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| **Tribe:** |

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| OVERALL | | |
| **Requirement** | If requirement is to be completed by the Tribal TPEP Coordinator, please check the box. | If requirement is to be completed by someone other than the Tribal TPEP Coordinator, please list below: |
| **Participate in two reporting interviews yearly** |  |  |
| **Monitor tobacco-related tribal resolutions and policies** |  |  |
| **Use available tribal data to prioritize and promote commercial tobacco prevention interventions** |  |  |
| **Share experiences and successes with tribal, regional and statewide TPEP partners** |  |  |
| **Submit at least one success story to the assigned HPCDP Liaison** |  |  |
| **As is allowable, share tribal resolutions and policies with state TPEP and NPAIHB to be included in the Oregon policy tracking system** |  |  |
| **Support and participate in program evaluation and assessment efforts in consultation with HPCDP** |  |  |
| **Align at least one Tribal TPEP strategy area with Substance Abuse Prevention strategy area** |  |  |

**POLICY**

Develop and implement a commercial tobacco-free tribal resolution or policy in two or more the following settings. If such resolutions or policies exist, work to expand and monitor them.

* Tribal Administration-Community Campus – all tribal administrative buildings
* Health Clinic – Indian Health Service or tribal health clinics or other health settings
* Education – Head Starts, schools, after school programs, child care facilities or other educational settings
* Gathering Spaces – Outdoor venues such as parks, powwow/parade grounds or ceremonial grounds
* Events and Gatherings – Sponsored by tribal programs, culture council or youth or elders groups
* Tribally Run Businesses – Assisted living, resorts, restaurants or casinos
* Tribal Housing – Smokefree residential rental properties inside and outside
* External Partners – Collaborate with local health departments and advocacy organizations to pursue policies that address commercial tobacco issues

Additional: An individual representing the Tribal TPEP should present to a tribal leadership body or members of that body at least twice per year. Tribal TPEP should share information about the importance of reducing exposure to commercial tobacco and secondhand smoke through comprehensive, community-wide prevention. This activity shall be written into the Tribal TPEP Program Plan as part of the strategies chosen from the above list.

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| **POLICY**  **Write at least TWO (2) Tribal TPEP Program Plan strategies per year, based on the current status of Tribal TPEP Work.**  **Complete a separate Tribal TPEP Program Plan template for each strategy.** | **Check one:**  **Tribal Administration-Community Campus**  **Health Clinic**  **Education**  **Gathering Spaces**  **Events and Gatherings**  **Tribally Run Businesses**  **Tribal Housing**  **External Partners** | **Strategy Aligned with Substance Abuse Prevention Coordinator:**  **Yes**  **No**  **\*If yes, complete “TPEP and SAP specific aligned activities”** |

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| Strategy: | | |
| Current status: | | |
| **Milestones:** | **Anticipated Completion Dates:** | **Communication Objective(s):** |
| **Activities** | | **Communication-Related Activities** |
| Assessment : | | Partner Engagement: |
| Policy development and adoption: | | Decision Maker Education: |
| Policy implementation and maintenance: | | Public Engagement: |
| Tribal TPEP and SAP specific aligned activities (if applicable): | | |

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| **POLICY**  **Write at least TWO (2) Tribal TPEP Program Plan strategies per year, based on the current status of Tribal TPEP Work.**  **Complete a separate Tribal TPEP Program Plan template for each strategy.** | **Check one:**  **Tribal Administration-Community Campus**  **Health Clinic**  **Education**  **Gathering Spaces**  **Events and Gatherings**  **Tribally Run Businesses**  **Tribal Housing**  **External Partners** | **Strategy Aligned with Substance Abuse Prevention Coordinator:**  **Yes**  **No**  **\*If yes, complete “TPEP and SAP specific aligned activities”** |

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| Strategy: | | |
| Current status: | | |
| **Milestones:** | **Anticipated Completion Dates:** | **Communication Objective(s):** |
| **Activities** | | **Communication-Related Activities** |
| Assessment : | | Partner Engagement: |
| Policy development and adoption: | | Decision Maker Education: |
| Policy implementation and maintenance: | | Public Engagement: |
| Tribal TPEP and SAP specific aligned activities (if applicable): | | |

**Cessation**

Provide commercial tobacco support to health care systems and social service agencies using two or more of the following strategies.

