately serve this population, often neglecting to recognize the different uses tobacco has for this community. Adding to the disparity is the commercial tobacco industry’s targeting of American Indian communities.

Funded organizations understood this complexity. In particular, the Lower Sioux Indian Community (Lower Sioux) and the Lincoln Park Children and Families Cooperative (LPCFC) showcased how to do culturally specific commercial tobacco prevention education with people who are American Indian.

In tandem with its public education on the harms of commercial tobacco, Lower Sioux, a Mdewakanton Band of Dakota community in south-central Minnesota, celebrated traditional tobacco. The tribe used culture as prevention, grounding its message in the Dakota way of life.

LPCFC, a collaborative focused on the Lincoln Park neighborhood of Duluth, incorporated the traditional use of tobacco, including growing organic tobacco in community gardens. LPCFC smudged before gatherings, showed a documentary on traditional tobacco, and hosted talks on harvesting sacred tobacco.

These funded organizations can inspire other efforts to close the gap in commercial tobacco inequities through culturally specific work.

“We can set an example for the process of what it takes to get to a place where sacred tobacco [is celebrated]—answer questions, share our stories, and know that it’s possible to do it in our community, others can do it too,” Lower Sioux staff said.

CETI raised awareness of sacred tobacco by differentiating and celebrating it. This counters a history of federal government policies restricting its use; continued lack of distinction by the broader commercial tobacco prevention and control field; and the agenda of the commercial tobacco industry. Some funded organizations did this by specifically calling out the different types of tobacco. Lower Sioux, ALAMN, LPCFC, and the Center worked to include language in their materials that differentiated sacred tobacco from commercial tobacco, for example through footnotes and clarification in policies.

Some funded organizations celebrated traditional tobacco by incorporating it into the work, for example at booths at events, and by growing it, as LPCFC did in its Turtle Medicine Garden. This focus was key to the work of Lower Sioux, which held community events to teach people how to identify and harvest traditional tobacco and to make traditional tobacco pouches. This is powerful in that Lower Sioux is reclaiming American Indian plants and ways of life.



“[The] culture of tobacco [being] held as sacred is helpful. [There is] a huge movement to take back lost things in Indian country. That’s been a huge help. ... That played a huge role in getting our policy developed, getting us into the community, and to gain more awareness to how we can use traditional tobacco.”

—Lower Sioux staff

Funded organizations educated community members on culturally specific forms of commercial tobacco, including betel quid, shisha, flavored tobacco, and menthol tobacco. This made the education relevant to community members and localized commercial tobacco prevention in a way the broader commercial

tobacco prevention and control field typically does not. For example, Briva Health incorporated into its education how some community members don't see flavored cigarettes and shisha as commercial tobacco and don't recognize the harm these products can do to themselves and others. WellShare, in partnership with the Karen Organization of Minnesota, successfully established betel quid as a public health issue for the Karen community. Betel quid is a popular form of commercial tobacco among Karen community members that is made of betel nut combined with tobacco, betel leaf, and other ingredients. This is important as betel nut is largely unregulated—even categorized as a spice in Asian food stores—and has widespread use in this community.

Culturally relevant technical assistance supported culturally relevant messaging. Funded organizations were not expected to create a single message; rather, technical assistance providers encouraged and supported them to identify meaningful stories to share in ways specific to their communities.



When tobacco has another name

Commercial tobacco looks and sounds differently in different communities. For the Somali community, it can often take the form of hookah, or shisha, as it is known in Somali.

Culturally specific commercial tobacco education means understanding nuance—in this case, a culture of shisha use. Briva Health acknowledged this in its CETI outreach and education to the large Twin Cities Somali community, educating community members that shisha is commercial tobacco and carries all the same harms. This was key because when Somali community members hear “tobacco,” they may think of chewing tobacco as the only harmful substance.

“When [we] teach [that] it’s tobacco disguised as fruit; this was [a] shocker and gave understanding on where we are at with commercial tobacco,” Briva Health staff said of the community education around shisha.

This is one example of CETI’s culturally responsive outreach. Funded organizations educated the community on culturally specific or localized forms of commercial tobacco and countered community assumptions about commercial tobacco.

As a truly community-based organization, Briva Health knew the best ways to reach community members. From imams to social media to Somali TV, Briva Health knew how to reach the community it served—and illustrated why the CETI approach of community-specific commercial tobacco education and outreach works.

“Imams and the mosque—sermon every Friday—they reach 300 people or more. The message they [imams] give [about commercial tobacco] is well-respected and well-received,” Briva Health staff said. “We feel like they were effective agents of secondhand smoking information. They were perfect people to have as champions.”

More commercial tobacco-free environments: new and strengthened policies

Strategy: Elimination of commercial tobacco use in indoor and outdoor settings

Funded organizations successfully advocated for the passage of:

22 general commercial tobacco policies

21 event-specific commercial tobacco policies



Funded organizations contributed to the passage or stronger enforcement of many policies restricting commercial tobacco use. Policies were on the local, organizational, or event level. More than half of respondents who took a key survey felt CETI has influenced local community policies to some extent or to a great extent.

Collectively, CETI policy work led to new policies for daycares, apartments, mental illness and substance use disorder treatment providers, nonprofit organizations, parks, and entire cities. LPCFC staff supported three neighborhood organizations in passing commercial tobacco-free grounds policies and successfully advocated for the restriction of menthol and flavored product sales to adult stores in the City of Duluth. CLUES advocated for new or strengthened policies at multi-unit housing complexes and in-home daycares. Policy work extended to events. These changes affect cultural events, community festivals, and neighborhood gatherings. WellShare, for example,



has increased the community's awareness around commercial tobacco, making Karen cultural events smoke-free.

CETI integrated with broader commercial tobacco policy work, including efforts to restrict commercial tobacco sales to people aged 21 and older.

WellShare, NorthPoint, CLUES, and LACM had deep local involvement in the Tobacco21 policy movement to raise the legal sale age of commercial tobacco to 21 in Minneapolis and other cities. This had synergy with the CETI goals; for example, in fighting for a comprehensive commercial tobacco-free parks policy, NorthPoint knew raising the age to 21 would help its effort because people associate parks with youth. LACM and WellShare supported community members in testifying for the T21 policy, and CLUES' staff also testified.

Breathing free in the parks

In 2009, Minneapolis passed a policy banning certain types of commercial tobacco in playgrounds, athletic fields, and buildings of city parks.¹

NorthPoint Health & Wellness Center wanted more.

With resources from CETI, NorthPoint mobilized the North Minneapolis community to advocate for a much more comprehensive policy. The new policy, adopted in spring 2017, prohibits all commercial tobacco, including chewing tobacco and e-cigarettes, on all park land, with an exception for pre-approved use of traditional tobacco. It's an example of CETI policy successes and an inspiration for other cities, events, and organizations.

The impact of this policy will stretch far and wide—parks cover 15 percent of the area of the City of Minneapolis; 97 percent of all city residents live within a 10-minute walk to a park². While people visiting Minneapolis parks—from Beltrami to Bde Maka Ska—can now breathe easy, credit goes to NorthPoint—especially young people.

NorthPoint empowered youth who wanted a change, supporting their advocacy for the policy with the broader community. NorthPoint also engaged a champion on the Parks Board and got media attention.

“[This is the] pinnacle of exposure! Everyone who uses the park—users, Minneapolis folk, anyone—will be exposed less!” NorthPoint staff said. “This is top notch—we’re changing lives here! ... If a child is born now they will never know a park that had smoking.”

NorthPoint proves a catch-all commercial tobacco-free parks policy can be done.

“[This] sets precedent for all outdoor space policies,” NorthPoint staff said. “No matter [the] size of [the] system, it's possible to go [commercial] tobacco-free and we have a roadmap for how to get there.”

