
TPEP Community and State Interventions

Local TPEP Tiered Model

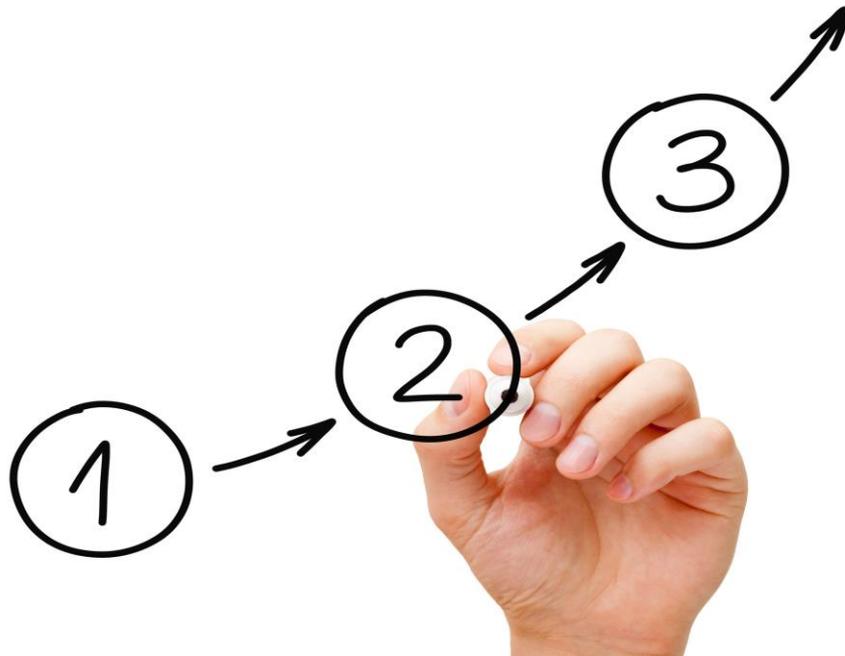
2019-21 Application Overview



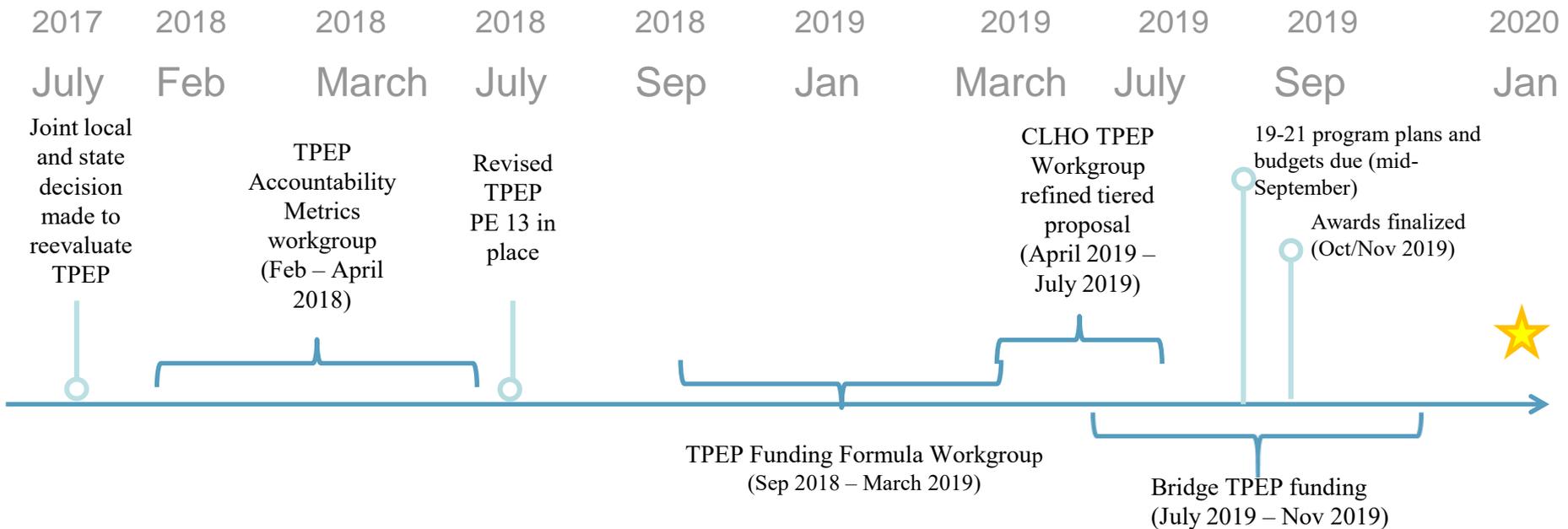
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Objectives

- Provide overview of 2019-21 TPEP Tiered Model – local strategies and grant award process
- Provide update of the 2019-21 training and technical assistance model



