ADPEP & TPEP
2025-2027 RFA Proposed Changes

Tobacco Prevention and Education Program (TPEP) Proposed Changes

Context Setting

- During the 2021-23 biennium, TPEP counties received additional funding from excess BM108 funds

  - Programs were encouraged to use these funds for capacity and partnership building, and to address tobacco-related health inequities

- Due to a delay in releasing the funds, these funds were allowed to carry over into the 2023-25 biennium

- This additional funding is not available for 2025-27, returning TPEP programs to a more stable level of funding

Changes to Recommended Strategies

Proposed Change	Rationale
Category A - Reduce Access to and Appeal of Tobacco and Nicotine Products	
Expanded Category A to include marketing and advertising related strategies	Local governments can pass content neutral advertising restrictions. These restrictions are not so likely to face legal challenges for restrictions of commercial speech. The retail environment, including advertising, can be evaluated during the Tobacco and Alcohol Retail Assessment (TARA).
Reframed list of policy strategies to include a clear and specific policy goal	A more comprehensive and specific list of available approaches could help programs clarify their workplan goals.

Changes to Recommended Strategies

Proposed Change	Rationale
Category B - Reduce Exposure to Secondhand Tobacco and Cannabis Smoke and Vapor	
Reframed list of strategies to include clear and specific goals	A more comprehensive and specific list of available approaches could help programs clarify their workplan goals.
Removed *"Advance jurisdiction-wide tobacco or smoke-free policies (i.e. local ordinances) for public places to prohibit future businesses from exposing the public or employees to secondhand smoke or vapor, including potential cannabis use establishments."*	ORS Chapter 475C "Adult and Medical Use of Cannabis Act" preempts counties from adopting local ordinance, that would address public use of cannabis.
Added three options that address smoke-free multi-unit housing.	People who live in multi-unit housing are disproportionally exposed to tobacco and cannabis smoke and vapor, these are most commonly communities of Color and lower income communities. Smoke-free housing policies protect residents from the health risks of secondhand smoke.

Changes to Recommended Strategies

| Proposed Change	Rationale
Category C - Promising Tobacco Prevention Strategies	
Added environmental protection policies	Emerging interest and policy opportunities to address the affects of tobacco and nicotine product waste on the environment.
Reframed flexible strategies and moved to "Community Engagement and Alignment Activities" section of the RFA	This list of community building and partnership building activities support policy solutions, but are not policies. Still very important for workplan success.

Cessation/Health Systems

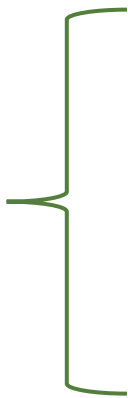| Proposed Change	Rationale
Encourage each strategy in the workplan to have at least one cessation focused activity included.	Cessation is a key part of advancing any strategy. Most TPEP workplans already include cessation activities and this move will provide a work plan structure that reflects this.
Establish Category D as Cross Systems Change Strategies	This change mirrors structure of Categories A, B, and C and streamlines the content included in the Health Systems Change Initiatives section. It reframes the work to include a clear systems change and the importance of partnerships.
Reframe strategies listed in Category D to include strategies focused on reducing systemic health inequities and establish a clear and specific goal	A more comprehensive and specific list of strategic approaches could help TPEP clarify their workplan goals and activities. The adjustment also reduces redundancies across Categories A-D

Partnership and Capacity Building

Proposed Change	Rationale
Tier 1 programs can have a standalone capacity building strategy. Tiers 2 and 3 cannot count standalone capacity building strategies towards their minimum requirement.	Tier 1 is designed for capacity building, so with the other proposed changes, they need a category that aligns with where they are at. Tiers 2 and 3 are expected to be further along and should be working on identified policy/health systems strategies.
Use the Equity-Centered Policy Change Model as a tool for selecting strategies/activities	We received feedback that this tool is useful for counties to understand how to move policy forward. We haven't emphasized its use as much in recent years, but would like to redirect focus on it.
Encourage each strategy in the workplan to have at least one community engagement/partnership/capacity building activity included.	Community engagement is a key part of advancing strategies. Most TPEP workplans already include engagement, but this would make sure it's not forgotten.