¹ <http://www.startribune.com/minneapolis-parks-tobacco-products-ban-goes-into-effect/421635623/>

² <https://parkscore.tpl.org/city.php?city=Minneapolis#sm.00000y576zrxfkf44tscnwslu26db>

Similar to Tobacco21, CETI work integrated with policy work around restrictions on flavored commercial tobacco, including menthol. CLUES supported both the local Tobacco21 policies and local menthol restriction policies. The organization also wrote a letter in support of the St. Paul menthol tobacco policy. A major success for LPCFC was Duluth’s passage of a citywide policy to limit flavored commercial tobacco, including menthol, to adult-only shops. LPCFC intentionally collaborated with other local initiatives, including the Lethal Lure campaign, to pass the Duluth flavored tobacco and menthol policy. NorthPoint was involved in the passage of a similar menthol policy for Minneapolis: it included menthol facts in its outreach education; identified the communities targeted for menthol use; promoted including menthol in commercial tobacco policies—including the parks policy; and partnered with Association for Nonsmokers-Minnesota on the policy.

“People who live here and outside look at it as pieces of one puzzle together. I think ... each [Minneapolis commercial tobacco policy] helps create [a] narrative for the other about why they [are] important and why it’s time to do them now. They all help create movement together.”

—NorthPoint staff

Funded organizations created awareness and built in education about other policy “wins,” such as commercial tobacco-free public housing. In Richfield, where CLUES focused its work, the city council passed a smoke-free housing resolution which helped move CLUES’ policy work forward. Related efforts included work of the U.S. Department of Housing and Urban Development (HUD), the Statewide Health Improvement Partnership, other community-based organizations, healthcare providers, and housing advocates. For example, during the CETI project, a HUD rule took effect that prohibited smoking in public housing, which St. Paul implemented within its public housing and within 25 feet of entrances. This aligned with and strengthened ALAMN’s work on commercial tobacco-free grounds policies at mental illness and substance use disorder treatment providers.

“Two mental health organizations are going smoke-free the same day St. Paul public housing is going smoke free. They decided to ... [choose the] same date on purpose, to show they are all in this together and to share implementation tips and signage.”

—ALAMN staff

Funded organizations also worked to raise awareness of existing policies and empower community members to get involved. This included explaining policies (like the new rule prohibiting smoking within 25 feet of public housing) to

residents so that they were understandable. LPCFC hosted tabling and letter-writing to inform people about potential state-level advocacy; the organization also empowered youth to visit politicians at the State Capitol and share their views.

Exposure to secondhand smoke is reduced through shifted norms, new policies, and Healthy Community Settings.

Strategy: Creating Healthy Community Settings

Through CETI, funded organizations created **13** Healthy Community Settings.

Funded organizations reduced exposure to secondhand smoke in their communities by increasing education—which shifted community norms—and advocating for policy that restricted use in community settings.

Funded organizations limited exposure to secondhand smoke by using education to change community norms. Funded

organizations accomplished reduced exposure to secondhand smoke through the activities outlined above, namely changing norms and enacting policies.

ALAMN, for example, trained staff serving people with mental illness and substance use disorders on the benefits of commercial

tobacco-free spaces, which led to three behavioral health providers adopting commercial tobacco-free grounds policies. This, in turn, led to reduced exposure in provider settings to secondhand smoke. Thanks to LACM’s work, Lao people are now less accepting of smoking and “hide it now,” LACM staff said. In the Somali community, Briva Health raised awareness of the dangers of secondhand smoke in the home. Briva Health challenged misconceptions



Making a place for health

Lower Sioux and LPCFC used their CETI funding for creating Healthy Community Settings.

The most visible result of LPCFC's work is Healthy Spaces. These areas and community gatherings are free of commercial tobacco and provide community members healthy opportunities such as physical activity, healthy eating, and social connectedness. Community members celebrated the spaces with events and activities, like potting plants and having artist Jonathan Thunder come paint the “turtle,” the container for a medicine garden.

“I love that my kids got to experience how plants grow and they have a taste for real food,” a visitor to an LPCFC Healthy Space said. “Hopefully it will impact their level of health forever.”

Through CETI, LPCFC helped pass commercial tobacco-free organizational policies at three organizations and created Healthy Spaces at four sites. These spaces included container gardens and scooters, portable gardens, a bounce house, an indoor volleyball net, and the Harrison Park Gardens—home of individual plots, community plots, a pollinator garden, and an Ojibwe medicine garden. For more on LPCFC's Healthy Spaces, check out its “Healthy Spaces Evaluation Report” in Appendix D.

The medicine garden will always be in Lincoln Park, LPCFC staff say. “[The] community will take it over and care for it.”

In creating Healthy Community Settings, Lower Sioux integrated CETI with its Healthy Generations Initiative. Through 5K running and walking races, healthy community dinners, and education about both commercial and traditional tobacco, Lower Sioux built overall health in the community. The dinners included local, indigenous foods to celebrate the deep history of their culture while strengthening health in the present.

“We focus on all of them and tie them together,” Lower Sioux staff said of integrating is CETI work with other efforts.

about this, for example educating people that putting a towel under the door doesn't prevent smoke from spreading throughout a house.

Funded organizations' policy work limited exposure for people living and working where smoking is now restricted. A major accomplishment was NorthPoint's successful advocacy for a comprehensive commercial tobacco-free parks policy for Minneapolis. This is a clear example of how CETI work will reduce exposure—in this case, for parkgoers throughout the city. Another success story was LPCFC's education and advocacy efforts in a citywide menthol restriction policy passed in Duluth; this policy restricts sales of flavored commercial tobacco, including menthol, to adult-only stores. This will reduce access and exposure for youth because the use of these forms of commercial tobacco will be less normalized.

“At outreach events and these trainings, a lot of people say things like, ‘I didn't know being around someone who smokes, the risk would be so high.’ People had no clue it could be so bad.”

—Briva Health staff

Outdoor grounds policies—for example Lower Sioux's policy

prohibiting commercial tobacco at powwows, playgrounds, and Tribal buildings—are also a way exposure is reduced.

The creation of Healthy Community Settings is another way exposure to secondhand smoke is reduced. These are places where commercial tobacco is prohibited, and healthy alternatives are promoted. These spaces encourage healthy eating and physical activity while reducing access to commercial tobacco and exposure to secondhand smoke. The settings support and promote overall health.



Setting a new standard

The American Lung Association in Minnesota (ALAMN) knew a population that was disproportionately affected by commercial tobacco use and knew where to find them.

One in 3 adults with a mental illness smokes cigarettes, compared to 1 in 5 adults with no mental illness. To lower this exposure, ALAMN focused its CETI policy work with providers serving people living with mental illness and substance use disorders in Minnesota. ALAMN encouraged the provider community to adopt commercial tobacco dependence treatment practices by positioning these organizations as leaders in integrating commercial tobacco into their traditional treatment. ALAMN offered trainings, technical assistance, and partnership as providers considered adopting the commercial tobacco-free grounds policies and intervention tools.

Healthcare organizations that typically compete with each other for patients responded positively to this peer pressure for holistic health, leading to more commercial tobacco-free policies.

Through ALAMN's work, three organizations (Mental Health Resources, People Incorporated, and Avivo) adopted commercial tobacco-free grounds policies. Once the policies are fully implemented, 46,000 staff and clients will no longer be exposed to secondhand smoke.

“[The] biggest success is really starting the conversation about tobacco use dependence all the way to organizations going to [commercial] tobacco-free grounds within the project,” ALAMN staff said. “Multiple organizations [are] taking this big step, setting a new standard for being a health organization.”

Comprehensive Learnings

Success factors

Through the evaluation of CETI, elements emerged as especially helpful for an organization or community considering similar work. This section describes these success factors that emerged, which include:

Leveraging pre-existing pockets of opportunities. Several funded organizations had previously laid the groundwork for this work and built upon that groundwork for this project. In other cases, funded organizations chose strategies that leveraged the community's openness to new ideas. An example of this is ALAMN's work with the community of mental illness and substance use disorder providers: certain people in the field were eager for a change around commercial tobacco before CETI; ALAMN identified and partnered with these champions. In NorthPoint's work, the organization knew how the community valued its parks system and used this to strengthen its advocacy for a comprehensive commercial tobacco-free policy. NorthPoint also partnered with youth who were already eager to advocate for commercial tobacco-free parks.

“People knowing and caring about the parks has made a difference, regardless of use—people know and care [for] and use and like parks.”

