Oregon Tobacco Prevention and Education Program (TPEP)

Tribal TPEP Grants

2017-2019 Request for Applications

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Grant Period:	July 1, 2017-June 30, 2019
Issuing Office:	Oregon Health Authority Public Health Division Health Promotion and Chronic Disease Prevention Tobacco Prevention and Education Program 800 NE Oregon Street, Suite 730 Portland, OR 97232 971-673-0984 971-673-0994 fax www.healthoregon.org/tobacco

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I. INTRODUCTION AND ELIGIBILITY

A. Purpose

The Oregon Tobacco Prevention and Education Program (TPEP) in the Health Promotion and Chronic Disease Prevention Section (HPCDP) of the Oregon Health Authority (OHA), Public Health Division seeks applications from tribes to implement community tobacco prevention and education programs that are grounded in best practices for tobacco control and seek to make sustainable policy, systems and environmental change utilizing tribal practices and community engagement principles

TPEP's priorities for comprehensive tobacco use reduction in Oregon are: addressing the price of tobacco, raising the age of tobacco purchase to 21 years of age, increasing smoke and tobacco-free areas, making cessation services available and accessible, educating the public about the harms of tobacco, and limiting the tobacco industry's influence in the retail environment.

Community tobacco prevention and education programs are essential to fulfilling HPCDP's "Healthy Communities, Healthy People" framework. A copy of the framework is located at https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/hpcdp-framework.pdf. The framework shows that eating better, moving more and living tobacco-free lets Oregonians live healthier lives and do the things they love.

Today in Oregon, nutritious foods, places to play and exercise and smoke free air are out of reach for too many people.

- Tobacco use is the number one cause of preventable death.
- Tobacco use contributes to over 7,000 deaths in Oregon each year and costs $2.5 billion in medical spending due to lost productivity and early death.
- Tobacco-related deaths are almost always due to one of three causes: cardiovascular diseases, cancers and respiratory disease.
- Although tobacco use has declined steadily since TPEP was created in 1996, 18 percent of Oregon adults still smoke cigarettes. Thirty-five percent of American Indians in Oregon smoke, versus 21 percent of Non-Hispanic Whites.

- While 84.5 percent of American Indians/Alaskan Natives do not allow smoking in the home, nearly 40 percent of American Indians/Alaskan Natives in Oregon are exposed to secondhand smoke indoors in the places they live and work.

For additional tobacco data, please see Oregon Tobacco Facts at https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/oregon-tobacco-facts.aspx.

As a result, chronic diseases like asthma, diabetes, arthritis and cancer are on the rise, especially among underserved populations. These diseases are a tremendous cost in both lives and dollars. Each year, chronic conditions like cancer, heart disease, stroke and diabetes claim around 19,000 Oregonian lives.

Oregonians have the power to change the places where they live, learn, work and play and put healthy options within reach. All Oregonians deserve convenient access to activities and spaces that help them live better, regardless of income, education or ethnicity. Healthy options should be expected, not something individuals have to search out.

B. Eligibility and Available Funding

Oregon tribes are eligible entities to apply for Tribal TPEP Grants. TPEP estimates that approximately $1,000,000 in funds will be available for tribal programs for the funding period of July 1, 2017 through June 30, 2019. Maximum funding levels for tribal program grants vary based upon a funding formula agreed to by tribal representatives in December 2011 that stipulates a $32,500/yr base funding with additional funds distributed based on per capita tribal enrollment numbers. Please see Appendix B for a table outlining funding allocations for tribes.

C. Reservation of Oregon Health Authority Rights

Oregon Health Authority reserves all rights regarding this RFA, including, without limitation, the right to:

1. Amend or cancel this RFA without liability if it is in the best interest of the public to do so;

2. Reject any and all applications received by reason of this request upon finding that it is in the best interest of the public to do so;

3. Waive any minor irregularity, informality, or non-conformance with the provisions or procedures of this RFA, and to seek clarification from the applicant, if required;

4. Reject any application that fails to substantially comply with all prescribed solicitation procedures and requirements;

5. Negotiate a final grant within the scope of work described in this RFA and to negotiate separately in any manner necessary to serve the best interest of the public;

6. Amend any grants or replace any grants that are a result of this RFA; such amendments or new grants may be for additional periods of time, changes in payment rates for services or to add or delete any terms and conditions of such grants which are within the scope of this RFA;

7. To extend any grants that are a result of this RFA or to enter into new grants within the scope of this RFA without an additional solicitation process. Tribal TPEP Program Plans and budgets will continue to be subject to OHA approval during any subsequent periods.

D. RFA Amendments

Any interpretation, correction or change to this RFA will be made by written amendment on or before March 15, 2017. Notification of any changes to the RFA will be posted to the HealthyTribes listserv and HPCDP Connection. Interpretations, corrections or changes to this RFA made in any other manner will not be binding, and applicants will not rely upon such interpretations, corrections or changes.

