CDRR SHORT-TERM OUTCOME CODES

GOAL AREA 1: PREVENTING INITIATION OF TOBACCO USE AMONG YOUNG PEOPLE

1.6 Increased knowledge of, improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation

1.7 Increased anti-tobacco policies and programs in schools

1.8 Increased restriction and enforcement of restrictions on tobacco sales to minors

1.9 Reduced tobacco industry influences

GOAL AREA 2: ELIMINATING NONSMOKERS' EXPOSURE TO SECONDHAND SMOKE

2.3 Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobaccofree
policies

2.4 Creation of tobacco-free policies

2.5 Enforcement of tobacco-free public policies

GOAL AREA 3: PROMOTING QUITTING AMONG ADULTS AND YOUNG PEOPLE

3.7 Establishment or increased use of cessation services

3.8 Increased awareness, knowledge, intention to quit, and support for policies that support cessation

3.9 Increase in the number of health care providers and health care systems following Public Health Service (PHS) guidelines

3.10 Increased insurance coverage for cessation services

GOAL AREA 4: REDUCE THE BURDEN OF OBESITY IN YOUTH AND ADULTS

4.1 Increase physical activity

4.2 Improve nutrition

MAPPS Interventions for Communities Putting Prevention to Work

Five evidence-based MAPPS strategies, when combined, can have a profound influence on improving health behaviors by changing community environments: Media, Access, Point of decision information, Price, and Social support/services. The evidence-based interventions below are drawn from the peer-reviewed literature as well as expert syntheses from the community guide and other peer-reviewed sources, cited below. Communities and states have found these interventions to be successful in practice. Awardees are expected to use this list of evidence-based strategies to design a comprehensive and robust set of strategies to produce the desired outcomes for the initiative.

	Tobacco	**Nutrition**	**Physical Activity**
Media	• Media and advertising restrictions consistent with federal law. (k) • Hard hitting counter-advertising (l-n) • Ban brand-name sponsorships (o) • Ban branded promotional items and prizes (p)	• Media and advertising restrictions consistent with federal law. (38-44) • Promote healthy food/drink choices (42, 43, 45) • Counter-advertising for unhealthy choices (46)	• Promote increased physical activity (i, ii, vi, ix, xxix-xxx) • Promote use of public transit (i, ii, vi, ix, xxix-xxx) • Promote active transportation (bicycling and walking for commuting and leisure activities) (i, ii, vi, ix, xxix-xxx) • Counter-advertising for screen time (i, ii, vi, ix, xxix-xxx)
Access	• Usage bans (i.e. 100% smoke-free policies or 100% tobacco-free policies) (f, g, v) • Usage bans (tobacco-free school campuses) (e-g, h-j) • Zoning restrictions (e-g) • Restrict sales (e.g. internet; sales to minors; stores/events w/o tobacco) (e-g) • Ban self-service displays & vending (e-g)	• Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites) (7-9, 10-21, 63-68, 76-82) • Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks) (17, 22-25, 69-73) • Reduce density of fast food establishments (15, 26) • Eliminate transfat through purchasing actions, labeling initiatives, restaurant standards (29-31) • Reduce sodium through purchasing actions, labeling initiatives, restaurant standards	• Safe, attractive accessible places for activity (i.e., access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community design that lends to increased injuries) (xxxix – xli) • City planning, zoning and transportation (e.g., planning to include the provision of sidewalks, parks, mixed use, parks with adequate crime prevention measures, and Health Impact Assessments) (ii,iii,iv,v,viii,ix) • Require daily quality PE in schools