Partnership and Capacity Building Activities

Choose strategies based on the step along the [Equity-Centered Policy Change Model](#) that you are currently working at.
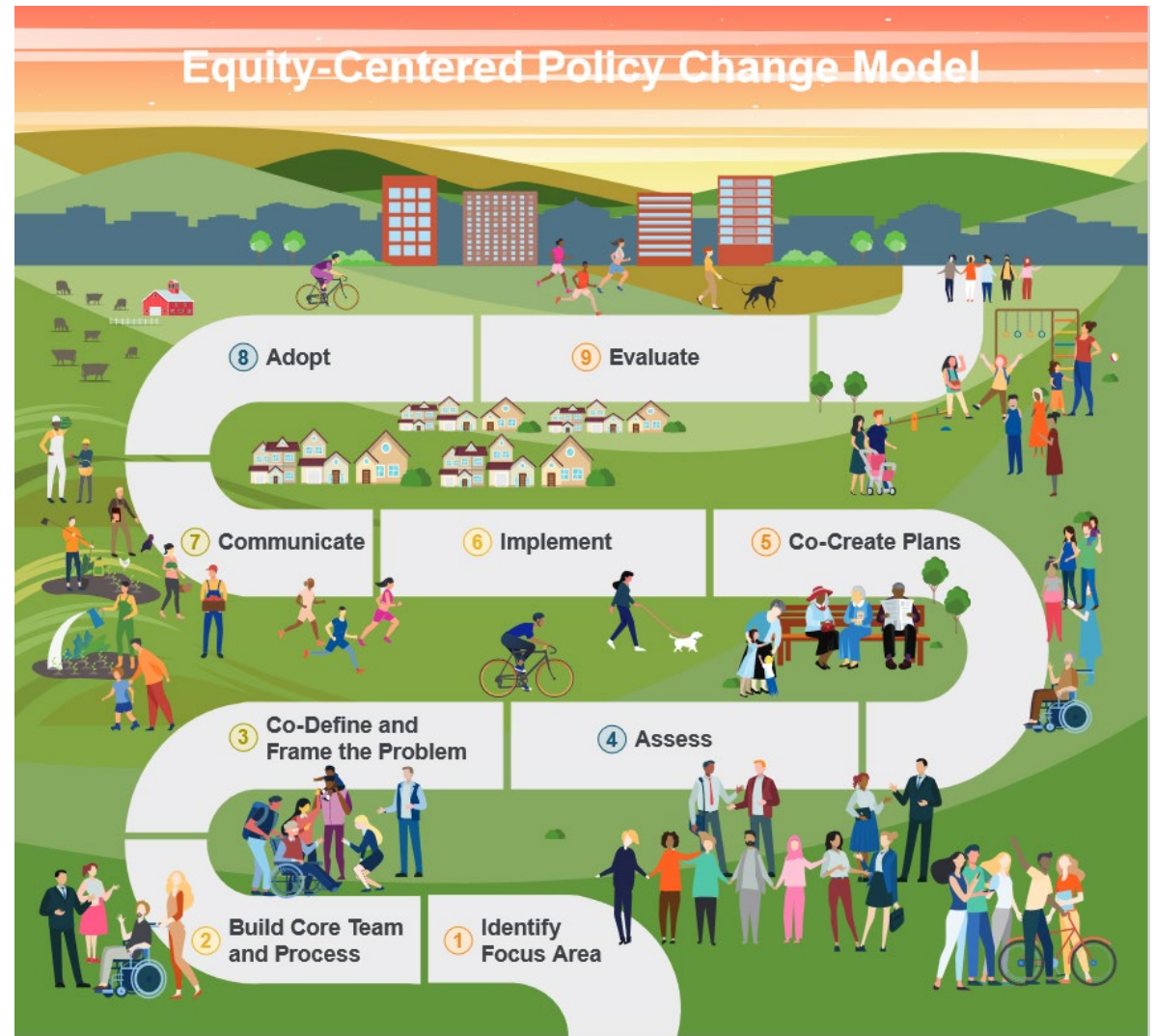
Policy and Cross Systems Strategy Selection