II. DESCRIPTION OF PROGRAM SERVICES AND SCOPE OF WORK

A. Required and Recommended Work

HPCDP has identified the scope of work all tribes awarded funds for Tribal TPEP must fulfill. The scope of work is described below and is divided into the following categories:

- Overall
- Policy
- Substance Abuse Prevention Coordination and Alignment
- Cessation
- Communication
- Training and Technical Assistance

The scope of work is further categorized as required or recommended:

- **Required:** These are part of a current statewide TPEP initiative. Dedicated state resources and expertise are in place to support these initiatives. Tribal TPEP Program Plans must include all items listed as required.
- **Recommended:** These are part of a current statewide TPEP initiative, but there are limited state resources and expertise in place to support these initiatives, or they require innovation at the local level to inform future statewide initiatives.

Tribal TPEP Coordinators are encouraged to review resources on HPCDP Connection in developing Tribal TPEP Program Plans. To access HPCDP Connection click this link: https://partners.health.oregon.gov/partners/HPCDPConnection/Pages/index.aspx

Username: HPCDP; Password: Communities12 (both are case sensitive)

OVERALL

Monitoring and evaluating commercial tobacco prevention policies and interventions are essential to a comprehensive commercial tobacco prevention program. Data and information gathered on the function and value or significance

of program efforts can be used to identify Tribal TPEP priorities, inform and engage decision makers, identify local champions, guide and improve efforts and demonstrate tribal best practices and overall effectiveness. Sharing this information gives stakeholders a clearer picture of the commercial tobacco epidemic and what can be done to implement and strengthen policies, systems and environmental changes that reduce the harms of commercial tobacco and nicotine inhalant delivery systems.

Required Program Components:

- Monitor tobacco-related tribal resolutions and policies.
- Use available tribal data to prioritize and promote commercial tobacco prevention interventions.
- Integrate and align Tribal TPEP Work Plan with Tribal Substance Abuse Prevention (SAP) work plan, and coordinate measurable milestones of at least one strategy area (new)
- Participate in review of Tribal TPEP Program Plan progress and share lessons learned with state TPEP. This includes bi-monthly check-ins with the assigned HPCDP Liaison (or more as requested), site visits, Grantee and Contractor meetings, and reporting requirements.
- Share experiences and successes with tribal, regional and statewide TPEP partners. Write at least one (1) success story. (See Appendix C for guidance.)
- Share tribal resolutions and policies with state TPEP and Northwest Portland Area Indian Health Board (NPAIHB) to be included in the NPAIHB Tribal policy tracking system.
- Support and participate in program evaluation and assessment efforts in consultation with HPCDP and the Northwest Portland Area Indian Health Board NPAIHB.

POLICY

Commercial tobacco smoke is toxic and contributes to deaths of smokers and non-smokers alike. Secondhand smoke alone kills an estimated 650 Oregonians each year, and there is no safe level of exposure to commercial tobacco smoke. It can

cause heart disease and cancer and worsen respiratory conditions such as asthma. Certain populations including pregnant women, children, elders and people with chronic illness are especially vulnerable. In addition, smoking and the use of other commercial tobacco products in public places can normalize smoking behavior for youth. Commercial tobacco products are cheap, easily accessible and heavily promoted to youth.

American Indian and Alaska Natives experience a disproportionate burden of commercial tobacco use and commercial tobacco-related diseases. Commercial tobacco marketing commonly uses American Indian imagery and design to target advertising and normalize commercial tobacco use in tribal communities.

Commercial tobacco-free tribal ordinances and policies can counter this targeted marketing. Commercial tobacco-free tribal office buildings and campuses, outdoor venues, education facilities, events, gatherings, and housing all create a healthy environment and promote social norms that support community wellness. Additionally, raising the minimum legal sale and product sampling age for commercial tobacco products to 21 is a promising strategy to reduce smoking and other tobacco use among youth. Most addiction to commercial tobacco starts in adolescence; in fact, nine of ten adults who smoke report that they started smoking before turning 18, and almost 100 percent start before they turn 26. Increasing the minimum age of legal access to 21 will help prevent young people from ever starting to smoke, and subsequently reduce the deaths, disease and health care costs caused by tobacco use.

As sovereign nations, Oregon tribes have the authority to develop, implement and enforce commercial tobacco prevention policies and resolutions that protect the health of tribal members while maintaining tribal cultures, traditions and economies.

Required Program Components: Facilitate the development and implementation of a tribal resolution or policy in **two or more** of the following strategy areas that align with tribal priorities and local momentum. **Choose at least one *shared* strategy in partnership and coordination with the Tribal Substance Abuse Prevention Program. The identified strategy, associated activities and milestones should be reflected within the Tribal TPEP Program Plan.** Develop measurable milestones for each strategy. See Program Plan Definitions in Appendix D for additional guidance on developing the Tribal TPEP Program Plan.

Strategy Areas:

- Tobacco Retail Regulation –Work to advance commercial **tobacco retail strategy or package** rated as "recommended" by the Center for Public Health Systems Science in the *2014 Point-of-Sale Strategies: A Tobacco Control Guide*, and as it applies to the tribal community context.

