Reports from Local Public Health (LPHA) 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, LPHAs 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: County 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 |  |
| County |  |
| County 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

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| This page is only for documenting policies that have been adopted during the reporting period, **not** recording progress or activities. |
| 1. **What policies have been adopted?** Include current policy description (e.g., “All properties 100% tobacco-free,” or “Smoking allowed in designated areas only.”)
 |
| **Policy Description** | **Date Enacted** | **Policy on File with HPCDP?** |
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| **2. Have you submitted a success story?*****Reminder: by June 30th please submit one success story.*** |
| By reporting period 3: [ ] No [ ]  Yes If yes, please describe: | Follow-up: |

|  |
| --- |
| **Notes** |
| Reporting period 1:  |
| Reporting period 2: |
| Reporting period 3: |

**EMPOWER ELEMENT: PROTECT from secondhand smoke exposure**

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| --- |
| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** |
| **Community-wide smokefree workplaces and public places**[ ]  Workplaces [ ] Outdoor venue(s) ***Insert county-specific milestones from workplan here:*** |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **Tobacco-free county campuses and other public properties. *Insert county-specific milestones from workplan here:*** |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **Other Recommended Strategy:** ***Specify which strategy is being reported and insert additional rows as needed to report separately on each setting for which milestones appear in the work plan.* (*Tobacco-free policies for cities or local public properties, CCO, hospital, private employers, early child care education, community college or university, or local public housing authority)*** |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **Other:**  |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **3. Were there any Indoor Clean Air Act Enforcement issues or concerns to report during this period?** |
| Reporting period 1: [ ] No [ ]  Yes If yes, please describe: | Follow-up: |
| Reporting period 2: [ ] No [ ]  Yes If yes, please describe: | Follow-up: |
| Reporting period 3: [ ] No [ ]  Yes If yes, please describe:Counties with certified smoke shops only: For each certified smoke shop, were annual inspections conducted and copies of the inspection forms emailed to the HPCDP liaison? [ ] No [ ]  Yes | Follow-up: |

**MPOWER ELEMENT: OFFER**

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| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** |
| **Promotion of the Quit Line and Self-Management Programs** ***Insert county-specific milestones from workplan here:*** |
| **4. What Quit Line promotional activities took place and how was the Quit Line integrated into smokefree and tobacco-free initiatives? 5. How did you use earned and social media to promote the Quit Line and available quit supports?** |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **6. What activities to integrate referral systems or adopt, improve and/or promote cessation and self-management benefits took place?** [ ]  **State human service agencies**[ ]  **CCOs**[ ]  **County worksite wellness-related initiatives*****Insert county-specific milestones from workplan here:*** |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **6b. 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: |
| **7. Optional: Were any activities conducted to connect state and local tobacco-related chronic disease initiatives, including the colorectal cancer screening campaign, Living Well, and/or approved Arthritis Foundation exercise programs?**  |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |

**MPOWER ELEMENT: WARN**

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| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** |
| **Include information about the harm of tobacco use in all earned and social media opportunities.*****Insert county-specific milestones from workplan here:*** |
| **8. How was earned and social media used to support plan objectives?****9. How were tobacco-related disparities in low-SES populations included in this work?** |
| Reporting period 1:  | Follow-up: |
| Reporting period 2:  | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **10. Were there any additional earned media activities (e.g., participating in the statewide Smoke-Free Oregon media effort; operating a county social media account such as FaceBook)?** |
| Reporting period 1: [ ] No [ ]  Yes If yes, please describe: | Follow-up: |
| Reporting period 2: [ ] No [ ]  Yes If yes, please describe: | Follow-up: |
| Reporting period 3: [ ] No [ ]  Yes If yes, please describe: | Follow-up: |
| **11. Do you find the new Smoke-Free Oregon campaign useful?** |
| [ ] No [ ]  Yes ***Describe briefly what resources from the campaign you have used and how you have used them.*** | Follow-up: |

**MPOWER ELEMENT: ESTABLISHMENTS selling tobacco products**

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| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** |
| **Share information with community leaders and local and state decision makers.*****Insert county-specific milestones from workplan here:*** |
| **12. What activities or strategies were used to share information, including tobacco retail assessment data, with decision makers about the importance of reducing exposure to tobacco outlets, advertisements, and promotions in the community and particularly among low-SES populations?**  |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **13. Has at least one of the strategies listed below been selected for implementation in the 2015-16 contract year?**By reporting period 3: [ ] No [ ]  Yes **If so, which one(s)?**[ ]  Community-wide policy and strategies to establish or strengthen local tobacco retail licensing ordinances that are beyond a registry. [ ]  Community-wide policy and strategies to prohibit the free distribution (sampling) of tobacco products. [ ]  Community-wide policy and strategies to prohibit the sale of flavored tobacco products. [ ]  Community-wide policy and strategies to prohibit the sale of tobacco in pharmacies. [ ]  Community-wide policy and strategies to prohibit the redemption of tobacco industry coupons. [ ]  Other: **14. Has a detailed proposal on how this strategy is going to be pursued been developed?**By reporting period 3: [ ] No [ ]  Yes ***If so, please describe:***  |

**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 a broad range of community champions for effective, comprehensive tobacco prevention best practices and TPEP.*****Insert county-specific milestones from workplan here:*** |
| **17. What actions such as success stories, data, and lessons learned were taken to inform policymakers about the importance of TPEP and raising the price of tobacco through a tax?** **18. Who was involved and how did activities support your milestones?** |
| Reporting period 1:  | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3:  | Follow-up: |
| **19. What steps or actions were taken to identify, engage and educate community champions about the importance of TPEP and raising the price of tobacco through a tax?** **20. What decision makers were engaged?** **21. What champions from low-SES populations and/or organizations were engaged?**  |
| 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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| **22. 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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| **23. What training and technical assistance support have you received in the last three months?** **24. What training and or technical assistance support have you needed or do you need going forward? Include HPCDP, LPHA, 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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| **25. What did you learn during this reporting period?****26. What worked and what didn’t work?****27. What advice would you give colleagues based on these experiences?** |
| Reporting period 1: |
| Reporting period 2: |
| Reporting period 3: |
| **28. 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 |