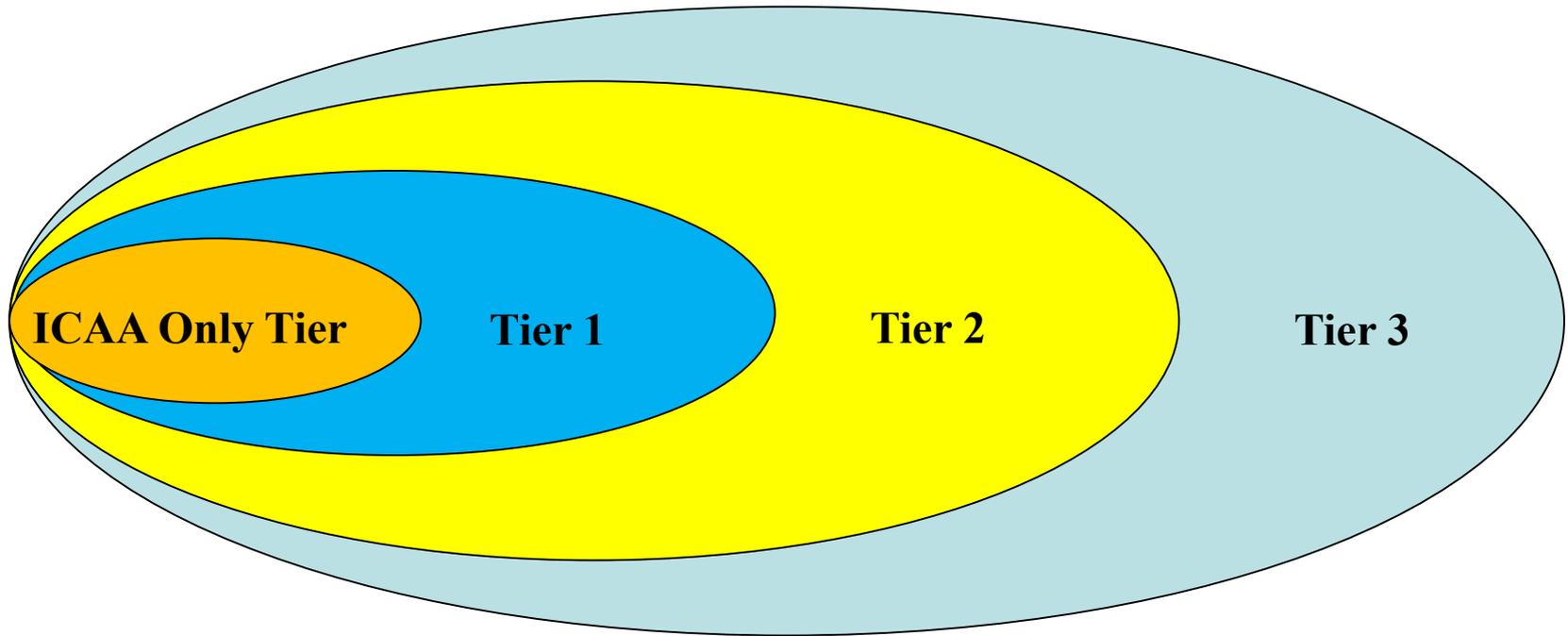
Tobacco Prevention Education Program Funding Formula Development and Implementation Timeline



Where we are now



New TPEP Tiered Model





Why did we change the model?

- To **clarify expectations** and solidify program components that prove successful.
- To **right size the community and state interventions** portion of the TPEP budget.
- To **support statewide leadership** in demonstrating policy success.
- To remain **flexible and support capacity** development of LPHAs to strategically advance.
- To **eliminate the need for competitive funding** like SPArC.

Application and Negotiation Process

- Total of **\$8,830,931** initial requests received
- Total of **\$7,666,407** available for local TPEP
- Individual negotiation meetings were held with 28 LPHAs over the course of two weeks
- 20 LPHAs receiving an increase or remaining the same
- 13 LPHAs are receiving a decrease (9 are Tier 1 or ICAA only)

Policy and Systems Change Strategies

- 20 Tier 2 and Tier 3 LPHAs are working on **TRL or another retail policy**
- All 28 Tier 1-3 TPEP programs are **convening health system partners** to advance health system interventions to reduce and prevent tobacco use.
- 19 LPHAs are working on **tobacco-free property** policies
- 3 LPHAs are working on **extending the ICAA beyond 25 feet**
- 7 LPHAs are working on closing the smoke shop exemption/**restricting indoor smoking/vaping** of tobacco and marijuana
- 5 LPHAs are working on **Tobacco-free Downtown**
- 14 LPHAs are working with **CCOs on Multi-sector Interventions**

TPEP – Indoor Clean Air Act (ICAA) Only

- \$15,000 or \$35,000 per biennium (based on 3 year average of ICAA complaints)
- Provides funding for basic duties related to local enforcement of the ICAA
- 5 LPHAs opted into this tier: Curry, Harney, Morrow, Polk, Wheeler