- Tobacco 21 – Work to advance a tribal ordinance to raise the age of purchase or product sampling of commercial tobacco to 21 years of age. Sample policies and strategies developed by the Tobacco Control Legal Consortium can be found here: http://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-minimumlegal-saleage-2015.pdf

- Commercial Tobacco-Free Tribal Administration-Community Campus Policy Strategy– All tribal administrative buildings (including grounds and campuses)

- Commercial Tobacco-Free Health Clinic Policy Strategy – Indian Health Service or tribal health clinics or other health settings (including grounds and campuses)

- Commercial Tobacco-Free Educational Facility Policy Strategy – Head Starts, schools, after school programs, child care facilities or other educational settings (including grounds and campuses)

- Commercial Tobacco-Free Gathering Spaces Policy Strategy – Outdoor venues such as parks, powwow/parade grounds or ceremonial grounds

- Commercial Tobacco-Free Events and Gatherings Policy Strategy– Sponsored by tribal programs, culture council or youth or elders groups

- Commercial Tobacco-Free Tribally Run Businesses Policy Strategy – Elders housing, tribal museums, , resorts, convenience stores, restaurants and casinos

- Commercial Tobacco-Free Tribal Housing – Smoke free residential rental properties inside and outside

- Commercial Tobacco-Free External Partnerships– Collaborate with partners such as local health departments, WIC, Maternal Child Health, youth and

elders groups, substance abuse prevention programs, behavioral health, coalitions and advocacy organizations to pursue policies that address commercial tobacco issues that affect local American Indian and Alaska Native populations

Resources:

Additional resources for developing commercial tobacco-free resolutions and policies:

- **HPCDP Connection**

  https://partners.health.oregon.gov/Partners/HPCDPConnection/Tobacco/Pages/index.aspx

- **Walking Toward the Sacred**

  http://www.glitc.org/forms/Tabacco/tabacco-booklet-web-.pdf.

- **Northwest Portland Area Indian Health Board**

  http://www.npaihb.org/resources/project_toolkits

- **Public Health Law Center** – Drafting Tribal Public Health Laws and Policies to Reduce and Prevent Chronic Disease

  http://publichealthlawcenter.org/sites/default/files/resources/fs.tribal.health.policies.July2015.pdf

- **Americans for Non-Smokers Rights**http://www.no-smoke.org/learnmore.php?id=738

SUBSTANCE ABUSE PREVENTION COORDINATION AND ALIGNMENT

The Oregon Health Authority underwent reorganization in 2015, and portions of Addictions and Mental Health (AMH) merged with the Division of Medical Assistance Programs, which was named the Health Systems Division, and a newly formed Health Policy and Analytics Division. The Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention funding moved to the Oregon Public Health Division (PHD), Health Promotion and Chronic Disease Prevention (HPCDP) Section in March 2016. HPCDP provides leadership for prevention and health promotion initiatives for tobacco, asthma, nutrition, diabetes, arthritis, heart

disease, physical activity, stroke and cancer, and will now include substance abuse prevention in its portfolio - particularly alcohol and other drugs. The comprehensive public health approach will strengthen the collaborative work in community prevention programs and statewide.

Alignment and integration of TPEP and Substance Abuse Prevention (SAP) Plans will be required for at least one or both of the priority areas identified in the Tribal TPEP Program Plans in an effort to support and mobilize tribal health departments to integrate strategies into synergistic efforts.

The new goal of greater alignment and integration is to foster conversation at the local level. Local actors can then determine how best to coordinate and collaborate work between tobacco and substance abuse prevention programs, leading to opportunities for tribal policy development and decision making, and to better leverage community relationships. Building shared ownership for TPEP and SAP strategies among diverse stakeholders in tribal communities offers the benefit of coordinated mobilization and leveraging of resources to achieve measurable improvement in health status and quality of life.

Understanding that cultural values (e.g., importance of interpersonal relationships, commitment to traditional healing and cultural-based practices) can help support practices and policy development, grantees are encouraged to learn more about the approved Oregon Tribal Best Practices and learn how their TPEP work can fit in with them. Oregon tribes are poised to provide a model for what integration looks like in practice, including the integration of tobacco prevention, substance abuse prevention, and tribal policy implementation, resulting from collaboration across multiple sectors.

Required Program Components:

- Prepare and submit to HPCDP a Program Plan detailing two strategies from the options that best fit for the tribal community. Options vary from progressing retail restrictions in tribal communities where tobacco is sold, raising the age of tobacco purchase and/or product sampling to 21 and/or tobacco-free tribal campuses/facilities. Clearly describe the coordinated roles and activities of TPEP and SAP Coordinators, as well as Tribal leadership.

- Tribal TPEP Coordinator will consult with the Tribal Prevention Coordinator to articulate how coalition/community engagement will support forward movement of a strategy where the progress has "stalled" or has not achieved desired progress

- Grantees may be asked to participate in an assessment to describe collaboration and coordination across prevention programs funded by HPCDP. Grantees identified as having readiness and leadership commitment to establishing meaningful coordination and collaboration structures will be invited to participate in a series of Institutes over the course of the biennium to support their progress.

