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.

Reporting interviews will take place in the following approximate 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

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

|  |  |  |
| --- | --- | --- |
| 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% tobacco-free,” or “Smoking allowed in designated areas only.”) | | |
| **Policy Description** | **Date Enacted** | **Policy on File with HPCDP?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.**  **Note: Please refer to TPEP RFA to determine which settings each grantee is required to work.** | | |
| **Community-wide smokefree workplaces and public places**  Expanding the ICAA Outdoor venue(s)  \*\*If a comprehensive county properties TF policy is in place, grantees will work in BOTH of these settings, so please insert additional rows as needed.  ***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 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 regional governments, CCO, hospital, private employers, early child care education, community college or university)*** | | |
| 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: |
| **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**

|  |  |
| --- | --- |
| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** | |
| **What Quit Line promotional activities took place and how was the Quit Line integrated into smokefree and tobacco-free initiatives?    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: |
| **Develop a schedule to promote the Quit Line and/or other evidence-based chronic disease self-management programs that support quit attempts with state human services agencies. This includes TA for 1) “5As” or “2As and R” and 2) establishing referral systems**  ***Insert county-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Promote 1) comprehensive tobacco cessation benefits and other evidence-based chronic disease self-management programs that support quit attempts and 2) “5As” or “2As and R” referral to CCOs, FQHCs, behavioral health agencies, or dental clinics.**  ***Insert county-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Promote comprehensive tobacco cessation benefits and other CDSMPs that support quit attempts**  ***Insert county-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |

**MPOWER ELEMENT: WARN**

|  |  |
| --- | --- |
| Ask about status of **objectives,** factors of **successes, challenges, partners engaged,** and workplan **changes.** | |
| **Develop a communications objectives for each policy goal in Local Program Plan and create a narrative that identifies cross-cutting objectives. *Insert communication objectives from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Describe how Smokefree Oregon brand is being used to support achievement of communication objectives.** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Were there any additional earned media activities (e.g., 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: |

**MPOWER ELEMENT: ESTABLISHMENTS**

|  |  |
| --- | --- |
| **By June 30th, have the following been completed:**  Identify an appropriate jurisdiction to collaborate with on adopting and implementing a tobacco control retail strategy rated as “Green Light/Recommended” in the Point-of-Sale Strategies: A Tobacco Control Guide  Complete the Expanded Jurisdiction Table (Appendix H)  Create a chart of stakeholders in the chosen jurisdiction, using the Stakeholder Jurisdiction Table (Appendix I) | |
| **Recommended: Lay out plan for pursuing package of the identified retail strategy** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |

**MPOWER ELEMENT: RAISE**

|  |  |
| --- | --- |
| Ask about status of **milestones,** factors of **successes, challenges, partners engaged,** and workplan **changes.** | |
| **Identify and educate at least 2 new individuals or groups that can become community champions on comprehensive, community-wide commercial tobacco prevention**  ***Insert tribal-specific milestones from workplan here:*** | |
| Reporting period 1: | Follow-up: |
| Reporting period 2: | Follow-up: |
| Reporting period 3: | Follow-up: |
| **Through presentations and/or formal meetings, educate at least two decision making bodies on the effectiveness of comprehensive, community-wide commercial tobacco prevention. *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**

|  |  |
| --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| **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, LPHA, and other sources** | | |
| Reporting Period 1: | Received: | Need: |
| Reporting Period 2: | Received: | Need: |
| Reporting Period 3: | Received: | Need: |

**SECTION D: Sharing Lessons Learned**

|  |
| --- |
| **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**

|  |
| --- |
| **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 |