—NorthPoint staff

Partnerships, including intentional time spent building relationships. Funded organizations extended the reach of their work in places of worship, businesses, and through other community organizations reaching their population of focus. NorthPoint and Association for Nonsmokers-Minnesota, for example, brought into CETI a long history of collaborating around policy work. WellShare's relationship with the well-connected Karen Organization of Minnesota deepened its impact.

Staff from the community. Funded organizations with staff representing their community had in-house cultural insight and expertise.

Existing expertise in community education, outreach, and cessation services. Briva Health, for example, brought years of outreach expertise from serving as a MNSure navigator.

Funded organizations' existing reputation and trust among their communities. Funded organizations' past work in their communities gave them a strong starting point for relationships needed for CETI. LACM, for example, benefited from its longstanding reputation in the Lao community as a trusted community organization.

“The key element that sets the groundwork for success for funding and engaging with this type of work is the authentic community voice ... If [you] want to be successful in smaller communities, communities with priority populations, [you] need someone within that community to do the communications work and need messengers who are respected within those communities. Can’t have someone from outside that community and expect them to have impact.”

—TA provider

Engaging youth in education and policy advocacy. Communities care about creating healthier futures for their kids, and learning must occur across ages. Youth are engaged in this work and can be a source of untapped potential. For example, NorthPoint engaged youth in advocating for the parks policy, and community members listened to youth. Similarly, relationships across generations are effective. Lower Sioux and WellShare involved youth in their multi-generational advisory groups; CLUES and Briva Health focused much of their work on where young people are—daycares and schools.

The availability of culturally specific data. This helps funded organizations be data-driven, reflecting their own communities’ needs. One example of an organization achieving this was NorthPoint, which collected its own targeted data via a phone survey to better communicate about the community’s priority with their policy. Other funded organizations, including Briva Health and WellShare, struggled to convey their priority issue to some audiences without data disaggregated beyond broad race and ethnicity categories.

Funding community-based organizations and Tribal nations. These organizations can convey messages in a powerful, effective way to the intended audience. They have the existing relationships and trust needed to do this work effectively.

Realistic goals for the project timeline. This work requires time to build authentic relationships and gather community input. Sustainable progress in policy, education, and knowledge often requires patience and flexibility around timelines.

Barriers to success

Challenges faced by funded organizations illustrate the difficulty of this work. Some barriers to success came up frequently:

Staffing capacity. Turnover, limited staff time, and demands from other projects were barriers to CETI project momentum at times. This was especially difficult when projects took longer than anticipated.

Structural barriers and oppression. The structural racism, xenophobia, and classism that lead to these health disparities in the first place also make commercial tobacco control work in these communities more challenging and make it difficult for communities to prioritize this work. For the Latino population, the current political climate is a barrier—because of the current federal administration’s policies and rhetoric targeting immigrants, people without documents can be difficult to reach or bring together in groups because of fear of deportation and other consequences. NorthPoint found that for people in poverty who face many day-to-day challenges, commercial tobacco use may not be a top concern or priority. A remaining lack of culturally relevant resources also hinders community buy-in. For example, a lack of culturally specific cessation resources is a formidable barrier to funded organizations that want to help community members quit. Additionally, some concepts around commercial tobacco prevention are hard to translate into languages other than English. Funded organizations sometimes struggled with starting the conversation in non-English languages or bridging priorities in the communities.

Partner ambivalence.

Some funded organizations struggled to connect with leaders of their partner organizations (organizations they were working with to do their CETI



projects). On the policy side, some funded organizations struggled to enact and/or enforce smoke-free policies because they are in rented spaces without power over the building and grounds as a whole. CLUES struggled at times to get landlords or housing managers interested enough in smoke-free policies that they would take action—as some of them thought the policies would just mean more work for them. Other partners were large enough that it was difficult to train all staff and educate them on commercial tobacco.

The ever-morphing commercial tobacco industry. To be sustainable, funded organizations must continue relevant and effective work in the context of the ever-changing and well-funded commercial tobacco industry and its resource-rich lobby. For example, the arrival of e-cigarette products on the market in the past few years has led to a

meteoric increase in overall youth tobacco use. In Minnesota, youth tobacco use rose for the first time in 17 years, in large part because of a 50 percent increase in e-cigarette use.¹

Lessons learned about the CETI funding structure

With CETI, the Center for Prevention created a unique opportunity for organizations working toward health equity. The Center was flexible and managed projects in a style that let funded organizations lead the way. Some lessons emerged that could inform future similar funding streams.

How the funding model helped the work

Helpful aspects of the CETI funding structure include:

Flexibility. The Center’s flexibility in timing and allocation of funding allowed funded organizations to budget according to their needs. With this flexibility, funded organizations could pivot when their context changed and work in a grassroots, community-based style. The Center’s CETI project team was also flexible and responsive. Program managers focused on building relationships and gave funded organizations flexibility, so they could adapt their workplans as new community context emerged.

“If [the Center] ... was not providing projects with funding and support, nothing would be happening, and it wouldn’t go anywhere. It wouldn’t be organized. As a result, the death and disease would win; unfettered communications from [the commercial] tobacco industry would not be challenged. ... [It] never ceases to amaze the effectiveness of grassroots movements when they build around a vision and good leaders, quality messaging, and quality messengers.”

—TA provider

Frequent check-in meetings. Center staff held regular check-in meetings to offer funded organizations connections and resources and to act as a sounding board.

Health equity framing. All funded organizations are committed to health equity and use similar mindsets in their work. Using health equity in the RFP structure allowed funded organizations to propose solutions to truly meet their communities’ needs.

Funding community-specific education. Education about the harms of commercial tobacco that raised up traditional tobacco and was culturally specific filled a gap.

¹ <http://www.health.state.mn.us/tobacco/>

Integration across health equity initiatives. The funding structure for the Healthy Community Settings strategy allowed funded organizations to combine health equity initiatives that relate to holistic health, creating synergy.

“The support they do for traditional teaching and culture—we don’t always get that through state funding—[it is] not understood that culture is important to us.”

—Lower Sioux partner

Funding community-based organizations and Tribal nations. Since this funding opportunity was set up for organizations that are well-connected with their communities, projects were successful and funded organizations effectively reached the intended community members.

Lessons learned about CETI technical assistance

As part of CETI, funded organizations could access technical assistance (TA), mainly around communications, legal issues, and evaluation.

- TA providers helped funded organizations in several ways, including to develop surveys for evaluation; think through social media posting; and review language with a legal eye to avoid litigation from the commercial tobacco industry. This made the funded projects more successful and sustainable.
- It was important for TA to be culturally specific. When possible, TA resources were from a similar cultural background as part of the priority community being served. For example, Lower Sioux worked with the American Indian Cancer Foundation on policies, and LPCFC worked with cultural liaisons from the Red Lake Nation for American Indian-focused work.
- The communications TA taught funded organizations the importance of having targeted messaging that resonates with the intended audience. Working with community members on messaging allowed for the writers of the messaging to be closer to or from the intended audience.
- The evaluation TA built capacity within funded organizations, so they could do their own culturally relevant evaluation work.
- While the CETI TA played a huge role, funded organizations shared that additional TA that could have been helpful, including for graphic design.

How the funding model hindered the work

Specific aspects of the funding model that hindered project success were:

Not funding cessation. CETI did not allow funding for cessation services. This limited funded organizations’ impact because when their education led community members to try to quit smoking, there were not culturally specific services to which to refer them.

“It is critical that comprehensive, well-funded, and culturally appropriate programs be developed that prevent Somalis in Minnesota from smoking and help smokers quit.”

—Briva Health staff

A short timeline for community-level change. Funded organizations need more time to see the large-scale changes they are just now beginning to achieve in their projects. The timeline of CETI funding is too short for community-level change initiatives. Policy, systems, and environment changes take longer than a three-year funding cycle.

Funding uncertainty. After three years of CETI, it was difficult for funded organizations to plan the future and sustainability of their projects without clarity about future funding opportunities.

Limits on funding. Funded organizations could not always do all the work they aspired to do given the amount of funding they received and would have liked more funding.

The need for more collaboration. Collaboration with other funded organizations helped move the work forward, and some organizations wished there had been more structured opportunities for this collaboration.



Changes over time

Over the three years of CETI, funded organizations shifted their focus and workplans to realistic goals, responded to community feedback throughout the projects, and kept commercial tobacco concerns specific to the local culture.

