Program Element # 68: Tribal Tobacco Prevention Program – Urban Indian Program

OHA Program Responsible for Program Element:

Public Health Division/Health Promotion and Chronic Disease Prevention Section

1. **Description.** Funding provided under this Agreement for this Program Element may be used to deliver the Tribal Tobacco Prevention Program. The goals of the Tribal Tobacco Prevention Program are to: 1) address commercial tobacco and nicotine use (including inhalant delivery systems (IDS) and electronic cigarette use) in Oregon Tribal Communities through prevention and cessation efforts; and 2) reduce tobacco-related health inequities through the prevention and management of chronic disease related to commercial tobacco and nicotine. Grantee receiving funding through this Program Element has the autonomy to develop goals and strategies based on community priorities and needs. Tribal members have the community knowledge and strengths to drive sustainable community change though dialogue with elders, youth, fellow tribal members and tribal leadership to lay the important groundwork for building community will for sustainable change efforts.

   Grantee may utilize a variety of programs to best meet the needs of the community in the following areas:

   a. **Tobacco cessation/intervention programs:** Provide culturally relevant direct cessation programs to community members in community and Urban Indian Health Program clinical settings. Address gaps in service and payment opportunities using culturally responsive commercial tobacco cessation interventions.

   b. **Physical Wellness Centers where programs could be held:** Development and implementation of healing and wellness centers to support community commercial tobacco prevention and cessation activities.

   c. **Full-time dedicated positions to do cessation work possibly housed within clinics:** Integrate the promotion of the Oregon Native Quit Line and tribal member cessation services into other commercial tobacco control activities and improve tobacco cessation services in Urban Indian Health Program health clinic settings.

   d. **Addressing the targeted marketing and exploitation of tribal communities by the tobacco industry:** Promote policies and other measures to protect community members from commercial tobacco industry tactics including cultural exploitation through marketing of products, price reductions, coupons, giveaways, gaming promotions, charitable contributions, and sponsorships. Reduce the promotion of commercial tobacco on storefronts, in gas stations, at community events and playgrounds in the community. Counter tobacco industry advertising and promotion.

   e. **Tribal Based Practices:** Work towards the reduction of commercial tobacco use in communities by emphasizing traditional practices as the primary prevention framework using culturally validated programs and interventions based in traditional teachings.

   f. **Health communication, education and outreach:** Integrate communication objectives, strategic prevention goals, key message points, and media outreach into commercial tobacco prevention and cessation strategies to inform, influence and motivate individual, institutional and community-wide audiences about the issues of commercial tobacco.

   g. **Data collection:** Ensure data collection includes culturally relevant metrics. Ensure processes engage a wide variety of perspectives from those most likely to be burdened by commercial tobacco including Medicaid members, LGBTQ2S community members, people living with disabilities, and people experiencing mental health and substance use challenges.

h. **Program evaluation:** Activities that monitor and illustrate program success and quality improvement opportunities through learning what works from community experts and ensuring the community is involved in all steps of the evaluation process. Consider scaling and sharing results with other Tribal communities and state partners.

i. **Policy changes, including policy changes that influence the root causes of tobacco use (e.g., housing, education, employment):** Promote the adoption of upstream interventions including those based on community priorities to influence the conditions that lead to higher rates of commercial tobacco use such as poverty, housing, education, criminal justice and unemployment.

j. **Facilitation of Community Partnerships**: Mobilize coalitions or other groups dedicated to the pursuit of agreed upon commercial tobacco control objectives to foster commercial tobacco-free tribal communities.

k. **Creating Tobacco-Free Environments:** Promote the adoption of commercial tobacco prevention policies, including policies in schools, workplaces and public places.

l. **Reducing the Burden of Commercial-Tobacco-Related and Other Chronic Diseases:** Address commercial tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for commercial tobacco-related chronic diseases including cancer, asthma, cardiovascular disease, diabetes, arthritis, and stroke.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Tribal Commercial Tobacco Prevention and Cessation Program:

Not applicable

3. Alignment with Modernization Foundational Programs and Foundational Capabilities. The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows Oregon's Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	**Foundational Program**				**Foundational Capabilities**						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response

				Population Health	Direct services							
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
Tobacco Cessation and Intervention Programs/ Promoting Quitting among Adults and Youth		X		X	*	X	X	X	X	X	X	
Physical Wellness Centers to Integrate Tobacco Prevention and Cessation		X		X	*	X	X	X	X	X	X	
Full-time dedicated positions to do cessation work possibly housed within clinics		X		X	*	X	X	X	X	X	X	
Addressing the targeted marketing and exploitation of Tribal Communities		*				X	X	X	X	X	X	
Tribal Based Practices		*		X	X	X	X	X	X	X	X	
Health Communication, Education and Outreach		*		X		X	X	X	X	X	X	
Data Collection		*		X	X	X	X	X	X	X	X	
Program Evaluation		*		X	X	X	X	X	X	X	X	
Policy Changes to Influence the Root Causes of Commercial Tobacco Use		*		X		X	X	X	X	X	X	
Facilitation of Community Partnerships		*		X		X	X	X	X	X	X	
Creating Tobacco-Free Environments		*		X		X	X	X	X	X	X	
Reducing the Burden of Tobacco-Related and Other Chronic Diseases		*		X	X	X	X	X	X	X	X	

b. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metric:

Adults who smoke cigarettes.

c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Modernization Process Measure:

Not applicable.

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Grantee agrees to conduct activities in accordance with the following requirements:

a. Submit program budget to OHA to be finalized through mutual negotiation between both entities.

b. Use funds for this Program Element in accordance with the program budget, which is due to OHA no later than June 30 of each year, unless otherwise specified by OHA. Once finalized through mutual negotiation between both entities, the budget shall be incorporated into this Agreement. Modification to the program budget of 25% or more for any line item will be finalized through mutual negotiation between both parties prior to implementation.

c. Engage in activities as described in the Program Plan, which is due to OHA no later than June 30 of each year, unless otherwise specified by OHA. OHA will supply the required format and current service data for use in completing the plan.

d. Participate in Tribal program meetings and learning collaborative activities in collaboration with Northwest Portland Area Indian Health Board (NPAIHB), OHA and other Tribal programs.

e. Collaborate with NPAIHB in development of evaluation reports describing Tribal Tobacco Prevention accomplishments, lessons learned, and future recommendations.

5. General Revenue and Expense Reporting. Grantee agrees to complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

Grantee agrees to submit two reports annually on accomplishments and challenges for the previous six months to confirm progress toward and completion of deliverables in the Program Plan. Report template will be mutually agreed upon by OHA, and Grantee. As desired, Grantee may indicate specific success stories they are willing to have shared publicly.

7. Performance Measures - Not applicable.