Screening Strategies:

* Provide technical assistance to tribal health care systems to integrate commercial tobacco dependence screening into clinical workflows.
* Provide technical assistance to develop a commercial tobacco cessation screening system within a social services program.

Cessation Strategies:

* Provide technical assistance to tribal health care systems to integrate commercial tobacco dependence treatment into clinical workflows.
* Provide technical assistance to develop a commercial tobacco cessation treatment or referral system within a social services program.
* Promote existing Quit Line and/or tribal cessation programs that support quit attempts.
* Assess and strengthen commercial tobacco cessation benefits and other evidence-based chronic disease self-management programs that support quit attempts for tribal employees and/or tribal members.

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| **CESSATION**  **Write at least TWO (2) Tribal TPEP Program Plan strategies, based on the current status of Tribal TPEP Work.**  **Complete a separate Tribal TPEP Program Plan template for each strategy.** | **Check one:**  **Screening in Clinical Workflows**  **Screening in Social Service Agencies**  **Treatment in Clinical Workflows**  **Treatment or Referral in Social Service Agencies**  **Promote Quit Line and Cessation Services**  **Assess and Strengthen Cessation Benefits** |

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| Strategy: | | |
| Current status: | | |
| **Milestones:** | **Anticipated Completion Dates:** | **Communication Objective(s):** |
| **Activities** | | **Communication-Related Activities** |
| Assessment : | | Partner Engagement: |
| Policy development and adoption: | | Decision Maker Education: |
| Policy implementation and maintenance: | | Public Engagement: |

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| **CESSATION**  **Write at least TWO (2) Tribal TPEP Program Plan strategies, based on the current status of Tribal TPEP Work.**  **Complete a separate Tribal TPEP Program Plan template for each strategy.** | **Check one:**  **Screening in Clinical Workflows**  **Screening in Social Service Agencies**  **Treatment in Clinical Workflows**  **Treatment or Referral in Social Service Agencies**  **Promote Quit Line and Cessation Services**  **Assess and Strengthen Cessation Benefits** |

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| **Strategy:** | | |
| **Current status:** | | |
| **Milestones:** | **Anticipated Completion Dates:** | **Communication Objective(s):** |
| **Activities** | | **Communication-Related Activities** |
| Assessment : | | Partner Engagement: |
| Policy development and adoption: | | Decision Maker Education: |
| Policy implementation and maintenance: | | Public Engagement: |

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| **COMMUNICATION** |
| **A)**  List all communication objectives |
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| **B)** Group cross-cutting communication objectives |
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| **C)** List all staff who will work to engage tribal leadership and decision makers at least twice regarding comprehensive commercial tobacco prevention: |
| **D)** List leadership body or members the staff listed above will present to about comprehensive commercial tobacco prevention: |

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| **TRAINING AND TECHNICAL ASSISTANCE** | | |
| **Requirement** | **If requirement is to be completed by the Tribal TPEP Coordinator, please check the box.** | **If requirement is to be completed by someone in addition to the Tribal TPEP Coordinator, please list below:** |
| **Attend all required trainings and meetings** |  |  |
| **Attend all required Tribal calls** |  |  |
| **Attend all required webinars** |  |  |
| **Attend all required RSN calls/meetings** |  |  |
| **Optional Opportunities** | **List below all staff interested in participating:** | |
| **Grantee Capacity Advisory Group (GCAG)** |  | |
| **Serving as a peer mentor** |  | |
| **Other leadership activities** |  | |