Funded organizations **shifted communication tactics and specific messaging for stronger effect**. For example, WellShare used evaluation to adapt its curriculum to make it easier for stakeholders to understand. Funded organizations also found new and improved ways to serve their communities and integrated this over the course of the project—for example, Briva Health found social media to be effective. After facing challenges reaching in-home daycare providers, CLUES promoted systems change by reaching providers in a different way—through working to get its commercial tobacco training added to the Minnesota state daycare licensure process. Similarly, some funded organizations changed messaging strategies, utilizing feedback from community and noticing where they might better reach their intended targets. For example, ALAMN broadened its conversations about organizational change over time, shifting from engaging leadership to talking to staff at large.

Funded organizations' tactics shifted as well, as some **evolved from trying to pass policy and instead focused on implementing and enforcing existing policies**. NorthPoint achieved the comprehensive parks policy in Year 2, so focused in its final CETI year on educating the community on the policy and

Systems change through daycare

When CLUES saw a gap in Minnesota's daycare provider training program, it jumped to action.

With CETI, CLUES wanted to raise awareness among Latinos in Richfield about the harms of commercial tobacco. In-home daycare providers are one group the organization focused on. When CLUES learned there was no required training on commercial tobacco for in-home daycare licensure, the organization saw an opportunity. The organization is creating a culturally appropriate training module—in both Spanish and English—and has been navigating the process of getting the content added to the licensing process for the entire state. This exemplifies how funded organizations responded to community needs and opportunities throughout the project's three years.

“[We’re] really hopeful about [the] daycare education module ... that will help inform and educate, build awareness around second- and thirdhand smoke for daycares,” CLUES staff said.

This kind of systems change will have staying power—it will be a lasting result of CLUES' work.

“[CLUES] found out no model/required training [existed] for [commercial] tobacco work within in-home daycare for getting license,” Center staff said about CLUES. “So they [are] seizing that opportunity for a training module and to make it culturally appropriate for their folks as well.”

implementing it. CLUES found that strengthening enforcement of existing policies through working with tenants and landlords was more realistic than trying to pass new policies.

Over the three years of CETI, **cultural relevance became even more of a priority** as funded organizations learned more about their communities' commercial tobacco use. Funded organizations were nimble in addressing commercial tobacco concerns most urgent in their communities. LPCFC, for example, shifted to focusing on menthol.

WellShare learned more about betel quid in its community and implemented this focus in its CETI work. “We didn't know how readily available it was. We didn't know how easily youth could access it,” WellShare staff said. “We didn't know how many people actually were utilizing tobacco in their betel quid, betel nut use.”



Being nimble to address community needs

Among the Karen community of St. Paul and Roseville, the desire to learn is deep. In refugee camps, where many members of the community lived before coming to Minnesota, Karen people didn't have access to education.

While it may not have been obvious at the beginning, this interest in education ended up being key to WellShare's CETI project.

In partnership with the Karen Organization of Minnesota (KOM), WellShare educated this community about commercial tobacco through commercial tobacco education classes and healthcare providers.

As community members learned more about commercial tobacco, they wanted to quit. But culturally specific cessation services do not exist, and CETI didn't have funding to support cessation services. So WellShare and KOM created a new course, on “cessation readiness,” that began to fill the gap.

With all its courses, WellShare made sure its classes worked for the community. For example, it continuously adapted the content and structure of classes in response to feedback collected through evaluation. WellShare also adapted communication to make curriculum easier to understand, using simpler phrases and distributing a video of the curriculum.

WellShare exemplifies how funded organizations shifted their work throughout CETI, adapting to true community needs as they emerged.

“[We] had to respond to [the] community wanting more cessation resources and cessation-type classes,” WellShare staff said. “CETI funding [did] not cover cessation so we are doing cessation readiness—shifting from knowledge to looking at who is getting ready to stop using [commercial] tobacco.”

Looking Ahead: Sustainability

CETI communities have learned many of the skills needed to keep knowledge, events, and policies moving, so long as there is funding to support it. Certain elements of CETI—like community gardens—will remain with communities.

The **knowledge gained through CETI will stay with communities**. This includes knowledge about commercial tobacco, evaluation, communication, policy advocacy, and coalition-building. Publicly accessible education resources are an important aspect of sustainability. CLUES is doing this by integrating its commercial tobacco education into Minnesota’s daycare licensing process. Briva Health aims to share what it learned through CETI on its website. The advisory group that WellShare convened has the potential to continue educating the community about the harms of commercial tobacco through a Facebook page and other platforms.

LACM involved community members from start to finish in public education materials—the organization contracted with consultants from the Lao community to develop and tape their videos; local community members acted in the videos; and Lao community advisors provided input on the videos’ messages on the harms of smoking, e-cigarettes, and secondhand smoke. This involvement embedded the commercial tobacco issue deeper into the Lao community.

Additionally, funded organizations supported each other when the Center brought them together in CETI convenings, and now that they have these relationships, they can continue to support each other in cross-cultural commercial tobacco prevention work.

The physical spaces created by CETI, like LPCFC’s Healthy Spaces gardens, will continue to exist.

“[The] medicine garden is always going to be there—[the] community will take it over and care for it. Many things [that] have [been] done will be permanent and will be there. Other things will be embedded in our organization.”

—LPCFC staff

Community events will likely continue if funding is available. Specifically, funding is needed to support facilitation and logistics of bringing together local stakeholders. Additionally, CETI-sponsored events like advisory groups or NorthPoint’s Breathe Free team may not continue after the project. LPCFC, for example, knows the community needs to lead this work and has been developing a Healthy Lincoln Park coalition of people interested in creating a healthier environment—but funding is needed to support this kind of ongoing work.

Momentum in policy work. There is momentum in several areas of policy work, including CLUES' desire to continue working with multi-unit housing and daycare centers on the enforcement of policies, and for Lower Sioux to do additional policy work to further restrict areas where commercial tobacco is allowed. Funded organizations recognize that if people are not implementing a policy once it is passed, its impact is less because people may not be aware of the policy and it may not be fully enforced.



Key Takeaways

Implications for the commercial tobacco prevention and control field

Many of the findings above illustrate implications that can inform the commercial tobacco prevention and control field. For one, an intergenerational focus for this work is necessary, as is continuing to keep community-based work steeped in the culture of the community. Community-specific work with a health equity lens is essential in commercial tobacco prevention and control work. The key takeaways for the commercial tobacco prevention and control field are:



Funding and doing community- and culturally specific work is essential in commercial tobacco prevention and control.

Community-based organizations and Tribal nations should be funded because they have existing community connections, are effective at getting community support, have valuable insight into community, and can work with the community in an engaging way. Community-based organizations of any size can contribute to commercial tobacco prevention and control work in meaningful ways.

“In general, [in spite of] all these [commercial] tobacco control efforts that have been successful—increasing the price, increasing tax, having smoke-free restaurants—[a key] group that remains high is people with behavioral health disorders. [T]hey [are] somehow not reached. That’s why extra time and attention needs to be dedicated there. What works for the general population [does] not work for this group.”

—ALAMN staff



This includes funding culturally relevant cessation.

Funded organizations found a lack of culturally specific cessation services limited the impact of their work. Providing culturally appropriate resources for cessation could help more people quit in the future and is necessary for sustainability of this type of work.



Culturally specific interventions better reach priority populations.

Commercial tobacco prevention work needs to be culturally based and culturally relevant. Community-based organizations are well-positioned to educate community members about the harms of commercial tobacco and the culture and ceremony of traditional tobacco.



Traditional tobacco must be differentiated from commercial tobacco.

Outreach and education about traditional tobacco can be applied more broadly in American Indian communities. The commercial tobacco prevention and control field must acknowledge the history and culture of traditional tobacco.



Community-based policy work can make a difference in the commercial tobacco landscape.

Policy movements often begin with the organizational and local contexts, then grow to state and national scales. NorthPoint illustrates that it is possible to reduce commercial tobacco harms in all parks in a city the size of Minneapolis. Minnesota, more broadly, can serve as an example for people looking to advocate for national commercial tobacco-related work.