Recommended:

Tribal grantees are encouraged to design TPEP strategies and policies through a cultural lens and utilizing cultural-based practices. Grantees are strongly encouraged to submit lessons learned to HPCDP Community Programs Liaisons in order to enhance the Tribal Best Practices statewide body of work.

PROMOTING CESSATION INFRASTRUCTURE AND POLICY

Commercial tobacco cessation is a key component of a comprehensive commercial tobacco control program. Quitting smoking has immediate and long-term health benefits and 49 percent of American Indians/Alaskan Natives in Oregon attempt to quit each year. However, most commercial tobacco users who want to quit need multiple quit attempts before they are successful. Tribal health systems provide multiple opportunities to motivate and assist patients and clients who use commercial tobacco to quit. Tribal health care systems include Indian Health Service (IHS), tribal health clinics, dental clinics, pharmacies, behavioral health, employer-based health plans and Coordinated Care Organizations serving tribal Oregon Health Plan members. Tribal social service agencies may include children and family services, youth prevention, vocational rehabilitation, self-sufficiency programs and elder services. Developing a systematic approach to commercial tobacco cessation across tribal health care and social service delivery systems will ensure that commercial tobacco users receive ongoing evidence-based, culturally-appropriate support at every encounter to help them with their quit attempts.

Required: Provide commercial tobacco cessation support to health care systems and social service agencies using **two or more** strategies from the following list. Develop separate, measurable milestones for each strategy.

Screening Strategies:

- Assess current cessation practices within tribal clinic to inform technical assistance necessary for tribal health care systems to integrate commercial tobacco dependence screening into clinical workflows.

- Provide technical assistance via education and resource information to enhance or develop a commercial tobacco cessation screening system within a social services program.

Cessation Strategies:

- Provide technical assistance via education and resource information to tribal health care systems to integrate commercial tobacco dependence treatment into clinical workflows.

- Provide technical assistance via education and resource information 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.

<u>Integrate Screening and Treatment into Clinical Workflows</u>

Making commercial tobacco cessation interventions part of routine clinical care within health care systems significantly increases the likelihood that health care providers will consistently screen patients for commercial tobacco use and provide or connect patients who use commercial tobacco with appropriate treatment. Tribal TPEP's role is to inform health care decision makers about the health and economic burden of commercial tobacco use, and share evidence-based clinical cessation interventions that can improve the health of tribal members and reduce health care costs associated with commercial tobacco-related chronic diseases.

(See Cessation and Self-Management Resources below for a list of evidence-based interventions.) The goal is to establish formal clinical policies and protocols that can be sustained over time and ensure every patient is screened for commercial tobacco use, tobacco use status is documented along with treatment or a referral to treatment and follow up to anyone who wants to quit.

Screening and Referral Systems in Social Service Agencies

Tribal TPEP can inform social services agencies of the health benefits associated with quitting commercial tobacco use and promote evidenced-based cessation interventions available to tribal members. Tribal TPEP can also provide technical assistance to establish commercial tobacco use screening and referral policies to identify and assist clients who use commercial tobacco and want to quit.

Promote Quit Line and Cessation Services

Commercial tobacco users can either call the Oregon Tobacco Quit Line (1-800-QUIT-NOW), or health care providers can refer patients to the Quit Line using the online tool located at https://www.quitnow.net/oregon/. There are also a number of evidence-based cessation and chronic disease self-management programs listed below that can help increase quit attempts, including culturally appropriate resources found at the National Native Network: Keep It Sacred site located at http://keepitsacred.itcmi.org/.

Assess and Strengthen Cessation Benefits

To be most effective, cessation benefits should be comprehensive. For example, the combination of counseling and medication is more effective than either medication or counseling alone in helping commercial tobacco users quit. Additionally, cessation benefits that are promoted and easy to access also increase quit attempts. See the Public Health Division's Tobacco Cessation Coverage Standards document located at https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob_cessation_coverage_standards.pdf to view recommendations for comprehensive cessation benefits.

REMINDER: TPEP funds cannot be used to deliver cessation services, including providing counseling and medication.

Cessation Resources:

- **Basic Tobacco Intervention Skills for Native Communities –** Tools, created by the Indian Health Service Tobacco Control Task Force, are hosted by the University of Arizona HealthCare Partnership. Training includes adaptation of 2As&R and 5As by the Indian Health Service Tobacco Control Task Force.

  http://healthcarepartnership.webhost.uits.arizona.edu/natamer-ihs.html

- **Second Wind –** Second Wind is a Stop Smoking Curriculum is designed specifically to help support American Indians and Alaska Natives to stop smoking and chewing and remain tobacco free. The facilitator will provide basic information about smoking and chewing tobacco and practical counseling, problem solving skills and social support. The curriculum utilizes motivational interviewing, behavior modification, group support and education. Participants will learn the physical, psychological and behavioral impact of smoking or chewing tobacco. Participants will learn the difference between sacred use and commercial abuse. Sensitivity is given to the culture of Native Americans and other cultures who use tobacco for spiritual or ceremonial purposes.

  Contact NPAIHB at http://www.npaihb.org/site/contact for more information.