		(32-34) • Procurement policies and practices (8, 9, 13, 14, 35, 36) • Farm to institution, including schools, worksites, hospitals, and other community institutions (35, 36, 37)	(xvi – xxiii) • Require daily physical activity in afterschool/childcare settings (i, ii, iii, v, viii, ix, xxiv-xxvii) • Restrict screen time (afterschool, daycare) (x, xi, xii, xiii, xiv)
Point of Purchase/ Promotion	• Restrict point of purchase advertising as allowable under federal law. (q) • Product placement (q)	• Signage for healthy vs. less healthy items (8, 9, 47, 48, 74-75) • Product placement & attractiveness (8, 9, 47, 48, 49, 74-75) • Menu labeling (50-53)	• Signage for neighborhood destinations in walkable/mixed-use areas (library, park, shops, etc) (ii, iii, iv, ix, xlxiii) • Signage for public transportation, bike lanes/boulevards (ii, iii, iv, ix, xlxii, xlxiii)
Price	• Use evidence-based pricing strategies to discourage tobacco use (a-c) • Ban free samples and price discounts (d)	• Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/ competitive pricing) (5-9, 60-62)	• Reduced price for park/facility use (xxxvi – xxxviii) • Incentives for active transit (xxxvii, xxxviii) • Subsidized memberships to recreational facilities (ii, iii, viii,ix)
Social Support & Services	• Quitline and other cessation services (r-t)	• Support breastfeeding through policy change and maternity care practices (54-59)	• Safe routes to school (vii, xv, xxxi-xxxv) • Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking) (ii, iii, viii, ix)

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TOBACCO PREVENTION AND CONTROL

Planning	Capacity Building
• Planning grants provide funds to establish a chronic disease risk reduction coalition. • Funding pays for the implementation/ completion of an approved Community Assessment that includes identification of disparate populations in the community. • Funding is contingent upon appropriations by the Kansas Children's Cabinet. • Funds will provide for attendance at three trainings from the approved workshop list. • Funds will provide for attendance of key coalition members at the CDRR Summit. • **Minimum** of one quarter-time staff person coordinating CDRR activities. • Planning will include establishing a process for implementing the Youth Tobacco Survey (YTS). • .Grantees will use the results of the Community Assessment to **choose a primary** focus area for further funding. Possible areas include: A) Promoting quitting among young people and adults through the promotion of the Kansas Tobacco Quitline; B) Preventing the initiation of tobacco use among young people; C) Eliminating non-smokers exposure to environmental tobacco smoke. • Planning Grants will be in effect for one year at a time with a maximum of two years.	• Capacity Building grants provide funds to increase education and support for chronic disease risk reduction. • Grantees will be required to meet the basic Planning requirements including the creation of a functioning coalition that meets quarterly and completion of a Community Assessment. • Funding is contingent upon appropriations by the Kansas Children's Cabinet. • Funds will provide for attendance at three trainings from the approved workshop list. • Funds will provide for attendance of key coalition members at the CDRR Summit. • **Minimum** of one quarter-time staff person coordinating CDRR activities. • Participate in YTS if selected. Write letters to state representatives. Promote Quitline. • Grantees will use the results of the Community Assessment to **address one primary** focus area for short-term outcomes: A) Promoting quitting among young people and adults through the promotion of the Kansas Tobacco Quitline; B) Preventing the initiation of tobacco use among young people; C) Eliminating non-smokers exposure to environmental tobacco smoke. Focus area will incorporate addressing disparate populations. • Capacity Building Grants will be in effect for three years with the grantee reapplying each year for funding.