- Category A: Reduce Access to and Appeal of Tobacco and Nicotine Products

- Category B: Reduce Exposure to Secondhand Tobacco and Cannabis Smoke and Vapor

- Category C: Promising Tobacco Prevention Strategies

- Category D: Cross Systems Change Strategies

- Tier 1: Choose at least 1 capacity building strategy or policy/cross system strategy

- Tier 2: Choose at least 2 strategies, from at least 2 different categories

- Tier 3: Choose at least 3 strategies, from at least 2 different categories

Evaluation

Proposed Change	Rationale
Provide a menu of evaluation activities that local programs can participate in during the upcoming biennium. As part of their workplan, programs select which types of evaluation they'd like to participate in (if any). Evaluation participation will be considered when reviewing budgets- counties that do not opt into any evaluation activities will not be eligible for the max amount in their Tier's funding range.	Encourage participation in evaluation activities from all Tiers by asking programs to include the time to participate in their staffing budgets. Provides an incentive for participation through potential for max funding.
TARA will not be conducted in the 2025-27 biennium.	Conducting TARA takes a considerable amount of time; from planning, to implementation, to reporting. In the 2025-27 biennium, we will still be wrapping up and reporting on the 2025 TARA, limiting capacity to conduct an additional assessment.

Alcohol & Other Drug Prevention and Education Program (ADPEP) Proposed Changes

Quarterly Check-Ins

Proposed Change	Rationale
ADPEP Coordinators will meet with their Community Program Liaison (CPL) at least four times per year.	• Regularly meeting with one's CPL ensures that the CPL are up-to-date on any program needs or TTA requests, can advocate on behalf of programs, and assist with any other items.

Data Requirement

Proposed Change	Rationale
Programs are expected to utilize recent data (collected and analyzed within the last five years), relevant data or conduct a community assessment (either a readiness, needs, or health assessment) to drive programming.	• Utilizing relevant and recent data helps guide prevention decisions by informing which substance misuse issues to address, how to address those problems, and how to determine whether goals were reached (SAMHSA, 2023). • Collecting and/or reviewing data can provide a starting point in assessing where to focus program efforts. • Conducting an assessment/utilizing data aligns with and builds skills toward using the Strategic Prevention Framework (SPF).

Evidence-Based Interventions

Proposed Change	Rationale
ADPEP programs are asked to include at least one evidence-based program, policy, or practice (EBPPP) in their workplan.	• Evidence-based programs and practices are defined as such because they consistently achieve positive outcomes. Programs are encouraged to utilize evidence-based practices, however OHA and SAMSHA also recognize that the science and evidence base continues to expand and change. • Requirement ensures that at least one EBPPP intervention is implemented per program while providing space for promising and emerging practices that may be more effective for culturally-specific groups to be utilized. • Learning to select and implement "best fit" evidence-based interventions aligns with and builds skills toward using the SPF.
If implementing a curriculum, programs will provide the name of the curriculum, whether it is an evidence-based or promising practice, and the rationale for using it.	• Knowing what curricula are used across the state can aid HPCDP in supporting new coordinators by noting what programs their peers are using and who to connect with to learn more. • Learning to select and implement "best fit" curriculum builds skills toward using the SPF.

Earned Media

Proposed Change	Rationale
Programs will be expected to make at least one pitch or news release per year. This will result in at least two pitches or new releases during the biennium.	• Earned media is a powerful tool to reach audiences and local messengers are uniquely powerful voices for this channel. • Knowing how to interact with the media and gain earned media is a powerful skill in prevention.
ADPEP coordinators will act as or identify a spokesperson for their program or county.	• When media opportunities arise (locally or from the state), we need prevention spokespeople to be ready to handle the request.