- **Second-Wind, First Breath** – This facilitator guide is an adaptation of Second Wind for pregnant women.

  http://www.tobacco-cessation.org/sf/pdfs/cpr/23)%20Second%20Wind%20First%20Breath_Facilitator%20Guide.pdf

- **National Native Network: Keep it Sacred** – The National Native Network website is a hub for culturally appropriate resources pertaining to commercial tobacco cessation, commercial tobacco products, chronic disease prevention and distinguishing the difference between commercial tobacco usage and sacred tobacco traditions.

  http://keepitsacred.itcmi.org/

- **Tobacco Cessation Coverage Standards** – Recommendations listed in this resource are based on the *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*, sponsored by the U.S. Public Health Service.

  https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob_cessation_coverage_standards.pdf

- **Treating Tobacco Dependence Practice Manual: a Systems-Change Approach** – This manual from the American Academy of Family Physicians takes a step-by-step approach in assessing commercial tobacco cessation activities and implementing a system to ensure that commercial tobacco use is systematically assessed and treated at every clinical encounter.

- http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/practice-manual.pdf

- **2As and R** – This three-step approach to commercial tobacco cessation counseling includes the following: 1) Ask, 2) Advise, and 3) Refer.

  http://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf

- **5As** – This five-step approach to commercial tobacco cessation counseling includes the following: 1) Ask, 2) Advise, 3) Assess, 4) Assist, and 5) Arrange.

  http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html

- American Lung Association N-O-T (Not on Tobacco) Training- Smoking cessation/reduction program for teens 13-19yrs of age who smoke and want to quit. Ten sessions covering array of topics such as; tobacco facts, impacts of smoking, getting support, setting a quit date, understanding impacts of tobacco advertising, staying committed and resources available.

Self-Management Resources:

- **Indian Health Diabetes Best Practice Diabetes Self-Management Education (DSME) and Support –** The Indian Health Service Division of

Diabetes Treatment and Prevention provides many resources for diabetes self-care.

http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=SOCDSME

- **Oregon Self-Management Programs –** Oregon offers a variety of Self-Management Programs to promote taking control and living healthier, including:
    - Living Well With Chronic Conditions
    - Oregon Tobacco Quit Line
    - Oregon Arthritis Program
    - National Diabetes Prevention Program
    - Diabetes Self-Management Education Programs
    - Falls Prevention for Older Adults

    https://public.health.oregon.gov/PreventionWellness/SelfManagement/Pages/index.aspx

COMMUNICATION

Commercial tobacco companies spend billions of dollars annually to make commercial tobacco use more affordable and attractive, as well as an accepted and established part of the culture. Nevertheless, strategic communications as part of a comprehensive commercial tobacco control program can effectively counter these efforts. Communications support can accelerate environmental, systems and policy changes that improve community health outcomes. Within the tribe these communications include meetings and presentations to tribal council, tribal health board, elders, youth and earned media opportunities such as tribal newspaper press releases, radio station, social media and local events. To leverage these opportunities, Tribal TPEP can develop communication objectives that target multiple audiences as part of an overall strategic communication plan. Additionally, Tribal TPEP can strengthen relationships with tribal leaders, community partners, Regional Health Equity Coalitions and stakeholders who prioritize the health of the community.

Required Program Components:

- **Communication Objectives**
    - Develop at least one communication objective for each strategy in the Tribal TPEP Program Plan. Complex, high-priority strategies may require more than one communication objective, particularly if different leaders, community or champions are engaged.
- **Communication Plan**
    - In the Communication section of the Tribal TPEP Program Plan, list all communication objectives developed.
    - Briefly describe cross-cutting, complementary, and/or competing areas identified among the communication objectives listed.
- **Presentations and Meetings**
    - Present at least twice yearly to a tribal leadership body or meet with members of that body. Include the content, timing and choice of audience for this activity in communication objectives listed within the Tribal TPEP Program Plan.
- **Communication Reporting**
    - Support and participate in communication initiatives, such as Smoke free Oregon. Additional guidance will be shared throughout the grant period.

<u>Communication Objectives</u>

An effective communication objective: 1) is achievable in a given timeframe; (2) influences the opinion, attitude or behavior of the target audience; and (3) is measurable. Additionally, communication objectives should answer the following question: What does the audience need to understand, support or do to create the desired change?

Audiences should be strategic and specific to local community outcomes. Who will decide on a policy change? Who influences those decision makers?

Example strategies and corresponding communication objectives:

1. Strategy: By July 2018, the tribal health clinic implements evidence-based cessation protocols to decrease commercial tobacco use among pregnant patients.

   Communication Objective: By March 2018, clinic administration and staff will increase their understanding to address commercial tobacco addiction during pregnancy.

2. Strategy: By July 2019, Tribal Council passes a resolution making the entire tribal campus commercial tobacco-free.

   Communication Objective: By February 2019, Tribal Council will understand the dangers of secondhand smoke and how commercial tobacco companies target American Indians.

3. Strategy: By July 2019, Tribal Council adopts a policy raising the age of purchase for tobacco to 21 years of age.

   Communication Objective: By February 2019, the TPEP Coordinator, Regional Health Equity Coalition (RHEC), and Youth and Elders Council will demonstrate the local burden of tobacco retail practices to Tribal Council and will ask for a commitment to pass a tribal ordinance to raise the age of purchase of tobacco to 21 years of age.

