Reports from Tribal TPEP grantees help HPCDP monitor grant compliance, continue to improve the program, secure funding, and track successes around the state. Three times per year on the schedule outlined below, Tribal TPEP grantees must complete a progress report interview with their HPCDP Liaison to describe progress made on the Local Program Plan. Guidance for preparing for interview reports will be sent to grantees at least 2 weeks prior to the interview schedule period.

Reporting interviews will take place in the following timelines:

• Period 1: September 15 - November 15

• Period 2: December 8 – January 15

• Period 3: April 15 – May 15

Reporting Periods cover the following dates:

• Period 1: Early grant year approximately July 1 – October 31

• Period 2: September - December

• Period 3: January – April and projecting through the end of the grant year

HPCDP will provide a calendar of interview date options along with guidance for preparing for interview reports.

SECTION A: Tribal TPEP Overview

Complete this section before the first interview; confirm reporting period with coordinator/program staff that information is current or update with new information.

|  |  |  |  |
| --- | --- | --- | --- |
| Liaison |  | | |
| Tribe |  | | |
| TPEP Coordinator |  | FTE |  |
| Other Key Staff |  | FTE |  |
| Address |  | | |
| Phone |  | | |
| E-mail |  | | |
| Award amount |  | | |
| REPORTING DATES | | | |
| Reporting Period 1 | Interview:  Report Finalized: | | |
| Reporting Period 2 | Interview:  Report Finalized: | | |
| Reporting Period 3 | Interview:  Report Finalized: | | |

**SECTION B: Work Plan Discussion**

MPOWER ELEMENT: MONITOR commercial tobacco use and prevention policies

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| --- | --- | --- |
| This page is only for documenting policies that have been adopted during the reporting period, **not** recording progress or activities. | | |
| **What policies have been adopted?** Include current policy description (e.g., “All properties 100% commercial tobacco-free,” or “Commercial smoking allowed in designated areas only.”) | | |
| **Policy Description** | **Date Enacted** | **Policy on File with HPCDP?** |
|  |  |  |
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| **Notes** |
| Reporting period 1: |
| Reporting period 2: |
| Reporting period 3: |

**MPOWER ELEMENT: PROTECT people from exposure to secondhand smoke:** Commercial Tobacco-Free Tribal Government Campuses, Other Worksites and Public Places.

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| --- | --- |
| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.**  Tribal Grantees are required to participate in two or more of the following community-wide policy and environmental strategies: | |
| **Commercial tobacco-free campuses for tribal administrative buildings (if applicable)**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Commercial tobacco-free campuses for all Indian Health Service, tribal health clinics, or other publicly or privately owned health settings (if applicable)**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Commercial tobacco-free outdoor venues (If applicable) *Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Commercial tobacco-free events and gatherings (if applicable) *Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Smokefree places such as assisted living or other tribal businesses or services (if applicable)**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Smokefree tribal housing (if applicable)**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |

**MPOWER ELEMENT:OFFER help to quit tobacco use:** Promoting the Quit Line is integrated into every smokefree or commercial tobacco-free initiative.

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| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.**  Tribal Grantees are required to participate in two or more of the following community-wide policy and environmental strategies: | |
| **Promote the Quit Line, tribal cessation programs, and/or other evidence-based chronic disease self-management programs that support quit attempts within community health, dental, behavioral health and social service programs. (if applicable)**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| Promote comprehensive commercial tobacco cessation benefits and other evidence-based chronic disease self-management programs that support quit attempts to Human Resources  **(if applicable)**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Please describe your progress in reaching out to local DHS Children and Families Division offices, SNAP ED coordinators and disability service provider organizations to offer assistance in establishing tobacco free properties, Quit Line referral systems and/or Quit Line materials.** | |
| Reporting period 1: Information was collected through a different mechanism for the first reporting period. | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Offer technical assistance and support to Coordinated Care Organizations (CCOs) and their contracted providers (if applicable)**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |

**MPOWER ELEMENT: WARN about the dangers of commercial tobacco use**

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| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** | |
| **Develop and implement strategic media advocacy plan that utilizes tribal media channels (newsletters, listserves, webpages, social media, earned media, etc.) to increase awareness of the harm of commercial tobacco. *Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Develop and implement a plan to educate decision makers, stakeholders, and the community at least quarterly on the physical and economic harm of commercial tobacco. *Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |

**MPOWER ELEMENT: ENFORCE Community-wide policies and strategies for reducing exposure to commercial tobacco outlets, advertisements and promotions**

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| --- | --- |
| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** | |
| **Identify and develop relationships with at least 2 leaders who can assist in enforcing**  **commercial tobacco resolutions and/or policies *Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Identify and develop a relationship with at least 1 tribal council member and 1 tribal elder who can support liaising with the leaders identified from the above groups.**  **Provide guidance and support to partners and decision makers who have adopted commercial tobacco policies to ensure long-term success**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Present to a tribal leadership body at least twice.**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Provide regularly scheduled technical assistance and support to partners and decision makers who have adopted commercial tobacco policies to ensure long-term success.**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |

**MPOWER ELEMENT: RAISE**

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| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** | |
| **Identify, recruit, foster, and engage at least 2 community champions for effective, comprehensive tobacco prevention best practices and TPEP**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Develop and implement a plan to educate tribal and community leaders on the effectiveness of commercial tobacco control best practices strategies.*Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
|  | |
|  |  |

**Other: Work outside workplan that relates to progress towards key objectives**

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| --- | --- |
| **Please describe any work done outside of the work plan that relates to your progress toward your key objectives.** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |

**SECTION C: Training or Technical Assistance Needs**

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| --- | --- | --- |
| **What training and technical assistance support have you received in the last three months?**  **What training and or technical assistance support have you needed or do you need going forward? Include HPCDP, TPEP, Tribal, and other sources.** | | |
| Reporting Period 1 | Received: | Need: |
| Reporting Period 2 | Received: | Need: |
| Reporting Period 3 | Received: | Need: |

**SECTION D: Sharing Lessons Learned**

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| **What did you learn during this reporting period?**  **What worked and what didn’t work?**  **What advice would you give colleagues based on these experiences?** |
| Reporting period 1: |
| Reporting period 2: |
| Reporting period 3: |
| **How will you use what you’ve learned in future TPEP work?** |
| Reporting period 1: |
| Reporting period 2: |
| Reporting period 3: |

**SECTION E: Summary**

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| **Commendations** |
| Reporting period 1: |
| Reporting period 2: |
| Reporting period 3: |
| **Required Action Steps** |
| Reporting period 1: |
| Reporting period 2: |
| Reporting period 3: |
| **Additional Notes, Comments, or Recommendations** |
| Reporting period 1: |
| Reporting period 2: |
| Reporting period 3: |

**SECTION F: Annual Review (Reporting Period 3 only)**

|  |  |
| --- | --- |
| Exceeding expectations | Comments: |
| Meeting expectations |
| Needs improvement |