Tobacco Prevention Education Program (TPEP)
Tiered Program Model
Questions and Answers
July 10, 2019

The following documents OHA responses to questions posed by LPHA representatives in the TPEP Program Plan workgroup during the development of the proposed tiered program model.

General questions about the tiered model

Q: If context changed in the middle of the biennium (e.g. a new commissioner), could counties change their tier?
A: This would be allowable on a case-by-case basis, depending on circumstances and available funding.

Q: Clarification is needed about the scoring criteria and decision-making processes for awards.
A: The ICAA Response Tier, Tier 1 and Tier 2 are self-selected, and Tier 3 is available to LPHAs meeting certain prerequisites or benchmarks. OHA will continue to work with the TPEP Program Plan workgroup to develop the program plan and accompanying guidance/instructions. OHA will then review applications based on whether they meet the requirements described in the program plan guidance and, for Tier 3, whether the local program meets the prerequisites. Final program plans and budgets will be shared among applicants.

Q: How will progress on local TPEP program plans be evaluated?
A: Local TPEP will report on the status of program plan activities, e.g., in progress, completed, etc. during regular reporting periods. Programs will be evaluated on completion of 75% or more of activities in their program plans as stated in TPEP Program Element 13.

Q: How will this change from the historical TPEP funding formula to this new tiered formula be evaluated?
A: Evaluating the new TPEP tiered model is a top priority for OHA. We are committed to a rigorous and transparent evaluation process to ensure that we are moving the dial on tobacco prevention outcomes. Evaluation activities will be developed and administered in partnership with CLHO.

Questions about funding

Q: How will funding amounts be determined within tiers?

A: The proposed model includes funding ranges and recommended minimum FTE. Final budgets will be negotiated based on several variables including proposed strategies, incorporation of a health equity lens, population and average number of ICAA complaints. Tier 3 award amounts will also be determined based on demonstrated success and capacity for advancement of tobacco policy and systems change strategies.

Q: For TPEP grantees who serve more than one county, how can we make the funding equitable?

A: Local context is an important part of determining funding within each tier. In addition to the variable above, considerations will be paid to the additional demands experienced by programs covering more than one county.

Q: What happens to leftover funds (for example, if a majority of counties opt for the ICAA Tier and Tier 1)?

A: Based on OHA's recent informal the survey asking LPHAs to identify the tier to which they are most likely to apply, leftover funds are not likely to be an issue. If there are leftover funds within a funding cycle, in consultation with the Tobacco Reduction Advisory Council (TRAC), OHA will determine the best use of the resources including funding additional local strategies.

Questions about tier structure

Q: Should all tiers include qualifying benchmarks, or prerequisites, similar to Tier 3?

A: Local programs can self-select into the first three tiers (ICAA Response Tier and Tiers 1 and 2). Tier 3 is intended to provide additional support to grantees with a track record of leadership in tobacco prevention policy. The intent is that additional funding will allow for an additional capacity to provide statewide leadership; therefore, Tier 3 includes additional activities, deliverables and overall expectations. Tier 1 and Tier 2 won't have the same requirements. Tier 1 and Tier 2 programs will have a stronger intentional focus towards building capacity.

Q: Can OHA provide guideposts that are clear, removing as much subjectivity as possible, to inform what type of work is a required for the various tiers?

A: OHA hears LPHAs' requests for a model that is not prescriptive, allows for flexibility, and provides a menu of options, so local programs can tailor activities and strategies to community needs. At the same time, OHA also hears LPHAs' requests for clarity about what is expected in each tier. Co-creating the tiered funding model is a first step in defining the expectations of each tier. OHA will continue to work with the workgroup to

co-develop the 2019-2021 program plan guidelines for each tier. In addition, Program Element 13 continues to govern program requirements.

Question about the ICAA Response Tier

Q: Is there a need for this tier?

A: At times, OHA has received feedback from LPHAs that they cannot advance public health policy and systems changes for tobacco prevention. This option allows for local governments to opt out of TPEP requirements while continuing to receive funding to maintain capacity to meet legal mandates of enforcement of the ICAA.

Questions about health systems change strategy (Tiers 1-3)

Q: Can you explain the proposed health system strategy requirements?

A: In the proposed model, programs would select one multi-sector initiative (Tiers 1-3) with health systems partners and two or three policy initiatives for tobacco prevention (Tiers 2 and 3, respectively). The approved multi-sector approaches are;

- CCO leadership for development of smoke-free policies in workplaces and public spaces.
- CCO education of policy makers about the positive effects of raising the per-unit price of tobacco products.
- CCO implementation of mass-reach communication interventions for evidence-based tobacco prevention.
- CCO community engagement via LPHA to promote tobacco cessation, create tobacco-free places, and identify and eliminate tobacco-related disparities.

An agreement could be made with the CCO beforehand, e.g. with a letter of support. If the CCO is not able to commit, there are other health systems change initiatives that the grantee may work on instead such as developing closed-loop screening and referral systems, workflows, and/or protocols for tobacco cessation.

Q: Do CCOs have language in their agreements to require local public health partnerships?

A: While CCO 2.0 agreements require partnerships with LPHAs (e.g., through Community Health Assessments (CHAs) or Community Health Improvement Plans (CHIPs), partnering with TPEP is not a specific requirement; however, CCOs are required to develop some type of Memorandum of Understanding (MOU) with public health. This may be an opportunity for administrators to develop shared tobacco prevention goals within MOUs. In addition, OHA has provided guidance to CCOs about working with local public health on multi-sector interventions for tobacco prevention. The guidelines for the health systems change strategy are based directly on the guidance provided to CCOs.

Q: If a community could get a college campus or a large hospital system to adopt a tobacco-free policy, can that count for the government tobacco-free policy requirement?
A: Government tobacco-free policies are one of the top evidence-based approaches to reducing the prevalence of tobacco product use and secondhand smoke and vapor exposure among those who learn, work, and gather in public environments. As part of the state educational system, a community college qualifies for the tobacco-free government policy. Working with hospitals or other health systems on tobacco-free property policies is a qualifying activity for the health systems change strategy, but not for the government tobacco-free policy strategy.

Questions about Tier 3
Q: Why is a formal statement of support from commissioners or executive leadership a prerequisite for Tier 3?
A: The demonstration of Board of County Commissioners and/or health department administration support for strengthening the ICAA and/or TRL is crucial for policy passage. For example, if the LPHA is unable to secure support from the Board of Commissioners or LPHA Administration, then they will likely fit in Tier 2.

Q: Does an LPHA need to be fully accredited to qualify for Tier 3?
A: Accreditation is just one of the prerequisites for Tier 3. In addition to the statement of support from executive leadership or commissioners, programs can meet any five of the nine prerequisites.

Q: What is the purpose of including mentoring as a deliverable in this tier, and how will it be coordinated with mentee work plans?
A: This activity has been reframed within the TPEP Tiers Proposal to emphasize shared learning and informal mentoring, versus a formal mentorship program. This topic will be further explored while co-developing the program plan guidance.