<u>Communication Plan</u>

Listing all communication objectives together will help identify communications objectives that support more than one strategy. For example, a communication objective for a commercial tobacco-free park and a communication objective for a commercial tobacco-free powwow may have similar audiences and strategies. Knowing what strategies overlap or conflict will help identify priorities, frame communication messages and establish timing.

Presentations and Meetings

Presentations to and informational meetings with Tribal Council, coalitions, advisory committees and individual decision makers are critical opportunities to advance commercial tobacco prevention in communities. Tribal TPEP programs that engage leadership and stakeholders are most effective at building community awareness and prompting action to reduce commercial tobacco use and exposure in the tribal community. Information shared should convey a complete picture of all of the following elements of a comprehensive program:

- Raising the price of tobacco (through taxes or restrictions on coupons or discounts);
- Raising the age of purchase and product sampling of commercial tobacco to 21 years of age;
- Expanding commercial smoke and tobacco-free areas;
- Promoting and supporting comprehensive cessation services;
- Educating the public on the harms of commercial tobacco, nicotine inhalant delivery systems and the distinction between commercial and traditional tobacco; and
- Limiting the commercial tobacco industry's influence.

When presenting to or meeting with key decision makers or other stakeholders, include: a) a description of each element of a comprehensive program, b) its evidence base, c) how it reduces tobacco initiation and use, and d) what is already in place to support the element. Include stories and data that will be compelling and relevant to the individual or group. Always conclude presentations with an overview of current efforts and policy options.

Recommended:

- Use the Communication Planning template provided in Appendix E to develop an operational communication plan for policy priorities. Completing or initiating this tool is the first step in preparing for communications assistance at any time in the grant year. This tool will assist in refining the audiences, values, messages, messengers and communication activities needed to achieve communication objectives.

- If one is located in the region, connect with the Regional Health Equity Coalition (RHEC), using the guidance above, to jointly inform key audiences about the benefits of comprehensive, community-wide commercial tobacco prevention to tribal members.

TRAINING AND TECHNICAL ASSISTANCE

HPCDP aims to support Tribal TPEP with meaningful learning opportunities and ongoing technical assistance. Trainings offered will focus on current and emerging priority areas and are intended to develop and enhance skills necessary for Tribal TPEP. Trainings will also support networking and collaboration with peers including sharing lessons learned. The Tribal TPEP main point of contact and any staff working 0.5 FTE or more are encouraged to complete all staff training requirements. Participation is required at certain HPCDP-sponsored trainings, meetings webinars and conference calls – see below.

Type	No.	Content	Timing
Required			
eLearning Module	1/year	Education, Advocacy, Lobbying and Electioneering (required). Other topics may be offered and attended on a voluntary basis.	Winter 2017
In-person or Webinar Training	Varies	Coordinated and led by HPCDP training teams and/or contractors related to HPCDP strategies and tribal policy priorities in response to assessed needs. This may include training on policy, systems, environmental change strategies and evaluation applied to an emerging policy context.	As needed to share information with grantees in a timely manner

		(Required topics will be communicated)	
Tribal TPEP Conference Calls	4/year	Key program areas and grantee coordination	Quarterly
Regional Support Network calls or gatherings	6/year	Regional collaboration, peer-to-peer and support	Typically Bi-Monthly
Grantee and Contractors Meeting/Place Matters Conference	1/year	Networking, collaboration, evaluation, policy change	Fall 2017 and 2018

- ***eLearning.*** Self-guided learning is hosted through the Oregon Health Authority's learning platform or website.
- ***In-Person Training and Webinars.*** HPCDP will offer training based on program needs and input from grantees. Webinars last approximately one and a half hours. Webinars will focus on specific content areas of the Local Program Plan to build capacity, support sharing of lessons learned and encourage collaboration. Determination of which in-person training session(s) to attend must be made by August yearly. This decision should be made in consultation with the assigned HPCDP Liaison and using guidance that will be provided. Travel costs (meals, mileage and hotel) should be included in the budget submitted and based on the number of trainings estimated to attend.

- ***Tribal TPEP Conference Calls.*** HPCDP staff coordinate calls to provide Tribal TPEP Coordinators an opportunity to share information and advance key program areas. Topics are solicited from tribes and HPCDP staff. Tribal TPEP will be asked to present their current activities, successes and challenges during the calls.

- ***Regional Support Networks (RSNs).*** RSNs are comprised of HPCDP grantees located within a geographic region. RSNs provide an opportunity for peer support and learning, coordination of regional activities, the sharing of strategies and resources and a means to identify training needs. RSNs are

required to meet a minimum of six (6) times a year. RSNs typically meet via phone for approximately one (1) hour, usually every other month. RSN members are responsible for scheduling, planning and facilitating meetings. Each RSN will have an assigned HPCDP Liaison who will set up conference calls, answer questions directed to state staff, clarify requirements for grants and connect the RSN to other HPCDP staff as needed. RSNs may also choose to meet in person. If RSN members choose to meet in person, they are responsible for the costs of the gathering, including all costs for travel, meeting rooms and other logistics. When possible, time may be provided for RSNs to gather during HPCDP-sponsored in-person meetings and events.

