

Program Element # 16: Tribal Tobacco Prevention and Education Program (Tribal TPEP)

OHA Program Responsible for Program Element:

Public Health Division/Center for Health Prevention & Health Promotion/ Health Promotion and Chronic Disease Prevention Section

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Tribal Tobacco Prevention and Education Program activities in the following areas:
 - a. **Facilitation of Community Partnerships:** Accomplish movement toward commercial tobacco-free tribal communities through a coalition or other group dedicated to the pursuit of agreed upon tobacco control objectives. Community partners should include non-governmental entities as well as community leaders.
 - b. **Creating Tobacco-Free Environments:** Promote the adoption of commercial tobacco prevention policies, including voluntary policies in schools, workplaces and public places. Enforce local commercial tobacco-free ordinances and resolutions.
 - c. **Countering Pro-Tobacco Influences:** 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. Reduce youth access to commercial tobacco products, including working with retailers toward voluntary policies.
 - d. **Promoting Quitting among Adults and Youth:** Integrate the promotion of the Oregon Tobacco Quit Line and tribal cessation services into other commercial tobacco control activities.
 - e. **Reducing the Burden of 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, arthritis, diabetes, cardiovascular disease, and stroke.

The Tribal Tobacco Prevention Education Program priorities for comprehensive commercial 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 commercial 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.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Tribal TPEP.**

Not applicable

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA 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 (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

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

Program Components	Foundational Program	Foundational Capabilities
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	CD Control	Prevention and health promotion	Environmental health	Population 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
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>						<i>X = Foundational capabilities that align with each component</i>						
<i>X = Other applicable foundational programs</i>												
Facilitation of community partnerships		*		X		X	X	X	X	X	X	
Creation of tobacco-free environments		*		X		X	X	X	X	X	X	
Countering pro-tobacco influences		*				X	X	X	X	X	X	
Promotion of quitting commercial tobacco use among adults and youth		X		*		X	X	X	X	X	X	
Reducing the burden of tobacco-related and other chronic diseases		*		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, Tribe agrees to conduct activities in accordance with the following requirements:

- a.** Tribe must submit a Tribal program plan and Tribal program budget for approval by OHA within a timeframe designated by OHA. OHA will supply the required format and current service data for use in completing the plan. Tribe must implement its TPEP activities in accordance with its approved Tribal program plan. Modifications to this plan may only be made with OHA approval.
- b.** Tribe must assure that its tobacco prevention program is staffed at the appropriate level, depending on its level of funding, as specified in the award of funds for this Program Element.
- c.** Tribe must use the funds awarded for this Program Element in accordance with its Tribal program budget as approved by OHA. Modifications to the Tribal program budget may only be made with OHA approval. Funds awarded for this Program Element may not be used for medical treatment, delivery of cessation services, or other health-related efforts not devoted to tobacco prevention and education or other chronic diseases as determined by OHA.
- d.** Tribe must attend all TPEP meetings, as reasonably required by OHA.

- e. Tribe must comply with OHA’s TPEP Program Guidelines and Policies.
- f. Tribe must coordinate its TPEP activities and collaborate with other entities receiving TPEP funds or providing TPEP services.
- g. In the event of any omission from, or conflict or inconsistency between, the provisions of the Tribal program plan, on file with OHA, the Tribal program budget and the provisions of this Agreement and this Program Element, the provisions of this Agreement and this Program Element shall control.

5. **General Revenue and Expense Reporting.** Tribe must 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.** Tribe must submit two Tribal Program Plan reports annually on a schedule to be determined by OHA. The reports must include, at a minimum, the Tribe’s progress during the reporting periods in completing activities described in the Tribal Program Plan. Tribe must submit the following upon request by OHA: outcomes reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments.

7. **Performance Measures.**

If Tribe completes fewer than 75% of the planned activities in its Tribal Program Plan during the first six months of the fiscal year will be required to submit a revised Tribal Program Plan that ensures the Tribe will meet program requirements. The revised Tribal Program Plan will be subject to OHA’s approval.