A lack of culturally appropriate data is challenging.

This emerged in WellShare and Briva Health's work—the Karen and Somali communities are relatively small, so commercial tobacco use data specific to their population can be missing. Funding research that investigates commercial tobacco usage among specific cultures and communities is key.



The field must understand disparities and seek to address them.

Health equity and healing justice are central to this work. Funded organizations represent some of the communities facing the largest disparities.



This work is about children, grandchildren, and great-grandchildren.

Youth and multigenerational approaches are necessary for sustainable success. Commercial tobacco prevention and control work moves slowly over time, so changes may be best planned for current youth and across generations.

Takeaways for funders, including the Center for Prevention

Through CETI, the Center confirmed and tweaked its model of supporting community-based organizations and Tribal nations seeking to engage in commercial tobacco prevention and control work. Specific lessons about the funding model include the need to:



Have an equitable RFP process, including allowing for flexibility in the RFP for funded organizations to address and propose community-identified needs and solutions. Funders also should provide adequate time for all types of organizations, including sovereign Tribal nations, to respond to RFPs. The Center is currently implementing an RFP equity process.



Include education as an allowable strategy. Education is a key equity tool as culturally responsive education and knowledge is critical to serving previously under-resourced communities. This strategy should be funded equivalently to other strategies.



Operate with flexibility. For example, the Center offered technical assistance in communications, evaluation, the topic area, legal issues, and project management, but funded organizations determined how to best use the support. The Center also met with staff on a regular basis at a frequency needed by the organization, which built trust.



Always refer to “commercial tobacco” rather than “tobacco” in written and verbal communication. The Center does this in its materials, but this does not extend across Blue Cross.



Convene funded organizations. This strengthens funded organizations where staff do this work on their own. With the reduction of funding for commercial tobacco prevention and control projects, the convener role may become more of a responsibility for the Center.



Provide funded organizations the opportunity to attend and present at conferences, with boundaries. It is better for those who implemented projects—the community voice—to share results. But in doing this, funders must avoid exploitation or tokenization of community members. One way to do this is to pay presenters. Funded organizations should present because the experience will benefit them, their community, and their work—not at the sole request of a funder.

Appendices

On the following pages, please find the following:

- A.** A detailed explanation of the origins of CETI
- B.** Data collection tools, including:
 - Observations tailored to each strategy
 - Interviews with Center staff and TA providers and with staff from the funded organizations and key partners
 - Focus Groups with key informants (particularly where a survey would not be appropriate due to language or culture)
 - Surveys with key informants
- C.** Organization-specific two-page reports
- D.** Lincoln Park Children and Families Collaborative's Healthy Spaces report
- E.** A visual timeline of CETI's evolution

Appendix A: Background of CETI

How CETI came to be

When developing the CETI initiative, Center staff needed to listen to and be in service to the communities' priorities. To this end, the Request for Proposals (RFP) needed to remain open to applicant proposed interventions that were responsive to their communities and not predetermined by the Center.

The RFP provided a menu of six specific strategies that could be accomplished using PSE approaches. This resulted in partners implementing various strategies that were timely and specific to their environment. The Center sought applicants that had a commitment to health equity and the reduction of commercial tobacco use. The RFP sought the following: "Successful applicants and partners will have a demonstrated, trusted reach into the communities they propose to serve and will demonstrate a history of leadership in the community as well as experience in leading collaborative efforts. The most qualified applicants will demonstrate a thorough understanding of the barriers their community faces in regard to commercial tobacco use and/or exposure to secondhand commercial tobacco smoke and have some level of experience in using policy, systems and environmental approaches to create sustainable change."

Two strategies, Community Education on [Commercial] Tobacco and Creating Healthy Community Settings, are rarely funded as standalone strategies. The Center included these areas as they had heard that organizations needed resources to develop and deliver culturally specific messages for unmet awareness and education needs. The desire to holistically address two or more health concerns within a given setting was also identified. One of those health concerns would be commercial tobacco, while the other(s) addressed nutrition, physical inactivity or other health issues.

For funding, CETI prioritized the following:

- Communities identified their needs on this issue
- Community-driven, culturally specific approaches
- Organizations and Tribal nations could apply for all six strategies with local units of government eligible to apply for two strategies (advertising signage ordinances and reduction or restriction of the number, location, density or type of retail outlets)

During the funding review process, Center staff conducted in-person site visits with applicants to learn more about their staff, organization, community setting, and partners. This was invaluable for the Center to have a deeper understanding on what was needed and proposed within their community context. Keeping with this philosophy of understanding and being responsive to partner projects, Center program managers met monthly with the organization's project staff and others they chose to invite to the table.

This practice kept all in open communication and trusting that everyone was in it together throughout the initiative's three years.

Who was involved? With commercial tobacco-related disparities continuing to persist among people from lower socio-economic backgrounds ("low SES"), the Center for Prevention decided to expand its commercial tobacco portfolio and develop a funding initiative focused on reducing commercial tobacco use in low SES communities. At the time there was also a national commercial tobacco network focused in this area. The Center hired a full-time staff person to lead the development of this expanded portfolio and an internal team was formed that consisted of staff who work in communications, research and evaluation, health equity, and commercial tobacco prevention and control. This team embarked on a year-long planning process that resulted in developing and funding the CETI initiative.

What challenges did CETI aim to overcome? Minnesota is very fortunate to have a history of state and local commercial tobacco policy success, which has greatly contributed to reducing commercial tobacco use; however, addressing tobacco inequities remained an under-funded area. Center staff reached out to other commercial tobacco funders and colleagues in Minnesota to assess what they were currently funding. The Center wanted to determine where they could complement and focus their efforts so as to not duplicate but instead strengthen the overall commercial tobacco prevention and control field. The Center stayed in conversation with these funding partners as CETI was developed.

What opportunities were seized to create CETI? Over the year, the commercial tobacco sub-team led a planning process to identify strategies to address commercial tobacco-related disparities in low SES populations and develop funding opportunities for 2015. A final step in the planning process involved convening a group of national commercial tobacco prevention and control experts with Minnesota commercial tobacco prevention and control funders, organizations that reach low SES populations in Minnesota, and local commercial tobacco prevention and control advocates. Interventions that targeted low SES communities were presented and an independent facilitator and Center staff facilitated sessions, gathering feedback and recommendations from all in the room. The national experts' interaction with Minnesota experts informed and guided the Center's decision-making process to tailor commercial tobacco interventions in Minnesota.

One key learning that came out of this convening was the recommendation to not label this initiative as one that focuses on low SES populations/communities. It was shared that many find this a term that "labels" and stigmatizes "others." The Center took this seriously and chose to rename the initiative "Communities Eliminating Tobacco Inequities" and reframe the initiative's focus on commercial tobacco prevention and control efforts in communities disproportionately affected by commercial tobacco.

What were the steps to create CETI? There were three stages that contributed to creating the CETI initiative. Each stage involved various methods of gathering information.

What's current?

Center staff conducted a literature review and perspective that:

- Provided insights about people from low SES backgrounds with few resources, including looking at social determinants of health;
- Identified evidence-based, promising practices, and/or innovative approaches to reduce commercial tobacco-related disparities among low SES populations; and
- Offered an inventory of effective commercial tobacco prevention and control interventions for low SES populations.

Center staff conducted one-on-ones with individuals from various sectors, such as Minnesota community leaders working in various nonprofit areas, Minnesota commercial tobacco control advocates, legal experts, and other commercial tobacco control funders.

What more do we need to know?

The Center contracted with Professional Data Analysts, Inc., to conduct qualitative research to better understand low SES smokers' norms, attitudes, and practices regarding smoking and quitting.

Center staff conducted stakeholder interviews with national experts working in commercial tobacco control via nonprofits, commercial tobacco research institutions, and other state, county and city health departments. Communication, evaluation, and cessation experts were also consulted.

From these conversations, the Center identified a range of issues facing low SES commercial tobacco users.

Putting it all together

Following stages one and two, the Center convened a diverse group of national and Minnesota commercial tobacco prevention and control experts to gather feedback and recommendations on four specific strategies: Point-of-Sale (POS) Strategies for [Commercial] Tobacco Prevention and Control; Social Service Providers and Affordable Housing; People living with mental illness and/or substance use disorders; and Integrating commercial tobacco with other topics in community settings such as Healthy Corner Stores and Community-Based organizations. The goal was to hear about successes, challenges and promising practices in these areas.