- ***Grantees and Contractors Meeting/Place Matters Conference.*** The Grantees and Contractors annual meeting will be held in Fall 2017 in Portland. Grantees and Contractors Meeting will be part of the Place Matters Conference in Fall 2018. There will be no registration fee for HPCDP grantees. However, in the budget submitted grantees should include lodging, mileage for travel to the meeting and per diem for meals not provided.

- ***New Coordinator Orientation Webinars/ Calls.*** New Tribal Coordinator training sessions will be coordinated by Community Liaison.

Recommended Opportunities:

- ***Mentors.*** Experienced Tribal TPEP Coordinators are encouraged to participate in peer mentoring of new coordinators to strengthen Tribal TPEP programs and support common goals and strategies statewide. The HPCDP Workforce Capacity Coordinator will provide assistance and support to mentors. Interested coordinators should indicate their willingness to serve as mentors in their Professional Development Plans within their Tribal TPEP Program Plan.

- ***Additional optional training opportunities.*** Participation in additional national or local training opportunities either as a participant or presenter is permitted. Grantees must request approval from HPCDP prior to participation if TPEP funds will be used to attend or participate at other training opportunities. Whenever possible these trainings should be included in the Professional Development Plan.

B. Staffing

Staffing is a budget priority for program resources. To ensure adequate staffing and accountability for completion of the Tribal TPEP Program Plan, the majority of grant funds are expected to be invested in qualified program staff. Staff time paid by Tribal TPEP funds are reserved for approved activities in the Tribal TPEP Program Plan. The Applicant is expected to designate a Tribal TPEP Coordinator who will serve as the main point of contact between the Tribal TPEP program and HPCDP, and who will have sufficient FTE to support regular, consistent communication and coordination with HPCDP. In most cases, the Tribal TPEP Coordinator will be responsible for conducting and ensuring completion of all activities in the Tribal TPEP Program Plan. For tribes with multiple program staff, the Tribal TPEP Coordinator also ensures that other program staff members conduct the activities in the Tribal TPEP Program Plan. Recommended staffing competencies for Tribal TPEP Coordinators can be found in Appendix F.

C. Line Item Budget and Narrative

Submit the proposed 24-month budget for the fiscal period July 1, 2017– June 30, 2019, using the required Line Item Budget and Narrative Worksheet (Attachment 2). The budget worksheet includes formulas to perform automatic calculations.

When using Tribal TPEP funds for meetings and events, grantees are highly encouraged to hold events/trainings at tobacco-free locales and follow the HPCDP Nutrition Protocol on Healthy Meetings and Events page available on HPCDP Connection at: https://partners.health.oregon.gov/Partners/HPCDPConnection/Nutrition/Pages/HealthyMeetings.aspx.

Funds may not be used to purchase nicotine replacement therapy, or to support staff time providing tobacco cessation client services, such as classes, coaching or counseling. Tribal TPEP funding cannot be used for direct services or to support reimbursement models as part of policy implementation – e.g., funding cannot be used to reimburse entities for any perceived or demonstrated difference of cost between healthy options versus unhealthy options.

The Line Item Budget and Narrative Worksheet should include each of the following Budget Categories, as relevant:

- Salary: List each position funded by the grant on a separate line. For each position, include the job title, annual salary, FTE as a percentage and the

number of months requested for each staff person. The total salary will automatically calculate. Include a narrative for each position briefly describing their primary responsibilities on the grant.

- Fringe Benefits: If applicable, list the fringe rate for each position on a separate line. The total fringe will automatically calculate. Unless otherwise indicated, the general assumption is that the "Base" will be the total salary charged to the contract.

- Equipment: Provide a total amount for equipment, as well as a narrative listing planned purchases and brief rationale. Office furniture, equipment and computer/software upgrades are allowable provided they are reasonable expenditures, are related to the Tribal TPEP Program Plan and have not been purchased in the previous two funding periods.

- Supplies: Provide a total amount for supplies. Supplies may include office supplies or meeting supplies. Expenditures for educational materials must be for materials approved by TPEP. If expenditures are allocated for educational materials, the narrative must include a justification that describes how such materials are related and essential to specific activities listed in the Tribal TPEP Program Plan. Funds may not be used for clinical cessation services, treatment or medications.

- Travel:

    - In-State: Provide a narrative statement describing proposed in-state travel. Include local mileage as well as per diem, lodging and transportation to attend required and requested meetings. Federal per diem rates limit the amount of reimbursement for in-state travel – see U.S. General Services Administration Per Diem Rates at www.gsa.gov/perdiem.

