

Public Health Advisory Board (PHAB)

Incentives and Funding Subcommittee meeting minutes **DRAFT**

September 22, 2017

1:00-2:00 pm

Welcome and roll call

PHAB members present: Carrie Brogoitti, Muriel DeLaVergne-Brown, Jeff Luck, Akiko Saito, Teri Thalhofer

Oregon Health Authority (OHA) staff: Kirsten Aird, Karen Girard, Luci Longoria, Shaun Parkman, Angela Rowland, Cara Biddlecom

Members of the public: Channa Lindsay

Tobacco Prevention and Education Program funding for 2017-2019

Today's meeting will include a review of the Public Health Division's Tobacco Prevention and Education Program (TPEP) alignment with CDC best practices for tobacco control. There was a decision at this week's CLHO retreat to develop a workgroup of local public health administrators and Public Health Division staff to discuss the impact of the 20% budget reduction to TPEP on local public health programs.

Karen Girard presented the CDC best practices for tobacco control. The CDC provides a roadmap for achieving the best possible outcomes for tobacco control, with recommended funding levels for each state and each component of a comprehensive tobacco control program. Each of these components are necessary to prevent tobacco use. With its current budget, Oregon is defined as a limited reach program. Historically, TPEP has been able to fund all LPHAs, Tribes, and Regional Health Equity Coalitions at the local level. TPEP also funds a mass media campaign, technical assistance, cessation services, surveillance and evaluation, and administration.

Akiko asked if TPEP is tracking the utilization of CCO resources for tobacco prevention that come from the Tobacco Master Settlement agreement and

tobacco tax. Kirsten stated that the state is working on relationship building with CCOs and is not tracking these now.

The state has experienced a 20% decrease in funding and thus will be less able to make reductions in tobacco use. The program uses data and experience to make adjustments to the program to best use resources. The largest portion of the budget is the state and community interventions component. It is vital to have local tobacco prevention programs in order to advance statewide policy.

Shaun and Kirsten discussed how the Sustainable Relationships for Community Health (SRCH) grant brought together CCOs and local public health authorities to improve tobacco prevention at the local level through systems changes. Some CCOs have invested in tobacco prevention media campaigns built off of the state's communications efforts. Muriel commented that depending on the CCO, tobacco prevention work is happening at the local level even without being funded by the SRCH grant. Luci commented on the high level leadership buy-in that has made these partnerships successful.

Karen reviewed the proposed budget structure for 2017-2019. The cessation component has been reduced below the CDC recommended level. State and community interventions are above the CDC recommended level.

Akiko asked about return on investment (ROI) on tobacco control programs. Shaun stated that there is an ROI at the national level but it is hard to determine at the state level. The tobacco industry reports that there is a 1 to 5 ROI for tobacco prevention.

Teri commented that spending less on administrative costs than the CDC recommends doesn't account for the 16% cost allocation. Her health department was not a SRCH or Strategies Policy and Environmental Change (SPaRC) recipient, but CCOs might be getting allocated twice for work they are required to do for the CCO incentive measure. Perhaps CCOs could be allocating that money to LPHAs who have the expertise in tobacco prevention. Kirsten mentioned that communities decided who the fiscal agent should be for SRCH, and the LPHA was the fiscal agent in all but one case. CCOs have provided matching and in-kind resources as a part of the SRCH grant.

Akiko said that the ROI should be a part of the public health message. For a \$2M cut, every \$1 spent there is a \$5 in investment then we are really losing out on \$10M with a \$2M cut.

Jeff asked what proportion of all smokers in Oregon are on Medicaid. Perhaps most tobacco users in Oregon are in CCOs. There are estimates of tobacco use prevalence among Medicaid members, which far exceeds the general population. That fact strengthens the business case that a reduction in tobacco helps the CCOs the most. Teri says there could be an opportunity to include work with CCOs in the TPEP work plans.

Jeff asked what changes there are at the program level. Karen said that \$6.9M will be allocated among LPHAs. There will be a CLHO work group to determine those details in October. The overall budget was reduced by 20% with different funding allocations based on CDC best practices. There was a 4 percentage point increase in the state and community interventions component, and a total of 1% decrease in funding for county health departments.

Akiko is interested in engaging CCOs to help with funding and continue this great work. Muriel stated she already works with the CCO in Central Oregon but there is a need engage with all CCOs.

Teri stated that a reduced investment in local TPEP programs will effect local public health. Teri suggested using a health equity lens since the reduction will influence staffing in rural areas. Luci commented that it would be crucial for the health equity lens to focus on healthy equity outcomes.

Jeff asked whether the entire TPEP budget be reduced by 20% across the board, or whether the first step could be to use ROI data to determine the best areas to fund since some programs reduce tobacco outcomes better than others. Jeff requested a look at line item changes in the proposed budget from 2015-17 and 2017-19.

Teri recommended that local TPEP work plans include work with CCOs.

Public Comment

No public testimony.