What data was used? Center staff knew there were many interventions happening across Minnesota and the country. There was much to learn. They embarked on a journey to meet with a variety of commercial tobacco prevention and control and other nonprofit professionals to hear about their successes and challenges in reducing commercial tobacco use and improving people's health. This included one-on-one conversations in Minnesota;

Center staff traveling to California, Washington, Pennsylvania, and Oregon to conduct stakeholder interviews; phone calls with commercial tobacco program staff in other states; and a final convening to hear from a diverse group of 25 national and local experts.

The Center used the information gathered in the three stages of planning to design the overall CETI initiative.

Types of knowledge valued by CETI

The “C” in CETI stands for Communities. It is a communities’ knowledge, expertise, and experiences that determines and creates change. With this belief, CETI values:

- Culturally responsive approaches that includes a community’s context and engages community leaders and members;
- Community members, leaders both formal and informal, community-based organizations;
- Sacred, medicinal and traditional tobacco use by American Indians and other groups;
- Disaggregated data gathered in language, at the community, regional, state or national level – on commercial tobacco use, secondhand and thirdhand smoke exposure and risk for and incidence of smoking related-disease and death; and
- PSE change to reduce commercial tobacco use and exposure.

Appendix B. Evaluation Tools

1. Observations Tool

Cover Sheet

To be completed prior to entering the field for the observation.

About the observation

1. Funded organization

2. Observer name

3. Observer role (check) Observer only
 Participant observer

4. Date of observation

5. Address, City, State, Zip

6. Start time of full observation (HH:MM)

7. End time of full observation (HH:MM)

8. Strategy focus of observation (circle) A B D

Description of observation focus

9. Project focus

10. People to be observed

11. Environments to be
observed

12. Other relevant
background information
about the event/meeting

Strategy A: Community Education on Tobacco

Complete the section below. Document the environment and visual indicators using photos. When people are present in the pictures, ask for permission and obtain a photo release form.

1. Description of the location/event/meeting setting:

2. Description of funded organization activity or role at event/meeting:

Notes

3. Gender (circle one) **Mostly Men** **Mostly Women** **Mix of both**

4. Ages (circle one) **Mostly Youth** **Mostly Adults** **Mix of both**

5. Visuals	Observed? Circle one.		Describe	Photo taken?
	Yes	No		
Posters	Yes	No		<input type="checkbox"/>
Display	Yes	No		<input type="checkbox"/>

Personal Interactions between Funded Organization and Participants

Document overall rating for level of interaction, and add descriptive notes about engagement with participants. Circle one rating and add notes about the observation.

6. Level of interest from participants **Low** **Average** **High** **NA**
e.g., asking questions, taking notes

7. Level of participation by participants **Low** **Average** **High** **NA**
e.g., interacting with activity, engaging in conversation with staff, engaging with materials

8. Level of support from participants
e.g., verbal or nonverbal agreement with information shared

Low	Average	High	NA
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9. Other notes about personal interactions between Funded Organization and Participants

Passive and non-verbal behaviors by participants

Circle one response per row. Describe the behaviors observed. If not applicable, leave row blank.

10. Behavior	How often observed? Circle one.			Describe
Engaging with others about the topic who were not previously participating	Frequently	Occasionally	Rarely	
Smiling or expressions of enjoyment	Frequently	Occasionally	Rarely	
Frowning or expressions of disagreement	Frequently	Occasionally	Rarely	
Verbal sharing of views about commercial tobacco use with others (positive or negative)	Frequently	Occasionally	Rarely	
Verbal sharing of views about sacred or traditional tobacco use with others (positive or negative)	Frequently	Occasionally	Rarely	
<i>[other]</i>	Frequently	Occasionally	Rarely	

10. Behavior	How often observed? Circle one.	Describe
---------------------	---	-----------------

[other]

Frequently Occasionally Rarely

Field Notes for Strategy A: Community Education on Tobacco

Strategy B – Creating Healthy Community Settings

1. Description of the setting being observed:

Notes

2. Gender (circle one)	Mostly Men	Mostly Women	Mix of both	
------------------------	-------------------	---------------------	--------------------	--

3. Ages (circle one)	Mostly Youth	Mostly Adults	Mix of both	
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4. Environment observed item	How much observed? Circle one.	Describe item and location(s)	Photo taken?
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a) Presence of tobacco litter	Yes, a lot visible Yes, some visible No		<input type="checkbox"/>
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b) Presence of tobacco waste receptacles (e.g., ash trays)	Yes, a lot visible Yes, some visible No		<input type="checkbox"/>
--	--	--	--------------------------

4. Environment observed item	How much observed? Circle one.			Describe item and location(s)	Photo taken?
c) Presence of visible commercial tobacco-free signage	Yes, good signage visible	Yes, but not easily seen	No		<input type="checkbox"/>
d) Presence of cigarette/cigar smokers	Yes	No			
e) Presence of e-cigarette smokers	Yes	No			
f) Presence of commercial tobacco-use (other forms)	Yes	No			
g) Presence of commercial tobacco use (smoking) around children	Yes	No			
h) Presence of sacred, medicinal, or traditional use of tobacco	Yes	No			
i) Presence of alternative activities in the space (e.g., opportunities for physical activity)	Yes	No			<input type="checkbox"/>

4. Environment observed item	How much observed? Circle one.		Describe item and location(s)	Photo taken?
j) Presence of healthy food options (if food served)	Yes	No		<input type="checkbox"/>

Field Notes for Strategy B: Creating Healthy Community Settings

Strategy D – Elimination of Tobacco Use in Indoor and Outdoor Settings

1. Description of the setting being observed:

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Notes

2. Gender (circle one)	Mostly Men	Mostly Women	Mix of both
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3. Ages (circle one)	Mostly Youth	Mostly Adults	Mix of both
----------------------	---------------------	----------------------	--------------------

5. Environment observed item	How much observed? Circle one.			Describe item and location(s)	Photo taken?
a) Presence of tobacco litter	Yes, a lot visible	Yes, some visible	No		<input type="checkbox"/>
b) Presence of tobacco waste receptacles (e.g., ash trays)	Yes, a lot visible	Yes, some visible	No		<input type="checkbox"/>
c) Presence of visible commercial tobacco-free signage	Yes, good signage visible	Yes, but not easily seen	No		<input type="checkbox"/>

5. Environment observed item	How much observed? Circle one.		Describe item and location(s)	Photo taken?
d) Presence of cigarette/cigar smokers	Yes	No		
e) Presence of e-cigarette smokers	Yes	No		
f) Presence of commercial tobacco-use (other forms)	Yes	No		
g) Presence of commercial tobacco use (smoking) around children	Yes	No		
h) Presence of sacred, medicinal, or traditional tobacco use	Yes	No		<input type="checkbox"/>
i) Presence of alternative activities in the space (e.g., opportunities for physical activity)	Yes	No		<input type="checkbox"/>
k) Presence of healthy food options (if food served)	Yes	No		<input type="checkbox"/>

5. Environment observed item	How much observed? Circle one.	Describe item and location(s)	Photo taken?
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[other]

Field Notes for Strategy D: Elimination of Tobacco Use in Indoor and Outdoor Settings

2. Interviews

CETI Key Informant Interview Protocol- BCBS Staff and TA Providers

CETI Role: [Click here to enter text.](#)

Interviewee: [Click here to enter text.](#)

Interviewer: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Thank you for taking the time to speak with me today about the CETI project. The purpose of this discussion is for us to learn about the success, challenges, and lessons learned about taking a community-specific approach to tobacco prevention work. Some of the questions may not be applicable to your role on the CETI project, so we can move on if a question is not relevant to your work.

Please note that we will refer to “tobacco” in many questions. For the purposes of this survey, “tobacco” refers to any commercial tobacco products like cigarettes, cigars, chewing tobacco, e-cigarettes, etc. It does not refer to traditional, sacred, medicinal, spiritual, or ceremonial uses of tobacco. We will address tobacco use for these purposes as “traditional or sacred.”

