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. LPHAs must complete a progress report interview with their HPCDP Liaison two times for the 2017-18 fiscal year to describe progress made on the Local Program Plan.

Reporting interviews will take place in the following approximate timelines:

• Period 1: Fall 2017

• Period 2: Spring 2018

Reporting Periods cover the following dates:

• Period 1: July 2017 – November 2017

• Period 2: December 2017 – projecting through June 2018

SECTION A: County Overview

|  |  |
| --- | --- |
| Liaison |  |
| County |  |
| County Coordinator |  | FTE |  |
| Other Key Staff |  | FTE |  |
| Address |  |
| Phone |  |
| E-mail |  |
| Award amount |  |
| **Reporting Period:**[ ]  1 [ ]  2  |
| Interview Date:  |  |
| Date Finalized:  |  |

 **SECTION B: Program Plan Discussion**

OVERALL

|  |
| --- |
| **What policies have been adopted?** This section is for documenting policies that have been adopted during the reporting period, **not** recording progress or activities. Please include brief policy description (e.g., “100% Tobacco-Free County Properties,” ) |
| **Policy Description** | **Date****Enacted** | **How many people does this policy impact?** | **Policy on File with HPCDP?** |
|  |  |  | [ ] Yes[ ]  No |
|  |  |  | [ ] Yes[ ]  No |
|  |  |  | [ ] Yes[ ]  No |

|  |
| --- |
|  **Have you submitted a success story?*****Reminder: Please submit at least one success story by June 30th.*** |
| [ ]  Yes [ ]  No If yes, please briefly describe: |
| Follow-up: |

|  |
| --- |
| **Were there any Indoor Clean Air Act enforcement issues or concerns to report during this period?** |
| [ ]  Yes [ ]  NoIf yes, please briefly describe: |
| Follow-up: |
| *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? [ ]  Yes [ ]  No  |

|  |
| --- |
| **Describe use of ToPPEC resources, if applicable.**  |
|  |
| Follow-up: |
| **Describe participation in evaluation or assessment activities, if applicable.** |
|  |
| Follow-up: |

**POLICY WORK**

|  |
| --- |
| Please report status of milestones, successes, challenges, partners engaged, and proposed changes to program plan. |
| **Policy Area 1: Tobacco-Free Properties**[ ]  Local Health Department [ ]  County Campuses [ ]  Tobacco-free city agencies or regional government**County-specific strategy and milestones from Policy Work program plan:***

*

 |
| Were any county-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No  |
| Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 | Indicate a single stage in the Policy Change Process Model where you are currently spending most of your time and effort on the policy strategy listed above:[ ]  1. Identify and Frame the Problem[ ]  2. Engage Key Stakeholders and Community Groups\* Select stage 2 only if you are primarily focused on **initial** outreach to stakeholders [ ]  3. Assess Readiness for Policy Change[ ]  4. Community Outreach, Engagement, and Education[ ]  5. Decision-Maker Engagement and Education[ ]  6. Draft Policy and Plan Implementation[ ]  7. Adopt Policy[ ]  8. Implement Policy and Support Compliance[ ]  9. Evaluate Impact |
| Follow-up: |

|  |
| --- |
| **Policy Area 2: Tobacco Retail Strategy or Package**[ ]  Raise the minimum legal sale age to 21[ ]  Prohibit the sale of flavored tobacco products[ ]  Restrict the proximity of tobacco outlets near places where children frequent (e.g. schools) or require a minimum distance between tobacco retail outlets[ ]  Increase the cost of tobacco through non-tax approaches (e.g. price promotion bans)[ ]  Eliminate the sale of tobacco products in pharmacies[ ]  Implement a policy to post the Quit Line at point-of-sale in conjunction with one of the other five options listed above**County-specific strategy and milestones from Policy Work program plan:** *