    - Out-of-State: Travel to attend out-of-state events or conferences is permitted if content is applicable to the Tribal TPEP Program Plan. Provide a narrative statement that includes the name of the event or conference and how the proposed travel relates to the Tribal TPEP Program Plan. Include amounts for per diem, lodging, transportation, registration fees and any other expenses. Federal per diem rates limit the amount of reimbursement for out-of-state travel – see U.S. General Services Administration Per Diem Rates at www.gsa.gov/perdiem

- Other: List expenses for items not listed above, such as telephone, rent, copying, printing, postage and mailing that are directly related to grant activities. Expenses such as equipment, supplies, indirect rate or cost allocation may not be included in the "Other" category if they are included elsewhere in the budget.

- Contracts: Pre-approval from HPCDP must be obtained for any subcontracts. List each proposed subcontracted program activity and the name of the proposed subcontractor (if known) along with the amount of the contract. All activities related to the subcontractor must be clearly specified in the Tribal TPEP Program Plan, and must include: (1) scope of work, including tasks and deliverables; (2) time period of the contract; (3) tribal staff person who will supervise or manage the contract; (4) name of the contractor, if known; and (5) the method to be used to select the contractor, such as bids, RFPs, sole-source, etc.

- Total Direct Costs: The total direct cost will auto-fill on the worksheet. Confirm that the amount is correct.

- Cost Allocation and Indirect Rate: Indicate the cost allocation or indirect rate. The worksheet will auto-fill the total direct costs and multiply the cost allocation or indirect rate against the total direct to calculate the total cost allocation or indirect amount. OHA reserves the right to request additional detail on cost allocation or indirect rates.

- Totals: The worksheet will auto-fill the total budget amount requested. Ensure that the total budget amount does not exceed the tribal allocation listed in the funding formula found in Appendix B.

D. Reporting

Reports from Tribal TPEP Coordinators help HPCDP track successes around the state, inform program improvement activities, and collect data to maintain secure funding. Two (2) times per year on the schedule outlined below, Tribal TPEP coordinators shall complete a progress report interview with the assigned HPCDP Liaison to describe progress made on the Tribal TPEP Program Plan. Reporting interviews will be scheduled during the following periods:

- Fall 2017

- Spring 2018

- Fall 2018
- Spring 2019

HPCDP will provide Tribal TPEP Coordinators a calendar of interview date options along with guidance for preparing for interview reports at least two weeks prior to the interview schedule period. Tribal TPEP is requested to submit copies of established policies within the reporting period in which they are adopted.

III. APPLICATION SUBMISSION

A. Application Deadline and Delivery

One (1) electronic copy of the cover letter and budget must be received via email no later than 3:00 p.m., March 21, 2017. The program plan must be received via email no later than 3:00 p.m., March 31, 2017. The cover letter, budget, and program plan are to be submitted in Microsoft Word and/or Microsoft Excel. Please label each file with the tribe name, the grant year and the name of the form as in the following examples:

- TribeName.2017-19.CoverLetter.docx
- TribeName.2017-19.Budget.xlsx
- TribeName.2017-19.ProgramPlan.docx

Email applications to Sarah Barnard at sarah.barnard@state.or.us. Completed submissions will receive a notification of receipt.

B. Application Requirements

Applications must address all the application requirements included in this RFA. An application missing any item listed below will be considered incomplete. Include the following application materials:

- Application Cover Sheet (Attachment 1)
- Line Item Budget and Narrative Worksheet (Attachment 2)
- Tribal TPEP Program Plan Form (Attachment 3)

C. Application Cover Sheet

Complete all sections of the Application Cover Sheet (Attachment 1).

Applicants must disclose any and all direct and indirect organizational or business relationships between the applicant or its subcontractors, including its owners, parent company or subsidiaries and companies involved in any way in the production, processing, distribution, promotion, sale or use of commercial tobacco or commercial tobacco-related products.

IV. APPLICATION REVIEW PROCESS

A. Application Timeline

RFA opens	February 15, 2017
Question submission deadline	4:00 p.m., March 6, 2017
Questions and answers posted to website	March 13, 2017
Amendments to the RFA (if any) posted to website	March 15, 2017
Budgets and Cover Letters due	3:00 p.m., March 21, 2017
Program Plans due	3:00 p.m., March 31, 2017
Notification of approval for Tribal TPEP Program Plans and budgets	May 1, 2017
Budgets and Tribal TPEP Program Plans finalized	May 31, 2017
Start/end date for Grant Period	July 1, 2017 – June 30, 2019

B. Award Notice

Applicants will be notified in May 2017 about the status of their application as:

- Accepted as submitted
- Accepted with required changes
- Requiring re-submission

HPCDP TPEP may negotiate a modification of the Tribal TPEP Program Plan and budget, and award funds only after such modification has been agreed upon by TPEP. All funds awarded under this RFA will be included in the Intergovernmental Financial Assistance Agreement between OHA and tribes.

C. Questions

This RFA is non-competitive. Therefore, applicants are encouraged to contact assigned HPCDP liaisons and staff for technical assistance at 971-673-1347 or by submitting questions in writing to Sarah Barnard, sarah.barnard@state.or.us

Questions submitted in writing by 4:00 p.m., March 6, 2017, will be posted in Q&A format to the TPEP RFA section of HPCDP Connection, https://partners.health.oregon.gov/partners/HPCDPConnection/Pages/index.aspx on March 13, 2017.