First, I would like to talk about your role in the CETI project and how this project is different from your other work.

- 1) What is your role on the CETI project (e.g., TA provider, project manager, etc.)?
 - a. Which funded organizations did you work with?
- 2) What is your background with tobacco prevention programs? (for example, work experience, consulting experience, etc.)

Next, I want to talk about the CETI approach to tobacco prevention. As a reminder, the CETI project took a community-specific approach to tobacco prevention work by providing funding

and technical assistance to community partners who work directly with priority populations. Strategies include funding and technical assistance to community-based partners for planning, marketing, implementing, and evaluating tobacco prevention projects.

- 3) How did your approach to the CETI project differ from your approach/role on “traditional” tobacco prevention programs? For example:
 - a. ...the way you work with funded organizations?
 - b. ...methods for reaching the population (outreach, communication, tools)?
 - c. ...other factors that stand out to you as being different?
- 4) From your perspective, what are the benefits of the approach the CETI project has taken to tobacco prevention work? For example:
 - a. Benefits to funded organizations?
 - b. Benefits to communities/priority populations?
 - c. Benefits to your work/area of expertise?
- 5) What are some challenges or lessons learned about taking a community-specific approach to tobacco prevention work?
 - a. What adjustments did you make to overcome those challenges?
- 6) What is unique about each organization’s work? What sets it apart? (Go through each organization: ALA, CLUES, Briva Health, Lao Assistance Center, Lincoln Park, Lower Sioux, Northpoint, WellShare)

Now, I would like to hear about how the impact of the CETI project on your work, other public health initiatives, and the broader tobacco field.

- 7) How has being a part of the CETI project impacted the way you do your work? For example:
 - a. Who is at the table on projects?
 - b. New or different approaches to your work)
 - c. Strategies or new approaches you learned from funded organizations?
- 8) How has the CETI project complemented or interacted with other community public health initiatives you are involved with?
- 9) What are some ways your work on this project has or could apply to or help inform the broader tobacco control field?

Prompt with questions about their experiences at the state or national conference, participation in other projects about tobacco, etc.

As a part of CETI project, funded organizations had access to technical assistance to support their work. We would like to hear your thoughts about how that technical assistance contributed to the overall project as well as to individual funded organizations.

- 10) In what ways did the technical assistance offered through the CETI project contribute to each funded organization's success?
- 11) **For TA providers only:** What could Blue Cross do differently in future projects to improve or strengthen technical assistance to funded organizations?
- 12) **For BCBS only:** Based on the lessons learned from the CETI project, what changes to technical assistance would you recommend for future projects?

Some of the projects you worked with may have shifted their work goals or strategies along the way, due to unforeseen challenges or opportunities, or emerging contexts throughout the contract cycle.

- 13) What are some of these shifts that you observed? What was learned as a result?
(Prompt for each funded organization that interviewee worked with)

Finally, we're interested in what you have learned overall from your time spent working on the CETI project.

- 14) What have you learned about how funding structures and models can best support this work?
- 15) What are lessons you'd like to share with other funders interested in this work?

Thank you for taking the time to share your thoughts about the project! Before I let you go, do you have any other feedback about the CETI project you'd like to share?

- 16) Closing thoughts or questions about the CETI project:

CETI Key Informant Interview Protocol

CETI Organization: [Click here to enter text.](#)

Interviewee: [Click here to enter text.](#)

Interviewer: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Thank you for taking the time to speak with me today about (Funded organization)'s tobacco project. The purpose of this discussion is for us to learn about how the project has gone so far and the impact it has had on the target communities. All questions may not be applicable to this specific project's goals so we can move on if a question is not relevant to your work.

Please note that we will refer to "tobacco" in many questions. For the purposes of this survey, "tobacco" refers to any commercial tobacco products like cigarettes, cigars, chewing tobacco, e-cigarettes, etc. It does not refer to traditional, sacred, medicinal, spiritual, or ceremonial uses of tobacco. We will address tobacco use for these purposes as "traditional or sacred."

First, I would like to talk about how the approaches implemented in this project have contributed to an improved commercial tobacco-free environment. For these questions, we'd like you to think about the work you've done over the course of the project unless we specify otherwise.

- 2) What successes have you had in the past year?
 - a. Since the beginning of the project?
 - b. How did you define success at the beginning of the project?
 - c. How has your definition of success changed over the course of the project?

 - d. What organizational factors – including internal and external factors - contributed to these successes?
 - i. Internal factors (e.g., relationships with others in the organization, alignment between the project and organization mission, engagement, champions)

 - ii. External factors (e.g., partnerships with other organizations or groups, messaging, awareness, support)

 - e. What community or cultural factors contributed to the success of the project? (For example: relationships, culturally-specific approaches, community involvement)

For the next question, I want you to think about the progress you have made towards achieving the project goals. We know that this work takes time, so we're interested in every level of progress, not just big changes.

- 3) Thinking about the project overall, how have the project activities served to:
 - a. Raise awareness about commercial tobacco use in your communities?

 - b. Raise awareness about traditional or sacred use of tobacco?
 - c. Affect community members' knowledge of tobacco use?

 - d. Affect community members' attitudes toward tobacco use?

 - e. Influence local policies geared towards eliminating commercial tobacco use? (if applicable)

 - f. Influence organizational policies geared towards eliminating commercial tobacco use? (if applicable)

- g. Influence other organizations that serve your community members, through system's change in their organization?
 - h. Reduce access to commercial tobacco in the focus population?
 - i. Reduce exposure to secondhand smoke in the focus population?
- 4) What challenges or barriers did you experience in achieving the goals you had for the project activities?
 - b. What adjustments were made to overcome those challenges?
- 5) How has this project complemented or interacted with other community public health initiatives?
 - a. ...Initiatives your organization is working on?
 - b. ...Initiatives other organizations in your community are working on (including partners, organizations that serve the same population, or organizations that work in the same geographic area)?
- 6) What have you learned over the course of the project that will impact your other work (tobacco-related or not)?

Next, I would like to talk about how this project has helped improve community connections and engagement in public health issues. For these questions, I am referring to the specific strategies you used in the project such as community meetings, focus groups, outreach events, trainings, education, etc.

- 7) Of the strategies you used, which strategies have been effective in engaging people in the community?
 - a. What factors have contributed to successful community engagement in the project?
 - b. What factors have made it challenging to engage community members?
- 8) How were leaders and decision makers from outside your organization engaged through this project?
 - a. How were informal leaders engaged through this project?
 - b. What factors contributed to their involvement?
 - c. What other factors have contributed to successful engagement in the project?
 - d. What other factors have made it challenging to engage them?
- 9) What new connections have you made through this project?
 - a. Who did you end up working with that wasn't a part of your original plan?
 - b. Who would you like to work with in the future?

For the next set of questions, I would like you to think about the whole time you have been involved in this project. (First funding year or when the person came on board if there was a transition)

10) Based on what you've learned over the course of the project, what are your thoughts about the future of these efforts? How are you going to keep the momentum going after the project ends?

11) What are some ways your work on this project could apply to or help inform the broader tobacco control field?

Prompt with questions about their experiences at the state or national conference, participation in other projects about tobacco, etc.

Finally, I'd like to get your feedback about the support you received during the project.

12) How did the supports you received from Blue Cross and technical assistance providers contribute to your project's success?

- a. Support from Blue Cross Program Managers for project planning and implementation?
 - i. How has working with your BCBS Project Manager differed from working with other Project Managers you've worked with? How was their support different?
- b. Other support from Blue Cross?
- c. Support from TA providers (Steve Kinsella, The Improve Group, ANSR, etc.)

13) What could Blue Cross do differently in future projects to better support organizations with project planning and implementation?

3. Focus Groups

Blue Cross and Blue Shield of Minnesota Communities Eliminating Tobacco Inequities (CETI) Key Informant Focus Group Protocol

Introduction:

Thank you for taking the time to talk about [funded organization name]’s tobacco work. This work is part of a larger project of Blue Cross and Blue Shield of Minnesota (Blue Cross) called “Communities Eliminating Tobacco Inequities” or “CETI”. The purpose of this conversation is to learn about how the work is going and to understand the impact that CETI is having across all the participating organizations.