 *
 |
| Were any county-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No  |
| Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 | Indicate a single stage in the Policy Change Process Model where you are currently spending most of your time and effort on the policy strategy listed above:[ ]  1. Identify and Frame the Problem[ ]  2. Engage Key Stakeholders and Community Groups\* Select stage 2 only if you are primarily focused on **initial** outreach to stakeholders [ ]  3. Assess Readiness for Policy Change[ ]  4. Community Outreach, Engagement, and Education[ ]  5. Decision-Maker Engagement and Education[ ]  6. Draft Policy and Plan Implementation[ ]  7. Adopt Policy[ ]  8. Implement Policy and Support Compliance[ ]  9. Evaluate Impact |
| Follow-up: |

|  |
| --- |
| **Policy Area 3: Expanding the ICAA**[ ]  Smoke shop loophole [ ]  Extend the 10 foot rule [ ]  Smoke-free outdoor dining[ ]  Smoke-free downtown[ ]  Other: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**County-specific strategy and milestones from the Policy Work program plan:***
*
*
 |
| Were any county-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No  |
| Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 | Indicate a single stage in the Policy Change Process Model where you are currently spending most of your time and effort on the policy strategy listed above:[ ]  1. Identify and Frame the Problem[ ]  2. Engage Key Stakeholders and Community Groups\* Select stage 2 only if you are primarily focused on **initial** outreach to stakeholders [ ]  3. Assess Readiness for Policy Change[ ]  4. Community Outreach, Engagement, and Education[ ]  5. Decision-Maker Engagement and Education[ ]  6. Draft Policy and Plan Implementation[ ]  7. Adopt Policy[ ]  8. Implement Policy and Support Compliance[ ]  9. Evaluate Impact |
| Follow-up: |

**CESSATION**

|  |
| --- |
| Please report status of milestones, successes, challenges, partners engaged, and proposed changes to program plan. |
| **Clinical Workflow** **County-specific strategy and milestones from the Cessation program plan:***

  |
| In your role as TPEP coordinator, how did you work with CCOs, federally qualified health centers, behavioral health agencies, and/or dental clinics to integrate tobacco dependence treatment into clinical workflows? * 1. Did you work with leadership? If not, how were you engaged with these organizations?
	2. What specific activities did you take part in and what was your role in these activities?
 |
| Follow-up:  |
| **Worksite Wellness** **County-specific strategy and milestones from the Cessation program plan:***

 *
 |
| As a part of county worksite wellness, did you assess tobacco cessation benefits for county employees? [ ]  Yes:1. Did the benefits align with the ACA guidelines? If not, how are you working to modify benefits to align with ACA guidelines? What activities did you take part in or are planning to do in the next 90 days?
2. What were your strategies to increase utilization of tobacco cessation benefits for county employees?

[ ]  No:1. What are your plans in the next 90 days to assess tobacco cessation benefits for county employees?
 |
| Follow-up:  |

**COMMUNICATION**

|  |
| --- |
| **What presentations were made to a leadership body or members of a leadership body about comprehensive tobacco prevention?** |
| *
 |
| Follow-up: |
| **Were there any earned media activities (e.g., social media posts, news coverage)?** |
| [ ]  Yes [ ]  NoIf yes, please briefly describe:*
 |
| Follow-up: |

**Other**

|  |
| --- |
| **Please provide any additional information about activities in your community that relate to TPEP objectives.** |
|  |

**SECTION C: Training or Technical Assistance**

|  |
| --- |
| **What training(s) or technical assistance did you receive?** **Include HPCDP and other sources.** |
| From HPCDP: *
 |
| From other sources: *
 |

**SECTION D: Opportunities**

|  |
| --- |
| **How did you engage in local or regional collaboration?** |
|  |
| **Did you have an opportunity to either provide or receive mentoring from another grantee? If so, please describe that experience.** |
|  |
| **How did you address any barriers to forward movement on your program plan objectives?** |
|  |

**SECTION E: Summary**

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| --- |
| **Commendations**  |
|  |
| **Additional Notes, Comments, or Recommendations** |
|  |

 **SECTION F: Program Compliance**

|  |  |
| --- | --- |
| [ ]  Exceeding expectations | Comments: |
| [ ]  Meeting expectations | Comments: |
| [ ]  Incompliant | Required Action Steps: |