Progression Phases

Planning →	Capacity →	Implementation →	Sustainability →	Maintenance

TOBACCO PREVENTION AND CONTROL

Implementation	Sustainability
• Implementation grants have met all requirements for Capacity Building including a functioning coalition that meets quarterly to be eligible.	• Sustainability grants have met all requirements for Implementation including a functioning coalition that meets quarterly to be eligible.
• Grantees will be required to meet Implementation requirements including implementation of a youth access ordinance, clean indoor air ordinance, and/or Tobacco Free School Grounds.	• Grantees will be required to meet Sustainability requirements including finding additional funding sources, regulation of current policies that have been instated, coalition activities, continued education on the danger of secondhand smoke and tobacco use prevention.
• Funding is contingent upon the appropriations of the Kansas Children's Cabinet.	• Funding is contingent upon the appropriations of the Kansas Children's Cabinet.
• Funds will provide for the attendance at three trainings from the approved workshop list.	• Funds will provide for attendance at three trainings from the approved workshop list.
• Funds will provide for attendance of key coalition members at the CDRR Summit.	• Funds will provide for attendance of key coalition members at the CDRR Summit.
• **Minimum** of one half-time staff person to coordinate CDRR activities.	• **Minimum** of one half-time staff person coordinating CDRR activities.
• Grantee must show *efforts* to begin to sustain all or portions of the program through other funding sources.	• Sustainability grantees will increase their amount of outside funds to support activities each year to achieve 67% external funding within 5 years of entering Sustainability.
• Participate in YTS if selected. Write letters to state representatives. Promote Quitline.	• Participate in YTS if selected. Write letters to state representatives. Promote Quitline.
• **All three focus areas must be addressed for short-term outcomes**: A) Promoting quitting among young people and adults through the promotion of the Kansas Tobacco Quitline; B) Preventing the initiation of tobacco use among young people; C) Eliminating non-smokers exposure to environmental tobacco smoke. Focus areas will incorporate addressing disparate populations.	• **All three focus areas must be addressed for short-term outcomes**: A) Promoting quitting among young people and adults through the promotion of the Kansas Tobacco Quitline; B) Preventing the initiation of tobacco use among young people; C) Eliminating non-smokers exposure to environmental tobacco smoke. Focus areas will incorporate addressing disparate populations.
• Implementation Grants will be in effect for five years with the grantee reapplying each year for funding.	• Sustainability Grants will be in effect for five years with the grantee reapplying each year for funding.

Progression Phases

Planning →	Capacity →	Implementation →	Sustainability →	Maintenance

Maintenance	
• Chronic Disease Risk Reduction Programs that have demonstrated sustainability will be eligible for Maintenance grants. • Funding is contingent upon the appropriations of the Kansas Children's Cabinet. • Maintenance funds will support required data collection, conference attendance, and evidence-based activities. • Funds will provide for attendance of key coalition members at the CDRR Summit. • **Minimum** of one half-time staff person coordinating CDRR activities. • Eligibility for maintenance grants will be in effect as long as all requirements are being met, with the grantee reapplying each year for funding. • Maintenance grantees will continue to provide TUPP with data regarding State Level Surveys. • Participate in YTS if selected. • Maintenance grantees will be asked to serve as a "Mentor" to additional TUPP grantees if needed. Mentors will be assigned based on proximity to the grantee in need of assistance. • **All three focus areas must be addressed for short-term outcomes**: A) Promoting quitting among young people and adults through the promotion of the Kansas Tobacco Quitline; B) Preventing the initiation of tobacco use among young people; C) Eliminating non-smokers exposure to environmental tobacco smoke. Focus areas will incorporate addressing disparate populations. • Maximum level of funding will be set at one-third the amount of the first year of grantee's Sustainability.	

Progression Phases

Planning →	Capacity →	Implementation →	Sustainability →	Maintenance

PHYSICAL ACTIVITY AND NUTRITION

Planning	Capacity Building
• Planning grants provide funds to establish a chronic disease risk reduction coalition. • Funding pays for the implementation/ completion of an approved Community Assessment that includes identification of disparate populations in the community. • Funding is contingent upon availability. • **Minimum** of one quarter-time staff person coordinating CDRR activities. • Grantees will use the results of the Community Assessment to **choose a primary** focus sector for further funding. Possible areas include: A) Schools; B) Home and Family: C) Worksites; D) Community; E) Healthcare • Planning Grants will be in effect for one year at a time with a maximum of two years.	• Capacity Building grants provide funds to increase education and support for chronic disease risk reduction. • Grantees will be required to meet the basic Planning requirements including the creation of a functioning coalition that meets quarterly and completion of a Community Assessment. • Funding is contingent upon availability. • **Minimum** of one quarter-time staff person coordinating CDRR activities. • Grantees will use the results of the Community Assessment to **address one primary** focus sector for short-term outcomes: A) Schools; B) Home and Family; C) Worksites; D) Community; E) Healthcare by leveraging funds from other sources. • Grantee will address disparate population needs in outcome selection, evaluation, and activities. • Capacity Building Grants will be in effect for three years with the grantee reapplying each year for funding.

Progression Phases

Planning →	Capacity →	Implementation →	Sustainability →	Maintenance