QPR Template - LHA

In the list below, please **bold** the first FA or Strategy you would like to report on first.

FA 1 Agency Staff Build and Maintain Tobacco Expertise

FA 2 Community Engagement and Building Partnerships

FA 3 Community Education (including price education)

FA 4 Cessation Promotion and Referral

FA 5 HKCS Participation Support

Strategy 1.1 School-based Tobacco-Free Policies and Norms to Reduce Initiation and Intensity of Smoking Among Youth

Strategy 1.2 Community Mobilization with Additional Interventions to Restrict Minors’ Access to Tobacco Products

Strategy 2.1 Community Level Protections from Secondhand Smoke

Strategy 2.2 Place Based Tobacco Free Policies

Strategy 3.1 Promote Integration of Tobacco Interventions within the Health Neighborhood

Strategy 4.1 Community Mobilization with Education on Price Strategies

Emerging Activities

**Please define your setting.**   
“Settings” refers to where the work occurs (e.g., a city, school district, multi-unit housing property)  
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**Progress Summary.**

Describe your overall progress this quarter including organizational, environmental and project-related barriers, challenges and facilitators (e.g., staff turnover). Please do not include activity-specific challenges and facilitators here.

[Maximum 1000 characters]

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Thinking about this foundational activity or strategy and this setting you're working in, the table below asks about your objectives, challenges, facilitators, and TA needs. The first four progress steps typically apply to foundational activities; all nine steps should apply to strategy work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress Step** | **Please briefly describe how you will know that you have completed this progress step.** [Objectives are specific, measurable, and have a defined completion date.] Please briefly describe your overall project objective for each progress step in this setting | **Current Status:**  0 = Haven’t Started  1 = Just Started  2 = Small Progress  3 = Half-way Completed  4 = Substantial Progress  5 = Almost Completed  6 = Completed | **Challenges**  What challenges did you have related to this progress step? | **Facilitators**  What factors aided progress this quarter or helped resolve challenges? | Do you need TA with this progress step?  *Yes*  *No* |
| 1: Identify and engage strategic partners |  |  |  |  |  |
| 2: Investigate and analyze current situation and potential intervention/program/policy solution |  |  |  |  |  |
| 3: Provide assistance, education and other resources to community/ strategic partners |  |  |  |  |  |
| 4: Mobilize community and supporters |  |  |  |  |  |
| 5: Assess and cultivate decision maker support |  |  |  |  |  |
| 6: Review, revise, propose intervention/ program/ policy |  |  |  |  |  |
| 7: Prepare for implementation and enforcement |  |  |  |  |  |
| 8: Implement/ assist with implementation of intervention/program/policy |  |  |  |  |  |
| 9:Monitor intervention/ program/policy adherence/ enforcement/ outcomes |  |  |  |  |  |

**Reach and Implementation Table:**

Thinking about this foundational activity or strategy and this setting, please fill out the reach and implementation table below for the foundational activity or strategy and setting you indicated. You may not need all of the rows.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Content, Program or Service** | **Implementation**  Please briefly describe what, where, how, how many times and to whom you delivered or implemented any content/program/service in this quarter. | **Reach**  How many people total participated in and/or received this content/ program/ service this quarter? | **Price Education**  Did you include any price education? Yes/No | **Price Education Activity**  Please describe the specific part of this activity that addressed Price Education. |
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|  |  |  |  |  |

(add additional rows to 10 as necessary)

***\*\*QPR will skip Evaluation section for now and ask about additional Foundational Activities or Strategies and then come back to Evaluation later. To keep everything in line, this document asks for Evaluation data on this activity now and will move to the next Activity/Strategy after.***

Are you evaluating this foundational activity or strategy?   
 Yes

No -> If no, you will skip evaluation questions

What are your evaluation questions (questions which you want/need to be answered by this evaluation)?

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Please briefly describe your evaluation design (using bullets, describe information needed to answer evaluation questions, data collection method(s), analysis plan, and dissemination plan).  
[Maximum of 1200 characters]

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**Evaluation Progress Summary:**  
Please describe your overall evaluation progress this quarter including organizational, environmental and evaluation-related barriers, challenges (e.g., staff turn-over), and facilitators (e.g., new community partnerships). Activity-specific challenges and facilitators should be listed in the appropriate column in the following table.   
[Maximum of 1000 characters]

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**Evaluation Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Status** Progress status for this quarter  *0 = Haven’t Started*  *1 = Just Started*  *2 = Small Progress*  *3 = Half-way Completed*  *4 = Substantial Progress*  *5 = Almost Completed*  *6 = Completed* | **Challenges** What step-specific challenges did you this quarter? Please describe in 1-2 sentences | **Facilitators** What factors helped your progress this quarter or helped you resolve challenges? Please describe in 1-2 sentences | Do you need TA with this activity?  *Yes*  *No* |
| Identify critical data elements to answer evaluation questions |  |  |  |  |
| Determine appropriate data collection methods to answer evaluation question |  |  |  |  |
| Identify/develop data collection instruments |  |  |  |  |
| Implement data collection |  |  |  |  |
| Develop analytic plan |  |  |  |  |
| Analyze data |  |  |  |  |
| Develop data dissemination plan for evaluation results |  |  |  |  |
| Implement results for program improvement |  |  |  |  |

**Now, please copy/paste the content from pages 1-6 to report on each remaining Foundational Activity/Strategy in each Setting. It is okay if you did not work on this Foundational Activity/Strategy this quarter – please report on your setting(s) and goals, anyway.**

Have you implemented a media campaign and/or developed media strategies to as part of your project implementation plan?

* Yes
* No -> If no, you will skip media questions

What is the total number of media impressions across all media types **this year**?   
Please note: Starting in FY20 you will be asked to report on media impressions in each quarter.  
    
A media impression is any interaction between the target audience and a piece of content (e.g., the estimated number of people who drive by your billboard or number of flyers you distributed). Your media representative should be able to provide you with an estimate for some types of media.    
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MediaType For this grant, which media types have been placed this quarter? (Select all that apply.)

* Media Paid (e.g., purchased airtime or advertising, direct to consumer)
* Media Earned (e.g., newspaper article)
* Media Fact Sheet (distributed fact sheets)
* Media Social (e.g., social media accounts or posts that you did not purchase)
* Media Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Success Story**  
**Do you have a success story you would like to share? Write your project's success or human-interest**  story, or provide an example of how your work has made a positive difference in tobacco control and/or prevention.   
[Maximum of 1500 characters]

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If you have supporting materials for your success story (i.e., newspaper article, photo, presentation), please upload it here.  
All file formats accepted, select 1 or more files in the window that opens.

**Regional Collaboration**

Are you funded as a Regional Grantee or as part of a Regional Collaboration?

Yes/No >> if no, you will skip the Regional Collaboration questions

What were you able to accomplish as part of a regional group that you could not have accomplished alone? [Max 1000 characters]

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Have you experienced any challenges to work with other groups in a regional collaboration? How did you overcome those challenges? [Max 1000 characters]

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What challenges have you experienced working at a regional level? That is, working in more than one municipality at a time. How did you overcome those challenges? [Max 1000 characters]

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