The information you share will help Blue Cross gain valuable insights about the CETI project. Blue Cross and [funded organization] are interested in your honest and candid feedback, including critique. Your responses will remain anonymous when shared with Blue Cross. The conversation will take approximately 45 minutes.

Please note:

- In this conversation, “tobacco” refers to commercial tobacco products like cigarettes, cigars, chewing tobacco, e-cigarettes, etc. It **does not** refer to traditional, sacred, medicinal, spiritual, or ceremonial uses of tobacco by American Indian or other groups.
 - **“Community”** in this conversation is your cultural community (or the people with shared interests, culture, and/or geography that work with [funded organization name]).
-

Facilitators:

Each participant gets 3 slips of paper with the following written on them:

- 3 (A lot)
- 2 (Some)
- 1 (None/Not at all)

Ask participants to hold up their slip with their vote for each question in a voting section of this script. Pause, and record the responses before moving on to the next question. Tell participants that if they are not sure, they don't need to vote. Please record the number of votes in the matrix below.

1. Please tell us how much [funded organization name]'s tobacco work did the following: **[Ask participants to vote]**

	A lot 3	Some 2	None 1	Not sure
Raised awareness about commercial tobacco use in your community				
Increased community members' knowledge about dangers of tobacco use				
Affected community members' attitudes toward tobacco use				
Increased awareness about second hand smoke [smoke that non-smokers inhale] in the community				
Reduced exposure to secondhand smoke				
Increased awareness about third hand smoke [toxins from smoke that stays on indoor surfaces like walls and carpet]				
Reduced exposure to third hand smoke				

Facilitators: chose a few of the questions that had mostly “A lot” votes and ask the following:

- I saw a lot of you said that “X” question was a “3” (A lot)
- Can you share some stories about that? Examples?

2. Many different things influence [funded organization name]’s success in accomplishing its goals around tobacco. How much have the following things contributed to [funded organization name]’s success in their tobacco work? **[Ask participants to vote]**

	A lot 3	Some 2	None 1	Not sure
[Funded organization]’s involvement of community members and leaders in their tobacco work (community engagement)				
Partnerships between [funded organization name] and other community organizations				
Messaging and advertising about [funded organization name]’s tobacco work in the community				
Support for [funded organization name]’s tobacco work from leaders in the community				
Support for [funded organization name]’s tobacco work from the general community				

- Are there any other things that you think make this work successful?
- Which of these things we just talked about do you think had the most influence on the project’s success? Why?

3. Please tell us how much [funded organization name]'s tobacco work has contributed to the following: **[Ask participants to vote]**

Through this project...	A lot 3	Some 2	Not at all 1	Not sure
[Funded organization] has built connections in the community				
[Funded organization] used existing community strengths, connections, and partners to accomplish its tobacco work				
[Funded organization] has engaged community members in its tobacco work				
[Funded organization] has created new connections in the community				
[Funded organization] has strengthened existing connections in the community				

Facilitators: chose a few of the questions that had mostly "A lot" votes and ask the following:

- I saw a lot of you said that "X" question was a "3" (A lot)
 - Can you share some stories? Examples?
4. What are the challenges or barriers to success for [the funded organization]'s tobacco work in the community?
5. What other comments would you like to share about your experience working with [the funded organization] on their tobacco work?

Thank you so much. Your time and input are appreciated!

4. Survey

Blue Cross and Blue Shield of Minnesota Communities Eliminating Tobacco Inequities (CETI) Key Informant Survey

Thank you for taking the time to complete this survey regarding your organization’s involvement in the Blue Cross and Blue Shield of Minnesota (Blue Cross) Communities Eliminating Tobacco Inequities (CETI) work. The purpose of this survey is to learn about how the work is going and to understand the community impact CETI is having across all the participating organizations. All questions may not be applicable to the specific project’s goals, so feel free to mark “not applicable” when appropriate.

The information you share will help Blue Cross gain valuable insights about the CETI project. Participation in the survey is voluntary. While you will be asked about which organization you work for, your responses will remain anonymous when shared with Blue Cross. The survey will take approximately 20 minutes to complete.

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Please note that we will refer to “tobacco” in many questions. For the purposes of this survey, “tobacco” refers to any commercial tobacco products like cigarettes, cigars, chewing tobacco, e-cigarettes, etc. It **does not** refer to traditional, sacred, medicinal, spiritual, or ceremonial uses of tobacco by American Indian or other groups. We will address tobacco use for these purposes as “traditional or sacred.”

“Funded organization” refers to the organization receiving funding from Blue Cross to implement a CETI project focused on supporting community-driven, culturally specific efforts to improve tobacco-free environments for targeted communities.

“Community” in this survey is the group of people or organizations with shared interests, culture, and/or geography as defined by each funded organization.

6. Which CETI funded organization have you been partnering with for their CETI project?

- American Lung Association
- Comunidades Latinas Unidas en Servicio (CLUES)
- Lao Assistance Center of Minnesota
- Lincoln Park Children and Families Collaborative
- Lower Sioux Indian Community
- NorthPoint Health and Wellness
- Briva Health
- WellShare International

7. What organization do you work for as part of the CETI Project?

8. What is your role in supporting the funded organization’s CETI project?

Has your role changed since beginning work with the funded organization on the CETI project?

- Yes
- No

9. If yes, in what ways?

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Summary of project (based off answer to Q1)

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10. Please indicate the extent to which the funded organization’s CETI project activities did the following from your perspective:

	To a great extent	To some extent	Not at all	Not sure/ too early to tell	Not applicable to this project’s goals
Raised awareness about commercial tobacco use in the target communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raised awareness about traditional or sacred use of tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased community members’ knowledge about dangers of tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affected community members' attitudes toward tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenced local policies geared towards eliminating tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenced organizational policies geared towards eliminating tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced access to commercial tobacco in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced exposure to secondhand smoke in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased awareness about third hand smoke					
Reduced exposure to third hand smoke					

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 For each "To a great extent"...

11. You said that the funded organization _____ to a great extent. Please share examples.

12. Many different internal and external factors influence the funded organization’s CETI project success in accomplishing its goals. To what extent have the following factors contributed to the funded organization’s CETI project success? (“CETI Project” refers to the activity that the funded organization has been working on with Blue Cross.)

	To a great extent	To some extent	Not at all	Not sure/ too early to tell	Not applicable to this project’s goals
Internal relationships between staff at the funded organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alignment of CETI project with the funded organization’s mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community engagement efforts led by the funded organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnerships between the funded organization and other community organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Messaging about the CETI project in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness about the CETI project in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Support for the CETI project from leaders in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for the CETI project in the general community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other factor not listed (please specify: _____):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other factor

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13. Which of the factors we just talked about had **the most influence** on the project's success?

- Internal relationships between staff at the funded organization
- Alignment of CETI project with the funded organization's mission
- Community engagement efforts led by the funded organization
- Partnerships between the funded organization and other community organizations
- Messaging about the CETI project in the community
- Awareness about the CETI project in the community
- Support for the CETI project from leaders in the community
- Support for the CETI project in the general community
- Other:

Please explain why:

14. What other factors (organization, community, cultural) do you think have helped contribute to the successes of the funded organization's CETI project?

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15. Please indicate to what extent the CETI project has contributed to the following.

Through this project...	To a great extent	To some extent	Not at all	Not sure/ too early to tell	Not applicable to this project's goals
The funded organization has built connections in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The funded organization used existing community assets, connections, and partners to implement interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The funded organization has engaged community members in the CETI project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The funded organization has created new connections in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The funded organization has strengthened existing connections in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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For each "To a great extent"...

16. You said that _____ to a great extent. Please share examples.

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17. What are the challenges or barriers to success for the funded organization’s CETI project in the community?

18. What other comments would you like to share about your experience working with the funded organization on the CETI project?

Thank you for completing the survey. Your time and input are appreciated! Please click Submit below to ensure your responses are received.

Appendix C: Funded organization-specific 2-page reports

On the following pages 2-page final reports specific to each funded organization.

Appendix D: Lincoln Park Family and Children Collaborative Healthy Spaces report

On the following pages, find the report on LPCFC's Healthy Space