TPEP - Tier 1: Foundational Tobacco Prevention

5 LPHAs opted into this tier: Columbia, Douglas, Grant, Lake, and Union

Programs are expected to:

- Develop and maintain **foundational partnerships** with community partners and health systems.
- Focus on **building capacity and strategic planning**
- Advance **one health systems change** initiative

Tier 1 Applications

Examples of strong activities and strategies:

- Clear goals for developing policy-focused multi-year strategic plan
- Demonstrated agency commitment to health systems change work

Example characteristics from plans and budgets that required revisions:

- Strategies not written as SMART (specific, measurable, achievable, realistic and time-bound) objectives.
- Not clear how activities support or link to larger strategies
- Justification not provided or specific to TPEP FTE.



TPEP - Tier 2: Tobacco Prevention Mobilization

13 LPHAs opted into this tier: Baker, Coos, Jackson, Jefferson, Josephine, Klamath, Lincoln, Linn, Malheur, Marion, North Central Public Health District, Tillamook, and Yamhill

Programs expected to:

- Advance at least **two** priority policy strategy areas, selected by local program from a menu of options:
 - **Tobacco Retail Licensure (TRL);**
 - **Indoor Clean Air Act (ICAA) expansion**
 - **Tobacco-free government properties.**
- Advance at least **one** health systems change initiative

Tier 2 Applications

Examples of strong activities and strategies:

- Program plan includes clear, SMART objectives and milestones that mobilize array of community partners, including those groups most burdened by tobacco.
- Strategies build from the groundwork laid in 2017-19.
- ICAA expansion strategies include alignment with marijuana prevention goals (ADPEP)
- Activities involve executive LPHA leadership





Tier 2 Applications

Example characteristics from plans and budgets that required revisions:

- Submission missing one or more required strategy area(s).
- Vague program plan activities that do not support overall milestones and strategies.
- No equity strategies or engagement activities identified.
- Funding not tied to sustainable infrastructure and staff
- Work does not build on work in previous biennium(s).
- Activities do not involve executive LPHA leadership to support policy passage.

TPEP - Tier 3: Accelerating Tobacco Prevention Outcomes

10 LPHAs opted into Tier 3: Benton, Clackamas, Clatsop, Crook, Deschutes, Hood River, Lane, Multnomah, Umatilla, and Washington

Programs expected to:

- Advance at least **three** priority policy strategy areas, selected by local program from a menu of options:
 - **Tobacco Retail Licensure (TRL);**
 - **Indoor Clean Air Act (ICAA) expansion**
 - **Tobacco-free government properties.**
- Advance at least **one** health systems change initiative

Tier 3: Examples of strong activities and strategies:

- Well-written program plan describing all RFA requirements.
- Includes clear, SMART objectives and milestones.
- Well-developed strategies for sustained engagement with equity partners.
- Communication plan demonstrates careful consideration of key messengers.
- LPHA executive leadership represented in program plan activities.
- Activities involve garnering policy support from multiple sectors, including health systems partners.



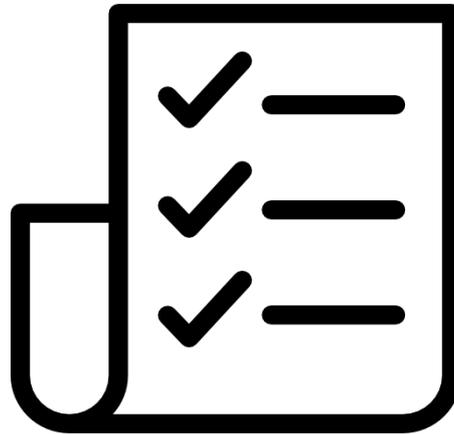
Tier 3: Example characteristics from plans and budgets that required revisions:

- Submission missing one or more required strategy area(s).
- Does not clearly describe throughout the program plan how each funded position will support the program goals and activities, as relevant.
- Proposed optional strategies are not evidence-based or connected to priority areas.
- Activities do not cover the entire biennial period.
- No equity strategies or engagement activities identified.



Next Steps

- Conduct rigorous evaluation of new model
- Provide enhanced training and technical assistance to support community mobilization



Technical Assistance Model



- Offered through a **collaborative approach** that is energizing and empowering and one that builds on personal, community and organizational strengths (inquiry-based model)
- Opportunities for local programs to provide **support to each other** and discuss areas opportunity and struggle
- Engaging, **discussion-based learning** opportunities (remote and in person)



2019-21 Training topics

- Community Policy Leadership Institutes with a focus on engagement and mobilization of equity partners
- Building coalitions and activating people
- Convening and strategizing for health systems change
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- Internal movement building
- Promoting health equity in tobacco prevention
- Braiding data and community values

Thank you!

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